

#### PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Certified Mail # 7015 0640 0003 5695 0663

December 23, 2016

Ms. Jaime Hess-Mitchell, Administrator Essentia Health Northern Pines Medical Center 5211 Highway 110 Aurora, Minnesota 55705

Re: Essentia Health Northern Pines Medical Center - Independent Informal Dispute Resolution (IIDR)

CMS Certification Number (CCN): 245469

Project Number: S5469026

Dear Ms. Hess-Mitchell:

In a request dated April 8, 2016, Essentia Health Northern Pines Medical Center requested removal of deficiency at F323 cited as a result of an extended survey completed on March 8, 2016 by the Health Regulation Division, Licensing and Certification Program of the Minnesota Department of Health. The Statement of Deficiencies (CMS 2567) has been revised to correct a typographical error on page 32 of 54, which mistakenly referred to R19 as R83. The remainder of the 2567 reflects the Administrative Law Judge's recommendation and Commissioner's letter dated November 22, 2016.

This concludes the Minnesota Department of Health Independent Informal Dispute Resolution Process.

Sincerely,

Holly Kranz

CC: Office of Ombudsman for Long-Term Care Mary Absolon, Program Manager

Hally Kranz

Pam Kerssen, Assistant Program Manager

Licensing and Certification File

PRINTED: 12/23/2016 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		245469	B. WING		03/08/2016	
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	03/	00/2010
ESSENT	IA HEALTH NORTHER	RN PINES MEDICAL CENTER		5211 HIGHWAY 110 AURORA, MN 55705		
(X4) ID PREFIX TAG	PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION DATE
F 000	INITIAL COMMENT	ΓS	F 00	00		
F 225 SS=D	as your allegation of Department's accepenrolled in ePOC, yat the bottom of the form. Your electror be used as verificated. Upon receipt of an on-site revisit of you validate that substate regulations has been your verification.  An extended survey 2016, through March The survey resulted (IJ) at F323 related complete ongoing a causal factors and resident (R19) who fractured clavicle as 8, 2016.  The IJ began on Jate removed on March following the impler removal plan. However mained at a scop which indicated act 483.13(c)(1)(ii)-(iii), INVESTIGATE/REFALLEGATIONS/INITE The facility must not been found guilty or mistreating residen had a finding entered	acceptable electronic POC, an ur facility will be conducted to intial compliance with the en attained in accordance with y was conducted on March 2, ch 8, 2016. If in an Immediate Jeopardy to the facility's failure to assessments to determine implement interventions for had falls and had sustained as a result of a fall on January unuary 8, 2016, and was 8, 2016, at 11:23 a.m., mentation of an acceptable ever, non-compliance be and severity level of G, ual harm.  (c)(2) - (4)	F 22	25		5/2/16

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

04/08/2016

**Electronically Signed** 

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

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_	PROVIDER OR SUPPLIE	ERN PINES MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP 5211 HIGHWAY 110 AURORA, MN 55705		90,2010	
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F 225	of residents or mi and report any kn court of law again indicate unfitness other facility staff or licensing authoral The facility must expressed including injuries misappropriation immediately to the to other officials in through established State survey and The facility must be violations are those prevent further poinvestigation is in The results of all to the administrat representative an with State law (indicertification agencincident, and if the	g abuse, neglect, mistreatment sappropriation of their property; owledge it has of actions by a st an employee, which would for service as a nurse aide or to the State nurse aide registry rities.  ensure that all alleged violations ment, neglect, or abuse, of unknown source and of resident property are reported administrator of the facility and accordance with State law ed procedures (including to the certification agency).  have evidence that all alleged roughly investigated, and must otential abuse while the	F 2:	25			
	by: Based on interviet facility failed to en were thoroughly in reported to the sta	ENT is not met as evidenced ew and document review, the usure injuries of unknown original nestigated and/or immediately ate agency prior to an of 4 residents (R25, R11, R16)		Element 1 R16, R11, & R25 have bee and are care planned for ri non-suspicious, skin altera that are generally vulnerab	sk factors and tions in areas		

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION  IG	(X3) DATE SURVEY COMPLETED	
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F 225	Findings include:  R25's quarterly Mi 1/4/16, indicated F impairment, was s sometimes unders assist of one with personal hygiene, with transfers, and wheelchair locomo indicated R25 had  R25's Face Sheed diagnoses include erythema intertrigo the skin folds caus warmth or moistur (swelling).  R25's Care Area A loss and dementia 9/28/15, indicated needs known, had inability to transfer increased risk for R25's care plan fo identified a potenti with edema, skin r history of scabs ar address risk of bru psychosocial well- indicated R25 was make her needs k	nimum Data Set (MDS) dated R25 had a severe cognitive ometimes understood and stood others, required extensive bed mobility, dressing, and required extensive assist of two required total assistance for otion. R25's MDS further no falls.  It printed 3/7/16, indicated R25's diabetes mellitus, anemia, or (red rash-like inflammation in sed by friction, increased e), dementia and edema  Assessment (CAA) for cognitive for assessment date of R25 was unable to make decreased balance with an or walk safely, and was at	F 22	Other skin alterations that are in an vulnerable to trauma and that are suspicious because of the extent, location, number, or incidences of it over time will be immediately report the State Agency.  Element 2 All residents with skin alterations (it that were not observed by any personance could not be explained to resident have been re-assessed are care planned for risk factors related non-suspicious skin alterations in a that are generally vulnerable to traused skin alterations in areas that are not generally vulnerable to trauma and are suspicious because of extent, location, number, or incidences of it over time will be immediately report the State Agency.  Element 3 Our policy has been reviewed and updated and nursing home staff has educated regarding reporting injuried injuries of unknown origin that came explained by the resident or that are suspicious because the injury is in that is not generally vulnerable to tromatic because of extent, location, numincidences of injuries over time will immediately reported to the State A and then investigated. The investig will include, but not be limited to, ut the forms provided in our electronic medical record.  Element 4	injuries ted to  njuries) son or coy the end are do to that injuries ted to  s been es. es enot be end are around a liber, or be agency gation illizing	

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 225	12/1/15, indicated words but unable appropriately due physician's docum any new skin conductive visit note was unable to give skin issues.  R25's skin docum indicated R25 had R25's skin docum 12/12/15, indicated without redness of the top of the rinvestigation form dated 12/13/ on the top of the rinvestigation form and medical condicated the caus to be determined a verbalize the caus investigation form bumped it on the loumping it on the entry on the investigation form to the investigation form investigation form the investigation form	rising home visit note dated R25 was able to speak a few to answer questions to advanced dementia. The rentation indicated staff denied terns. The physician's family dated 1/4/16, indicated R25 e verbal responses and had no entation dated 12/13/15, redness on the arm and elbow. entation dated 12/1/15 through d R25's skin was clear and	F 2	All skin is observed dail issues reported as soor the licensed nurse. Skir weekly and skin condition weekly by a licensed nurse reported immediate Non-pressure related be potential injuries will be reviewed during the werounds and documenter resident chart ongoing. Monitor by completing or residents for 1 week, the weekly for two months, quarterly ongoing. All very process and/or reporting to the administrator for up and reported on at the at least quarterly.	n as practicable to a is observed on is documented arse. Alterations ly to the RN. ruises and added to be ekly IDT skin d by the RN in the DON/designee will daily audits on four en four residents then four residents ariances in the g will be reported immediate follow		

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F 225	indicated R11 had was sometimes ur understood others R25 required exte bed mobility, trans required extensive wheelchair locome hygiene, had no far R11's Resident Adindicated R11's diasevere chronic kid history of falling.  R11's CAA for cog assessment date decline in safety a for disorientation,  R11's care plan for indicated R11 had dementia. R11's cobserve leg position injury, and to mon skin impairments, unexplained injury  Physician's nursing 10/8/15, and 12/3/concerns during a A review of nursing through 5/14/15, dinvolving bruising progress notes date	hange MDS dated 1/4/16, severe cognitive impairment, nderstood and sometimes. R11's MDS further indicated nsive assistance of two staff for fers, and toilet use, and assistance of one assist for otion, dressing and personal alls, and no behaviors.  Imission Record printed 3/7/16, agnoses included dementia, ney disease, anemia, and  Initive loss and dementia for 12/29/15, indicated R11 had a wareness which put R11 at risk pain, and decline in function.  It safety edited 4/13/15, a potential for injury related to eare plan directed staff to oning when at the table to avoid itor for any unexplained bruises, allegations, or other  If the progress notes dated 6/30/15, 15, indicated R11 had no skin my of the visits.  If progress notes dated 5/1/15 id not indicate any incidents for R11. A review of nursing ted 11/7/15 through 11/22/15, idence of incidents involving	F 22			

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F 225	5/30/15, lacked doc skin documentation 11/22/15, indicated 11/17/15, at 1:33 p.  An incident report of indicated R11 had a forearm measuring The Investigation of dated 5/7/15, indicated R11 had a wheelchair through agitated and was trinvestigation indicated R11 had a wheelchair through agitated and was trinvestigation indicated the invest the cause of the injury indicated the invest the cause of the injury attempted to leave between the closed report and injury of form lacked notificating injury of unknown of the in	ntation from 5/1/15 through cumentation of bruising. R11's from 11/17/15 through R11 had bruising on a leg on	F 22	25			

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F 225	of the bruise and into things. The inunknown origin in notification of the unknown origin properties as uspicious, as location. The DO Injury of Unknown used to help the stated they would if after the investige explanation, the fat DON verified R25 investigated first as uspicious, so we verified they do not the unknown or the unkno	R11 had a history of bumping neident report and injury of vestigation form lacked state agency of the injury of ior to investigation.  2 a.m. the DON stated bruises a DON if they are determined to determined by size, shape, and N stated the Investigation of a Origin form is started, which is taff determine the cause. If a determine the cause, the DON report it to the state agency, but gation there is a reasonable acility would not report it. The is and R11's bruises were and were determined to not be re not reported. The DON of track and trend injuries of assist in determination of	F 2	25			
	was moderately c extensive assistant living. The MDS for no behaviors direct behaviors such as and no rejection of 2/1/16, indicated so and picks at her co bleeding under the	S dated 12/15/15 indicated she ognitively impaired and required noce with all activities of daily urther indicated R16 displayed of the at self, including physical shitting or scratching her self, if care. R16's care plan dated she was often resistive to cares hest to the point of bruising and the skin. The care plan further sived aspiring and had fragile.					

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F 225	skin that bruised each a review of Essentic Care Center Incide 5/29/15 to 2/21/16, reports related to b - 5/29/15, staff note chest measuring 1/ Staff investigated the was "likely" caused sling. The injury was agency 7/8/15, R16 had a measuring approximation of the caused from R16 "injury was not repo - 7/26/15, staff note R16's right arm neathe cause of injury indicated R16 "ofte The injury was not - 9/20/15, R16 had her left cheek. Stafinjury as "could pot The injury was not An incident report of found a "purple, recleft side of neck exchest." The area m cause of injury was to have a small are of bruise- and appead to the stat - 10/7/15, staff note forearm from her we cause of injury was reported to the stat - 10/7/15, staff note forearm from her we cause of injury was reported to the stat - 10/7/15, staff note forearm from her we cause of injury was reported to the stat - 10/7/15, staff note forearm from her we cause of injury was reported to the stat - 10/7/15, staff note forearm from her we cause of injury was reported to the stat - 10/7/15, staff note forearm from her we cause of injury was reported to the stat - 10/7/15, staff note forearm from her we cause of injury was reported to the stat - 10/7/15, staff note forearm from her we cause of injury was reported to the stat - 10/7/15, staff note forearm from her we cause of injury was reported to the stat - 10/7/15, staff note forearm from her we cause of injury was reported to the stat - 10/7/15, staff note forearm from her we cause of injury was reported to the stat - 10/7/15, staff note forearm from her we cause of injury was reported to the stat - 10/7/15, staff note forearm from her we cause of injury was reported to the stat - 10/7/15, staff note forearm from her we cause of injury was reported to the stat - 10/7/15, staff note forearm from her we cause of injury was reported to the stat - 10/7/15, staff note forearm from her we cause of injury was reported to the stat - 10/7/15, staff note forearm from her we cause of injury was reported to the	a Health - Northern Pines nt/Accident Reports dated indicated several incident ruising to R16's body. In the described as follows: A continuous of the state of the state as t	F 22	25				

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F 225	her mid chest meas determined the cau picking at her chest to the state agency - 2/21/16, staff report top of R16's right had come x 9 cm. The caushe [R16] may have door frame. The injustate agency. In each incident repunable to answer had considered suspiced by the nurse on finds the injury to be and report it to the of bruising that is sustingly, face without fingerprints. The DO bruises were suspiced by the nurse on finds the injury to be and report it to the of bruising that is sustingly, face without fingerprints. The DO bruises were suspiced buring a subsequence on 3/3/16, at 12:38 stated when determined the bruising an altercation with a subsequence of the bruising and the subsequence of the bruising an altercation with a subsequence of the subsequence of the bruising and the subsequence of the s	a agency. a pink/purple discoloration to suring 7 cm x 5 cm. Staff se of injury related to R16. The injury was not reported orted a "large" bruise on the and. The bruise measured 9 use of the injury was listed as: a bumped her hand on the arry was not reported to the bort, R16 was described as" now the injuries occurred.  a.m. the DON stated all abuse, falls, bruises or origin start with an incident the injury is unknown in origin, ation worksheet that gets filled duty. She stated if the nurse a suspicious in nature they call DON. She stated an example uspicious would be bruising to a fall, or if it looked like DN did not feel any of R16's	F 25	25		

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F 225	not feel any of R16 nature.  On 3/4/16, at 9:30 stated R16 can be stated R16 "scoots bump her arms on never really seen half."  On 3/4/16, licensed stated R16 is resist to swat staff hand a R16 "flailing her arm.  On 3/4/16, at 10:43 noticed R16 will fla agitated. RN-A stated agitated. RN-A stated will be a scognitively impaired on her neck and charge bruises on her unable to verbalize occurred, there was completed to deterbruising. Further, who tified of the bruis unknown origin we state agency.  A facility policy laber Program, undated, be observed with ubruises, abrasions source) the nurse states.	a.m., nursing assistant (NA)-H a little resistive to cares. She around in her chair and may objects. NA-H stated, "I've her [R16] pick at her upper to care at times and will try away, but had not observed ms."  B a.m. RN-A stated she has all her arms when she is ted R16's bruises were often	F2	25			

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	RN PINES MEDICAL CENTER	5	211 HIGHWAY 110		
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Unknown Source for source is identified was not observed by the injury could not and the injury could not and the injury is surextent of the injury; (e.g., the injury is low vulnerable to traum observed at one paincidence of injuries indicated when an areportable, the facility designee will report 483.13(c) DEVELO ABUSE/NEGLECT  The facility must depolicies and procedomistreatment, negleand misappropriation.  This REQUIREMED by:  Based on interview facility failed to imperocedures to thoroum mediately report the state agency for R16) who sustained.  Findings include:	orm. An injury of unknown as: "the source of the injury by any person or the source of be explained by the resident;" spicious because of , "the or the location of the injury ocated in an area not generally ita); or the number of injuries articular point in time; or the sover time." The policy further an injury of unknown source is lity administrator or his/her to the state agency.  OP/IMPLMENT, ETC POLICIES  Evelop and implement written dures that prohibit ect, and abuse of residents on of resident property.  NT is not met as evidenced or and document review, the lement policies and oughly investigate and/or injuries of unknown origin to r 3 of 4 residents (R25, R11, d bruises of unknown origin.	F 225	has reviewed, updated and signed its abuse prevention program policy. Policy provides that the facility will immediate report to the State Agency allegations mistreatment that have the potential to affect all residents according to state a federal guidelines. R25, R11, and R16 have been assessed and care planned	dcy lly of and	
incidents or suspec	eted incidents of resident				
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE  Continued From pa Unknown Source for source is identified was not observed at the injury could not and the injury is suffered to the injury; (e.g., the injury is lowered at one particulated when an arreportable, the facility designee will report 483.13(c) DEVELOT ABUSE/NEGLECT  The facility must despolicies and procedures and procedures and misappropriation.  This REQUIREMED by:  Based on interview facility failed to imper procedures to thorogrammediately report the state agency for R16) who sustained.  Findings include:  An undated facility Prevention Programmediately report and misappropriation.	PROVIDER OR SUPPLIER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 10  Unknown Source form. An injury of unknown source is identified as: "the source of the injury was not observed by any person or the source of the injury is suspicious because of , "the extent of the injury; or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma); or the number of injuries observed at one particular point in time; or the incidence of injuries over time." The policy further indicated when an an injury of unknown source is reportable, the facility administrator or his/her designee will report to the state agency.  483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES  The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.  This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to implement policies and procedures to thoroughly investigate and/or immediately report injuries of unknown origin to the state agency for 3 of 4 residents (R25, R11, R16) who sustained bruises of unknown origin.	A BUILDING  245469  B. WING  245469  B. WING  PROVIDER OR SUPPLIER  A HEALTH NORTHERN PINES MEDICAL CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 10  Unknown Source form. An injury of unknown source is identified as: "the source of the injury was not observed by any person or the source of the injury could not be explained by the resident;" and the injury is suspicious because of , "the extent of the injury; or the location of the injury vulnerable to trauma); or the number of injuries observed at one particular point in time; or the incidence of injuries over time." The policy further indicated when an an injury of unknown source is reportable, the facility administrator or his/her designee will report to the state agency.  483.13(c) DEVELOP/IMPLMENT  ABUSE/NEGLECT, ETC POLICIES  The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.  This REQUIREMENT is not met as evidenced by:  Based on interview and document review, the facility failed to implement policies and procedures to thoroughly investigate and/or immediately report injuries of unknown origin to the state agency for 3 of 4 residents (R25, R11, R16) who sustained bruises of unknown origin.  Findings include:  An undated facility policy labeled: Abuse Prevention Program, directed staff to report	A BUILDING  245469  PROVIDER OR SUPPLIER  A HEALTH NORTHERN PINES MEDICAL CENTER  SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCY MUST BE PROCEEDED BY PULL REGULATORY OR LSC DENTIFYING INFORMATION)  Continued From page 10  Unknown Source form. An injury of unknown source is refute to the injury is located in an area not generally vulnerable to trauma); or the number of injuries observed to trauma); or the number of injuries observed to trauma); or the number of injuries observed at one particular point in time; or the inicidence of injuries over time." The policy further indicated when an an injury of unknown source is reportable, the facility administrator or his/her designee will report to the state agency.  48.3.13(c) DEVELOP/IMPLMENT  ABUSE/NEGLECT, ETC POLICIES  The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.  Element 1  Refer to F225 for specifics. The facility falled to implement policies and procedures to thoroughly investigate and/or immediately report injuries of unknown origin to the state agency for 3 of 4 residents (R25, R11, R16) who sustained bruises of unknown origin.  Findings include:  An undated facility policy labeled: Abuse Prevention Program, directed staff to report	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245469	B. WING			03/08/2016	
	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER		52	TREET ADDRESS, CITY, STATE, ZIP CODE 211 HIGHWAY 110 URORA, MN 55705		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			Х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 226	source immediately policy indicated the would immediately report to the state a indicated "should a unexplained injuries and injuries of unkr supervisor on duty Investigation of Inju An injury of unknow source of the injury person or the source explained by the resuspicious because the location of the in an area not genethe number of injurpoint in time; or the time." The policy fuinjury of unknown sadministrator or his state agency.  R25's quarterly Min 1/4/16, indicated R2 impairment, was sometimes underst assist of one with because the location of the injury of unknown sadministrator or his state agency.  R25's quarterly Min 1/4/16, indicated R2 impairment, was sometimes underst assist of one with because the location of the injury of unknown sadministrator or his state agency.	ant, or injuries of unknown to the administrator. The administrator or designee begin an investigation and agency. The policy further resident be observed with so (including bruises, abrasions, nown source) the nurse must complete and uries of Unknown Source form. It was not observed by any see of the injury could not be sident;" and the injury is eof, "the extent of the injury; or injury (e.g., the injury is located trally vulnerable to trauma); or it is observed at one particular incidence of injuries over ther indicated when an an ource is reportable, the facility wher designee will report to the injury and equired extensive assist of two required total assistance for tion. R25's MDS further	F 2	226	Element 2 All residents with skin alterations (in that were not observed by any persident were not observed by any persident have been re-assessed and care planned for risk factors related non-suspicious, skin alterations in a that are generally vulnerable to trau. Other skin alteration that are in are vulnerable to trauma and are suspiding by extent, location, number, or incident of injuries over time will be immediately reported to the State Agency and the investigated per policy.  Element 3 Our policy has been reviewed and updated as necessary and nursing staff has been educated regarding reporting injuries. In addition, all states been educated regarding the facility abuse prevention policy. Injuries the not observed by any person or the could not be explained by the resident that are in areas that are not generally vulnerable to trauma or because of location, number, or incidences of it over time will be immediately report the State Agency and then investigation will include, but not limited to, utilizing the forms provide our electronic medical record and following the protocol stated in the prevention policy.  Element 4 All skin is observed daily by the NA issues are brought to the attention licensed nurses as soon as practical states.	on or by the lid are lid are lid are lid to lid areas lima. lias not cious dences lidences li	

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(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION OF CROSS-REFERENCED TO THE APPLICATION OF	SHOULD BE	(X5) COMPLETION DATE	
F 226	loss and dementia 9/28/15, indicated needs known, had inability to transfe increased risk for R25's care plan for identified a potent with edema, skin history of scabs a address risk of br psychosocial well-indicated R25 was make her needs k confusion. The grentian of the physician's new skin confusion of the physician's documenty and the physician's documenty and the physician's documenty new skin confusion of the physician's documenty indicated R25 had R25's skin document indicated R25 was skin document indic	Assessment (CAA) for cognitive a for assessment date of IR25 was unable to make decreased balance with an or or walk safely, and was at falls.  For skin, edited 11/21/15, titled for alteration in skin integrity rashes and irritations, and not open areas, though did not uising. R25's care plan for being created 10/22/15, at risk for being unable to known, falls, and increased oal was for R25 to be safe in the lursing home visit note dated IR25 was able to speak a few to answer questions to advanced dementia. The nentation indicated staff denied cerns. The physician's family dated 1/4/16, indicated R25 e verbal responses and had no dentation dated 12/13/15, diredness on the arm and elbow. Itentation dated 12/1/15 through and R25's skin was clear and	F 22	Skin is observed weekly or meeded by a licensed nurse document in the electronic mecord. Alterations are repoimmediately to the RN for folipressure related bruises and injuries will be added to wee rounds and documented by resident chart ongoing. DOI will monitor by completing dafour residents for 1 week, the residents weekly for two more residents quarterly ongoing, in the process and/or reportire reported to the administrator immediate follow up and reported to the QAPI meeting at least quarterly ongoing.	who will nedical rted llow up. Non d potential kly IDT skin the RN in the N/designee aily audits on en four nths, then four All variances ng will be for orted on at		

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
F 226	that morning. The had possibly bump. The Investigation of form dated 12/13/on the top of the ri investigation form and medical condice dependent transfere indicated the causs to be determined a verbalize the caus investigation form bumped it on the labumping it on the entry on the investigation form agency of the injurinvestigation.  R11's significant or indicated R11 had was sometimes ur understood others R25 required extered bed mobility, transrequired extensive wheelchair locomor hygiene, had no face the second of the second control of the s	age 13 e incident report indicated R25 bed the arm on a table or lift. of Injury of Unknown Origin 15, indicated R25 had a bruise ght arm and wrist. The identified pertinent diagnoses tions of dementia and rs. The investigation form e of R25's bruise was unable and R25 was unable to e of the bruise. The indicated R25 could have ift, but lacked witness of R25 lift or on the table. An undated igation form indicated R25 had umping arm on the table. The d injury of unknown origin lacked notification of the state ry of unknown origin prior to thange MDS dated 1/4/16, severe cognitive impairment, nderstood and sometimes . R11's MDS further indicated resive assistance of two staff for fers, and toilet use, and e assistance of one assist for otion, dressing and personal alls, and no behaviors. Imission Record printed 3/7/16, agnoses included dementia, ney disease, anemia, and  nitive loss and dementia for 12/29/15, indicated R11 had a wareness which put R11 at risk	F 22	26		

	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION		TE SURVEY MPLETED
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F 226	for disorientation, p R11's care plan for indicated R11 had a dementia. R11's care observe leg position injury, and to monit skin impairments, a unexplained injury.  Physician's nursing 10/8/15, and 12/3/1 concerns during an A review of nursing through 5/14/15, districted involving bruising for progress notes dated did not indicate evide bruising or injury of R11's skin docume 5/30/15, lacked doc skin documentation 11/22/15, indicated 11/17/15, at 1:33 p.  An incident report of indicated R11 had a forearm measuring The Investigation of dated 5/7/15, indicated R11 had a wheelchair through agitated and was trinvestigation indicated and was trinvestigation indicated cause of the injury.	safety edited 4/13/15, a potential for injury related to are plan directed staff to ning when at the table to avoid or for any unexplained bruises, allegations, or other  home notes dated 6/30/15, 5, indicated R11 had no skin by of the visits.  progress notes dated 5/1/15 d not indicate any incidents or R11. A review of nursing led 11/7/15 through 11/22/15, dence of incidents involving unknown origin.  Intation from 5/1/15 through cumentation of bruising. R11's in from 11/17/15 through R11 had bruising on a leg on	F 2	26		

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F 226	elopement attempe attempted to leave between the close report and injury of form lacked notificinjury of unknown.  An incident report indicated R11 had inner knee measureport referred to the line injury. Indicated R11 self took a daily aspiring indicated an invest determination was chairs were at the of the bruise and Finto things. The infunknown origin prion of 3/7/16, at 11:02 are reported to the besuspicious, as a location. The DON Injury of Unknown used to help the stated they would if after the investig explanation, the fad DON verified R25% investigated first as a selection of the supplementary of the stated they would if after the investig explanation, the fad DON verified R25% investigated first as selection.	jury was determined to be ts on 5/5/15, as resident had and was getting stuck in d double doors. The incident f unknown origin investigation ation of the state agency of the origin prior to investigation.  dated 11/15/15, at 8:00 p.m. a purple area found to the left ring 6 cm x 2 cm. The incident he investigation. The ury of Unknown Origin dated to R11 did not know what had The investigation form propelled in the wheelchair and the that the table legs and arm height for location and nature R11 had a history of bumping incident report and injury of vestigation form lacked state agency of the injury of	F 2	26			

	EMENT OF DEFICIENCIES PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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F 226	verified they do no	t track and trend injuries of assist in determination of	F 2	26		
	was moderately concepted assistant living. The MDS fund behaviors directly behaviors such as and no rejection of 2/1/16, indicated sand picks at her of bleeding under the	dated 12/15/15 indicated she ognitively impaired and required ce with all activities of daily rther indicated R16 displayed ted at self, including physical hitting or scratching her self, if care. R16's care plan dated he was often resistive to cares nest to the point of bruising and e skin. The care plan further ived aspirin and had fragile asily.				
	Care Center Incide 5/29/15 to 2/21/16 reports related to be 5/29/15, staff not chest measuring 1 Staff investigated was "likely" caused sling. The injury wagency.  - 7/8/15, R16 had measuring approx investigated and dicaused from R16	tia Health - Northern Pines ent/Accident Reports dated, indicated several incident bruising to R16's body. ed bruising to R16's upper left /2 centimeter (cm) x 1.5 cm. the incident and determined it d by use of a mechanical lift as not reported to the state a blood blister on her chest imately 4 cm x 2 cm. staff etermined the injury was 'picking at her own chest." The orted to the state agency.				

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F 226	- 7/26/15, staff note R16's right arm ne the cause of injury indicated R16 "ofte The injury was not - 9/20/15, R16 had her left cheek. Stainjury as "could poor The injury was not An incident report of found a "purple, releft side of neck exchest." The area mage of injury was to have a small are of bruise- and apposhe often picks as reported to the starend to the starend in daily preported to the starend in daily preported to the starend chest mead determined the carpicking at her chest to the state agency - 2/21/16, staff reptop of R16's right hom x 9 cm. The cashe [R16] may have door frame. The in state agency. In each incident reunable to answer."	ed a 5.5 cm x 4 cm bruise to ar her elbow. Staff determined was due to "fragile skin" and en flails arms causing bruising." reported to the state agency. If a 5 cm x 5 cm purple area to a 5 cm x 5 cm purple area to a 5 cm x 5 cm purple area to a 5 cm x 5 cm purple area to a 5 cm x 5 cm purple area to a 5 cm x 5 cm purple area to a 5 cm x 5 cm purple area to a 5 cm x 5 cm purple area to a 5 cm x 5 cm purple area to a 5 cm x 5 cm purple area to a 5 cm x 10 cm. The a 5 cm and a 5 cm x 11 cm. The a 6 cm x 11 cm. The area of skin missing from center areas [R16] had scraped away. Skin. The injury was not a 16 cm a 5 cm. The area of left upper arm. The area of left upper	F 22	26		

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(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD	BE	(X5) COMPLETION DATE
F 226	form. She stated if there is an investig out by the nurse or finds the injury to be and report it to the of bruising that is sthighs, face without fingerprints. The D bruises were suspice During a subseque p.m., the DON state well." The DON fur personality change On 3/3/16, at 12:38 stated when deterr considered suspicient extent of the bruisi an altercation with whether the reside injury was related to the injury was related to the injury was related to the stated R16 can be stated R16 can be stated R16 is resist to swat staff hand a R16 "flailing her ar and the injury was related R16 is resist to swat staff hand a R16 "flailing her ar and R16" stated R16 is resist to swat staff hand R16 "flailing her ar and R16" stated R16" is resist to swat staff hand R16" "flailing her ar and R16" "flai	n origin start with an incident the injury is unknown in origin, ation worksheet that gets filled in duty. She stated if the nurse be suspicious in nature they call DON. She stated an example suspicious would be bruising to ta fall, or if it looked like ON did not feel any of R16's cious in nature.  The interview on 3/3/16, at 12:30 and interview on 3/3/16, at 12:30 and interview on IR16 and interview of R16 and interview of R16 and interview on IR16 and interview of IR16 and interview on IR16 and IR16 and interview on IR16 and IR1	F 22	26			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	PLE CONSTRUCTION  G	(X3) DATE COMP	SURVEY PLETED
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F 248 SS=D	agitated. RN-A state due to the "flailing."  Although R16 was it cognitively impaired on her neck and charge bruises on he unable to verbalize occurred, there was completed to detern bruising. Further, we notified of the bruising unknown origin wer state agency.  483.15(f)(1) ACTIV INTERESTS/NEED.  The facility must proof activities designed the comprehensive the physical, mentate of each resident.  This REQUIREMENT by:  Based on observations.	I her arms when she is and R16's bruises were often dentified to be moderately and had a pattern of bruises est area, as well as other rupper extremities, and was how the bruising had ano in depth investigation mine the actual cause of R16's hile the administrator was es, none of the injuries of the reported immediately to the ITIES MEET as OF EACH RES ovide for an ongoing programed to meet, in accordance with assessment, the interests and I, and psychosocial well-being on the injuries of the reported immediately to the assessment, the interests and I, and psychosocial well-being on the injuries and I.	F 22	Element 1		5/2/16
		ailed to provide meaningful t for 1 of 3 resident's (R26) es.		Resident #26 was re-assessed by t Activity Director/SW to assure his c plan is current and coincides with the resident s desires. He is reminded activities that he enjoys and particip	are ne d of pation	
	11/24/15, indicated impaired. His care	imum data set (MDS) dated he was moderately cognitively plan dated 9/3/15, indicated informed of activities. The care		is recorded. Staff will encourage Re #26 to attend the activities he likes assist him to attend.  Element 2		

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F 248	plan further indicated who was up and of directed staff to go encourage him to require good heart and card bingo. Research he enjoyed exercise enjoyed a "cocktain plan goal was to propermitted and join R26's behavior cate be reminded of actimes a day."  A facility document dated 7/10/12, indeplayed the according and loved dancing indicated R26 had hunted, played carprofessions included significant interact.  A nurse practitioned dated 10/8/15, independent of 10/8/15, independent of 10/15, he participation and a resider month of 11/15, Researcise 4 days. In games 9 days and month of 1/16, R2 and games 6 days	ted R26 was a social person ut of his room. The care plan to R26's room, invite and attend activities that do not ng or vision, assist with bingo 26's care plan further indicated se and going to mass and I" at 2:05 p.m. daily. His care articipate in 1 activity daily, week outside if weather 3-4 exercise classes per week. The plan indicated he "needs to tivities and daily events several titled: Activity Interview Sheet, icated R26 used to read a lot, on, sang in the church choir. The document further a cabin, a vegetable garden, rds, and loved dogs. His past ed social positions requiring	F 248	All residents have been re-assesse ensure that his or her desires regard activities and care plans have bee updated as necessary. All resident receive comprehensive assessment preferences for customary, routine activities on admission and at least annually thereafter. Care plans are developed, reviewed, and updated quarterly as necessary to be mean to each resident.  Element 3  Our policy has been reviewed and updated as necessary. Activity, SV nursing staff have been educated regarding meaningful activity assess and care planning. Documentation group and one on one activity is be recorded.  Element 4  Each resident' s activity log will be monitored by DON/designee to assemeaningful activities occur as care planned daily x 7 days, weekly x 3 monthly x 2 months and quarterly thereafter. DON/designee will audit residents daily for 1 week, then 5 residents weekly for three weeks, the residents monthly for two months, five residents quarterly ongoing to that they are offered and receiving activities of choice. Variances in the process will be reported to the administrator for immediate follow discussed at the QAPI meeting at I quarterly.	rding n is int of  V and ssment of ing ing  ture weeks, t 5 hen 5 chen ensure e up and	

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F 248	On 3/1/16, at 1:59 precliner in his room again observed alo recliner.  On 3/2/16, at 9:41 a his room. At 11:48 alone. There was n independent activity.  On 3/3/16, at 10:05 group was occurrin not present. At 2:1 recliner in his room with bingo in the did on 3/3/16, at 2:17 precliner in his room with bingo in the did on 3/3/16, at 2:17 precliner in his room with bingo in the did on 3/3/16, at 2:17 precliner in his room with bingo in the did on 3/3/16, at 2:17 precliner in his room with bingo in the did on 3/3/16, at 2:17 precliner in his room participating in actively engaged, staff. At 10:25 a.m. and was sitting alor on 3/2/16, at 2:17 precliner in his room participating in actively engaged, staff. At 10:25 a.m. and was sitting alor on 3/2/16, at 2:17 precliner in his room participating in actively engaged, staff. At 10:25 a.m. and was sitting alor on 3/2/16, at 2:17 precliner in his room participating in actively engaged, staff. At 10:25 a.m. and was sitting alor on 3/2/16, at 2:17 precliner in his room participating in actively engaged, staff. At 10:25 a.m. and was sitting alor on 3/2/16, at 2:17 precliner in his room participating in actively engaged, staff. At 10:25 a.m. and was sitting alor on 3/2/16, at 2:17 precliner in his room participating in actively engaged, staff. At 10:25 a.m. and was sitting alor on 3/2/16, at 2:17 precliner in his room participating in actively engaged.	a.m. R26 was sitting in a alone. At 3:33 p.m., he was ne in his room sitting in his  a.m. R26 was sitting alone in a.m., he was sitting in his room o television, no radio and no y supplies present.  a.m. a staff led exercise g in the dining room, R26 was 6 p.m., R26 was sitting in a while his wife was assisting ning room.  b.m. nursing assistant (NA)-B 26 earlier in the day if he go. She stated she did not to the activity even though his he required reminders several a.m. R26 was in the dining n a group activity. He was miling and conversing with, R26 had returned to his room	F 24	48		

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F 248	out." AA-A further slike "I'm bored and R26 used to love to stated the harmonic looked into replacir activity supplies ha engage him in his ridea."  On 3/3/16, at 10:41 fun anymore." R26 gardening in the part education in the gard and added, "I don't he still did some exused to play the hamble "can't do that he "can't do that he "can't remember and to come and get hido." She also stated friend in the facility staff was offering to FM-D further stated around other people on 3/4/16, at 10:34 attended games. Signes, shuffle boas She further stated in usually attended.  An undated facility Social Services, incream would evaluated.	stated R26 makes statements I don't feel good." She stated o play the harmonica. She ca was broken but no one ng it. She further stated no d been offered to R26 to room but stated, "that's a good a.m. R26 stated, "Nothing is stated he did a lot of stated he did a lot of stated working with Mother," do any of that here." He said sercise. He further stated he rmonica and play the piano but ere."  a.m. family member (FM)-D tain activities he could take if they tell him too early he d stated, "they are supposed m, but I don't think they always and R26 used to visit with a "all the time," but didn't think to take him to see his friend. d, "He gets too little of being	F 24			

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		245469	B. WING		03/08/2016	
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F 248	recreational activiti indicated, as much provide activities the resident's interests	es. The policy further as possible, the facility would nat are compatible with the	F 248			
F 250 SS=D	RELATED SOCIAL  The facility must preservices to attain of the services.	rovide medically-related social r maintain the highest Il, mental, and psychosocial	F 250		5/2/16	
	by: Based on observareview, the facility of related social serving reviewed for social isolative behaviors Findings include: R26's quarterly ming 11/24/15, indicated impaired, required activities of daily live of depression which MDS. R26'S PHQ screening, diagnost measuring the seven 8/24/15, was a sew On 11/24/15, R26's 12, indicating mode section for mood in "little interest or plessions."	tion, interview and document railed to provide medically ces for 1 of 1 residents (R26) services who demonstrated in the was severely cognitively minimal staff assistance for ring and verbalized indicators in had increased since his last end (an instrument used for ing, monitoring, and erity of depression) score on en, indicating mild depression. SephQ-9 score increased to a cerate depression. The MDS indicated R26 had indicated reasure in doing things," nearly down, depressed or		Element 1 R26 was re-assessed using the PHQs and his care plan was updated to add potential isolative and other behaviors may be related to depression. Interventions include but are not limite large print activity calendar; daily reminders with encouragement to join activities; and, one on one visits when declines to attend activities outside of room. A new assessment was perfor asking what items are very important him. We are providing those things hindicated as important to him such as music, pet visits, card bingo and other games he favors. We offer and encourse of a pocket talker because he refinearing aids. Although we have offere the services of a psychologist, which has declined, we will continue to offer those services. Resident is legally blir and we will continue to offer activities	ress sthat ed to:  In he his med to e  Ir rurage uses ed he	

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F 250	hopeless," nearly e having little energy.  A review of resident indicated, "in the minist room and not condition." A note of was "keeping to his note dated 8/26/15 more time in his room 11/24/15, indicated regarding his wife's getting bad news a was every day. Not was making statem On 2/17/16, the not "recently begun denote dated 2/21/16 getting instructions good or if I am doin R26's care plan dail poor vision and heat symptoms related to identified behaviors false accusations, did not address deeven though R26's increase in signs at and resident progressions. Although legal blindness their interventions identified were no intervention minimizing the symptoms.	very day and "feeling tired or " nearly every day.  It progress note dated 8/6/15, onth of July [R26] has been in oming out due to a decline in dated 8/21/15, indicated R26 room most of the day." A indicated R26 was spending om. Progress note dated R26 expressed concern health and felt he would be bout her. He stated he felt this es indicated on 1/13/16, R26 ents that "he is going to die." tes indicated R26 had clining his daily Happy Hour." A indicated R26 stated, "I keep and I don't know if I'm doing	F 25	books with larger print and item books on tape.  Element 2 We have reviewed all resident's scores and made comparison of two assessments. All residents a score displaying an increase depressive symptoms have be reassessed and the care plans updated as needed to reflect the state and to implement interver have assessed all residents to if the resident has had mood chincluding but not limited to isolate behaviors. Any resident that may had a mood change has had his care plan updated to reflect curinterventions and monitoring.  Element 3 Protocol was created that addression mood changes, including but not interventions and reporting isolate behaviors so that interventions implemented. Protocol was edunursing home staff. A protocol created to ensure that each new assessment is compared to the PHQ9 assessment and interventions in depressive symptoms, including limited to, isolative behaviors. Protocol has been educated to RNs. Staff has been educated to RNs. Staff has been educated mood changes to the RN or SV up and implementations of addinterventions, when appropriated interventions, when appropriated interventions.	s PHQ9 of the last s who have in en were eir current ntions. We determine hanges, tive ay have s or her rent  esses of limited ative can be licated to was w PHQ9 e previous ntions are ncreases ling but not The SW and to report V for follow itional		

AND DIAN OF CODDECTION INDESTRUCTION NUMBER.		` '	TIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
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F 250	ambulating to the besitting untouched of 3/1/16, at 1:59 p.m sitting alone in a releyes closed.  On 3/2/15, at 8:03 table in his room. His room. At 8:03 room and removed in a recliner. No tel music playing and present. At 11:48 a recliner in his room. On 3/3/16, at 8:50 his room in a recline leading an exercise room, however, R2 p.m., family member visiting with R26 in was observed assist dining room. R26 w. On 3/4/16, at 8:35 his room eating brear room were off and a.m., R26 was engular dining room. He was staff. At 10:26 a.m. and was again sitting. On 3/2/16, at 10:41 (LPN)-C stated R2 room often, "only to	r p.m. R26 was up in his room, bathroom. A tray of food was in a table in his room. On and 3:33 p.m., R26 was cliner chair in his room with his a.m. R26 was sitting at a tray de was eating breakfast alone a.m., staff entered R26's his meal tray. R26 was sitting evision present in room, no no recreational activities a.m., R26 continued to sit in a land.  a.m. R26 was sitting alone in er. At 10:05 a.m., staff was a group in the large dining alone in the large dining and his room. At 2:16 p.m., FM-D sting with bingo in the large was sitting in his room alone.  a.m. R26 was sitting alone in eakfast. The lights in R26's the shade was drawn. At 9:26 aged in a dice game in the as smiling and interacting with, R26 had returned to his room ng alone in a recliner.  a.m. licensed practical nurse as does not come out of his obe weighed and for exercise ne further stated a lot of the	F 2	Element 4 Adherence to the new proto audited by the DON or desi 4 weeks on each MDS that monthly x 2 months, and qu going. DON/designee will r completing daily audits on f for 1 week, then four reside two months, then four reside ongoing. Variances will be administrator for immediate reported on at the QAPI me quarterly.	gnee weekly x is due, uarterly on monitor by our residents ents weekly for lents quarterly reported to the e follow up and	

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F 250	On 3/3/16, at 10:41 terrible." R26 indicato things for himself stated, "You can live further stated, "Notl now I am not clean ain't what I used to On 3/3/16, at 10:08 stated R26 used to She stated, "Around hallucinating and not On 3/3/16, at 12:26 used to enjoy his harefusing lately. She want to do it anymous On 3/3/16, at 1:17 pslowed down." FM-period of "very bad stated the behavior not gotten back to wate R26 is doing visit a friend in the flonger doing that. Estaff was offering to She further stated Raround other people to die."  On 3/3/16, at 3:05 ps (LSW)-A stated R26 is doing visit a friend in the flonger doing that. Estaff was offering to She further stated Raround other people to die."	a.m. R26 stated, "I'm sted he was no longer able to f that he could in the past. R26 et too long, that's me." He ning is fun anymore" and "right, I used to be." R26 added, "I be."  a.m. activity aide (AA)-A come out of his room a lot. I six months ago, he started ow he doesn't come out."  p.m., LPN-C stated R26 appy hour but had been stated, "He doesn't seem to	F2	50		

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F 250	down. She stated the score to increase. Interdisciplinary teamedications to see medications to see medications that medicated the factor of the psychologist availates and sit with the state of the psychologist availates. During a subsequency of the psychologist availates of the psychologist availates. During a subsequency of the psychologist availates of the psychologist availates. During a subsequency of the psychologist availates of the psychologist availates. During a subsequency of the psychologist availates of the psychologist availates. During a subsequency of the psychologist availates of the psychologist availates. During a subsequency of the psychologist availates of the psychologist availates. During a subsequency of the psychologist availates of the psychologist availates of the psychologist availates. During a subsequency of the psychologist availates of the psychologist availat	ed he felt more tired and feeling hose answers caused his The LSW further stated the am (IDT) looked at R26's if he was receiving any may be effecting his mood, ress notes do not indicate depression had been he medication review. She acility had a house ble but she had not referred ogist, and while the LSW he visits with R26, there was no had occurred.  Int interview on 3/4/16, at 1:23 and she had not notified the gR26's increase in depressive ther stated she had not plan in regard to his section.  In pure provides medically replaced invited R26 out to meals.  All Services, dated June 2005, by provides medically-related assure each resident can attain highest practicable physical, mocial well- being. The policy for of social services was assultation with other	F 250			

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F 250	emotional needs of in meeting the socia resident. The socia further responsible and emotional need supportive visits to	g provisions for the social and the resident, and assistance al and emotional needs of the I services department was for identifying individual social as well as making the resident.	F 250		
F 309 SS=D	Each resident must provide the necess or maintain the high mental, and psycho	CARE/SERVICES FOR EING E receive and the facility must ary care and services to attain nest practicable physical, osocial well-being, in e comprehensive assessment	F 309		5/2/16
	by: Based on observative review, the facility for 4 residents (R16) Findings include: R16's annual minimal 12/15/15 indicated cognitively impaired assistance with all a care plan further included and had fragile skirt.  Although R16 was cognitively impaired on her neck and characterists.	icon, interview and document ailed to monitor bruising for 1 ) reviewed for accidents.  Thum data set (MDS) dated she was moderately d and required extensive activities of daily living. The dicated she received aspiring that bruised easily.  Identified to be moderately d, and had a pattern of bruises est area, as well as other rupper extremities, there was		Element 1 R16, R25, R11 and R27 have been assessed for alterations in skin and monitored as needed.  Element 2 A baseline audit was performed on a residents which entailed head to toe observations by licensed staff. Also, residents who are not able to accura explain an how an injury occurred habeen care planned for potential abus NARs are observing skin for alterationally during morning care and report findings to licensed staff. Licensed stare performing head to toe skin observations weekly, skin alterations	skin all tely ve se. ons

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F 309	bruising. Nor was small bruises that easily.  A review of Incider 5/29/15 to 2/21/16 bruising to R16's k documented bruis measuring 1/2 cer incident report dat blood blister on he approximately 4 cr noted a 5.5 cm x 2 near her elbow. A R16 had a 5 cm x cheek. An incident staff found a "purplower left side of nupper chest." The On 10/7/15 staff n forearm from her vincident reported a pink/purple discomeasuring 7 cm x reported a "large" hand. The bruise requent bruising a note indicated R16 was frequent bruising a note indicated staff however there was During an observar R16 was sitting in area of the unit. Si and making nonse	going monitoring of R16's there evidence of frequent would suggest R16 bruised of the proof of t	F 30	reported and documented record. Alterations such as measured/monitored week wound rounds and more of necessary.  Element 3  Our skin protocol has been ecessary to include docuskin assessments by a lice weekly monitoring of bruist Element 4  All skin is observed daily be issues brought to the licensoon as practicable. Skin documented weekly by a land Alterations are reported in the RN. Non-pressure reland potential injuries will be weekly IDT skin rounds arby the RN in the resident of The DON/Designee will mobservations weekly to asmonitoring/reporting occur this process will be reported administrator for immediated discussed at the QAPI mediated quarterly.	s bruises will be kly during IDT iften if  In updated as mented weekly ensed nurse and es.  By the NAR and ised nurse as is observed and icensed nurse, mediately to ated bruises be added to addocumented chart ongoing, onitor skin sure accurate it. Variances in ed to the ite follow up and	

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F 309	eyes closed. During 12:59 p.m., R16 wa her wheel chair. Du at 8:48 a.m., R16 w a common area of the director of nursing (observed R16's skinthere is no follow upstated, "I think the puring an interview licensed practical nursing disorders. During an interview licensed practical nursing an interview licensed nursing an interv	ge 30 area of the facility with her an observation on 3/2/16, at a sitting in a common area in ring an observation on 3/3/16, as sitting in her wheel chair in the unit reading a newspaper.  on 3/4/16, at 8:39 a.m., the DON) stated a nurse at least weekly. She stated done for bruising. The DON policy says, report if problems." eived aspirin daily but had no on 3/4/16, at 9:36 a.m., the area (LPN)-C stated, weekly be done on shower day. She completed R16's skin checking scheduled on the evening and Observation Report, dated tharacter and color of R16's." A record of R16's weekly as requested, but none as Skin Risk assessment, procedure to proved for the entification of resident's at risk impairments. The policy arses to conduct skin st weekly to identify changes.	F 309			
F 323 SS=J	483.25(h) FREE OF HAZARDS/SUPER	ACCIDENT	F 323			5/5/16
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F 323	environment remains is possible; and adequate supervision prevent accidents.  This REQUIREME by: Based on observative, the facility assessments to desimplement appropriate to prevent falls for reviewed for accide investigate and confalls to determine in implemented to presignificant injury for resulted in an immiserious harm and in the immediate jeo R19 fell, was sent was diagnosed with facility failed to confind intervental the immediate of the p.m. The i	NT is not met as evidenced tion, interview, and document failed to ensure ongoing termine causal factors, and itate interventions in an attempt 2 of 3 residents (R19, R39) ents. The facility failed to imprehensively assess resident if new interventions could be event falls, which resulted in a ir R19. The facility's failure ediate jeopardy (IJ), with injury for R19.  pardy began on 1/8/16, when to the emergency room and in a fractured clavicle. The imprehensively assess and on a fractured clavicle. The imprehensively assess and on the director of nursing is IJ for R19 on 3/2/16, at 5:42 is jeopardy was removed on in. but noncompliance wer scope and severity of a G, itual harm that was not	F 32	Element 1 R19 and R39 have been comprehe assessed. A fall risk score has be determined and interventions have updated. Both residents' falls have trended to inform the root cause at and interventions were updated. Interventions for R19 include, but a limited to, elevated head of bed, re-introduce tool chest for activities scheduled morphine, offering reclin room adjustments.  Element 2 All residents who have fallen in the days have been comprehensively re-evaluated to determine a fall ris and interventions have been updated when appropriate. All residents will 2 or more falls in a 30-day period a being analyzed for trends to furthe the root cause analysis and interventions have been updated when appropriate.  Element 3 The policy has been updated to recurrent practice, including but not look assessment, pre-fall huddle to falls, pharmacy review, fall scene	en e been e been nalysis are not s, ner and e last 30 k score ted no have are r inform entions	

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F 323	assess risk factors In addition, interver consistently implementations. In addition, interver consistently implementations and a single pain and with failure (CHF), gait a shistory of falling. The (MDS) dated 9/8/15 cognitive impairmentation of the hallway. The ambulating in his robut occasionally indicated Rimpairment, required staff with transfers, of one staff for whe ambulate. The MDS occasional incontinured extensive toileting, and was not make the moving from the staff with transfers (moving from the staff moving or surface-to-surface able to stabilize with identified R19 had assessment, with not suppose the modify interventions and a history psychotropic medication of the modify interventions.	ity failed to comprehensively related to the continued falls. Intions to prevent falls were not nented.  ecord identified diagnoses that its disease, polymyalgia veakness), congestive heart and mobility abnormalities, and ne annual Minimum Data Set 5, identified R19 had significant int, had no behavioral issues, if help or assistance from, was on no toileting plan continent, and did not ambulate significant change MDS dated 19 had severe cognitive and extensive assistance of two required extensive assistance felchair mobility, and did not is also indicated R19 had ence of bowel and bladder, assistance of two staff for not on a toileting program. The fied R19's balance during from a seated to standing in and off the toilet, and transfers) as not steady, only hassistance. The MDS also falls since the prior	F 3	investigation to inform the root ca analysis, interventions, and trend The root cause analysis tool has updated. The updated policy has signed and dated. Education has provided to nursing home staff re the policy updates and updated r cause analysis tool.  Element 4 All falls will be reviewed by the DON/designee daily/5 days per w ongoing. Each fall will be followed IDT at its weekly meeting, or as r for 4 weeks ongoing. At each ID post-fall meeting, the team will re- root cause to ensure it has been appropriately identified and addre- with corresponding interventions. To process will continue and variation reported to the administrator for immediate follow up and discuss QAPI meetings at least quarterly.	ng falls. been been seen garding bot  eek d by the eeded, r view the ssed and the his ns will be	

AND DUAN OF CODDECTION INDENTIFICATION NUMBER:		, ,	X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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F 323	risk for falls, had a quarter, had a we current plan of ca failed to comprehe falls to include but falls, factors that reffectiveness of in R19's care plan dR19 will remain frocare plan identifies check frequently a he is settled in an assist to wheelchar main dining room of honor; change near room assess to room, assist to redirect him to are sit/stand lift for traticileting, rest and and cue; attempt and transfer prior self-transfers; cue place in areas of licue for fluids, snanight; regular mat no siderails; keep night; anti-rollback 10:00 a.m., and be toilet before bed a Review of R19's findicated the follour 19/7/15, at 4:30 a in his room. R19 si	d 1/31/16, identified R19 was at a ress, bed at standard height, wheelchair cushion; and assist when symptomatic, nigh visibility; offer nightlight, cks and toileting when awake at tress, bed at standard height, wheelchair locked at bedside at the son wheelchair; toilet daily at y 1:30 p.m. and 4:30 p.m. also and upon rising.	F 3	23		

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F 323	his right upper fore the emergency rood diagnosed R19 will interventions imple locked at bedside An inter-disciplina on 9/8/15, with the continue to monito pressures. On 3/2 nurse (RN)-A was cause analysis of - 9/24/15, at 11:35 roommate that R1 indicated the fall with the self-transfer, and was locked. R19 continue to monito pressures. On 3/2 nurse (RN)-A was cause analysis of - 9/24/15, at 11:35 roommate that R1 indicated the fall with self-transfer, and was locked. R19 continued the self-transfer was locked. R19 continued the self-transferred independent of the self-transferred independent locked night before sleep stated no root cause completed.  - 10/20/15, at 12:2 wheelchair in the list stand up, lost his list the fall was cause impulsiveness and did not sustain an implemented: non An IDT meeting with the stand was cause impulsiveness and did not sustain an implemented: non An IDT meeting with the fall was cause impulsiveness and did not sustain an implemented: non An IDT meeting with the stand was cause impulsiveness and did not sustain an implemented: non An IDT meeting with the stand was cause impulsiveness and did not sustain an implemented: non An IDT meeting with the stand was cause impulsiveness.	chead and was transported to om (ER). The ER provider th a scalp contusion. New emented: keep wheelchair as able.  Ty team (IDT) meeting was held a following conclusion: will or, observe orthostatic blood /16, at 12:58 p.m. registered interviewed and stated no root the fall had been completed.  The p.m. staff was alerted by 9 had fallen in his room. Staff was caused by R19 attempting and only one wheelchair brake did not sustain an injury. New emented: continue to check on a times making sure both as were locked. Remind resident chair brakes. The in his wheelchair and endently. Attempt keeping at bedside and cue to toilet at and endently. Attempt keeping at bedside and cue to toilet at and endently. Attempt keeping at bedside and cue to toilet at and endently. Attempt keeping at bedside and cue to toilet at and endently. Attempt keeping at bedside and cue to toilet at and endently. Attempt keeping at bedside and cue to toilet at and endently. Attempt keeping at bedside and cue to toilet at and endently. Staff indicated doby increased confusion, differently attempts to self-transfer. R19 injury. New interventions	F 32	23		

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		245469	B. WING _	·····	03/	08/2016	
	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 5211 HIGHWAY 110 AURORA, MN 55705			
(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 SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
F 323	related to acute illnichaseline. On 3/2/16 interviewed and stawas isolated and relative to back down on his windicated the fall was to bed, restless mointerventions implemented wheelchair.  An IDT meeting was following: witnessed to stand up and was to go to bed went to on floor. On 3/2/16, root cause analysis it was determined in that resulted in weather that resulted in weather that resulted in weather that is a subject of the ER, and was hematoma and presimplemented: none An IDT meeting was hematoma and presimplemented: none	ess. Res is back to his at 1:11 p.m. RN-A was sted the root cause of the fall elated to R19's acute illness.  In p.m. staff witnessed R19 and walk into another go to bed" when he went to sit wheelchair and fell. Staff as caused by attempting to go wements. No injury. New mented: anti-rollbacks to sheld on 10/27/15, with the diffall in hallway was attempting lk into another resident's room to sit on wheelchair and landed at 1:20 p.m. RN-C stated the softhe fall was completed; and R19 had an acute condition alkness.  The account of the fall was found face for the fall was found face in the room. Staff indicated the surgency of bowel movement. The account of the second with a scalp elamonia. New interventions is held 12 days later on llowing: R19 was screened by received for physical therapy k to improve transfers, lation with walker. Continue to d. On 3/2/16, at 1:25 p.m. of cause analysis of the fall	F 32	23			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
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F 323	weakness seconda buildup of fluid betw lungs and chest). Fwhere he was diagright clavicle (collar implemented: rearr An IDT meeting wa of the fall was comparted with the he gets acute resping the gets acute resping to the fall way. The stated the root cause completed with the he gets acute resping to the way. The stated the root cause completed with the he gets acute resping to the way. The stated the root cause completed with the he gets acute resping to the way. The stated the root cause of the way. The stated the root cause of the way. The stated the root cause of the way. The stated the way. The stated the way. The stated the way. The stated the st	dicated the fall was caused by ry to pleural effusion (a veen the tissues that line the 19 was transported to the ER, nosed with a fracture of the bone). New interventions anged furniture in room. Is held on 1/8/16, and a review pleted, but no conclusion. On IRN-C was interviewed and see analysis of the fall was conclusion R19 fell because ratory issues and he falls.  Im. R19 was found on the floor ated he was moving his care did not sustain an injury. New	F 32	23			

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F 323	medication review. verified a root caus verified a root caus - 1/30/16, at 8:00 p of his bathroom. Rought Staff indicated the decline. R19 did not interventions imple recliner or bed after transfers. An IDT meeting was following: R19 has condition and was a was more sleepy at a scheduled toiletin needs and offer toil frequent intervals. If food, fluids, rest and bed earlier in the evon 3/2/16, at 1:49 weak, short of breat RN-A stated the soc work, and now staff to go to the bathroot-2/4/16, at 10:30 a. in his room. No injuct caused by impulsive was capable of transimplemented: continuity visibility and check meeting was held stollowing: staff have success that morning was capable to rise alone in room without very alert that day aleave him alone in staff have success that morning was capable to rise alone in room without very alert that day aleave him alone in staff have success that morning was capable to rise alone in room without very alert that day aleave him alone in staff have success that morning was capable to rise alone in room without very alert that day aleave him alone in staff have success that morning was capable to rise alone in room without very alert that day aleave him alone in staff have success that morning was capable to rise alone in room without very alert that day aleave him alone in staff have success that morning was capable to rise alone in room without very alert that day alone in the staff have success that morning was capable to rise alone in room without very alert that day alone in the staff have success that morning was capable to rise alone in room without very alert that day alone in the staff have success that morning was capable to rise alone in room with the staff have success that morning was capable to rise alone in room with the staff have success that morning was capable to rise alone in room with the staff have success the staff have success that morning was capable to rise alone in the staff have success the staff have success the staff have success the staff have suc	e pharmacy perform a On 3/2/16, at 1:45 p.m. RN-C e analysis was not completed.  I.m. R19 was found on the floor 19 did not sustain an injury. It was caused by a general translation to assist to resupper, use sit/stand lift for supper, use sit/stand lift for sheld on 2/1/16, with the had a general decline in now enrolled in hospice. He had interacted less. He was on g plan. Staff to anticipate eting and rest periods at f he seemed restless offer d toileting. May need to go to vening or relax in the recliner. In the complex complex in the recliner. It is not didn't know what to do the duled toileting plan didn't it is just asked him if he needed	F 3	23			

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 323	analysis of the fall 2/14/16, at 8:40 p in his room. R19 su his left buttock. Sta fall was caused by implemented: bed i within reach.  - 2/16/16, 2:00 p.m sleeping in his whe wheelchair and land sustain an injury. S caused by sleeping interventions imple offer more support An IDT meeting wa 2/22/16, reviewing 2/16/16, with the for changed for better have staff in the direvents. On 3/2/16, there was not root of the control of the contr	ified there was no root cause  .m. R19 was found on the floor istained a small excoriation on iff had not indicated what the New interventions in lowest position, call light  . R19 was in the dining room, elchair, when he slid out of the ded on the floor. R19 did not taff indicated the fall was in the wheelchair. New mented: wheelchair cushion to	F 323				

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 323	On 3/2/16, at 7:21 room. Nursing ass personal cares for side of his bed. At was going to leave lift. NA-E left the ror R19 sitting on the s7:25 a.m. NA-E ret stand assist lift to twheelchair. NA-E swhen asked what prevent falls, NA-E to keep an eye on NA-E stated R19 whe was supposed to bathroom, but R19 him if they noticed he shouldn't be in the shouldn't be in t	a.m. R19 was observed in his istant (NA)-E was providing R19, who was sitting on the 7:23 a.m. NA-E told R19 she the room to get the transfer room, and shut the door, leaving side of the bed unattended. At turned to the room, used the ransfer R19 into his stated R19 had a lot of falls. interventions were in place to a stated the staff was supposed him, see where he was at. Was not on a toileting program, to have assistance to the was quick, and they helped him going into the bathroom,	F 323				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 323	enjoyed looking at home. R19 was a with stuff." AD-A sengine or somethi was not sure when On 3/3/16, at 8:25 interventions incluhis room and if alcout or stay with hir 1:1 and staff has k NA-A acknowledg  On 3/3/16, at 8:32 for R19 included saccording to his sof excess energy, War II. NA-C ackr schedule for the laany changes in the On 3/3/16, at 10:4 interventions for F whenever staff was cream, going to the R19 had a 1:1 right the toileting plan hon or a stated R19 really of still needed to rem On 3/2/16, at approximately still needed to rem On 3/2/16	r, however, family took that mechanic and liked to "tinker tated it would be nice to get an ing for R19 to work on but she re they would put it.  a.m. NA-A stated R19's fall ded looking in on him if passing one in his room try and get him in. However, now he was on a been toileting him more often. ed R19 was "quick".  a.m. NA-C stated interventions afety checks, toileting him chedule, ambulation to "get rid" distract him - talk about World howledged not being on the last 8 days so was unaware of e plan of care for R19.  O a.m. NA-B stated fall last included looking in on him last last last last last last last last	F 32	23			

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F 323	stated the facility or immediately after e interventions were stated an IDT meet and falls were review meeting, a root causeach fall.  The immediate jeon was removed on 3/ implemented the forminimize the risk of the factivities to provide tinkering toys. Attempt positioning Coordinate with Howolunteer 1:1 Extra bed removed Wider bed to be defined of bed raised Morphine at bedtim Offer to sit on edge to toilet. Provide an afternoof Transfer with one sit when he appeared stand ask if he was use the bathroom Use short understate or no answers. Attempt to anticipath him comfortable.	completed a post-fall huddle ach fall, and immediate put into place. The DON also ting was held at least weekly, ewed at that time. During this use analysis was completed on coardy that began on 1/8/16, 8/16, when the facility ellowing interventions to falls for R19:  In removal plan e interesting mechanic type in recliner for comfort spice for fall prevention and from room to decrease clutter elivered 3/9/16 30 degrees the of bed and use urinal, or offer	F 3.	23			

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F 323	3 falls that resulted intervention: a fract the finger requiring the head requiring to be at high risk for the risk for ongoing the risk for ongoing R39's Admission R included dementia, abnormalities, rhead right hip and k dated 1/19/16, indicognitive impairme assistance of 1 staindependent with a required standby a ambulation in the hindicated R39 was bladder, and was in staff supervision/cuidentified R39's balfrom a seated to stand off the toilet, a transfers) was not without assistance.  R39's CAA dated 8 risk for falls, and haveakness, limited coordination and plassessment dated	In injuries requiring medical tured clavicle, a laceration of sutures, and a laceration of sutures, and a laceration of steri-strips, which identified him or significant injury.  The past 6 months, and the apprehensively assess and itate interventions to minimize of falls.  The cord identified diagnoses that adizziness, gait and mobility amatoid arthritis in right hip, nee pain. The quarterly MDS cated R39 had severe nt, required standby ff for transfers, was ambulation in his room, and seistance of 1 staff for allway. The MDS also always continent of bowel and adependent with toileting (with uses). The MDS further lance during transfers (moving anding position, moving on and surface-to-surface steady, but able to stabilize	F 323			

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F 323	R39 will remain freidentified the follow to use his walker a tucked into bed for often to cue him ur reach; keep pathwasocks/bare feet wh footwear while up.  Review of R39's faindicated the follow - 9/22/15, at 4:10 p when coming out ohimself up off the fit to his left elbow. Note add a toilet riser to at 10:32 a.m. RN-C no root cause analycompleted.  - 10/16/15, at 3:40 when he came out gotten himself up of an injury. New intermonitor bowel move the call light. On 3/interviewed and state the fall had been continued in the call state of the fall had been continued in the call state of the fall had been continued in the fall had been continued	ted 8/10/15, identified a goal: e from injury. The care plan ing interventions: remind him and keep it next to him; once the evening check on him til asleep; keep call light within ays free of obstacles; gripper en in bed; and non-skid  Il incident reports since 9/15, ing:  .m. R39 stated he had fallen for his bathroom, and had gotten oor. R39 sustained a skin tear ew interventions implemented: toilet in bathroom. On 3/7/16, was interviewed and stated ysis of the fall had been  p.m. R39 stated had fallen of the bathroom, and had ff the floor. R39 did not sustain ventions implemented: ements, encourage him to use 7/16, at 10:34 a.m. RN-C was ated no root cause analysis of ompleted.  is p.m. R39 stated he fell in his en himself up off the floor. R39 injury. New interventions ide commode. On 3/7/16, at perified no root cause analysis	F 323			

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(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 323	between the bed ar R39 stated he had R39 did not sustain implemented: R39 3/7/16, at 10:37 a.n analysis for the fall earlier that morning - 11/12/15, at 11:00 outside of his room asked if he was all fallen in the bathrocepisode. R39 did no interventions impled commode placed in a.m. RN-C was intecause analysis of the - 11/24/15, at 8:10 placed doorway of his room and fell backward of an injury. New inter On 3/7/16, at 10:41 cause analysis of the hallway and stated he had faller himself up. No injurimplemented: remin assistance. On 3/7/verified no root caudone.  - 12/28/15, at 5:30 the hallway when hellway when hellway when hellway when hell was stated he hallway when hell was stated hell was s	o.m. R39 was found sitting and the dresser in his room. In the dresser in his room. On the RN-C stated the root cause was R39 had a suppository and had become dizzy.  In the dresser in his room. On the fall was standing and in the dresser in	F3	23		

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F 323	injury). New intervetold to walk slower RN-C stated the rowas gastroenteritis - 1/30/16, at 5:50 pinjury. New intervetolary. New intervetory. New intervetory. New intervetory. New intervetory. New intervetory. New interventions pain assessment. Verified no root caudone 2/6/16, at 4:00 p. in his room. R39 stated R39 had not ime, and was given a wheel re-evaluated. On stated R39 had not ime, and was given for one day. RN-C of the fall was doned the fall was doned to 10:59 a.m. RN-C was treated in the implemented: resident of the side of th	d lacked description of the entions implemented: R39 was . On 3/7/16, at 10:48 a.m. oot cause analysis of the fall s.  o.m. R39 fell in his room. No ntions implemented: none. On m. RN-B was interviewed and yen a walker to use. RN-B se analysis of the fall was  m. R39 found in room, sitting and injury. implemented: comprehensive On 3/7/16, at 10:55 a.m. RN-C use analysis of the fall was  m. R39 was found on the floor ustained a 3 cm skin tear to his erventions implemented: R39 chair to use until he could be 1/7/16, at 10:57 a.m. RN-C to been using his walker at the en a wheelchair, but only used verified no root cause analysis	F 323			

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 329 SS=D	was interviewed. The completes a post-fareach fall, and immer place. The DON also held at least weekly time. During this more completed on each the clinical record reassessment of R. The undated facility. Prevention, directed scene investigation determine the root licensed staff will poplace to prevent furth 483.25(I) DRUG REUNNECESSARY DECENTION DECESSARY DECENTION DE L'AUTRE DE L'AUT	eximately 3:00 p.m. the DON one DON stated the facility all huddle immediately after rediate interventions are put into so stated an IDT meeting is y, and falls are reviewed at that reeting, a root cause analysis is fall.  Ilacked a comprehensive 39's risk for falls.  Ilacked a comprehensive 39's risk for falls.  If policy and procedure on Fall do at the point of a fall, a fall will be completed to cause of each fall. The lut an immediate intervention in ther fall.  EGIMEN IS FREE FROM PRUGS  If regimen must be free from an any excessive dose (including or for excessive duration; or nonitoring; or without adequate se; or in the presence of the se or discontinued; or any	F 329			5/2/16

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED		
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F 329	contraindicated, in drugs.  This REQUIREME by: Based on observareview, the facility adverse side effect and nursing orders and reporting elever (R23) reviewed for Findings include: R23 was not asset (adverse side effect antipsychotic mediantipsychotic mediantipsychotic mediorders were not for recheck and report pulses over 100.  The Resident Admindicated R23's diadisorder, dysthymifibrillation, cerebrounspecified psychologypotension.	an effort to discontinue these  attion, interview and document failed to ensure monitoring for ts of antipsychotic medication s were followed by monitoring ated pulses for 1 of 5 residents tunnecessary medications.  assed for tardive dyskinesia atts related to the use of cation) after starting an cation. In addition, nursing llowed as directed to monitor, t to the nurse practitioner (NP)	F 32	,	order for ve no  all s are t for all ger on  SW, des, repeat g the of ocol sign		
	12/9/15, indicated impairment. R23 d	R23 had severe cognitive id not have any behaviors, or change in behavior		Element 4 The psychotropic IDT will review ne	ed for		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION		E SURVEY PLETED
		245469	B. WING		03/	08/2016
	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 5211 HIGHWAY 110 AURORA, MN 55705	, ,	
(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 CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 329	of daily living (ADL' antidepressant and seven days during  The Physician's Or 3/3/16, indicated th (an antipsychotic) 2 at bedtime on 10/8 10/13/15, the physis 5 mg every day at I An Administration I special instructions with blood pressure practitioner (NP) if after a recheck of the An Abnormal Involutional tool used to assecompleted on 2/28, any further assessing prior to or after state. The Vitals Results indicated R23 had the following days: 1/23/16, pulse of 1/2/19/16, pulse of 1/2/24/16, pulse	eded assistance with activities (s) and received an antipsychotic seven of the the assessment period.  Ider History from 9/3/15 to be physician ordered Zyprexa (2.5 milligrams (mg) every day (15 for psychosis. On ician increased the Zyprexa to be be be and updated 3/3/16, indicated a to monitor R23's apical pulse es and update the nurse the pulse was greater than 100 he pulse.  Juntary Movement Scale (AIMS, ass for tardive dyskinesia) was (15. The medical record lacked ment for adverse side effects ring the Zyprexa.  If the Typrexa (1/1/16, to 3/7/16, a pulse greater than 100 on 06.  Juntary Movement Scale (alms, ass for tardive dyskinesia) was (15. The medical record lacked ment for adverse side effects and the Typrexa.  If the Typrexa (1/1/16, to 3/7/16, a pulse greater than 100 on 07/16, a pulse greater than 100 on 07/16, a pulse greater than 100 on 07/16, at supper, 3/1/16, and 100.	F 329	AlMs assessments per policy we ongoing. An RN will audit Matrix dashboard daily for vital signs the of set parameter and follow up a necessary. Variances will be repetite administrator for immediate and reviewed at the QAPI meetite quarterly.	at are out s corted to follow up	
	signs or symptoms	.m. R23 did not exhibit any of tardive dyskinesia, pain, ia, psychosis or hallucinations.				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		245469	B. WING _		03/	08/2016
	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 5211 HIGHWAY 110 AURORA, MN 55705		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPED DEFICIENCY)	) BE	(X5) COMPLETION DATE
F 329	stated she tried to monitoring quarter done every six mowas done last on 2 assessments since On 3/3/16, at 9:35 recheck the pulse on 12/10/14. The Foursing order. RN-lacked a recheck awhen greater than On 3/3/16, at 9:40 medication change fibrillation (an irreg commonly causes intermittently went The NP further stathe pulse until it was she would expect adyskinesia per the On 3/3/16, at 12:30 pharmacist stated assessment for tarstarted an antipsycadverse side effect dose of the medica On 3/3/16, at 1:00 would expect tardidone every six mo AIMS was not don On 3/4/16, at 11:10 instructions to mor	a.m. registered nurse (RN)-A do tardive dyskinesia ly but believed it was to be nths. RN-A verified R23's AIMS 2/28/15, with no further e that date.  a.m. RN-C stated the order to and notify the NP was added RN stated she believed it was a C verified the medical record and notification of the pulse 100 to the NP.  a.m. the NP stated R23 had as and a history of atrial rular, often rapid heart rate that poor blood flow) which in and out but had been stable. Ited she was not worried about as 120 or 130. The NP stated staff to check for tardive facility's protocol.  D p.m. the consultant he would expect an redive dyskinesia after a resident chotic medication because ts can show up after the first	F 32	29		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION (	(X3) DATE S COMPLE	
		245469	B. WING		03/08	/2016
	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 5211 HIGHWAY 110 AURORA, MN 55705		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	_	(X5) COMPLETION DATE
F 329 F 428 SS=D	blood pressure price medication. The RI (NA) should be received telling the nurse with than 100.  On 3/4/16, at 11:15 (LPN)-B stated after the NAs give the vidocument in the meshe was not aware for R23.  A policy for comple antipsychotic advernursing orders was there was none. 483.60(c) DRUG RIRREGULAR, ACT  The drug regiment or reviewed at least opharmacist.  The pharmacist must the attending physinursing, and these	nurses when checking the or to giving the antihypertensive of stated the nursing assistants hecking the pulse and or nen R23's pulse was greater a.m. licensed practical nurse or the NAs obtain the vital signs tal sign results to the nurse to edical record. The LPN stated of any pulses greater than 100 ting assessment for requested and was informed EGIMEN REVIEW, REPORT	F 428		5/	2/16
		tion, interview and document ant pharmacist failed to ensure erse side effects of		Element 1 The Pharmacist consultant has revie R23 s Aims and vital signs and four		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION		SURVEY PLETED
		245469	B. WING		03/0	08/2016
	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER	5	TREET ADDRESS, CITY, STATE, ZIP CODE 211 HIGHWAY 110 AURORA, MN 55705		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
F 428	antipsychotic medimonitoring and rep 5 residents (R23) r medications.  Findings include:  The Resident Admindicated R23's diadisorder, dysthymic fibrillation, cerebrounspecified psychounknown physiologhypotension.  The Physician's Or 3/3/16, indicated th (an antipsychotic) at bedtime on 10/8 10/13/15, the physic 5 mg every day at 10 An Administration is special instructions with blood pressure practitioner (NP) if after a recheck of the An Abnormal Involutional tool used to assect completed on 2/28, any further assessing prior to or after star.  The Vitals Results	cation and nursing orders by orting elevated pulses for 1 of eviewed for unnecessary  dission Record dated 3/3/16, agnoses included delusional codisorder, hypertension, atrial vascular disease, chronic pain, asis not due to substance or gical condition and orthostatic der History from 9/3/15 to be physician ordered Zyprexa 2.5 milligrams (mg) every day /15 for psychosis. On ician increased the Zyprexa to be diseased the Zyprexa to be diseased the zyprexa to be diseased the pulse was greater than 100 he pulse.  Juntary Movement Scale (AIMS, ass for tardive dyskinesia) was /15. The medical record lacked ment for adverse side effects rating the Zyprexa.  from 1/1/16, to 3/7/16, a pulse greater than 100 on 06.	F 428	to have no symptoms.  Element 2 The pharmacist consultant has revall residents who take antipsychotimedications and AIMs assessment current. The consultant has also revital sign parameters and the alert system.  Element 3 The pharmacy consultant reviewed contract obligations. The AIMS pollupdated to provide, including but not limited to, screens and repeat screasing the AIMS scale test and notification the provider of any changes. Policiparovides that the pharmacist consumil audit monthly to ensure completed to the psychotropic IDT (RNs, and Pharmacist). A protocol been implemented to set vital sign parameters for each resident and its set to follow up with provider.  Element 4 The psychotropic (Includes pharmatory will review need for AIMs assessments per policy weekly one The Pharmacy consultant will review sign parameters to the DON month Variances will be reported to the administrator for immediate follow reviewed at the QAPI meeting at leading the parameters.	ts are eviewed  If his icy was others, iying y also ultant etion of y was SW, has an alert acist) going. ew vital hly. up and	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION NG		E SURVEY IPLETED
		245469	B. WING _		03/	08/2016
	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 5211 HIGHWAY 110 AURORA, MN 55705	, , ,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 428	2/24/16, pulse of 1 The medical record of the pulse or noting pulse was greater  The consultant phan Notes for the phan R23's medications 2/16 lacked evider assess R23 for an adverse side effect recommendation to when R23's pulse On 3/3/16, at 12:30 pharmacist stated assessment for tar started an antipsychadverse side effect dose of the medical did not monitor if a assessment had bowere typically done stated he would not notification to the Noursing order.  On 3/3/16, at 1:00 would expect tarding done every six mon AIMS was not done A policy for completantipsychotic advenursing orders was there was none.  The Facility's Conservoider Requirement indicated the considered the construction of the Conservoider Requirement indicated the conservoider Requi	01. d lacked evidence of a recheck fication of the NP when the	F 42	28		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		245469	B. WING _		03/	08/2016
	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 5211 HIGHWAY 110 AURORA, MN 55705	,	
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
F 428	references to facilit medications and in	rate the identification of formation on contraindications, adverse side effects, dosage	F 42			

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

### CENTERS FOR MEDICARE & MEDICAID SERVICES

### MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL

	CARE/MEDICAID CERTIFICATION - TO BE COMPLETED BY THE STA		ID: WOWJ Facility ID: 00604
MEDICARE/MEDICAID PROVIDER NO.     (L1) 245469  2.STATE VENDOR OR MEDICAID NO.     (L2) 173347801	3. NAME AND ADDRESS OF FACILITY (L3) ESSENTIA HEALTH NORTHERN (L4) 5211 HIGHWAY 110 (L5) AURORA, MN	PINES MEDICAL CENTER (L6) 55705	4. TYPE OF ACTION: 7 (L8)  1. Initial 2. Recertification 3. Termination 4. CHOW 5. Validation 6. Complaint
5. EFFECTIVE DATE CHANGE OF OWNERSHIP (L9) 6. DATE OF SURVEY  6. ACCREDITATION STATUS:  0 Unaccredited 1 TJC 2 AOA 3 Other	7. PROVIDER/SUPPLIER CATEGORY  01 Hospital	02 (L7) 13 PTIP 22 CLIA 14 CORF D 15 ASC 16 HOSPICE	7. On-Site Visit 9. Other 8. Full Survey After Complaint  FISCAL YEAR ENDING DATE: (L35)  06/30
11. LTC PERIOD OF CERTIFICATION  From (a):  To (b):  12.Total Facility Beds 13.Total Certified Beds 50 (L18) 13.Total Certified Beds 50 (L17)  14. LTC CERTIFIED BED BREAKDOWN 18 SNF 18/19 SNF 19 SNF 50 (L37) (L38) (L39)  16. STATE SURVEY AGENCY REMARKS (IF APPLIC See Attached Remarks  17. SURVEYOR SIGNATURE  Kathie Killoran, HFE NEII	(L42) (L43)  PABLE SHOW LTC CANCELLATION DATE):  Date :	And/Or Approved Waivers Of T  2. Technical Personnel  3. 24 Hour RN  4. 7-Day RN (Rural SNE  5. Life Safety Code  * Code: A  15. FACILITY MEETS  1861 (e) (1) or 1861 (j) (1):	6. Scope of Services Limit 7. Medical Director 8. Patient Room Size 9. Beds/Room  (L12)  (L15)  APPROVAL Date:
PART II - TO RE	COMPLETED BY HCFA REGIONA		
19. DETERMINATION OF ELIGIBILITY  _X 1. Facility is Eligible to Participate  2. Facility is not Eligible  (L21)	20. COMPLIANCE WITH CIVIL RIGHTS ACT:	21. 1. Statement of Finance	cial Solvency (HCFA-2572) Interest Disclosure Stmt (HCFA-1513)
A. Suspensi		26. TERMINATION ACTION:  VOLUNTARY 00 01-Merger, Closure 02-Dissatisfaction W/ Reimburser 03-Risk of Involuntary Termination 04-Other Reason for Withdrawal	<del>-</del>
28. TERMINATION DATE:	29. INTERMEDIARY/CARRIER NO.	30. REMARKS	
(L28) 31. RO RECEIPT OF CMS-1539	03001 (L31) 32. DETERMINATION OF APPROVAL DATE		

(L33)

DETERMINATION APPROVAL

05/12/2016

(L32)

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### CENTERS FOR MEDICARE & MEDICAID SERVICES

### MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL

PART I - TO BE COMPLETED BY THE STATE SURVEY AGENCY

Facility ID: 00604

**C&T REMARKS - CMS 1539 FORM** 

STATE AGENCY REMARKS

On May 5, 2016, the Minnesota Department of Health completed a Post Certification Revisit (PCR) and on May 2, 2016, the Minnesota Department of Public Safety completed a PCR to verify that the facility had achieved and maintained compliance with federal certification deficiencies issued pursuant to an extended survey, completed on March 8, 2016. We presumed, based on their plan of correction, that the facility had corrected these deficiencies as of May 5, 2016. We have determined, based on our visit, that the facility has corrected the deficiencies issued pursuant to our extended survey, completed on March 8, 2016, as of May 2, 2016. As a result of the revisit findings, the Department discontinued the Category 1 remedy of state monitoring effective May 2, 2016.

In addition, the Department recommended to the CMS Revion V Office that the following remedy remain in effect:

Civil money penalty for the deficiency cited at F323 (S/S=J). (42 CFR 488.430 through 488.444

The facility is subject to a two year loss of NATCEP beginning, would be subject to a two year loss of NATCEP, beginning March 8, 2016.

Refer to the CMS 2567b forms for both health and life safety code.

Effective May 2, 2016, the facility is certified for 50 skilled nursing facility beds.

• State Monitoring effective April 5, 2016. (42 CFR 488.422)



#### PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

CMS Certification Number (CCN): 245469

June 13, 2016

Ms. Laura Ackman, Administrator Essentia Health Northern Pines Medical Center 5211 Highway 110 Aurora, Minnesota 55705

Dear Ms. Ackman:

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 May 2, 2016 the above facility is certified for:

50 Skilled Nursing Facility/Nursing Facility Beds

Your facility's Medicare approved area consists of all 50 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.

Feel free to contact me if you have questions related to this eNotice.

Sincerely,

Mark Weath

Mark Meath, Enforcement Specialist Program Assurance Unit Licensing and Certification Program Health Regulation Division Email: mark.meath@state.mn.us

Telephone: (651) 201-4118

Fax: (651) 215-9697



#### PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Electronically delivered May 23, 2016

Ms. Laura Ackman, Administrator Essentia Health Northern Pines Medical Center 5211 Highway 110 Aurora, Minnesota 55705

RE: Project Number S5469026

Dear Ms. Ackman:

On March 31, 2016, we informed you that the following enforcement remedy was being imposed:

• State Monitoring effective April 5, 2016. (42 CFR 488.422)

On March 31, 2016, the Department recommended to the Centers for Medicare and Medicaid Services (CMS) that the following enforcement be imposed:

• Civil money penalty for deficiency cited at F323 (S/S=J). (42 CFR 488.430 through 488.444)

This was based on the deficiencies cited by this Department for an extended survey completed on March 8, 2016, where at the time of the extended survey conditions in the facility constituted both substandard quality of care and immediate jeopardy to resident health or safety. The most serious deficiency was found to be isolated deficiencies that constituted immediate jeopardy (Level J), whereby corrections were required.

On May 5, 2016, the Minnesota Department of Health completed a Post Certification Revisit (PCR) and on May 2, 2016, 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 an extended survey, completed on March 8, 2016. We presumed, based on your plan of correction, that your facility had corrected these deficiencies as of May 5, 2016. We have determined, based on our visit, that your facility has corrected the deficiencies issued pursuant to our extended survey, completed on March 8, 2016, as of May 2, 2016.

As a result of the revisit findings, the Department is discontinuing the Category 1 remedy of state monitoring effective May 2, 2016.

However, as we notified you in our letter of March 31, 2016 Federal law, as specified in the Act at Sections 1819(f)(2)(B) and 1919(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 an extended or partial extended survey as a result of a finding of substandard quality of care. Therefore, Essentia Health Northern Pines Medical Center is prohibited from offering or conducting a Nurse Assistant Training / Competency Evaluation Program (NATCEP) or Competency Evaluation Programs for two years effective March 8, 2016. This prohibition remains in effect for the specified period even though substantial compliance is attained. 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.

In addition, this Department recommended to the CMS Region V Office the following actions related to the imposed remedy in our letter of March 31, 2016:

• Per instance civil money penalty will remain in effect. (42 CFR 488.430 through 488.444)

The CMS Region V Office will notify you of their determination regarding the imposed remedies, Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) prohibition, 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 related to this eNotice.

Sincerely,

Mark Meath

Mark Meath, Enforcement Specialist Program Assurance Unit Licensing and Certification Program Health Regulation Division Minnesota Department of Health

Email: mark.meath@state.mn.us Telephone: (651) 201-4118

Fax: (651) 215-9697

### POST-CERTIFICATION REVISIT REPORT

	MULTIPLE CONSTRUCTION  A. Building			DATE OF REVI	SIT
	B. Wing		Y2	5/5/2016	Y3
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE			
ESSENTIA HEALTH NORTHER	RN PINES MEDICAL CENTER	5211 HIGHWAY 110			
		AURORA, MN 55705			

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

ITE Y4			<b>DATE</b> Y5	ITEM Y4			<b>DATE</b> Y5	ITEM Y4			<b>DATE</b> Y5
ID Prefix	-	:::) (2)(0)	Correction	ID Prefix			Correction	ID Prefix			Correction
Reg. #	483.13(c)(1)(ii)-( - (4)	III), (C)(Z)	Completed	Reg. #	483.13	(C)	Completed	Reg. #	483.15(f)(1)		Completed
LSC			05/02/2016	LSC	-		05/02/2016	LSC	-		05/02/2016
ID Prefix	F0250		Correction	ID Prefix	F0309		Correction	ID Prefix	F0323		Correction
Reg. #	483.15(g)(1)		Completed	Reg. #	483.25		Completed	Reg. #	483.25(h)		Completed
LSC			05/02/2016	LSC			05/02/2016	LSC			05/02/2016
ID Prefix	F0329		Correction	ID Prefix	F0428		Correction	ID Prefix			Correction
Reg. #	483.25(I)		Completed	Reg. #	483.60	(c)	Completed	Reg. #			Completed
LSC			05/02/2016	LSC			05/02/2016	LSC			
ID Prefix			Correction	ID Prefix			Correction	ID Prefix			Correction
Reg. #			Completed	Reg. #			Completed	Reg. #			Completed
LSC				LSC				LSC			
ID Prefix			Correction	ID Prefix			Correction	ID Prefix			Correction
Reg. #			Completed	Reg. #			Completed	Reg. #			Completed
LSC				LSC				LSC			
REVIEWED BY STATE AGENCY (INITIALS) TA/mm		DATE SIGNATURE OF 05/23/2016		SIGNATURE OF	SURVEYOR 29625	5		<b>DATE</b> 05/05	5/20161		
REVIEWI CMS RO		REVIEW!		DATE	TITLE				DATE		
FOLLOWUP TO SURVEY COMPLETED ON 3/8/2016			CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?  YES NO								

		PO51-0	JEK II	FICATIO	JN KI	EVISII F	KEPUI	<b>1</b> 1			
	DER / SUPPLIER / CLI								DATE	OF REV	ISIT
245469	FICATION NUMBER	A. Building 01 B. Wing	- MAIN BU	JILDING 01				,	5/2/20	16	Y3
NAME (	OF FACILITY				STRE	ET ADDRESS, (	CITY, STATE	, ZIP CODE	-		
ESSEN	ITIA HEALTH NORT	HERN PINES MED	ICAL CEN	ITER	5211 HIGHWAY 110						
					AURC	PRA, MN 55705					
program correct provision	port is completed by m, to show those de ed and the date suc on number and the idvey report form).	ficiencies previously h corrective action	y reported was accon	on the CMS-2 nplished. Eacl	567, Stat h deficien	ement of Deficion cy should be fu	iencies and ully identifie	I Plan of Corre ed using either	ection, than the regu	at have l lation or	r LSC
IT	EM	DATE	ITEN	Л		DATE	ITEM			DATE	<u> </u>
Y	4	Y5	Y4			Y5	Y4			Y5	
ID Prefix	×	Correction	ID Prefix	(		Correction	ID Prefix			Corre	ction
Reg. #	NFPA 101	Completed	Reg. #	NFPA 101		Completed	Reg. #	NFPA 101		Comp	oleted
LSC	K0017	04/25/2016	LSC	K0029		04/25/2016	LSC	K0056		04/25/	2016
ID Prefix	<b>X</b>	Correction	ID Prefix	(		Correction	ID Prefix			Corre	ction
Reg. #	NFPA 101	Completed	Reg. #	NFPA 101		Completed	Reg. #			- Comp	oleted
LSC	K0075	04/25/2016	LSC	K0076		- 04/25/2016 -	LSC			- -	
ID Prefix	×	Correction	ID Prefix	<b>.</b>		Correction	ID Prefix			Corre	ction
Reg. #		Completed	Reg. #			Completed	Reg. #			Comp	oleted
LSC			LSC			-	LSC			-	
ID Prefix	x	Correction	ID Prefix	·		Correction	ID Prefix			Corre	ction
Reg. #		Completed	Reg. #			Completed	Reg. #			Comp	oleted
LSC			LSC			-	LSC			- -	
ID Prefix	ĸ	Correction	ID Prefix	(		Correction	ID Prefix			Corre	ction

**REVIEWED BY REVIEWED BY** DATE SIGNATURE OF SURVEYOR DATE STATE AGENCY X (INITIALS) TL/mm 05/23/2016 27200 05/02/2016 DATE TITLE DATE **REVIEWED BY REVIEWED BY CMS RO** (INITIALS) FOLLOWUP TO SURVEY COMPLETED ON

3/2/2016

Completed

Reg. #

LSC

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

Completed

Reg. #

LSC

☐ YES ☐ NO

WOWJ22

Completed

Reg. #

LSC



#### PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Electronically delivered May 23, 2016

Ms. Laura Ackman, Administrator Essentia Health Northern Pines Medical Center 5211 Highway 110 Aurora, Minnesota 55705

Re: Reinspection Results - Project Number S5469026

Dear Ms. Ackman:

On May 5, 2016 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 March 8, 2016. At this time these correction orders were found corrected and are listed on the accompanying Revisit Report Form submitted to you electronically.

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 related to this eNotice.

Sincerely,

Mark Meath

Mark Meath, Enforcement Specialist Program Assurance Unit Licensing and Certification Program Health Regulation Division Minnesota Department of Health

Email: mark.meath@state.mn.us Telephone: (651) 201-4118

Fax: (651) 215-9697

#### STATE FORM: REVISIT REPORT

	• • • • • • • • • • • • • • • • • • • •					
PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT			
IDENTIFICATION NUMBER	A. Building					
00604 <sub>Y1</sub>	B. Wing	Y2	5/5/2016 <sub>Y3</sub>			
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE				
ESSENTIA HEALTH NORTHER	RN PINES MEDICAL CENTER	5211 HIGHWAY 110				
		AURORA, MN 55705				
		reviously reported that have been corrected and tified using either the regulation or LSC provision				

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM		DATE	ITEM		DATE	ITEM		DATE
Y4		Y5	Y4		Y5	Y4		Y5
ID Prefix	20830	Correction	ID Prefix	21426	Correction	ID Prefix	21435	Correction
Reg. #	MN Rule 4658.0 Subp. 1	520 Completed		MN St. Statute 144A.04 Subd. 3	Completed	Reg. #	MN Rule 4658.09 Subp. 1	00 Completed
LSC		05/02/2016	LSC		05/05/2016	LSC		05/02/2016
ID Prefix	21475	Correction	ID Prefix	21530	Correction	ID Prefix	21540	Correction
Reg. #	MN Rule 4658.1 Subp. 1	005 Completed		MN Rule 4658.1310 A.B.C	Completed	Reg. #	MN Rule 4658.13 Subp. 2	15 Completed
LSC		05/02/2016	LSC		05/02/2016	LSC		05/02/2016
ID Prefix	-	Correction	ID Prefix		Correction	ID Prefix		Correction
Reg. #	MN St. Statute 6 Subd. 3	Completed	Reg. #		Completed	Reg. #		Completed
LSC		05/02/2016	LSC			LSC		
ID Prefix		Correction	ID Prefix		Correction	ID Prefix		Correction
Reg. #		Completed	Reg. #		Completed	Reg. #		Completed
LSC			LSC		-	LSC		
ID Prefix		Correction	ID Prefix		Correction	ID Prefix		Correction
Reg. #		Completed	Reg. #		Completed	Reg. #		Completed
LSC			LSC		-	LSC		
REVIEWED BY STATE AGENCY X (INITIALS) TA/mm		<b>DATE</b> 05/23/2		ATURE OF SURVEYOR 29625			<b>DATE</b> 05/05/2016	
REVIEWED BY CMS RO (INITIALS)		DATE TITLE					DATE	
<b>FOLLOW</b> 3/8/2016		COMPLETED ON	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO					

Page 1 of 1 EVENT ID: WOWJ12

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

ID: WOWJ

### MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL

PART I - TO BE COMPLETED BY THE STATE SURVEY AGENCY Facility ID: 00604 1. MEDICARE/MEDICAID PROVIDER NO. 3. NAME AND ADDRESS OF FACILITY 4. TYPE OF ACTION: 2 (L8) (L3) ESSENTIA HEALTH NORTHERN PINES MEDICAL CENTER (L1) 1. Initial 2. Recertification (L4) 5211 HIGHWAY 110 2.STATE VENDOR OR MEDICAID NO. 4. CHOW 3. Termination 173347801 (L6) 55705 (L2)(L5) AURORA, MN 5. Validation 6. Complaint 7. On-Site Visit 9. Other 5. EFFECTIVE DATE CHANGE OF OWNERSHIP 7. PROVIDER/SUPPLIER CATEGORY 02 (L7) 8. Full Survey After Complaint (1.9)05 HHA 13 PTIP 01 Hospital 09 ESRD 22 CLIA 6. DATE OF SURVEY 03/08/2016 (L34) 02 SNF/NF/Dual 06 PRTF 10 NF 14 CORF FISCAL YEAR ENDING DATE: (L35)8. ACCREDITATION STATUS: 03 SNF/NF/Distinct 07 X-Ray 11 ICF/IID 15 ASC (L10) 12 RHC 06/30 0 Unaccredited 1 TJC 04 SNF 08 OPT/SP 16 HOSPICE 2 AOA 3 Other 11. LTC PERIOD OF CERTIFICATION 10.THE FACILITY IS CERTIFIED AS: A. In Compliance With And/Or Approved Waivers Of The Following Requirements: From (a): \_\_\_\_ 2. Technical Personnel To (b): Program Requirements Scope of Services Limit Compliance Based On: \_\_\_ 3. 24 Hour RN Medical Director 4. 7-Day RN (Rural SNF) 1. Acceptable POC 8. Patient Room Size 12. Total Facility Beds 50 (L18) \_\_\_ 5. Life Safety Code \_\_\_ 9. Beds/Room 50 (L17) 13. Total Certified Beds **X** B. Not in Compliance with Program Requirements and/or Applied Waivers: (L12)14. LTC CERTIFIED BED BREAKDOWN 15. FACILITY MEETS 19 SNF ICF IID (L15)18 SNF 18/19 SNF 1861 (e) (1) or 1861 (j) (1): 50 (L37)(1.38)(L39) (L42)(L43) 16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE): See Attached Remarks 17. SURVEYOR SIGNATURE 18. STATE SURVEY AGENCY APPROVAL Date: Date: Mark Meath 04/12/2016 Teresa Ament, HFE NEII **Enforcement Specialist** 05/02/2016 (L19)(L20) PART II - TO BE COMPLETED BY HCFA REGIONAL OFFICE OR SINGLE STATE AGENCY 19. DETERMINATION OF ELIGIBILITY 20. COMPLIANCE WITH CIVIL 21. 1. Statement of Financial Solvency (HCFA-2572) RIGHTS ACT: 2. Ownership/Control Interest Disclosure Stmt (HCFA-1513) X 1. Facility is Eligible to Participate 3. Both of the Above: Facility is not Eligible (L21) 22. ORIGINAL DATE 23. LTC AGREEMENT 24. LTC AGREEMENT 26. TERMINATION ACTION: (L30) 00 OF PARTICIPATION BEGINNING DATE ENDING DATE VOLUNTARY INVOLUNTARY 04/01/1987 01-Merger, Closure 05-Fail to Meet Health/Safety 02-Dissatisfaction W/ Reimbursement 06-Fail to Meet Agreement (L24)(L41) (L25)03-Risk of Involuntary Termination 25. LTC EXTENSION DATE: 27. ALTERNATIVE SANCTIONS OTHER 04-Other Reason for Withdrawal 07-Provider Status Change A. Suspension of Admissions: 00-Active (L44)(L27)B. Rescind Suspension Date: (1.45)28. TERMINATION DATE: 29. INTERMEDIARY/CARRIER NO. 30. REMARKS 03001 (L28) (L31) 31. RO RECEIPT OF CMS-1539 32. DETERMINATION OF APPROVAL DATE (L32) (L33)

DETERMINATION APPROVAL

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### CENTERS FOR MEDICARE & MEDICAID SERVICES

MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL

PART I - TO BE COMPLETED BY THE STATE SURVEY AGENCY

ID: WOWJ Facility ID: 00604

**C&T REMARKS - CMS 1539 FORM** 

STATE AGENCY REMARKS

CCN: 24 5469

On March 8, 2016, an extended survey was completed at the facility by the Minnesota Department 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. The facility was not in substantial compliance with the participation requirements and the conditions in the facility constituted both substandard quality of care and immediate jeopardy to resident health

or safety. This survey found the most serious deficiencies in the facility to be isolated deficiencies that constituted immediate jeopardy (Level J), whereby corrections were required. As a result of the survey findings, this Department imposed the following remedy:

• State Monitoring effective April 5, 2016. (42 CFR 488.422)

In addition, the Department recommended the enforcement remedy listed below to the CMS Region VOffice for imposition:

• Civil money penalty for the deficiency cited at F323 (S/S=J). (42 CFR 488.430 through 488.444

Refer to the CMS 2567 for both health and life safety code along with the Facilitys plan of correctionl.



#### PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Electronically delivered March 31, 2016

Ms. Laura Ackman, Administrator Essentia Health Northern Pines Medical Center 5211 Highway 110 Aurora, Minnesota 55705

RE: Project Number S5469026

Dear Ms. Ackman:

On March 8, 2016, an extended survey was completed at your facility by the Minnesota Department 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.

Your facility was not in substantial compliance with the participation requirements and the conditions in your facility constituted **both substandard quality of care and immediate jeopardy** to resident health or safety. This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted immediate jeopardy (Level J), whereby corrections were required. The Statement of Deficiencies (CMS-2567) is being electronically delivered.

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

<u>Removal of Immediate Jeopardy</u> - date the Minnesota Department of Health verified that the conditions resulting in our notification of immediate jeopardy have been removed;

No Opportunity to Correct - 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>Substandard Quality of Care</u> - means one or more deficiencies related to participation requirements under 42 CFR § 483.13, resident behavior and facility practices, 42 CFR § 483.15, quality of life, or 42 CFR § 483.25, quality of care that constitute either immediate jeopardy to resident health or safety; a pattern of or widespread actual harm that is not immediate jeopardy; or a widespread potential for more than minimal harm, but less than immediate jeopardy, with no actual harm;

Appeal Rights - the facility rights to appeal imposed remedies;

<u>Electronic 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; 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.

#### REMOVAL OF IMMEDIATE JEOPARDY

We also verified, on March 8, 2016, that the conditions resulting in our notification of immediate jeopardy have been removed. Therefore, we will notify the CMS Region V Office that the recommended remedy of termination of your facility's Medicare and Medicaid provider agreement not be imposed.

### **DEPARTMENT CONTACT**

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

Pam Kerssen, RN, APM Licensing and Certification Program Health Regulation Division Minnesota Department of Health

Email: pam.kerssen@state.mn.us

Phone: (218) 308-2129 Fax: (218) 308-2122 Lyla Burkman, Unit Supervisor Bemidji Survey Team Licensing and Certification Program Health Regulation Division Minnesota Department of Health

Email: Lyla.burkman@state.mn.us

Phone: (218) 308-2104 Fax: (218) 308-2122

#### NO OPPORTUNITY TO CORRECT - REMEDIES

CMS policy requires that facilities will not be given an opportunity to correct before remedies will be imposed when immediate jeopardy has been identified. Your facility meets this criterion. Therefore, this Department is imposing the following remedy:

• State Monitoring effective April 5, 2016. (42 CFR 488.422)

In addition, the Department recommended the enforcement remedy listed below to the CMS Region V Office for imposition:

• Civil money penalty for the deficiency cited at F323 (S/S=J). (42 CFR 488.430 through 488.444)

The CMS Region V Office will notify you of their determination regarding our recommendations and your appeal rights.

#### SUBSTANDARD QUALITY OF CARE

Your facility's deficiencies with §483.13, Resident Behavior and Facility Practices regulations, §483.15, Quality of Life and §483.25, Quality of Care has been determined to constitute substandard quality of care as defined at §488.301. Sections 1819(g)(5)(C) and 1919(g)(5)(C) of the Social Security Act and 42 CFR 488.325(h) require that the attending physician of each resident who was found to have received substandard quality of care, as well as the State board responsible for licensing the facility's administrator, be notified of the substandard quality of care. If you have not already provided the following information, you are required to provide to this agency within ten working days of your receipt of this letter the name and address of the attending physician of each resident found to have received substandard quality of care.

Please note that, in accordance with 42 CFR 488.325(g), your failure to provide this information timely will result in termination of participation in the Medicare and/or Medicaid program(s) or imposition of alternative remedies.

Federal law, as specified in the Act at Sections 1819(f)(2)(B) and 1919(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 an extended or partial extended survey as a result of a finding of substandard quality of care. Therefore, Essentia Health Northern Pines Medical Center is prohibited from offering or conducting a Nurse Assistant Training / Competency Evaluation Programs (NATCEP) or Competency Evaluation Programs for two years effective March 8, 2016. This prohibition remains in effect for the specified period even though substantial compliance is attained. 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.

#### **APPEAL RIGHTS**

Pursuant to the Federal regulations at 42 CFR Sections 498.3(b)(13)(2) and 498.3(b)(15), a finding of substandard quality of care that leads to the loss of approval by a Skilled Nursing Facility (SNF) of its NATCEP is an initial determination. In accordance with 42 CFR part 489 a provider dissatisfied with an initial determination is entitled to an appeal. If you disagree with the findings of substandard quality of care which resulted in the conduct of an extended survey and the subsequent loss of approval to conduct or be a site for a NATCEP, you or your legal representative may request a hearing before an

administrative law judge of the Department of Health and Human Services, Department Appeals Board. Procedures governing this process are set out in Federal regulations at 42 CFR Section 498.40, et. Seq.

A written request for a hearing must be filed no later than 60 days from the date of receipt of this letter. Such a request may be made to the Centers for Medicare and Medicaid Services (formerly Health Care Financing Administration) at the following address:

Department of Health and Human Services Departmental Appeals Board, MS 6132 Civil Remedies Division Attention: Karen R. Robinson, Director 330 Independence Avenue, SW Cohen Building, Room G-644 Washington, DC 20201

A request for a hearing should identify the specific issues and the 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. You do not need to submit records or other documents with your hearing request. The Departmental Appeals Board (DAB) will issue instructions regarding the proper submittal of documents for the hearing. The DAB will also set the location for the hearing, which is likely to be in Minnesota or in Chicago, Illinois. You may be represented by counsel at a hearing at your own expense.

#### 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:

• Per day civil money penalty (42 CFR 488.430 through 488.444).

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

#### PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the PoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your 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 June 8, 2016 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b). This mandatory denial of payments will be based on the

failure to comply with deficiencies originally contained in the Statement of Deficiencies, upon the identification of new deficiencies at the time of the revisit, or if deficiencies have been issued as the result of a complaint visit or other survey conducted after the original statement of deficiencies was issued. This mandatory denial of payment is in addition to any remedies that may still be in effect as of this date.

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by September 8, 2016 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

#### INFORMAL DISPUTE RESOLUTION

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

Nursing Home Informal Dispute Process Minnesota Department of Health 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: <a href="http://www.health.state.mn.us/divs/fpc/profinfo/ltc/ltc">http://www.health.state.mn.us/divs/fpc/profinfo/ltc/ltc</a> idr.cfm

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

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

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

Tom Linhoff, Fire Safety Supervisor
Health Care Fire Inspections
Minnesota Department of Public Safety
State Fire Marshal Division
Email: tom.linhoff@state.mn.us

Phone: (651) 430-3012 Fax: (651) 215-0525

Essentia Health Northern Pines Medical Center March 31, 2016 Page 7

Feel free to contact me if you have questions related to this eNotice.

Sincerely,



Mark Meath, Enforcement Specialist Program Assurance Unit Licensing and Certification Program Health Regulation Division Minnesota Department of Health Email: mark.meath@state.mn.us

Telephone: (651) 201-4118 Fax: (651) 215-9697

PRINTED: 04/12/2016 FORM APPROVED OMB NO. 0938-0391

1	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED	
		245469	B. WING_		03/08/2016	
	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 5211 HIGHWAY 110 AURORA, MN 55705		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLÉTION	
F 000	INITIAL COMMENT		F 00	00		
	as your allegation of Department's acception enrolled in ePOC, year the bottom of the form. Your electron be used as verificated Upon receipt of an acconsite revisit of your end on the second of the	acceptable electronic POC, an ur facility will be conducted to				
	regulations has bee your verification.	ntial compliance with the n attained in accordance with				
	2016, through Marc The survey resulted (IJ) at F323 related complete ongoing a causal factors and i resident (R19) who fractured clavicle as 8, 2016. The IJ began on Jar removed on March following the implent removal plan. Howe remained at a scope which indicated active	in an Immediate Jeopardy to the facility's failure to ssessments to determine mplement interventions for had falls and had sustained a s a result of a fall on January nuary 8, 2016, and was 8, 2016, at 11:23 a.m., nentation of an acceptable ever, non-compliance e and severity level of G, ual harm.				
F 225 SS=D	483.13(c)(1)(ii)-(iii), INVESTIGATE/REF ALLEGATIONS/IND	PORT	F 22	25	5/2/16	
	been found guilty of mistreating resident	t employ individuals who have abusing, neglecting, or s by a court of law; or have d into the State nurse aide				
ARORATORY	DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	ATURE	TITLE	(X6) DATE	

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

**Electronically Signed** 

04/08/2016

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		FIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
		245469	B. WING		03/	03/08/2016	
	PROVIDER OR SUPPLIER	ERN PINES MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 5211 HIGHWAY 110 AURORA, MN 55705			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF ( (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 225	registry concerning of residents or mis and report any know court of law against indicate unfitness other facility staff to representative and including injuries of misappropriation of immediately to the to other officials in through established State survey and of the facility must have a compressed for the administrator of the administrator of the administrator of the state of	g abuse, neglect, mistreatment cappropriation of their property; by by by a st an employee, which would for service as a nurse aide or to the State nurse aide registry rities.  Insure that all alleged violations ment, neglect, or abuse, of unknown source and of resident property are reported administrator of the facility and accordance with State law of procedures (including to the certification agency).  Insure that all alleged accordance with State law of procedures (including to the certification agency).  Insure evidence that all alleged by by investigated, and must cential abuse while the	F 2:	25			
	by: Based on interview facility failed to ensure thoroughly in reported to the sta	w and document review, the sure injuries of unknown origin vestigated and/or immediately te agency prior to an of 4 residents (R25, R11, R16)		Element 1 R16, R11, & R25 have been rand are care planned for risk non-suspicious, skin alteration that are generally vulnerable.	factors and ns in areas		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245469	B. WING			03/	08/2016
	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER		52	TREET ADDRESS, CITY, STATE, ZIP CODE 211 HIGHWAY 110 URORA, MN 55705		***************************************
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOUL		BE	(X5) COMPLETION DATE
F 225	who sustained bruis Findings include: R25's quarterly Min 1/4/16, indicated R2 impairment, was so sometimes underst assist of one with b personal hygiene, re with transfers, and wheelchair locomot indicated R25 had r  R25's Face Sheet diagnoses included erythema intertrigo the skin folds cause warmth or moisture (swelling).  R25's Care Area As loss and dementia f 9/28/15, indicated R needs known, had o inability to transfer o increased risk for fa  R25's care plan for identified a potentia with edema, skin ra history of scabs and address risk of bruis psychosocial well-be indicated R25 was a make her needs known	imum Data Set (MDS) dated 25 had a severe cognitive metimes understood and ood others, required extensive ed mobility, dressing, and equired extensive assist of two required total assistance for ion. R25's MDS further no falls.  printed 3/7/16, indicated R25's diabetes mellitus, anemia, (red rash-like inflammation in ed by friction, increased ), dementia and edema  sessment (CAA) for cognitive for assessment date of 25 was unable to make decreased balance with an or walk safely, and was at	F 2		Other skin alterations that are in are vulnerable to trauma and that are suspicious because of the extent, location, number, or incidences of it over time will be immediately report the State Agency.  Element 2 All residents with skin alterations (in that were not observed by any persithe source could not be explained by resident have been re-assessed and care planned for risk factors related non-suspicious skin alterations in attaination are generally vulnerable to trauma and are suspicious because of extent, location, number, or incidences of in over time will be immediately report the State Agency.  Element 3 Our policy has been reviewed and updated and nursing home staff has educated regarding reporting injuried Injuries of unknown origin that cannexplained by the resident or that are suspicious because the injury is in a suspicious because the injury is in a suspicious because of extent, location, numbing incidences of injuries over time will immediately reported to the State Agand then investigated. The investig will include, but not be limited to, util the forms provided in our electronic medical record.  Element 4	njuries ed to njuries) on or by the dare to reas ma. t that njuries ed to s been s. ot be a uma per, or pe gency ation	

STATEMENT OF DEFICIENCIES (X: AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245469	B. WING			03/0	08/2016
	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER		52	TREET ADDRESS, CITY, STATE, ZIP CODE 211 HIGHWAY 110 URORA, MN 55705		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 225	The physician's nu 12/1/15, indicated words but unable t appropriately due to physician's documany new skin conceptation of the physician's document and many new skin conceptation of the physician's skin document indicated R25 had R25's skin document 12/12/15, indicated without redness or the top of that morning. The had possibly bump The Investigation of the top of the rigin vestigation form and medical conditional dependent transferindicated the cause investigation form bumped it on the lientry on the investigation form bumped it on the lientry on the investigation form	rsing home visit note dated R25 was able to speak a few o answer questions o advanced dementia. The entation indicated staff denied erns. The physician's family dated 1/4/16, indicated R25 verbal responses and had no entation dated 12/13/15, redness on the arm and elbow. entation dated 12/1/15 through I R25's skin was clear and	F 2	225	All skin is observed daily by the NA issues reported as soon as practicathe licensed nurse. Skin is observed weekly and skin condition is docum weekly by a licensed nurse. Alterathare reported immediately to the RN Non-pressure related bruises and potential injuries will be added to be reviewed during the weekly IDT skir rounds and documented by the RN resident chart ongoing. DON/desigmonitor by completing daily audits residents for 1 week, then four residents for 1 week, then four requarterly ongoing. All variances in process and/or reporting will be reported to the administrator for immediate to the administrator for immediate at least quarterly.	able to id nented ions I. e n in the nee will on four dents esidents the oorted follow	

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING				(X3) DATE SURVEY COMPLETED	
		245469	B. WING			03/	08/2016	
	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER		52	REET ADDRESS, CITY, STATE, ZIP CODE 11 HIGHWAY 110 JRORA, MN 55705			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPRODEFICIENCY)		BE	(X5) COMPLETION DATE	
F 225	R11's significant chindicated R11 had swas sometimes undunderstood others. R25 required extensive awheelchair locomothygiene, had no fall R11's Resident Admindicated R11's diagsevere chronic kidnhistory of falling. R11's CAA for cognassessment date 12 decline in safety awfor disorientation, particularly and to monito skin impairments, aunexplained injury.  Physician's nursing 10/8/15, and 12/3/15 concerns during any A review of nursing through 5/14/15, dicinvolving bruising fo progress notes date	ange MDS dated 1/4/16, severe cognitive impairment, derstood and sometimes R11's MDS further indicated sive assistance of two staff for ers, and toilet use, and assistance of one assist for ion, dressing and personal s, and no behaviors.  Inission Record printed 3/7/16, gnoses included dementia, ey disease, anemia, and  Itive loss and dementia for 2/29/15, indicated R11 had a tareness which put R11 at risk ain, and decline in function.  In safety edited 4/13/15, a potential for injury related to the plan directed staff to hing when at the table to avoid our for any unexplained bruises, llegations, or other  Thome notes dated 6/30/15, indicated R11 had no skin of the visits.  In progress notes dated 5/1/15 and indicate any incidents of the relief through 11/22/15, lence of incidents involving	F 2	225				

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA  (X2) MULTIPLE CONSTRU  A. BUILDING  A. BUILDING			(X3) DATE SURVEY COMPLETED				
		245469	B. WING			03/	08/2016
	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER		5	STREET ADDRESS, CITY, STATE, ZIP CODE 5211 HIGHWAY 110 AURORA, MN 55705		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 225	R11's skin docume 5/30/15, lacked doc skin documentation 11/22/15, indicated 11/17/15, at 1:33 p.  An incident report of indicated R11 had a forearm measuring The Investigation of dated 5/7/15, indicated R11 had a wheelchair through agitated and was trainvestigation indicated R11 had a wheelchair through agitated and was trainvestigation indicated the investigation indicated the investigation indicated the cause of the injury. Indicated the investigation indicated R11 had a strength attempted to leave between the closed report and injury of form lacked notificating injury of unknown of the indicated R11 had a sinner knee measuri report referred to the Investigation of Injure 11/15/15, indicated	ge 5 Intation from 5/1/15 through sumentation of bruising. R11's from 11/17/15 through R11 had bruising on a leg on		225	DEFICIENCY)		
	took a daily aspirin. indicated an investi determination was	ropelled in the wheelchair and R11's investigation form gation was complete, and the hat the table legs and arm eight for location and nature					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		245469	B. WING		03/	/08/2016	
	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5211 HIGHWAY 110 AURORA, MN 55705				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 225	of the bruise and R into things. The in unknown origin invenotification of the stunknown origin price. On 3/7/16, at 11:02 are reported to the be suspicious, as d location. The DON Injury of Unknown oused to help the stated they are unable to stated they would reif after the investigate explanation, the fact DON verified R25's investigated first an suspicious, so were verified they do not	11 had a history of bumping cident report and injury of estigation form lacked tate agency of the injury of	F 225				
	was moderately cogextensive assistance living. The MDS furth no behaviors directed behaviors such as hand no rejection of 62/1/16, indicated shand picks at her chebleeding under the statement of the statement o	dated 12/15/15 indicated she gnitively impaired and required to with all activities of daily ther indicated R16 displayed at self, including physical nitting or scratching her self, care. R16's care plan dated to was often resistive to cares to the point of bruising and skin. The care plan further yed aspirin and had fragile					

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING			COMPLETED	
		245469	B. WING		_	03/	08/2016
	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER	,	STREET ADDRESS, CITY, STA 5211 HIGHWAY 110 AURORA, MN 55705	TE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIVE CROSS-REFERENCED		BE	(X5) COMPLETION DATE
F 225	A review of Essenticare Center Incided 5/29/15 to 2/21/16, reports related to be - 5/29/15, staff note chest measuring 1/. Staff investigated the was "likely" caused sling. The injury was agency 7/8/15, R16 had a measuring approximation investigated and decaused from R16 "kinjury was not report - 7/26/15, staff note R16's right arm neat the cause of injury vindicated R16 "ofter The injury was not responded to the staff injury as "could pote The injury was not report of the injury was not reported to the staff injury as "could pote The injury was not reported to the staff injury was to have a small are of bruise- and apped She often picks as reported to the staff note forearm from her wouse of injury was	a Health - Northern Pines of Accident Reports dated indicated several incident ruising to R16's body. It bruising to R16's upper left 2 centimeter (cm) x 1.5 cm. The incident and determined it by use of a mechanical lift is not reported to the state.  Blood blister on her chest mately 4 cm x 2 cm. staff intermined the injury was bricking at her own chest." The red to the state agency. It is a 5.5 cm x 4 cm bruise to ar her elbow. Staff determined was due to "fragile skin" and in flails arms causing bruising." The reported to the state agency. It is a 5 cm x 5 cm purple area to be determined the cause of the entially be from her glasses. The protect to the state agency. It is a controlled to the state agency. It is a controlled to lower the ending into area of left upper the easured 26 cm x 11 cm. The described as follows: Noted a of skin missing from center ars [R16] had scraped away, skin. The injury was not	F 2	225			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	FIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED		
		245469	B. WING_		03	3/08/2016	
	PROVIDER OR SUPPLIER  IA HEALTH NORTHER	RN PINES MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5211 HIGHWAY 110 AURORA, MN 55705				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 225	her mid chest meas determined the caupicking at her chest to the state agency.  - 2/21/16, staff report top of R16's right had cm x 9 cm. The caushe [R16] may have door frame. The injustate agency. In each incident repunable to answer" hor allowed to answer hor and the control of the contro	e agency. In pink/purple discoloration to buring 7 cm x 5 cm. Staff see of injury related to R16. The injury was not reported orted a "large" bruise on the and. The bruise measured 9 see of the injury was listed as: bumped her hand on the arry was not reported to the ort, R16 was described as" ow the injuries occurred.  In the DON stated all abuse, falls, bruises or origin start with an incident the injury is unknown in origin, atton worksheet that gets filled duty. She stated if the nurse is suspicious in nature they call DON. She stated an example spicious would be bruising to a fall, or if it looked like on did not feel any of R16's ious in nature.  It interview on 3/3/16, at 12:30 d, "We know [R16] really	F 22	25			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245469	B. WING			03/	08/2016
	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER		5	TREET ADDRESS, CITY, STATE, ZIP CODE 211 HIGHWAY 110 AURORA, MN 55705		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 225	not feel any of R16' nature.	cares. RN-C stated she did s bruises were suspicious in	F2	225			
	stated R16 can be a stated R16 "scoots' bump her arms on	a.m., nursing assistant (NA)-H a little resistive to cares. She ' around in her chair and may objects. NA-H stated, "I've er [R16] pick at her upper		:			
	stated R16 is resist	practical nurse (LPN)-C ive to care at times and will try way, but had not observed ms."					
	noticed R16 will flai	a.m. RN-A stated she has I her arms when she is ed R16's bruises were often					
	cognitively impaired on her neck and ch large bruises on he unable to verbalize occurred, there was completed to detern bruising. Further, w notified of the bruis	identified to be moderately d, and had a pattern of bruises est area, as well as other r upper extremities, and was how the bruising had s no in depth investigation mine the actual cause of R16's hile the administrator was es, none of the injuries of the reported immediately to the					
	Program, undated, be observed with un bruises, abrasions, source) the nurse s	eled Abuse Prevention indicated: "should a resident nexplained injuries (including and injuries of unknown supervisor on duty must stigation of Injuries of					

AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		245469	B. WING		03/08/2	2016
	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5211 HIGHWAY 110 AURORA, MN 55705			
(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 APPROPI  DEFICIENCY)	BE CO	(X5) MPLETION DATE
F 226 SS=D	source is identified was not observed be the injury could not and the injury is sus extent of the injury; (e.g., the injury is lo vulnerable to traum observed at one particular indicated when an arreportable, the facility designee will report 483.13(c) DEVELO ABUSE/NEGLECT,  The facility must depolicies and proced mistreatment, negle	orm. An injury of unknown as: "the source of the injury y any person or the source of be explained by the resident;" spicious because of , "the or the location of the injury cated in an area not generally a); or the number of injuries rticular point in time; or the sover time." The policy further an injury of unknown source is ty administrator or his/her to the state agency.  P/IMPLMENT ETC POLICIES	F 228		5/2	/16
	by: Based on interview facility failed to impl procedures to thoro immediately report it the state agency for R16) who sustained Findings include:  An undated facility prevention Program	and document review, the ement policies and ughly investigate and/or njuries of unknown origin to 3 of 4 residents (R25, R11, 1 bruises of unknown origin.		Element 1 Refer to F225 for specifics. The factors reviewed, updated and signed abuse prevention program policy. It is provides that the facility will immediate report to the State Agency allegation mistreatment that have the potential affect all residents according to state federal guidelines. R25, R11, and R have been assessed and care plantisk factors related to skin alteration injury of unknown origin.	its Policy ately ns of Il to te and 116 ned for	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY PLETED
		245469	B. WING		03/	08/2016
	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CC 5211 HIGHWAY 110 AURORA, MN 55705		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETION DATE
F 226	abuse, mistreatmer source immediately policy indicated the would immediately report to the state a indicated "should a unexplained injuries and injuries of unkr supervisor on duty Investigation of Injury of unknow source of the injury person or the source explained by the resuspicious because the location of the in in an area not gene the number of injuri point in time; or the time." The policy furinjury of unknown sadministrator or his state agency.  R25's quarterly Min 1/4/16, indicated R2 impairment, was so sometimes underst assist of one with being personal hygiene, rewith transfers, and wheelchair locomotindicated R25 had resulted and resulted erythema intertrigor the skin folds caused in the state of the	ont, or injuries of unknown of to the administrator. The administrator or designee begin an investigation and agency. The policy further resident be observed with a (including bruises, abrasions, nown source) the nurse must complete and ries of Unknown Source form. On source is identified as: "the was not observed by any se of the injury could not be sident;" and the injury is of, "the extent of the injury; or njury (e.g., the injury is located rally vulnerable to trauma); or es observed at one particular incidence of injuries over our ource is reportable, the facility of the designee will report to the imum Data Set (MDS) dated the designee will report to the imum Data Set (MDS) dated one od others, required extensive end mobility, dressing, and equired extensive assist of two required total assistance for ion. R25's MDS further	F 2	Element 2 All residents with skin alterat that were not observed by an the source could not be explaresident have been re-asses care planned for risk factors non-suspicious, skin alteration that are generally vulnerable. Other skin alteration that are vulnerable to trauma and are by extent, location, number, of injuries over time will be in reported to the State Agency investigated per policy.  Element 3 Our policy has been reviewed updated as necessary and not staff has been educated regarding the abuse prevention policy. Injuring not observed by any person of could not be explained by the that are in areas that are not vulnerable to trauma or becallocation, number, or incidence over time will be immediately the State Agency and then in The investigation will include limited to, utilizing the forms our electronic medical record following the protocol stated prevention policy.  Element 4 All skin is observed daily by tissues are brought to the attelicensed nurses as soon as present and the statelicensed nurses as soon as p	y person or ained by the sed and are related to ons in areas to trauma. In areas not suspicious or incidences mediately and then d and ursing home arding all staff has facility's ries that are or the source eresident and generally use of the es of injuries reported to vestigated, but not be provided in and in the abuse the NAR and ention of	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION		E SURVEY PLETED
		245469	B. WING		03/	08/2016
	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER	5	TREET ADDRESS, CITY, STATE, ZIP CODE 211 HIGHWAY 110 AURORA, MN 55705		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	) BE	(X5) COMPLETION DATE
F 226	loss and dementia 9/28/15, indicated needs known, had inability to transfer increased risk for formal responsibility to transfer increased risk for formal responsibility. R25's care plan for identified a potenti with edema, skin responsibility of scabs are address risk of brup sychosocial well-lindicated R25 was make her needs knoonfusion. The goenvironment.  The physician's nut 12/1/15, indicated words but unable to appropriately due to appropri	assessment (CAA) for cognitive for assessment date of R25 was unable to make decreased balance with an or walk safely, and was at falls.  T skin, edited 11/21/15, all for alteration in skin integrity ashes and irritations, and dopen areas, though did not dising. R25's care plan for being created 10/22/15, at risk for being unable to hown, falls, and increased all was for R25 to be safe in the rsing home visit note dated R25 was able to speak a few of answer questions of advanced dementia. The entation indicated staff denied erns. The physician's family dated 1/4/16, indicated R25 verbal responses and had not entation dated 12/13/15, redness on the arm and elbow. Entation dated 12/1/15 through it R25's skin was clear and	F 226	Skin is observed weekly or more of needed by a licensed nurse who we document in the electronic medicatecord. Alterations are reported immediately to the RN for follow upressure related bruises and poter injuries will be added to weekly ID rounds and documented by the RN resident chart ongoing. DON/desi will monitor by completing daily autour residents for 1 week, then four residents weekly for two months, the residents quarterly ongoing. All vain the process and/or reporting will reported to the administrator for immediate follow up and reported the QAPI meeting at least quarterly meeting at least quarterly.	rill I.	

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA

PRINTED: 04/12/2016 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION		IPLETED
		245469	B. WING			03/	08/2016
*	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER		52	TREET ADDRESS, CITY, STATE, ZIP CODE 211 HIGHWAY 110 URORA, MN 55705		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 226	that morning. The had possibly bump. The Investigation of form dated 12/13/1 on the top of the riginvestigation form and medical condit dependent transfer indicated the cause to be determined a verbalize the cause investigation form bumped it on the libumping it on the lentry on the investigation form agency of the injurinvestigation.  R11's significant chindicated R11 had was sometimes ununderstood others. R25 required exterbed mobility, transfrequired extensive wheelchair locomon hygiene, had no far R11's Resident Adindicated R11's dia severe chronic kidnistory of falling.  R11's CAA for cognassessment date 1	incident report indicated R25 led the arm on a table or lift. of Injury of Unknown Origin 5, indicated R25 had a bruise ght arm and wrist. The identified pertinent diagnoses ions of dementia and rs. The investigation form of R25's bruise was unable and R25 was unable to e of the bruise. The indicated R25 could have ft, but lacked witness of R25 lift or on the table. An undated gation form indicated R25 had mping arm on the table. The injury of unknown origin acked notification of the state of unknown origin prior to the state of unknown origin prior to the assistance of two staff for iters, and toilet use, and assistance of one assist for tion, dressing and personal lis, and no behaviors.  The investigation form the state of two staff for iters, and toilet use, and assistance of one assist for tion, dressing and personal lis, and no behaviors.  The indicated R11 had a wareness which put R11 at risk wareness which put R11 at risk	F2	2226			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245469	B. WING_			03/08/2016	
	PROVIDER OR SUPPLIEF	ERN PINES MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP 5211 HIGHWAY 110 AURORA, MN 55705	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BI IE APPROPRIA		
F 226	for disorientation, R11's care plan for indicated R11 had dementia. R11's cobserve leg position injury, and to mon skin impairments, unexplained injury. Physician's nursing 10/8/15, and 12/3/concerns during a A review of nursing through 5/14/15, dinvolving bruising progress notes day did not indicate every bruising or injury of R11's skin documentation 11/22/15, indicated 11/17/15, at 1:33 per An incident report indicated R11 had forearm measuring. The Investigation of dated 5/7/15, indicated R11 had wheelchair through agitated and was to investigation indicated report indicated R11 had wheelchair through agitated and was to investigation indicated report indicated R11 had wheelchair through agitated and was to investigation indicated report indicated R11 had wheelchair through agitated and was to investigation indicated report indicated R11 had wheelchair through agitated and was to investigation indicated report indicated R11 had wheelchair through agitated in indicated report indicated R11 had wheelchair through agitated and was to investigation indicated R11 had wheelchair through agitated and was to investigation indicated R11 had wheelchair through agitated and was to investigation indicated R11 had wheelchair through agitated and was to investigation indicated R11 had wheelchair through agitated and was to investigation indicated R11 had wheelchair through agitated R11	pain, and decline in function.  r safety edited 4/13/15,     a potential for injury related to care plan directed staff to oning when at the table to avoid itor for any unexplained bruises, allegations, or other  g home notes dated 6/30/15, 15, indicated R11 had no skin ny of the visits.  g progress notes dated 5/1/15 lid not indicate any incidents for R11. A review of nursing ted 11/7/15 through 11/22/15, idence of incidents involving of unknown origin.  entation from 5/1/15 through the cumentation of bruising. R11's in from 11/17/15 through the R11 had bruising on a leg on	F 22	26			

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION D PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING		(X3) DATE SURVEY COMPLETED				
		245469	B. WING			03/	08/2016
	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP C 5211 HIGHWAY 110 AURORA, MN 55705	ODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD	BE	(X5) COMPLETION DATE
F 226	elopement attempts attempted to leave between the closed report and injury of form lacked notificatinjury of unknown of undicated R11 had a inner knee measuring report referred to the line late of the late of the late of the late of the bruise and R into things. The influence of the bruise and R into things. The influence of the bruise and R into things. The influence of the standard word of the standard of the standard of the standard of the late of the lat	ary was determined to be son 5/5/15, as resident had and was getting stuck in double doors. The incident unknown origin investigation ation of the state agency of the rigin prior to investigation.  Interpolation and to the left agency of the area found to the left agency of Unknown Origin dated R11 did not know what had The investigation form agation was complete, and the chat the table legs and arm reight for location and nature agency of the injury of estigation form lacked ate agency of the injury of	F 2	26			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		245469	B. WING		03/	08/2016
	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER	52	TREET ADDRESS, CITY, STATE, ZIP CODE 211 HIGHWAY 110 URORA, MN 55705		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 226		t track and trend injuries of assist in determination of	F 226			
	was moderately co extensive assistant living. The MDS fur no behaviors direct behaviors such as and no rejection of 2/1/16, indicated shand picks at her ch bleeding under the	dated 12/15/15 indicated she gnitively impaired and required ce with all activities of daily of their indicated R16 displayed ted at self, including physical hitting or scratching her self, care. R16's care plan dated he was often resistive to cares est to the point of bruising and skin. The care plan further ved aspirin and had fragile asily.				
	Care Center Incide 5/29/15 to 2/21/16, reports related to b - 5/29/15, staff note chest measuring 1/ Staff investigated the was "likely" caused sling. The injury was agency 7/8/15, R16 had a measuring approximate investigated and decaused from R16 "	ra Health - Northern Pines nt/Accident Reports dated indicated several incident ruising to R16's body. Red bruising to R16's upper left (2 centimeter (cm) x 1.5 cm. The incident and determined it is not reported to the state a blood blister on her chest mately 4 cm x 2 cm. staff etermined the injury was picking at her own chest." The rted to the state agency.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245469	B. WING		03/	08/2016
	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 5211 HIGHWAY 110 AURORA, MN 55705	•	
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
F 226	- 7/26/15, staff note R16's right arm neathe cause of injury indicated R16 "ofte The injury was not - 9/20/15, R16 had her left cheek. Stafinjury as "could pot The injury was not An incident report of found a "purple, recleft side of neck ext chest." The area m cause of injury was to have a small are of bruise- and appe She often picks as reported to the state - 10/7/15, staff note forearm from her w cause of injury was care and in daily preported to the state - 1/6/16, R16 had a her mid chest meas determined the cau picking at her chest to the state agency 2/21/16, staff reported to the state agency. In each incident repunable to answer" in Con 3/2/16, at 9:53 at 10.00 con	ed a 5.5 cm x 4 cm bruise to ar her elbow. Staff determined was due to "fragile skin" and n flails arms causing bruising." reported to the state agency. a 5 cm x 5 cm purple area to f determined the cause of entially be from her glasses." reported to the state agency. dated 10/2/15 indicated staff dened bruise noted to lower tending into area of left upper easured 26 cm x 11 cm. The described as follows: Noted a of skin missing from center ears [R16] had scraped away. skin. The injury was not e agency. da hematoma on R16's left rist to her upper arm. The noted as "flailing arms during opelling." The injury was not e agency. a pink/purple discoloration to suring 7 cm x 5 cm. Staff se of injury related to R16 the The injury was not reported	F 220	6		

	FOF DEFICIENCIES OF CORRECTION			) DATE SURVEY COMPLETED		
		245469	B. WING			03/08/2016
	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP COL 5211 HIGHWAY 110 AURORA, MN 55705	Σ	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 226	injuries of unknown form. She stated if there is an investigation out by the nurse on finds the injury to be and report it to the I of bruising that is su thighs, face without fingerprints. The DO bruises were suspiced buring a subsequer p.m., the DON states well." The DON furt personality changes On 3/3/16, at 12:38 stated when determs considered suspicion extent of the bruising an altercation with a whether the resident injury was related to not feel any of R16's nature.  On 3/4/16, at 9:30 a stated R16 can be a stated R16 "scoots" bump her arms on on ever really seen he half."  On 3/4/16, licensed stated R16 is resistit to swat staff hand at R16 "flailing her arms R16" "flailing her arms R1	origin start with an incident the injury is unknown in origin, ation worksheet that gets filled duty. She stated if the nurse is suspicious in nature they call DON. She stated an example uspicious would be bruising to a fall, or if it looked like DN did not feel any of R16's sious in nature.  Int interview on 3/3/16, at 12:30 at, "We know [R16] really ther stated R16 "has are if someone is bothering her."  p.m., registered nurse (RN)-C ining whether a bruise was us in nature, staff look at the grand investigate if there was another resident, a lab draw, at was in the facility or whether of cares. RN-C stated she did is bruises were suspicious in the around in her chair and may objects. NA-H stated, "I've are [R16] pick at her upper practical nurse (LPN)-C we to care at times and will try way, but had not observed	F 2	26		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		245469	B. WING		03/08/2016	
	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER	5	TREET ADDRESS, CITY, STATE, ZIP CODE 211 HIGHWAY 110 URORA, MN 55705		
(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 APPROPR DEFICIENCY)	BE COMPLÉTION	
F 248 SS=D	noticed R16 will flai agitated. RN-A state due to the "flailing."  Although R16 was i cognitively impaired on her neck and ch large bruises on he unable to verbalize occurred, there was completed to deterr bruising. Further, w notified of the bruis unknown origin wer state agency.  483.15(f)(1) ACTIV INTERESTS/NEED  The facility must proof activities designed the comprehensive	I her arms when she is and R16's bruises were often dentified to be moderately I, and had a pattern of bruises est area, as well as other rupper extremities, and was how the bruising had so no in depth investigation mine the actual cause of R16's hile the administrator was es, none of the injuries of the reported immediately to the ITIES MEET	F 226		5/2/16	
	by: Based on observate review, the facility factivity engagemen reviewed for activitive Findings include: R26's quarterly min 11/24/15, indicated impaired. His care passed on observations and the fact of the fa	ion, interview and document ailed to provide meaningful t for 1 of 3 resident's (R26) es.  imum data set (MDS) dated he was moderately cognitively blan dated 9/3/15, indicated informed of activities. The care		Element 1 Resident #26 was re-assessed by the Activity Director/SW to assure his caplan is current and coincides with the resident set desires. He is reminded activities that he enjoys and particip is recorded. Staff will encourage Reference to attend the activities he likes a assist him to attend.  Element 2	are le I of ation sident	

	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 IA HEALTH NORTHER	RN PINES MEDICAL CENTER		5:	TREET ADDRESS, CITY, STATE, ZIP CODE 211 HIGHWAY 110 URORA, MN 55705		
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F 248	who was up and ou directed staff to go encourage him to a require good hearing and card bingo. R2the enjoyed a "cocktail" plan goal was to paspend 2 days per was permitted and join 3 R26's behavior care be reminded of actitimes a day."  A facility document dated 7/10/12, indicated 7/10/12, indicated R26 had a hunted, played care professions include significant interaction.  A nurse practitioner dated 10/8/15, indicated 10/8/15, indicated 10/8/15, indicated 10/8/15, indicated 10/8/15, he participat time and a resident month of 11/15, R2texercise 4 days. In games 9 days and month of 1/16, R26	ed R26 was a social person to fhis room. The care plan to R26's room, invite and ttend activities that do not ag or vision, assist with bingo 6's care plan further indicated and going to mass and at 2:05 p.m. daily. His care ricipate in 1 activity daily, reek outside if weather 8-4 exercise classes per week. It plan indicated he "needs to vities and daily events several titled: Activity Interview Sheet, at a cabin, a vegetable garden, as, and loved dogs. His past discould positions requiring on with others.  It's nursing home progress note ated, R26 stated he wishes when activities are because as not get to go often enough.  Civity records indicated in games 6 times, music 1 group 1 time. During the participated in sports 7 days, 12/15, R26 participated in exercise 3 days. During the participated in sports 2 days, and in 2/16 he participated in	F 2	248	All residents have been re-assesse ensure that his or her desires regar activities and care plans have been updated as necessary. All resident receive comprehensive assessmer preferences for customary, routine activities on admission and at least annually thereafter. Care plans are developed, reviewed, and updated quarterly as necessary to be meani to each resident.  Element 3  Our policy has been reviewed and updated as necessary. Activity, SV nursing staff have been educated regarding meaningful activity asses and care planning. Documentation group and one on one activity is be recorded.  Element 4  Each resident'□s activity log will be monitored by DON/designee to ass meaningful activities occur as care planned daily x 7 days, weekly x 3 monthly x 2 months and quarterly thereafter. DON/designee will audi residents daily for 1 week, then 5 residents weekly for three weeks, the sidents monthly for two months, the five residents quarterly ongoing to eath they are offered and receiving activities of choice. Variances in the process will be reported to the administrator for immediate follow the discussed at the QAPI meeting at leading the quarterly.	rding n s n s n s n t of n ngful  V and ssment of ing  ure weeks, t 5 hen 5 hen 5 hen ensure e up and	

AND PLAN OF CORRECTION   IDENTIFICATION NUI		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		245469	B. WING_			03/08/2016		
	PROVIDER OR SUPPLIER  IA HEALTH NORTHER	RN PINES MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP C 5211 HIGHWAY 110 AURORA, MN 55705				
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F 248	On 3/1/16, at 1:59 precliner in his room again observed alor recliner.  On 3/2/16, at 9:41 a his room. At 11:48 a alone. There was no independent activity.  On 3/3/16, at 10:05 group was occurring not present. At 2:16 recliner in his room with bingo in the direction of the dire	a.m. R26 was sitting in a alone. At 3:33 p.m., he was ne in his room sitting in his  a.m. R26 was sitting alone in a.m., he was sitting in his room television, no radio and no authorized supplies present.  a.m. a staff led exercise g in the dining room, R26 was a sitting in a while his wife was assisting and room.  b.m. nursing assistant (NA)-B ace earlier in the day if he go. She stated she did not to the activity even though his he required reminders several are group activity. He was miling and conversing with R26 had returned to his room e.  b.m. activity assistant (AA)-A play dice and card bingo. She es, he can't play, so he doesn't urther stated R26 frequently	F 24	48				

	ATEMENT OF DEFICIENCIES OPLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING  A. BUILDING			(X3) DATE SURVEY COMPLETED			
		245469	B. WING			03/	08/2016
	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER		STREET ADDRESS, CITY, STATE, 5211 HIGHWAY 110 AURORA, MN 55705	ZIP CODE		
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F 248	like "I'm bored and R26 used to love to stated the harmonic looked into replacin activity supplies had engage him in his reidea."  On 3/3/16, at 10:41 fun anymore." R26 gardening in the pareducation in the gar and added, "I don't he still did some excused to play the har he "can't do that her "can't do that her can't remember and to come and get him do." She also stated friend in the facility staff was offering to FM-D further stated around other people On 3/4/16, at 10:34 attended games. She games, shuffle boar She further stated if usually attended.  An undated facility procial Services, ind team would evaluate	tated R26 makes statements I don't feel good." She stated play the harmonica. She sa was broken but no one g it. She further stated no been offered to R26 to bom but stated, "that's a good a.m. R26 stated, "Nothing is stated he did a lot of st and stated, "I got a lot of my den working with Mother, "do any of that here." He said ercise. He further stated he monica and play the piano but re."  I.m. family member (FM)-D ain activities he could take f they tell him too early he I stated, "they are supposed n, but I don't think they always d R26 used to visit with a 'all the time," but didn't think take him to see his friend.  , "He gets too little of being	F 2	48			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		245469	B. WING		03/	08/2016
	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 5211 HIGHWAY 110 AURORA, MN 55705		
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F 248	recreational activities indicated, as much provide activities the resident's interests.	es. The policy further as possible, the facility would at are compatible with the	F 248			E/O/4G
F 250 SS=D	RELATED SOCIAL  The facility must preservices to attain or practicable physical well-being of each related social service review, the facility for related social service reviewed for social isolative behaviors.  Findings include:  R26's quarterly min 11/24/15, indicated impaired, required rectivities of daily living of depression which MDS. R26'S PHQ-screening, diagnosis measuring the seven 8/24/15, was a seven On 11/24/15, R26's 12, indicating mode section for mood in "little interest or plessions."	ovide medically-related social maintain the highest land, mental, and psychosocial esident.  It is not met as evidenced lion, interview and document alled to provide medically less for 1 of 1 residents (R26) services who demonstrated limum data set (MDS) dated the was severely cognitively minimal staff assistance for ling and verbalized indicators in had increased since his last 9 (an instrument used for	F 250	Element 1 R26 was re-assessed using the PH and his care plan was updated to a potential isolative and other behavior may be related to depression. Interventions include but are not lim large print activity calendar; daily reminders with encouragement to ju activities; and, one on one visits wh declines to attend activities outside room. A new assessment was perf asking what items are very importat him. We are providing those things indicated as important to him such a music, pet visits, card bingo and ott games he favors. We offer and end use of a pocket talker because he r hearing aids. Although we have offet the services of a psychologist, which has declined, we will continue to off those services. Resident is legally the and we will continue to offer activities	IQ9 ddress ors that nited to: oin nen he of his formed nt to s he as her courage refuses ered ch he fer olind	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION		X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER  IA HEALTH NORTHER	RN PINES MEDICAL CENTER		5	TREET ADDRESS, CITY, STATE, ZIP CODE 211 HIGHWAY 110 AURORA, MN 55705			
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F 250	having little energy, A review of resident indicated, "in the me his room and not co condition." A note of was "keeping to his note dated 8/26/15, more time in his room 11/24/15, indicated regarding his wife's getting bad news at was every day. Note was making statem On 2/17/16, the not "recently begun ded note dated 2/21/16, getting instructions good or if I am doing R26's care plan data poor vision and heat symptoms related to identified behaviors false accusations, add not address depeven though R26's a increase in signs an and resident progre behaviors. Although legal blindness there interventions identification with his environment were no intervention minimizing the symptoms.	very day and "feeling tired or " nearly every day.  It progress note dated 8/6/15, onth of July [R26] has been in oming out due to a decline in dated 8/21/15, indicated R26 room most of the day." A indicated R26 was spending om. Progress note dated R26 expressed concern health and felt he would be bout her. He stated he felt this es indicated on 1/13/16, R26 ents that "he is going to die." tes indicated R26 had elining his daily Happy Hour." A indicated R26 stated, "I keep and I don't know if I'm doing	F 2	250	books with larger print and items subooks on tape.  Element 2  We have reviewed all resident's Phscores and made comparison of the two assessments. All residents what a score displaying an increase in depressive symptoms have been reassessed and the care plans were updated as needed to reflect their of state and to implement intervention have assessed all residents to determ if the resident has had mood change including but not limited to isolative behaviors. Any resident that may have had a mood change has had his or care plan updated to reflect current interventions and monitoring.  Element 3  Protocol was created that addressed mood changes, including but not line to, observing and reporting isolative behaviors so that interventions can implemented. Protocol was educated nursing home staff. A protocol was created to ensure that each new Phassessment is compared to the pre PHQ9 assessment and intervention added when needed to reflect increated in the protocol has been educated to SW RNs. Staff has been educated to remood changes to the RN or SW for up and implementations of additional interventions, when appropriate.	IQ9 e last o have e current s. We ermine les, ave her els her els ave her ave ave her ave ave her ave		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING			E SURVEY PLETED	
		245469	B. WING_		03/	08/2016
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F 250	On 3/1/16, at 12:37 ambulating to the bis sitting untouched of 3/1/16, at 1:59 p.m sitting alone in a reeyes closed.  On 3/2/15, at 8:03 table in his room. Hin the room. At 8:05 room and removed in a recliner. No tel music playing and present. At 11:48 a recliner in his room. On 3/3/16, at 8:50 his room in a recline leading an exercise room, however, R2 p.m., family member visiting with R26 in was observed assisting room. R26 w. On 3/4/16, at 8:35 his room eating bre room were off and a.m., R26 was enguining room. He was staff. At 10:26 a.m. and was again sitting. On 3/2/16, at 10:41 (LPN)-C stated R2 room often, "only to	7 p.m. R26 was up in his room, bathroom. A tray of food was in a table in his room. On . and 3:33 p.m., R26 was cliner chair in his room with his a.m. R26 was sitting at a tray de was eating breakfast alone 9 a.m., staff entered R26's I his meal tray. R26 was sitting evision present in room, no no recreational activities .m., R26 continued to sit in a land.  a.m. R26 was sitting alone in er. At 10:05 a.m., staff was e group in the large dining alone in the large dining and his room. At 2:16 p.m., FM-D sting with bingo in the large was sitting in his room alone.  a.m. R26 was sitting alone in eakfast. The lights in R26's the shade was drawn. At 9:26 aged in a dice game in the as smiling and interacting with , R26 had returned to his room ng alone in a recliner.  a.m. licensed practical nurse a.m. licensed and for exercise a.m. licensed and for exercise are further stated a lot of the	F 25	Element 4 Adherence to the new protoguidited by the DON or design 4 weeks on each MDS that monthly x 2 months, and quigoing. DON/designee will make two months, then four resident two months, the four resident two mont	gnee weekly x is due, arterly on nonitor by our residents outs weekly for ents quarterly eported to the follow up and	

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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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE ADEFICIENCY)	SHOULD B		(X5) COMPLETION DATE
F 250	On 3/3/16, at 10:41 terrible." R26 indicato things for himsel stated, "You can liv further stated, "Not now I am not clean ain't what I used to On 3/3/16, at 10:08 stated R26 used to She stated, "Aroun hallucinating and not On 3/3/16, at 12:26 used to enjoy his harefusing lately. She want to do it anymous On 3/3/16, at 1:17 slowed down." FM-period of "very bad stated the behavior not gotten back to visit a friend in the I longer doing that. Fix staff was offering to She further stated Faround other people to die."  On 3/3/16, at 3:05 pt (LSW)-A stated R26 is doing visit a friend in the I longer doing that. Fix staff was offering to She further stated Faround other people to die."	I a.m. R26 stated, "I'm ated he was no longer able to f that he could in the past. R26 e too long, that's me." He hing is fun anymore" and "right, I used to be." R26 added, "I be."  I a.m. activity aide (AA)-A come out of his room a lot. d six months ago, he started ow he doesn't come out."  I p.m., LPN-C stated R26 appy hour but had been stated, "He doesn't seem to	F 2	50			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING			(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CC 5211 HIGHWAY 110 AURORA, MN 55705	DE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG		SHOULD BE		
F 250	stated R26 indicate down. She stated the score to increase. Interdisciplinary teal medications to see medications to see medications that make however, IDT progreschologist increase in diaddressed during the further stated the fapsychologist available R26 to the psychologist available R26 to the psychosocial regarding symptoms. She furtupdated R26's care psychosocial needs On 3/4/16, at 1:37 pstated R26 used to for meals and sit with She stated he stopp when he was having stated while the hall was not sure if staff. A policy titled Social indicated the facility social services to as or maintain his/her mental, or psychosocial indicated the director responsible for consideratements regarding and the state of the director responsible for consideratements regarding and the state of the director responsible for consideratements regarding and the state of the director responsible for consideratements regarding and the state of the director responsible for consideratements regarding and the state of the state o	d he felt more tired and feeling hose answers caused his The LSW further stated the m (IDT) looked at R26's if he was receiving any ay be effecting his mood, less notes do not indicate expression had been he medication review. She he will had a house old but she had not referred or but she had not notified the R26's increase in depressive ther stated she had not plan in regard to his increase in depressive ther stated she had not plan in regard to his increase in depressive ther stated she had not plan in regard to his increase in depressive ther stated she had not plan in regard to his increase in depressive the stated she had not plan in regard to his increase in depressive the stated she had not plan in regard to his increase in depressive the stated she had not plan in regard to his increase in depressive the stated she had not notified the plan in regard to his increase in depressive the stated she had not notified the regard to his increase in depressive the stated she had not notified the increase in depressive the stated she had not notified the increase in depressive the stated she had not notified the regard to his increase in depressive the stated she had not notified the R26's increase in depressive the stated she had not notified the R26's increase in depressive the stated she had not notified the R26's increase in depressive the stated she had not notified the R26's increase in depressive the stated she had not notified the R26's increase in depressive the stated she had not notified the R26's increase in depressive the stated she had not notified the R26's increase in depressive the stated she had not notified the R26's increase in depressive the stated she had not notified the R26's increase in depressive the stated she had not notified the R26's increase in depressive the stated she had not notified the R26's increase in depressive the stated she had not notified the R26's increase in depressive the stated she h	F 2	250			

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	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER	5	STREET ADDRESS, CITY, STATE, ZIP CODE 1211 HIGHWAY 110 AURORA, MN 55705			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 250	emotional needs of in meeting the soci resident. The socia further responsible	g provisions for the social and the resident, and assistance all and emotional needs of the last services department was for identifying individual social design as well as making	F 250				
F 309 SS=D	483.25 PROVIDE OF HIGHEST WELL BE Each resident must provide the necess or maintain the high mental, and psychological stress of the second stress of the se	CARE/SERVICES FOR	F 309			5/2/16	
	by: Based on observar review, the facility f of 4 residents (R16 Findings include: R16's annual minin 12/15/15 indicated cognitively impaired assistance with all a care plan further in and had fragile skir Although R16 was cognitively impaired on her neck and ch	tion, interview and document ailed to monitor bruising for 1 ) reviewed for accidents.  num data set (MDS) dated she was moderately d and required extensive activities of daily living. The dicated she received aspiring that bruised easily.  identified to be moderately d, and had a pattern of bruises est area, as well as other rupper extremities, there was		Element 1 R16, R25, R11and R27 have been assessed for alterations in skin and monitored as needed.  Element 2 A baseline audit was performed on residents which entailed head to too observations by licensed staff. Also residents who are not able to accur explain an how an injury occurred heen care planned for potential abundars are observing skin for alterat daily during morning care and reporfindings to licensed staff. Licensed are performing head to toe skin observations weekly, skin alteration	all e skin o, all eately lave lise. ions rt staff		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		245469	B. WING			03/	08/2016
	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER		5	TREET ADDRESS, CITY, STATE, ZIP CODE 211 HIGHWAY 110 LURORA, MN 55705		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 309	no evidence of ong bruising. Nor was the small bruises that we easily.  A review of Incident 5/29/15 to 2/21/16, bruising to R16's be documented bruising measuring 1/2 cent incident report date blood blister on her approximately 4 cm noted a 5.5 cm x 4 near her elbow. A re R16 had a 5 cm x 5 cheek. An incident staff found a "purple lower left side of neupper chest." The a On 10/7/15 staff not forearm from her wincident reported da a pink/purple discolmeasuring 7 cm x 5 reported a "large" bhand. The bruise m A physicians Nursin indicated R16 was a frequent bruising all note indicated staff however there was During an observati R16 was sitting in harea of the unit. She and making nonsent	coing monitoring of R16's here evidence of frequent would suggest R16 bruised c/Accident Reports dated indicated several incidents of ody. On 5/29/15 staffing to R16's upper left chest imeter (cm) x 1.5 cm. And d 7/8/15 indicated R16 had a	F3	09	reported and documented in the marecord. Alterations such as bruises measured/monitored weekly during wound rounds and more often if necessary.  Element 3  Our skin protocol has been updated necessary to include documented wiskin assessments by a licensed nurweekly monitoring of bruises.  Element 4  All skin is observed daily by the NA issues brought to the licensed nursion as practicable. Skin is observed documented weekly by a licensed reported immediated the RN. Non-pressure related bruis and potential injuries will be added weekly IDT skin rounds and docum by the RN in the resident chart ongonity the RN in the resident chart ongonitoring/reporting occur. Variance this process will be reported to the administrator for immediate follows discussed at the QAPI meeting at least the quarterly.	will be IDT  d as veekly rse and R and e as ved and nurse. y to ses to ented oing. nurate ces in up and	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245469	B. WING		03/	08/2016
	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 5211 HIGHWAY 110 AURORA, MN 55705		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 309	eyes closed. During 12:59 p.m., R16 wa her wheel chair. Du at 8:48 a.m., R16 w a common area of the director of nursing (observed R16's skinthere is no follow upstated, "I think the pShe stated R16 recobleeding disorders.  During an interview licensed practical nursing an interview licensed practical nurskin checks should stated she had not edue to her bath bein shift.  An assessment title 2/16/16, indicated custin was "per usual skin observation was received.  A facility policy titled undated, outlined a assessment and idea.	area of the facility with her an observation on 3/2/16, at s sitting in a common area in ring an observation on 3/3/16, as sitting in her wheel chair in the unit reading a newspaper.  on 3/4/16, at 8:39 a.m., the DON) stated a nurse at least weekly. She stated of done for bruising. The DON policy says, report if problems." eived aspirin daily but had no on 3/4/16, at 9:36 a.m., the policy says, report if problems." eived aspirin daily but had no on 3/4/16, at 9:36 a.m., the procedured R16's skin checking scheduled on the evening of Observation Report, dated tharacter and color of R16's weekly is requested, but none on the evenification of resident's at risk entification of resident's at risk	F 3	09		
F 323 SS=J	directed licensed nu assessments at lea 483.25(h) FREE OF HAZARDS/SUPER		F 3:	23		5/5/16
				F		1

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245469	B. WING _		03/	08/2016
	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 5211 HIGHWAY 110 AURORA, MN 55705		
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACT REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 323	as is possible; and adequate supervisi prevent accidents.	ns as free of accident hazards each resident receives on and assistance devices to	F 32	3		
	by: Based on observa review, the facility f assessments to de implement appropr to prevent falls for r reviewed for accide investigate and cor falls to determine if implemented to pre significant injury for	tion, interview, and document ailed to ensure ongoing termine causal factors, and iate interventions in an attempt 2 of 3 residents (R19, R39) ents. The facility failed to apprehensively assess resident a new interventions could be event falls, which resulted in a R83. The facility's failure ediate jeopardy (IJ), with a jury for R83.		Element 1 R19 and R39 have been comprehe assessed. A fall risk score has bee determined and interventions have updated. Both residents' falls have trended to inform the root cause an and interventions were updated. Interventions for R19 include, but a limited to, elevated head of bed, re-introduce tool chest for activities scheduled morphine, offering reclin room adjustments.	been been been alysis re not	
	R19 fell, was sent the was diagnosed with facility failed to combine implement intervent. The administrator as were notified of the p.m. The immediate 3/8/16, at 11:23 a.m. remained at the low which indicated act immediate jeopardy. Findings include:	pardy began on 1/8/16, when of the emergency room, and in a fractured clavicle. The inprehensively assess and tions to prevent ongoing falls, and the director of nursing. IJ for R19 on 3/2/16, at 5:42 is jeopardy was removed on in but noncompliance wer scope and severity of a G, and harm that was not in the complex of t		Element 2 All residents who have fallen in the days have been comprehensively re-evaluated to determine a fall risk and interventions have been update when appropriate. All residents whe 2 or more falls in a 30-day period at being analyzed for trends to further the root cause analysis and interver are updated when appropriate.  Element 3 The policy has been updated to reflicurrent practice, including but not lire to, assessment, pre-fall huddle to p falls, pharmacy review, fall scene	score ed o have re inform ntions ect mited	

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		245469	B. WING _		03/	08/2016
	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP COE 5211 HIGHWAY 110 AURORA, MN 55705	E	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
F 323	assess risk factors In addition, interver consistently implementations. Rincluded Alzheimer (muscle pain and was failure (CHF), gait a history of falling. The (MDS) dated 9/8/15 cognitive impairment required no transfer ambulating in his robut occasionally indicated Rimpairment, require staff with transfers, of one staff for whe ambulate. The MDS occasional inconting required extensive at toileting, and was not MDS further identification, moving on surface-to-surface to stabilize with identified R19 had from the staff with respect to stabilize with identified R19 had from the staff with respect to stabilize with identified R19 had from the staff with respect to stabilize with identified R19 had from the staff with respect to stabilize with identified R19 had from the staff with respect to follow up with the staff with respect to follow up with the staff with respect to follow up with the staff with respect to the s	ity failed to comprehensively related to the continued falls. Intions to prevent falls were not nented.  ecord identified diagnoses that its disease, polymyalgia reakness), congestive heart and mobility abnormalities, and he annual Minimum Data Set its, identified R19 had significant int, had no behavioral issues, rehelp or assistance from, was on no toileting plan continent, and did not ambulate significant change MDS dated 19 had severe cognitive and extensive assistance of two required extensive assistance elchair mobility, and did not is also indicated R19 had ence of bowel and bladder, assistance of two staff for ot on a toileting program. The led R19's balance during from a seated to standing and off the toilet, and transfers) as not steady, only in assistance. The MDS also falls since the prior or injuries.  Essessment (CAA) dated 19 had a hearing deficit, poor of falls, with no diuretic or ation use. The CAA indicated of fall and safety committee, to	F 32	investigation to inform the roo analysis, interventions, and treat The root cause analysis tool hupdated. The updated policy signed and dated. Education provided to nursing home stafthe policy updates and update cause analysis tool.  Element 4 All falls will be reviewed by the DON/designee daily/5 days peongoing. Each fall will be followed by the DON/designee daily/5 days peongoing. Each fall will be followed by the DON/designee daily/5 days peongoing. Each fall will be followed by the DON/designee daily/5 days peongoing. Each fall will be followed by the DON/designee daily/5 days peongoing. Each fall will be followed by the DON/designee daily/5 days peongoing. At each post-fall meeting, the team will root cause to ensure it has be appropriately identified and adwith corresponding interventions process will continue and variate reported to the administrator for immediate follow up and discussion QAPI meetings at least quarters.	ending falls. as been has been fregarding d root  r week wed by the s needed, IDT review the en dressed hs and the This ations will be or ssed at	
		s as needed, and to see the interventions. R19's fall risk				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245469	B. WING			03	/08/2016	
	PROVIDER OR SUPPLIER	ERN PINES MEDICAL CENTER		5211 HIG	ADDRESS, CITY, STATE, ZIP CODE GHWAY 110 RA, MN 55705		TOO.MO 12	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 323	assessment dated risk for falls, had 3 quarter, had a wear current plan of care failed to comprehe falls to include but falls, factors that meffectiveness of interestiveness of his cue for fluids, rest and ir and cue; attempt to and transfer prior to self-transfers; cue is place in areas of his cue for fluids, snach inght; regular mattrino siderails; keep voight; anti-rollbacks 10:00 a.m., and by toilet before bed and Review of R19's fail indicated the follow - 9/7/15, at 4:30 a.r. in his room. R19 st	al 1/31/16, identified R19 was at or more falls in the last akened state, and to continue e. However, the assessments ensively assess R19's risk for not limited to trends/patterns to hay be causing the falls, and terventions.  Ated 12/22/15, identified a goal: efform injury from falls. The differ assisting to bed to assure in not restless; if restless offer to ir; assure staff is attentive in during events such as the walk wheelchair cushion; if propels for needs; if he wheels himself ie down or stay with him; as of better supervision; asfers; anticipate needs for ntakes; assess pain, reassure to assist him with a.m. cares to 7:00 a.m. to hinder and assist when symptomatic, igh visibility; offer nightlight, eks and toileting when awake at tress, bed at standard height, wheelchair locked at bedside at so on wheelchair; toilet daily at a 1:30 p.m. and 4:30 p.m. also and upon rising.		323				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245469	B. WING		03/	08/2016
	PROVIDER OR SUPPLIEI IA HEALTH NORTHI	ERN PINES MEDICAL CENTER	5	TREET ADDRESS, CITY, STATE, ZIP CODE 211 HIGHWAY 110 JURORA, MN 55705		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFICIENCY)	) BE	(X5) COMPLETION DATE
F 323	the emergency ro diagnosed R19 wi interventions implicated at bedside An inter-disciplina on 9/8/15, with the continue to monito pressures. On 3/2 nurse (RN)-A was cause analysis of - 9/24/15, at 11:35 roommate that R1 indicated the fall v to self-transfer, ar was locked. R19 c interventions implicated the fall v to self-transfer, ar was locked. R19 c interventions implicated the fall v to self-transfer, ar was locked. R19 c interventions implicated the fall v to self-transfer, ar was locked. R19 c interventions implicated the fall v to self-transfer, ar was locked. R19 c interventions implicated the fall v to self-transfer was locked independent to self-transferred independent independent independent in the stand up, lost his self-transferred in the self-transferred in t	ehead and was transported to om (ER). The ER provider ith a scalp contusion. New emented: keep wheelchair as able.  ry team (IDT) meeting was held a following conclusion: will or, observe orthostatic blood interviewed and stated no root the fall had been completed.  In p.m. staff was alerted by 9 had fallen in his room. Staff was caused by R19 attempting and only one wheelchair brake did not sustain an injury. New emented: continue to check on a times making sure both as were locked. Remind resident lochair brakes. The staff was caused by R19, with the se functioning at his baseline, he in his wheelchair and endently. Attempt keeping at bedside and cue to toilet at a con 3/2/16, at 12:58 p.m. RN-A are analysis of the fall had been allowed and fell. Staff indicated d by increased confusion, di attempts to self-transfer. R19 injury. New interventions	F 323			

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION	-	(X3) DATE SURVEY COMPLETED	
		245469	B. WING		_	03/0	08/2016
	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER		STREET ADDRESS, CITY, STA 5211 HIGHWAY 110 AURORA, MN 55705	ATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	X (EACH CORRECTIVI CROSS-REFERENCED	IN OF CORRECTION E ACTION SHOULD B D TO THE APPROPRI CIENCY)		(X5) COMPLETION DATE
F 323	related to acute illnibaseline. On 3/2/16 interviewed and stawas isolated and relative as isolated the fall was to bed, restless mointerventions implemented wheelchair.  An IDT meeting was following: witnessed to stand up and was to go to bed went to on floor. On 3/2/16, root cause analysis it was determined and the tresulted in weat a subject of the expectation of all was caused by R19 sustained a heat to the ER, and was hematoma and pneimplemented: none An IDT meeting was 11/9/16, with the follow up as needed RN-A stated the roof had not been composition.	ess. Res is back to his at 1:11 p.m. RN-A was sted the root cause of the fall elated to R19's acute illness.  5 p.m. staff witnessed R19 and walk into another go to bed" when he went to sit wheelchair and fell. Staff as caused by attempting to go wements. No injury. New mented: anti-rollbacks to sheld on 10/27/15, with the difall in hallway was attempting lk into another resident's room to sit on wheelchair and landed at 1:20 p.m. RN-C stated the of the fall was completed; and R19 had an acute condition lkness.  a.m. R19 was found face finis room. Staff indicated the surgency of bowel movement, ad contusion, was transported diagnosed with a scalp numonia. New interventions is held 12 days later on lowing: R19 was screened by received for physical therapy to improve transfers, lation with walker. Continue to d. On 3/2/16, at 1:25 p.m. of cause analysis of the fall	F3	523			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION DING		ATE SURVEY OMPLETED
		245469	B. WING		03	3/08/2016
	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER	1	STREET ADDRESS, CITY, STATE, ZIP CODE 5211 HIGHWAY 110 AURORA, MN 55705		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		OULD BE	(X5) COMPLETION DATE
F 323	weakness seconda buildup of fluid betw lungs and chest). R where he was diagr right clavicle (collar implemented: rearra An IDT meeting was of the fall was comp 3/2/16, at 1:35 p.m. stated the root caus completed with the he gets acute respin - 1/11/16, at 3:50 p. in his room. R19 state out of the way. R19 interventions impler - 1/11/16, at 6:30 p. in his room. Staff in R19 trying to transfet the bed to the floor. implemented: assess - 1/12/16, at 11:40 p. floor in his room. Staff in R19 trying to transfet the bed to the floor. implemented: assess - 1/12/16, at 11:40 p. floor in his room. Staff in R19 received suture interventions impler changes. An IDT meeting was the falls of 1/11/16, following: will have poccupational therap	dicated the fall was caused by my to pleural effusion (a ween the tissues that line the 19 was transported to the ER, mosed with a fracture of the bone). New interventions anged furniture in room. Is held on 1/8/16, and a review pleted, but no conclusion. On RN-C was interviewed and se analysis of the fall was conclusion R19 fell because ratory issues and he falls.  In R19 was found on the floor ated he was moving his car did not sustain an injury. New mented: none.  In R19 was found on the floor dicated the fall was caused by the reself to bed and slid off of No injury. New interventions as pain, reassure and cue.  In R19 was found on the aff indicated the fall was attempting to self-transfer out and was bleeding, he had a	F3	323		

	OF CORRECTION	IDENTIFICATION NUMBER:	1 ' '	NG		MPLETED
		245469	B. WING		03	3/08/2016
	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 5211 HIGHWAY 110 AURORA, MN 55705		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT ( (EACH CORRECTIVE ACTION SHOOT CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 323	medication review. verified a root cause verified a root cause - 1/30/16, at 8:00 por of his bathroom. R Staff indicated the decline. R19 did not interventions imple recliner or bed after transfers. An IDT meeting was following: R19 has condition and was was more sleepy at a scheduled toileting needs and offer toileting frequent intervals. In food, fluids, rest are bed earlier in the e On 3/2/16, at 1:49 weak, short of break RN-A stated the sowork, and now staft to go to the bathrootogo and the bathrootogo to the bathroo	on 3/2/16, at 1:45 p.m. RN-C se analysis was not completed.  o.m. R19 was found on the floor 19 did not sustain an injury. fall was caused by a general of sustain an injury. New smented: attempt to assist to be supper, use sit/stand lift for as held on 2/1/16, with the had a general decline in now enrolled in hospice. He not interacted less. He was on ag plan. Staff to anticipate leting and rest periods at lift he seemed restless offer and toileting. May need to go to vening or relax in the recliner. p.m. RN-C stated R19 got ath and didn't know what to do. heduled toileting plan didn't fi just asked him if he needed	F 3	23		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '			(3) DATE SURVEY COMPLETED	
		245469	B. WING			3/08/2016	
	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 5211 HIGHWAY 110 AURORA, MN 55705			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE	
F 323	analysis of the fall 2/14/16, at 8:40 p. in his room. R19 su his left buttock. Staffall was caused by. implemented: bed in within reach.  - 2/16/16, 2:00 p.m. sleeping in his wheel wheel chair and land sustain an injury. St caused by sleeping interventions impler offer more support an IDT meeting was 2/22/16, reviewing t 2/16/16, with the fol changed for better phave staff in the din events. On 3/2/16, at there was not root of the complex of the fall was ustained a laceratic was transported to findicated the lacera steri-strips. New into when restless. An IDT meeting was following: Staff to be and not restless. Or	m. R19 was found on the floor stained a small excoriation on f had not indicated what the New interventions in lowest position, call light  R19 was in the dining room, elchair, when he slid out of the fled on the floor. R19 did not aff indicated the fall was in the wheelchair. New mented: wheelchair cushion to	F3	323			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING		DATE SURVEY COMPLETED
		245469	B. WING			03/08/2016
	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP 5211 HIGHWAY 110 AURORA, MN 55705		
(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 CO X (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	ON SHOULD BE LE APPROPRIATE	(X5) COMPLETION DATE
F 323	On 3/2/16, at 7:21 a room. Nursing assi personal cares for side of his bed. At was going to leave lift. NA-E left the ro R19 sitting on the s7:25 a.m. NA-E retistand assist lift to the wheelchair. NA-E swhen asked what is prevent falls, NA-E to keep an eye on hNA-E stated R19 whe was supposed to bathroom, but R19 him if they noticed he shouldn't be in the shouldn'	a.m. R19 was observed in his stant (NA)-E was providing R19, who was sitting on the 7:23 a.m. NA-E told R19 she the room to get the transfer om, and shut the door, leaving side of the bed unattended. At urned to the room, used the ransfer R19 into his tated R19 had a lot of falls. Interventions were in place to stated the staff was supposed him; see where he was at. I as not on a toileting program, to have assistance to the was quick, and they helped him going into the bathroom,	F3	23		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245469	B. WING		03	/08/2016
	PROVIDER OR SUPPLIE	R ERN PINES MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP 5211 HIGHWAY 110 AURORA, MN 55705		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 323	home. R19 was a with stuff." AD-A sengine or someth was not sure whe On 3/3/16, at 8:25 interventions includis room and if also out or stay with hi 1:1 and staff has NA-A acknowledg On 3/3/16, at 8:32 for R19 included saccording to his sof excess energy, War II. NA-C ackr schedule for the laany changes in the On 3/3/16, at 10:4 interventions for whenever staff was cream, going to the R19 had a 1:1 right the toileting plan hours, but he didn't to check on him or each and remind R19 alone in his restated R19 really still needed to remonstrated on 3/2/16, at approximate the stated R19 really still needed to remonstrated R19 really still needed to remonstrated R19, at approximate R19, at a state R19, at a	t, however, family took that mechanic and liked to "tinker stated it would be nice to get an ing for R19 to work on but she re they would put it.  5 a.m. NA-A stated R19's fall ided looking in on him if passing one in his room try and get him m. However, now he was on a been toileting him more often. ed R19 was "quick".  2 a.m. NA-C stated interventions safety checks, toileting him chedule, ambulation to "get rid" distract him - talk about World howledged not being on the last 8 days so was unaware of e plan of care for R19.  30 a.m. NA-B stated fall R19 included looking in on him alked by, offer coffee and ice he gathering place. NA-B stated int now and she didn't believe had changed.  3 p.m. licensed practical nurse lay was to be toileted every 2 c't always agree to go. Staff was ften, leave the call light within him to use it, try not to leave oom, and offer a nap. LPN-A didn't use the call light but staff	F3	323		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	245469	B. WING		03	3/08/2016	
NAME OF PROVIDER OR SUPPLIER ESSENTIA HEALTH NORTHER	RN PINES MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZI 5211 HIGHWAY 110 AURORA, MN 55705			
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
immediately after e interventions were e stated an IDT meet and falls were revie meeting, a root cau each fall.  The immediate jeon was removed on 3/ implemented the fo minimize the risk of  1:1 supervision with Activities to provide tinkering toys Attempt positioning Coordinate with Hosyolunteer 1:1 Extra bed removed Wider bed to be del Head of bed raised Morphine at bedtim Offer to sit on edge to toilet Provide an afternoof Transfer with one si When he appeared stand ask if he was use the bathroom Use short understan or no answers Attempt to anticipate him comfortable  However, noncomp scope and severity	completed a post-fall huddle ach fall, and immediate put into place. The DON also sing was held at least weekly, ewed at that time. During this use analysis was completed on coardy that began on 1/8/16, 8/16, when the facility ellowing interventions to falls for R19:  In removal plan interesting mechanic type  in recliner for comfort spice for fall prevention and from room to decrease clutter elivered 3/9/16 and degrees elevation of the spice for fall prevention, or offer of the spice for fall use urinal, or offer the spice fall use urinal use	F3	23			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245469	B. WING		03/	08/2016	
	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 5211 HIGHWAY 110 AURORA, MN 55705	,		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROFICIENCY)	) BE	(X5) COMPLETION DATE	
F 323	3 falls that resulted intervention: a fracthe finger requiring the head requiring	age 42 d in injuries requiring medical stured clavicle, a laceration of sutures, and a laceration of steri-strips, which identified him or significant injury.	F 323	3			
	facility failed to cor implement appropriate risk for ongoing R39's Admission Fincluded dementia abnormalities, rhea and right hip and k dated 1/19/16, indicognitive impairme assistance of 1 staindependent with a required standby a ambulation in the hindicated R39 was bladder, and was instaff supervision/or identified R39's bafrom a seated to stand off the toilet, a transfers) was not without assistance	Record identified diagnoses that an disciples, gait and mobility amatoid arthritis in right hip, onee pain. The quarterly MDS cated R39 had severe ent, required standby off for transfers, was ambulation in his room, and assistance of 1 staff for allway. The MDS also always continent of bowel and andependent with toileting (with ones). The MDS further lance during transfers (moving transfers (moving transfers) and surface-to-surface steady, but able to stabilize					
-	weakness, limited coordination and p assessment dated	range of motion, poor oor balance. The fall risk 1/18/16, indicated R39 was at ad three or more falls in the					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDI	TIPLE CONSTRUCTION  NG			E SURVEY PLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD E IE APPROPRI		(X5) COMPLETION DATE
F 323	R39 will remain free identified the follow to use his walker art tucked into bed for often to cue him unreach; keep pathwa socks/bare feet who footwear while up.  Review of R39's fall indicated the following out of himself up off the flot on his left elbow. Neadd a toilet riser to fat 10:32 a.m. RN-C no root cause analy completed.  - 10/16/15, at 3:40 p. when he came out of gotten himself up of an injury. New intermonitor bowel move the call light. On 3/7 interviewed and start the fall had been control of the fall had been control o	ed 8/10/15, identified a goal: e from injury. The care plan ing interventions: remind him and keep it next to him; once the evening check on him til asleep; keep call light within ays free of obstacles; gripper en in bed; and non-skid.  I incident reports since 9/15, ing:  m. R39 stated he had fallen in his bathroom, and had gotten foor. R39 sustained a skin tear ew interventions implemented: toilet in bathroom. On 3/7/16, was interviewed and stated is of the fall had been of the bathroom, and had fit the floor. R39 did not sustain wentions implemented: ements, encourage him to use 1/16, at 10:34 a.m. RN-C was sted no root cause analysis of mpleted.  p.m. R39 stated he fell in his en himself up off the floor. R39 njury. New interventions de commode. On 3/7/16, at erified no root cause analysis	F 3.	23			

NAME OF PROVIDER OR SUPPLIER  ESSENTIA HEALTH NORTHERN PINES MEDICAL CENTER  (X41 ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 323  Continued From page 44  - 11/10/15, at 2:00 p.m. R39 was found sitting between the bed and the dresser in his room. R39 did not sustain an injury. New interventions implemented: R39 was given as stool softener. On 3/7/16, at 10:37 a.m. RN-C stated the root cause analysis for the fall was R39 had a suppository earlier that morning and had become dizzy.  - 11/12/15, at 11:00 a.m. R39 was standing outside of his room only wearing his shirt. Staff asked if he was all right, and R39 stated he had fallen in the bathroom Only war interventions implemented: room rearranged and commode placed in room. On 3/7/16, at 10.37 a.m. RN-C was interviewed and verified no root cause analysis of the fall was done.  - 11/24/15, at 8:10 p.m. R39 was standing in doorway of his room only for the lost his balance and fell backward onto floor. R39 did not sustain an injury. New interventions implemented: noon. On 3/7/16, at 10:41 a.m. RN-C verified no root cause analysis of the fall was done.  - 1/22/6/15, at 9:30 a.m. R39 was walking down the hallway and stated he needed help. R39 stated he had fallen in his room, and gotten himself up. No injury. New interventions implemented: remind to use call light for		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION  NG		TE SURVEY MPLETED
ESSENTIA HEALTH NORTHERN PINES MEDICAL CENTER  (X4)ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 323  Continued From page 44  -11/10/15, at 2:00 p.m. R39 was found sitting between the bed and the dresser in his room. R39 did not sustain an injury. New interventions implemented: R39 was given a stool softener. On 3/7/16, at 10:37 a.m. RN-C stated the root cause analysis for the fall was R39 had a suppository earlier that morning and had become dizzy.  -11/12/15, at 11:00 a.m. R39 was standing outside of his room only wearing his shirt. Staff asked if he was all right, and R39 stated he had fallen in the bathroom during an incontinent episode. R39 did not sustain any injury. New interventions implemented: room rearranged and commode placed in room. On 3/7/16, at 10:39 a.m. RN-C was interviewed and verified no root cause analysis of the fall was done.  -11/24/15, at 8:10 p.m.: R39 was standing in doorway of his room when he lost his balance and fell backward onto floor. R39 did not sustain an injury. New interventions implemented: none. On 3/7/16, at 10:41 a.m. RN-C verified no root cause analysis of the fall was done.  -12/26/15, at 9:30 a.m. R39 was walking down the hallway and stated the needed help. R39 stated he had fallen in his room, and gotten himself up. No injury. New interventions implemented: remind to use call light for			245469	B. WING_		03	/08/2016
FREEIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  F 323  Continued From page 44  - 11/10/15, at 2:00 p.m. R39 was found sitting between the bed and the dresser in his room. R39 did not sustain an injury. New interventions implemented: R39 was given a stool softener. On 3/7/16, at 10:37 a.m. RN-C stated the root cause analysis for the fall was R39 shated he had fallen in the bathroom dustide of his room only wearing his shirt. Staff asked if he was all right, and R39 stated he had fallen in the bathroom during an incontinent episode. R39 did not sustain any injury. New interventions implemented: room rearranged and commode placed in room. On 3/7/16, at 10:39  a.m. RN-C was interviewed and verified no root cause analysis of the fall was done.  - 11/24/15, at 8:10 p.m.: R39 was standing in doorway of his room when he lost his balance and fell backward onto floor. R39 did not sustain an injury. New interventions implemented: none. On 3/7/16, at 10:41 a.m. RN-C verified no root cause analysis of the fall was done.  - 12/26/15, at 9:30 a.m. R39 was walkling down the hallway and stated he needed help. R39 stated he had fallen in his room, and gotten himself up. No injury. New interventions implemented: remind to use call light for			RN PINES MEDICAL CENTER		5211 HIGHWAY 110		
- 11/10/15, at 2:00 p.m. R39 was found sitting between the bed and the dresser in his room. R39 stated he had needed to go to the bathroom. R39 did not sustain an injury. New interventions implemented: R39 was given a stool softener. On 3/7/16, at 10:37 a.m. RN-C stated the root cause analysis for the fall was R39 had a suppository earlier that morning and had become dizzy.  - 11/12/15, at 11:00 a.m. R39 was standing outside of his room only wearing his shirt. Staff asked if he was all right, and R39 stated he had fallen in the bathroom during an incontinent episode. R39 did not sustain any injury. New interventions implemented: room rearranged and commode placed in room. On 3/7/16, at 10:39 a.m. RN-C was interviewed and verified no root cause analysis of the fall was done.  - 11/24/15, at 8:10 p.m.: R39 was standing in doorway of his room when he lost his balance and fell backward onto floor. R39 did not sustain an injury. New interventions implemented: none. On 3/7/16, at 10:41 a.m. RN-C verified no root cause analysis of the fall was done.  - 12/26/15, at 9:30 a.m. R39 was walking down the hallway and stated he needed help. R39 stated he had fallen in his room, and gotten himself up. No injury. New interventions implemented: remind to use call light for	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPR	JLD BE	COMPLETION
assistance. On 3/7/16, at 10:44 a.m. RN-C verified no root cause analysis of the fall was done.  - 12/28/15, at 5:30 p.m. R39 was ambulating in the hallway when he lost his balance and fell. R39 sustained lacerations and required a trip to the	F 323	- 11/10/15, at 2:00 p between the bed an R39 stated he had an R39 did not sustain implemented: R39 of 3/7/16, at 10:37 a.m analysis for the fall of earlier that morning - 11/12/15, at 11:00 outside of his room asked if he was all of fallen in the bathrood episode. R39 did not interventions impler commode placed in a.m. RN-C was inter cause analysis of the - 11/24/15, at 8:10 p doorway of his room and fell backward of an injury. New intern On 3/7/16, at 10:41 cause analysis of the - 12/26/15, at 9:30 at the hallway and staff stated he had fallen himself up. No injury implemented: reminal assistance. On 3/7/ verified no root cause done. - 12/28/15, at 5:30 p the hallway when he	o.m. R39 was found sitting and the dresser in his room. In the dresser in his room and injury. New interventions was given a stool softener. On the the dresser in the	F 32	23		

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		245469	B. WING			03/	08/2016
	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER		5	STREET ADDRESS, CITY, STATE, ZIP CODE 5211 HIGHWAY 110 AURORA, MN 55705	•	-
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 323	ER (medical recordinjury). New intervetold to walk slower. RN-C stated the rowas gastroenteritis.  - 1/30/16, at 5:50 p. injury. New interver 3/7/16, at 10:50 a.m stated R39 was give stated no root caus done.  - 2/3/16, at 1:30 p.m next to his bed. R38 New interventions in pain assessment. Overified no root caus done.  - 2/6/16, at 4:00 p.m in his room. R39 suleft elbow. New interventions in pain assessment. Overified no root caus done.  - 2/6/16, at 4:00 p.m in his room. R39 suleft elbow. New interventions in pain assessment. Overified no root caus done.  - 2/6/16, at 4:00 p.m in his room. R39 suleft elbow. New interventions in pain assessment. Overified no root caus done.  - 2/6/16, at 4:00 p.m in his room. R39 sustated R39 had not time, and was giver for one day. RN-C voof the fall was done.  - 2/6/16, at 6:30 p.m his room. R39 sustated in the Eimplemented: reside gathering place to eathering place p	lacked description of the ntions implemented: R39 was On 3/7/16, at 10:48 a.m. of cause analysis of the fall m. R39 fell in his room. No ations implemented: none. On the n. RN-B was interviewed and the nation at walker to use. RN-B to analysis of the fall was analysis and the nation of the contusions (medical ription of the contusions) and fall was interviewed and verified a of the fall was not done. On R39 was observed	F3	323			

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	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER		STREET ADDRESS, CITY, STATE, Z 5211 HIGHWAY 110 AURORA, MN 55705	IP CODE		
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F 329 SS=D	On 3/2/16, at approwas interviewed. The completes a post-fareach fall, and immerplace. The DON also held at least weekly time. During this me completed on each the clinical record I reassessment of R3 The undated facility Prevention, directed scene investigation determine the root of licensed staff will puplace to prevent fur 483.25(I) DRUG RE UNNECESSARY DE Each resident's drug unnecessary drugs, drug when used in eduplicate therapy); without adequate mindications for its us adverse consequents should be reduced combinations of the Based on a comprese resident, the facility who have not used given these drugs utherapy is necessar as diagnosed and drecord; and resident	eximately 3:00 p.m. the DON and DON stated the facility all huddle immediately after ediate interventions are put into so stated an IDT meeting is and falls are reviewed at that eeting, a root cause analysis is fall.  acked a comprehensive all and procedure on Fall at the point of a fall, a fall will be completed to cause of each fall. The at an immediate intervention in ther fall.  EGIMEN IS FREE FROM RUGS  g regimen must be free from An unnecessary drug is any excessive dose (including or for excessive duration; or onitoring; or without adequate se; or in the presence of ices which indicate the dose or discontinued; or any	F 3				5/2/16

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	LE CONSTRUCTION		E SURVEY PLETED
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F 329	behavioral interver contraindicated, in drugs.  This REQUIREME	age 47 ntions, unless clinically an effort to discontinue these  NT is not met as evidenced	F 329			
	review, the facility adverse side effect and nursing orders and reporting eleva	tion, interview and document failed to ensure monitoring for its of antipsychotic medication were followed by monitoring ated pulses for 1 of 5 residents unnecessary medications.		Element 1 R23□s pulse was taken and found in normal limits and her parameter was changed. R23 was assessed to Tardive Dyskinesia and found to ha symptoms.  Element 2	order for	
	R23 was not asses (adverse side effect antipsychotic medi antipsychotic medi orders were not fol recheck and report pulses over 100.	essed for tardive dyskinesia ets related to the use of cation) after starting an cation. In addition, nursing lowed as directed to monitor, to the nurse practitioner (NP)		A baseline audit was performed of a residents who take antipsychotic medications and AIMs assessments current. Parameters have been set residents vital signs to alert and trig the Matrix dashboard.  Element 3 The AIMS policy was updated and	s are : for all ger on	
	indicated R23's dia disorder, dysthymic fibrillation, cerebrounspecified psychounknown physiologhypotension.  The annual Minimu 12/9/15, indicated limpairment. R23 diagrams and disorder limpairment. R23 diagrams are disorder limpairment. R23 diagrams are disorder limpairment. R23 diagrams are disorder limpairment.	ission Record dated 3/3/16, agnoses included delusional codisorder, hypertension, atrial vascular disease, chronic pain, sis not due to substance or pical condition and orthostatic arm Data Set (MDS) dated R23 had severe cognitive and not have any behaviors, so or change in behavior		educated to the psychotropic IDT (S RNs, and Pharmacist). Policy inclu but is not limited to, screening and r screening of residents, testing using AIMS scale, and notifying provider of changes in the AIMS score. A proto has been implemented to set vital s parameters for each resident and a is set to follow up with provider.  Element 4 The psychotropic IDT will review ne	des, repeat g the of ocol ign n alert	

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		245469	B. WING			03/0	08/2016
	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER		52	TREET ADDRESS, CITY, STATE, ZIP CODE 211 HIGHWAY 110 .URORA, MN 55705	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 329	symptoms. R23 ner of daily living (ADL's antidepressant and seven days during to The Physician's Ord 3/3/16, indicated the (an antipsychotic) 2 at bedtime on 10/8/10/13/15, the physic 5 mg every day at be An Administration Happers of the An Administration Happers of the An Abnormal Involutional tool used to assess completed on 2/28/any further assessing prior to or after star. The Vitals Results findicated R23 had at the following days: 1/23/16, pulse of 10/2/19/16, pulse of 10/2/19/16, pulse of 10/2/19/16, pulse of 10/2/24/16, pulse of 10/2/19/16,	eded assistance with activities s) and received an antipsychotic seven of the che assessment period.  der History from 9/3/15 to e physician ordered Zyprexa .5 milligrams (mg) every day 15 for psychosis. On cian increased the Zyprexa to be editime.  distory dated 3/3/16, indicated to monitor R23's apical pulse is and update the nurse he pulse was greater than 100 ne pulse.  Intary Movement Scale (AIMS, as for tardive dyskinesia) was 15. The medical record lacked ment for adverse side effects ting the Zyprexa.  From 1/1/16, to 3/7/16, a pulse greater than 100 on 16.  15.  16.  17.  18.  18.  19.  19.  19.  19.  19.  19	F3	329	AIMs assessments per policy week ongoing. An RN will audit Matrix dashboard daily for vital signs that of set parameter and follow up as necessary. Variances will be reporthe administrator for immediate foll and reviewed at the QAPI meeting quarterly.	are out ted to ow up	

PRINTED: 04/12/2016 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

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F 329	stated she tried to a monitoring quarterly done every six more was done last on 2/ assessments since.  On 3/3/16, at 9:35 a recheck the pulse a on 12/10/14. The R nursing order. RN-Clacked a recheck as when greater than a medication change fibrillation (an irregulation commonly causes printermittently went in The NP further state the pulse until it was she would expect so dyskinesia per the form 3/3/16, at 12:30 pharmacist stated in assessment for tark started an antipsyclad verse side effects dose of the medica on 3/3/16, at 1:00 pwould expect tardivid done every six more AIMS was not done.  On 3/4/16, at 11:10 instructions to more	a.m. registered nurse (RN)-A do tardive dyskinesia y but believed it was to be of this. RN-A verified R23's AIMS (28/15, with no further that date.  a.m. RN-C stated the order to and notify the NP was added in stated she believed it was a coverified the medical record and notification of the pulse 100 to the NP.  a.m. the NP stated R23 had so and a history of atrial ular, often rapid heart rate that boor blood flow) which in and out but had been stable, ed she was not worried about the sed she was not worried a	F3	29		

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 428 SS=D	blood pressure primedication. The R (NA) should be rectelling the nurse withan 100.  On 3/4/16, at 11:18 (LPN)-B stated after the NAs give the vidocument in the mishe was not aware for R23.  A policy for completantipsychotic advenursing orders was there was none. 483.60(c) DRUG FIRREGULAR, ACT  The drug regimen reviewed at least opharmacist.  The pharmacist must the attending physical nursing, and these	nurses when checking the or to giving the antihypertensive N stated the nursing assistants thecking the pulse and or nen R23's pulse was greater of a.m. licensed practical nurse or the NAs obtain the vital signs tal sign results to the nurse to edical record. The LPN stated of any pulses greater than 100 of the side effects and following a requested and was informed a REGIMEN REVIEW, REPORT	F 329			5/2/16
	by: Based on observa	tion, interview and document ant pharmacist failed to ensure		Element 1 The Pharmacist consultant has revie R23⊡s Aims and vital signs and four		

	FOF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION		E SURVEY IPLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE .	(X5) COMPLETION DATE
F 428	antipsychotic medic monitoring and rep 5 residents (R23) remedications.  Findings include:  The Resident Admi indicated R23's dia disorder, dysthymic fibrillation, cerebrowunspecified psychounknown physiolog hypotension.  The Physician's Ord 3/3/16, indicated the (an antipsychotic) 2 at bedtime on 10/8/10/13/15, the physic 5 mg every day at the An Administration in the special instructions with blood pressure practitioner (NP) if the fact a recheck of the An Abnormal Involutional tool used to assess completed on 2/28/2 any further assessing prior to or after star.	exation and nursing orders by orting elevated pulses for 1 of eviewed for unnecessary  ssion Record dated 3/3/16, gnoses included delusional disorder, hypertension, atrial vascular disease, chronic pain, sis not due to substance or ical condition and orthostatic der History from 9/3/15 to ephysician ordered Zyprexa and increased the Zyprexa to be distory dated 3/3/16, indicated to monitor R23's apical pulse es and update the nurse the pulse was greater than 100 ne pulse.  Intary Movement Scale (AIMS, as for tardive dyskinesia) was 15. The medical record lacked ment for adverse side effects ting the Zyprexa.  From 1/1/16, to 3/7/16, a pulse greater than 100 on	F 428	to have no symptoms.  Element 2 The pharmacist consultant has revall residents who take antipsychotic medications and AIMs assessment current. The consultant has also revital sign parameters and the alert system.  Element 3 The pharmacy consultant reviewed contract obligations. The AIMS poliupdated to provide, including but not limited to, screens and repeat screeusing the AIMS scale test and notifithe provider of any changes. Policy provides that the pharmacist consultant monthly to ensure complethe AIMS assessments. The policy educated to the psychotropic IDT (SRNs, and Pharmacist). A protocol been implemented to set vital sign parameters for each resident and a is set to follow up with provider.  Element 4 The psychotropic (Includes pharma IDT will review need for AIMs assessments per policy weekly ong The Pharmacy consultant will review sign parameters to the DON month Variances will be reported to the administrator for immediate follow to reviewed at the QAPI meeting at leaduraterly.	s are viewed  his cy was ot ens, ying also altant tion of was SW, has an alert  acist)  yoing. w vital ly.  up and	

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		COMPLETED	
		245469	B. WING		0:	3/08/2016
	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 5211 HIGHWAY 110 AURORA, MN 55705		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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 APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 428	2/24/16, pulse of 10 The medical record of the pulse or notif pulse was greater to the pulse was greater to the consultant phanes and the pulse was greater to the pharm R23's medications and the pharm R23's medications and the pharm R23's medications and the pharm R23's pulse where the pharm R23's pulse where R23's pulse where R23's pulse where the pharmacist stated the assessment for tark that the pharmacist stated the medical did not monitor if a sassessment had be were typically done stated he would not notification to the Normal notification to the Normal order. On 3/3/16, at 1:00 pharmacist stated he would not notification to the Normal order. On 3/3/16, at 1:00 pharmacist stated he would not notification to the Normal order. On 3/3/16, at 1:00 pharmacist stated he would not notification to the Normal order. On 3/3/16, at 1:00 pharmacist stated he would not notification to the Normal order. On 3/3/16, at 1:00 pharmacist stated he would not notification to the Normal order. On 3/3/16, at 1:00 pharmacist stated he would not notification to the Normal order. On 3/3/16, at 1:00 pharmacist stated he would not notification to the Normal order. On 3/3/16, at 1:00 pharmacist stated he would not notification to the Normal order. On 3/3/16, at 1:00 pharmacist stated he would not notification to the Normal order. On 3/3/16, at 1:00 pharmacist stated he would not notification to the Normal order of the Normal order orde	I lacked evidence of a recheck ication of the NP when the han 100.  I lacked evidence of a recheck ication of the NP when the han 100.  I macist's Resident Progress nacist's monthly review of in the months of 10/15 through the of recommendations to psychotic medications. In addition, there was no recheck and notify the NP was greater than 100.  I p.m. the consultant ne would expect an dive dyskinesia after a resident notic medication because is can show up after the first the tardive dyskinesia een completed because they are now pleted because they are look for R23's pulses and the because it was a day to day of the DON stated she is dyskinesia monitoring to be the dyskinesia monitoring to be the tardive dyskinesia monitoring to be the dyskinesia monitoring to be dyskinesia monitoring to be dyskinesia monitoring to dys	F 4	28		
	Provider Requirement indicated the consu					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245469	B. WING		03/	08/2016
	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 5211 HIGHWAY 110 AURORA, MN 55705		-
(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 APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 428	references to facilita medications and inf	ate the identification of ormation on contraindications, adverse side effects, dosage	F 428			
·						

PRINTED: 04/11/2016 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 245469 B. WING 03/02/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5211 HIGHWAY 110 ESSENTIA HEALTH NORTHERN PINES MEDICAL CENTER** AURORA, MN 55705 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** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 000 INITIAL COMMENTS K 000 FIRE SAFETY 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 ONSITE REVISIT OF YOUR FACILITY MAY BE CONDUCTED TO VALIDATE THAT SUBSTANTIAL COMPLIANCE WITH THE REGULATIONS HAS BEEN ATTAINED IN ACCORDANCE WITH YOUR VERIFICATION. A Life Safety Code Survey was conducted by the Minnesota Department of Public Safety, State fire Marshla Division. At the time of this survey Essentia Health Northern Pine C & NC was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR, Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of National Fire Protection Association (NFPA) Standard 101, Life Safety Code (LSC), Chapter 19 Existing Health Care. PLEASE RETURN THE PLAN OF CORRECTION FOR THE FIRE SAFETY DEFICIENCIES (K TAGS) TO: Health Care Fire Inspections State Fire Marshal Division 445 Minnesota Street, Suite 145 St. Paul, MN 55101 or by email to: (X6) DATE TITLE

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

**Electronically Signed** 

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

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					E CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE COMF	SURVEY PLETED
		245469	B. WING			03/0	2/2016
	PROVIDER OR SUPPLIER  A HEALTH NORTHER	RN PINES MEDICAL CENTER		52	REET ADDRESS, CITY, STATE, ZIP CODE 211 HIGHWAY 110 URORA, MN 55705		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  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
K 000	Marian.Whitney@s or Angela.Kappenmar	tate.mn.us	ΚO	000	24		
	DEFICIENCY MUS FOLLOWING INFO  1. A description of v	T INCLUDE ALL OF THE DRMATION: what has been, or will be, done					
	to correct the defici	ency. oposed, completion date.					
		r title of the person rection and monitoring to ence of the deficiency					
	building with no bas was constructed in Both buildings are of Type II (111), theref as one building. The	Pines C & NC is a 1-story sement. The original building 1959, with an addition in 1970. of the same type construction, fore the facility was inspected ne nursing home is properly 2 from the attached hospital.					
	facility has a compl smoke detection in	fire sprinkler protected. The ete fire alarm system with the corridors and spaces r, that is monitored for irtment notification.					
		censed capacity of 50 beds of 32 at the time of the survey.					
K 017	NOT MET as evide	: 42 CFR, Subpart 483.70(a) is enced by: FETY CODE STANDARD	K	)17			4/25/16

PRINTED: 04/11/2016 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 B. WING 245469 03/02/2016 STREET ADDRESS, CITY, STATE. ZIP CODE NAME OF PROVIDER OR SUPPLIER **5211 HIGHWAY 110 ESSENTIA HEALTH NORTHERN PINES MEDICAL CENTER** AURORA, MN 55705 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) 1D COMPLÉTION (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRFFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 017 K 017 Continued From page 2 SS=D Corridors are separated from use areas by walls constructed with at least 1/2 hour fire resistance rating. In fully sprinklered smoke compartments, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls extend to the underside of the floor or roof deck above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2, 19.3.6.4, 19.3.6.5 This STANDARD is not met as evidenced by: Based on observations and staff interview, it was K017 revealed that the facility had penetrations located 1 Correction: The 2 hole near the surgery waiting in the ceiling tile located in the facility that are not area was patched and caulked. in compliance with NFPA Life Safety Code 101 A cover plate was installed over the 2 (00) Sections 19.3.6.2 and 8.2.4.4.1 in resisting ¿ inch hole in the ceiling outside of room the passage of smoke. This deficient conditions could in the event of a fire, allow smoke and 354. 2. Completion Date: flames to spread throughout the effected March 4, 2016 corridors and areas making them untenable, a. March 4, 2016 which could negatively affect 8 of 32 residents, h. Person Responsible: Seth Mitchell, visitors, and staff members of the facility. Facilities Manager, is responsible for the Findings include: correction and monitoring to ensure that the corridors properly resist the passage On facility tour between 10:30 PM to 2:30 PM on of smoke. 03/02/2016, observations revealed, that there was a 2 inch corner missing from a ceiling tile outside of the surgery waiting area; and there is a 2 1/2 inch hole in the ceiling outside of room 354. This deficient condition was verified by a Maintenance Supervisor.

Facility ID: 00604

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED	
		245469	B. WING	ì		03/	02/2016
	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER		52	TREET ADDRESS, CITY, STATE, ZIP CODE 211 HIGHWAY 110 URORA, MN 55705	<u></u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
K 029 SS=D	One hour fire rated fire-rated doors) or extinguishing syste and/or 19.3.5.4 pro the approved autor option is used, the other spaces by sh doors. Doors are sfield-applied proted 48 inches from the permitted. 19.3.2 This STANDARD Based on observarevealed that the faproper protection for areas located throughout areas making them negatively affect the residents, staff and Findings include:  On facility tour betto 03/02/2016, observed 19.3.2 The utility room 4 sprinkler pipes, and 2. the soiled utility	is not met as evidenced by: tions and staff interview, it was acility has failed to provide or 1 of several hazardous ughout the facility in FPA Life Safety Code 101 (00) This deficient conditions could e, allow smoke and flames to the effected corridors and n untenable, which could e exiting capabilities 8 of 32	K	029	1. Correction: a. Escutcheon rings installed on sprinkler pipes in the utility room 4 a new door closer was installed. b. A door closer was installed in utility room 219 and the door latch adjusted. 2. Completion Date: a. March 18, 2016 b. March 31, 2016 3. Person Responsible: Seth Mir Facilities Manager, is responsible correction and monitoring to ensurthe one hour fire construction is maintained.	soiled was tchell, for the	4/25/16

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	` '	LE CONSTRUCTION 01 - MAIN BUILDING 01	(3) DATE SURVEY COMPLETED
		245469	B. WING		03/02/2016
	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER	5	STREET ADDRESS, CITY, STATE, ZIP CODE S211 HIGHWAY 110 AURORA, MN 55705	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
K 029	Continued From pa	age 4	K 029		
K 056 SS=D	Maintenance Super NFPA 101 LIFE SA Where required by facilities shall be proposed approved, supervisin accordance with systems are equipally switches which are the building fire alaconstruction, alternshall be permitted protection in specific regulations prohibit NPFA 13 This STANDARD Based on observation system is not installation of Sprinto maintain the sprint of service caus protection system emergency that cound staff of the factorial system is not installation of Sprinto maintain the sprint of service caus protection system emergency that cound staff of the factorial system is not installed. On facility tour betwoed the factorial system is not installed. On facility tour betwoed in the factorial system is not installed. On facility tour betwoed in the sprinkle of resident room 4 response sprinkler.	section 19.1.6, Health care rotected throughout by an sed automatic sprinkler system section 9.7. Required sprinkler ped with water flow and tamper electrically interconnected to arm. In Type I and II native protection measures to be substituted for sprinkler fic areas where State or local training sprinklers. 19.3.5, 19.3.5.1, is not met as evidenced by: attions, the automatic sprinkler lled and maintained in FPA 13 the Standard for the akler Systems (99). The failure inkler system in compliance could allow system being place sing a decrease in the fire capability in the event of an uld affect all residents, visitors illity.  Ween 10:30 PM to 2:30 PM on vations reveled that there are of heads located in the 400 er head that is located outside 07 was found to be a standard thead and the rest of the cated in the corridor were quick	K 056	1. Correction: The sprinkler head outside of resident room 407 was replaced with a quick response head Viking Sprinkler.  2. Completion Date: April 5, 2016  3. Person Responsible: Seth Mitch Facilities Manager, is responsible for correction and monitoring to ensure the automatic sprinkler system is insund maintained correctly	nell, r the that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				E CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
		245469	B. WING		03/0	02/2016
	ROVIDER OR SUPPLIER  A HEALTH NORTHER	RN PINES MEDICAL CENTER	5	STREET ADDRESS, CITY, STATE, ZIP CODE S211 HIGHWAY 110 AURORA, MN 55705		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
K 056	Continued From pa	ige 5	K 056			
K 075 SS=D	Maintenance Super NFPA 101 LIFE SA Soiled linen or trasl	FETY CODE STANDARD  n collection receptacles do not	K 075			4/25/16
	density of contained does not exceed .5 capacity of 32 gal ( any 64 sq ft (5.9-sq or trash collection r greater than 32 gal protected as a haza attended. 19.7.5 This STANDARD i Based on observat facility has failed to carts in properly prwith the NFPA 101 edition (LSC) section practice could affect staff and visitors if these carts rendered. Findings include:	s not met as evidenced by: tions and staff interview, the store large trash and linen otected rooms in accordance "The Life Safety Code" 2000 on 19.7.5.5. This deficient of the safety of all residents, smoke or fire from one of ed the corridors untenable.  ween 10:30 PM to 2:30 PM on		Correction: The soiled linen receptacles have been replaced soiled linen collection receptacles not over 32 gallons.     Completion Date: April 25, 2 3. Person Responsible: Seth Marager, is responsible correction and monitoring to ensithe receptacle capacity of 32 gall not exceeded with any 64 square area.	with s that are 1016 ditchell, e for the ure that lons is	
	storing a wheeled s greater than 32 gal spaces open to the required hazardous This deficient cond Maintenance Supe	ition was verified by a rvisor.				
K 076	NFPA 101 LIFE SA	FETY CODE STANDARD	K 076			4/25/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	LE CONSTRUCTION 6 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
		245469	B. WING		03/0	2/2016
	PROVIDER OR SUPPLIER	RN PINES MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 5211 HIGHWAY 110 AURORA, MN 55705		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
K 076 SS=D	shall be protected in Standard for Health (a) Oxygen storage 3,000 cu.ft. are end separation. (b) Locations for su 3,000 cu.ft. are verified 4-3.1.1.2 (NFPA 98 18.3.2.4, 19.3.2.4) This STANDARD is Based on observating the oxygen storage accordance with NIC Care Facilities (198 practice could creat atmosphere that congrowth. This could staff, and visitors in Findings include:  On facility tour betwo 3/02/2016, observation above a penetration above around the sprinkles.	e and administration areas in accordance with NFPA 99, in Care Facilities.  I locations of greater than closed by a one-hour apply systems of greater than inted to the outside.  19), 8-3.1.11.1 (NFPA 99), is not met as evidenced by: tions and staff interview, that is room was not maintained in FPA 99 Standards for Health 199 edition). This deficient it an oxygen enriched build contribute to rapid fire in negatively affect residents, in the event of an emergency.  I ween 10:30 PM to 2:30 PM on vations revealed that there was in the door to the corridor er pipe.	K 076	1. Correction: Escutcheon ring vinstalled on sprinkler pipe in oxyge 202. 2. Completion Date: March 18, 23. Person Responsible: Seth Mit Facilities Manager, is responsible correction and monitoring to ensur the oxygen storage locations are protected with a one-hour separati	en room 2016 tchell, for the re that	



#### PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Electronically delivered March 31, 2016

Ms. Laura Ackman, Administrator Essentia Health Northern Pines Medical Center 5211 Highway 110 Aurora, Minnesota 55705

Re: Enclosed State Nursing Home Licensing Orders - Project Number S5469026

Dear Ms. Ackman:

The above facility was surveyed on February 29, 2016 through March 8, 2016 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health, Health Regulation Division, noted one or more violations of these rules that are issued in accordance with Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.

To assist in complying with the correction order(s), a "suggested method of correction" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is <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 deficiency within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

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

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction

Essentia Health Northern Pines Medical Center March 31, 2016 Page 2

order. This column also includes the findings that are in violation of the state statute after the statement, "This Rule is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

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 one of the following:

Pam Kerssen, RN, APM Licensing and Certification Program Health Regulation Division Minnesota Department of Health

Email: pam.kerssen@state.mn.us

Phone: (218) 308-2129 Fax: (218) 308-2122 Lyla Burkman, Unit Supervisor Bemidji Survey Team Licensing and Certification Program Health Regulation Division Minnesota Department of Health

Email: Lyla.burkman@state.mn.us

Phone: (218) 308-2104 Fax: (218) 308-2122

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.

Feel free to contact me if you have questions related to this eNotice.

Sincerely,

Mark Meath

Mark Meath, Enforcement Specialist Program Assurance Unit Licensing and Certification Program Health Regulation Division

Email: mark.meath@state.mn.us

Telephone: (651) 201-4118 Fax: (651) 215-9697

(X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		00604		B. WING		03/0	08/2016
ESSENTIA HEALTH NORTHERN PINES MEDIC. 5211 HIG			5211 HIGH		STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
2 000	Initial Comments			2 000			
	****ATTE	NTION*****					
	NH LICENSING	CORRECTION ORE	DER				
	144A.10, this correspursuant to a surver found that the deficiency found that the deficiency form of corrected shall with a schedule of the Minnesota Department of the Minnesota Department of the number and MN Ruwhen a rule contain comply with any of lack of compliance. re-inspection with a result in the assess	hether a violation has	issued tion, it is cited violation ordance vrule of s been tag below. ure to sidered e upon rule will if the item				
	that may result fron orders provided tha the Department wit	hearing on any assen non-compliance wint a written request is thin 15 days of receipent for non-compliance	th these made to ot of a				
	receipt of State lice the Minnesota Depa Informational Bullet http://www.health.s	participate in the ele nsure orders consist artment of Health tin 14-01, available a tate.mn.us/divs/fpc/p e licensing orders ar	tent with t profinfo/inf				

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

04/08/16 **Electronically Signed** 

TITLE

STATEME	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY LETED
		00604	B. WING		03/0	8/2016
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ESSENT	IA HEALTH NORTHE	RN PINES MEDIC. 5211 HIGH AURORA,	IWAY 110 MN 55705			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT 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 APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
2 000	Department of Hearyou electronically. is necessary for Starenter the word "cortext. You must then State licensure procompletion date, the corrected prior to e Minnesota Department on February 29, thresurveyors of this Deabove provider and orders are issued. electronic plan of creviewed these ord they will be comple Minnesota Department the State Licensing federal software. The assigned to Minnesota Department of the State Licensing federal software. The assigned to Minnesota Department of the State Licensing federal software. The assigned to Minnesota Department of the State Licensing federal software. The assigned to Minnesota Department of the State Licensing federal software. The assigned to Minnesota Department of the State Licensing federal software. The assigned to Minnesota Department of the State Licensing federal software. The assigned to Minnesota Department of the State Licensing federal software. The assigned the statement of the State Minnesota Department of the State Licensing federal software. The assigned the statement of the State Licensing federal software in the State Licensing federal software. The assigned to Minnesota Department of the State Licensing federal software in the State Licensing federal softwa	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.  ough March 8, 2016, epartment's staff, visited the the following correction Please indicate in your orrection that you have ers, and identify the date when ted.  nent of Health is documenting Correction Orders using ag numbers have been sota state statutes/rules for the top Deficiencies" column to Comply" portion of the ent of Deficiencies" column to 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 crection.  ARD THE HEADING OF THE	2 000			

Minnesota Department of Health

STATE FORM 6899 WOWJ11 If continuation sheet 2 of 36

STATEMEN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		00604	B. WING		03/0	8/2016	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
ESSENTIA HEALTH NORTHERN PINES MEDIC.			HWAY 110 MN 55705				
(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	
2 000	Continued From pa	ge 2	2 000				
	THIS WILL APPEA	R ON EACH PAGE.					
	PLAN OF CORREC	QUIREMENT TO SUBMIT A OTION FOR VIOLATIONS OF E STATUTES/RULES.					
2 830	MN Rule 4658.0520 Subp. 1 Adequate and Proper Nursing Care; General		2 830			4/25/16	
	Subpart 1. Care in general. A resident must receive nursing care and treatment, personal and custodial care, and supervision based on individual needs and preferences as identified in the comprehensive resident assessment and plan of care as described in parts 4658.0400 and 4658.0405. A nursing home resident must be out of bed as much as possible unless there is a written order from the attending physician that the resident must remain in bed or the resident prefers to remain in bed.						
	by: Based on observati review, the facility f	ent is not met as evidenced on, interview and document ailed to monitor bruising for 1 ) reviewed for accidents.		Corrected			
	R16's annual minim 12/15/15 indicated cognitively impaired assistance with all a care plan further inc	num data set (MDS) dated she was moderately dand required extensive activities of daily living. The dicated she received aspirin a that bruised easily.					

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STATE FORM 6899 WOWJ11 If continuation sheet 3 of 36

STATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		00604	B. WING		03/0	8/2016
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	
ESSENTIA HEALTH NORTHERN PINES MEDIC.			IWAY 110 MN 55705			
(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
2 830	Continued From pa	ge 3	2 830			
	Although R16 was cognitively impaired on her neck and charge bruises on he no evidence of ong bruising. Nor was the small bruises that weasily.  A review of Incident 5/29/15 to 2/21/16, bruising to R16's be documented bruising measuring 1/2 cent incident report date blood blister on her approximately 4 cm noted a 5.5 cm x 4 near her elbow. A rR16 had a 5 cm x 5 cheek. An incident staff found a "purple lower left side of neupper chest." The a On 10/7/15 staff no forearm from her wincident reported da a pink/purple discolmeasuring 7 cm x 5 reported a "large" be hand. The bruise mand a physicians Nursin indicated R16 was frequent bruising all note indicated staff however there was	identified to be moderately d, and had a pattern of bruises est area, as well as other r upper extremities, there was oing monitoring of R16's here evidence of frequent would suggest R16 bruised t/Accident Reports dated indicated several incidents of body. On 5/29/15 staffing to R16's upper left chest imeter (cm) x 1.5 cm. An ad 7/8/15 indicated R16 had a	2 000			

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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	
		00604	B. WING		03/0	08/2016
	NAME OF PROVIDER OR SUPPLIER  ESSENTIA HEALTH NORTHERN PINES MEDIC.  5211 HIGAURORA			STATE, ZIP CODE		
(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) COMPLETE DATE
2 830	area of the unit. She and making nonser observation on 3/2/sitting in a common eyes closed. During 12:59 p.m., R16 wa her wheel chair. Du at 8:48 a.m., R16 w a common area of to a common area of the comm	ge 4 e was holding a stuffed animal insical statements. During an 16, at 7:27 a.m., R16 was a area of the facility with her gan observation on 3/2/16, at its sitting in a common area in ring an observation on 3/3/16, as sitting in her wheel chair in the unit reading a newspaper.  on 3/4/16, at 8:39 a.m., the (DON) stated a nurse in at least weekly. She stated to done for bruising. The DON policy says, report if problems." eived aspirin daily but had no on 3/4/16, at 9:36 a.m., urse (LPN)-C stated, weekly be done on shower day. She completed R16's skin checking scheduled on the evening and Observation Report, dated character and color of R16's ." A record of R16's weekly as requested, but none at Skin Risk assessment, procedure to proved for the centification of resident's at risk impairments. The policy urses to conduct skin st weekly to identify changes.	2 830			
		HOD OF CORRECTION: sing or designee could				

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WOWJ11 If continuation sheet 5 of 36

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		00604	B. WING	····	03/0	8/2016
ESSENTIA HEALTH NORTHERN PINES MEDIC. 5211 HIC			DRESS, CITY, 8  HWAY 110  MN 55705	STATE, ZIP CODE		
(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
2 830	develop, review, an procedures to ensu monitored for all res The Director of Nur educate all appropr procedures. The Director of Nur develop monitoring compliance.	d/or revise policies and re skin conditions are	2 830			
21426	(a) A nursing home maintain a compreh infection control procurrent tuberculosis issued by the Unite Control and Preven Tuberculosis Elimin Morbidity and Morta This program must infection control pla unpaid employees, residents, and volus Health shall provide regarding implements	e provider must establish and nensive tuberculosis ogram according to the most infection control guidelines d States Centers for Disease tion (CDC), Division of eation, as published in CDC's ality Weekly Report (MMWR). include a tuberculosis in that covers all paid and contractors, students, inteers. The Department of extechnical assistance intation of the guidelines.	21426			4/25/16

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Minnesota Department of Health STATE FORM

Minnesota Department of Health
STATEMENT OF DEFICIENCIES (X1)

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		00004		B. WING		0.4004.0
		00604			03/0	8/2016
NAME OF I	PROVIDER OR SUPPLIER		GHWAY 110	STATE, ZIP CODE		
ESSENT	IA HEALTH NORTHE	RN PINES MEDIC:	A, MN 55705			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
21426	Continued From pa	age 6	21426			
	This MN Requirem by: Based on interview facility failed to ens	ent is not met as evidenced and document review the ure Tuberculin testing was residents (R20) upon		Corrected		
	Findings include:					
	medical record lack testing for tubercull	•				
	and the director of and residents were QuantiFeron TB blo At 9:40 a.m. RN-A test had not been of had done the symp staff who usually di unit coordinator (HI facility's standing of	verified R20's QuantiFeron TE done. The staff member who stom screening was not the id it. RN-A stated the health UC) put the order in per the rders. The facility's electronic sued staff to do the symptom	3			
	persons with any ris TB infection unless of previous positive indicated R20 was	nent Tool (not dated) indicated sk factors should be tested fo there is written documentation e results. The assessment too a high risk due to living in a such as a long term facility.	n			
	at 9:40 a.m. the DC and the facility follo The facility's Stand indicated latent (TE body but there are	es were requested on 3/6/16, DN stated there was not one wed the standing orders. ing Orders amended 11/20/12 bacteria is present in the no symptoms) TB infection ssion per the facility's	,			

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Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		00604	B. WING		03/0	8/2016
NAME OF I	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
ESSENTIA HEALTH NORTHERN PINES MEDIC. 5211 HIGH			MN 55705			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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
21426	Continued From pa	ge 7	21426			
	guidelines.					
	director of nursing of policies and proceds staff have appropriate results according to director of nursing of appropriate staff or procedures. The director of nursing of appropriate staff or procedures.	rector of nursing or designee itoring systems to ensure				
	TIME PERIOD FOR (21) days.	R CORRECTION: Twenty-one				
21435	MN Rule 4658.090 Recreation Program	0 Subp. 1 Activity and n; General	21435			4/25/16
	home must provide recreation program based on each indistrengths, and need meet the physical, well-being of each comprehensive rescomprehensive pla 4658.0400 and 465 provided opportunit	al requirements. A nursing an organized activity and . The program must be vidual resident's interests, ds, and must be designed to mental, and psychological resident, as determined by the ident assessment and n of care required in parts 58.0405. Residents must be ites to participate in the opment of the activity and .				
	by: Based on observati review, the facility f	ent is not met as evidenced ion, interview and document ailed to provide meaningful at for 1 of 3 resident's (R26)		Corrected		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE			(X3) DATE SURVEY COMPLETED
00604	B. WING	· · · · · · · · · · · · · · · · · · ·	03/08/2016
ESSENTIA HEALTH NORTHERN PINES MEDIC. 52	REET ADDRESS, CITY, STATE, 111 HIGHWAY 110 JRORA, MN 55705	, ZIP CODE	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FUL REGULATORY OR LSC IDENTIFYING INFORMATION	ID L PREFIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
reviewed for activities.  Findings include:  R26's quarterly minimum data set (MDS) da 11/24/15, indicated he was moderately cognimpaired. His care plan dated 9/3/15, indicated R26 needed to be informed of activities. The plan further indicated R26 was a social personal who was up and out of his room. The care of directed staff to go to R26's room, invite an encourage him to attend activities that do not require good hearing or vision, assist with be and card bingo. R26's care plan further indicated be enjoyed exercise and going to mass and enjoyed a "cocktail" at 2:05 p.m. daily. His coplan goal was to participate in 1 activity dail spend 2 days per week outside if weather permitted and join 3-4 exercise classes per R26's behavior care plan indicated he "need be reminded of activities and daily events stimes a day."  A facility document titled: Activity Interview dated 7/10/12, indicated R26 used to read a played the accordion, sang in the church of and loved dancing. The document further indicated R26 had a cabin, a vegetable gard hunted, played cards, and loved dogs. His professions included social positions requir significant interaction with others.  A nurse practitioner's nursing home progres dated 10/8/15, indicated, R26 stated he wis staff would tell him when activities are became feels like he does not get to go often end.  A review of R26's activity records indicated 10/15, he participated in games 6 times, mutime and a resident group 1 time. During the	nitively ated e care son plan d ot oingo cated d care y, week. ds to everal  Sheet, a lot, noir den, past ing ss note shes suse ough. in usic 1		

Minnesota Department of Health

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Minnesota Department of Health
STATEMENT OF DEFICIENCIES (X1)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		00604	B. WING		03/0	08/2016
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY,	STATE, ZIP CODE	<u>.</u>	
ESSENT	IA HEALTH NORTHER	RN PINES MEDIC:	IGHWAY 110 RA, MN 55705			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
21435	exercise 4 days. In games 9 days and month of 1/16, R26 and games 6 days, games 5 times and  On 3/1/16, at 1:59 precliner in his room again observed alorecliner.  On 3/2/16, at 9:41 a his room. At 11:48 a alone. There was n independent activity  On 3/3/16, at 10:05 group was occurring not present. At 2:17 precliner in his room with bingo in the direction of the	6 participated in sports 7 day 12/15, R26 participated in exercise 3 days. During the participated in sports 2 days and in 2/16 he participated exercise 4 times.  o.m. R26 was sitting in a alone. At 3:33 p.m., he was ne in his room sitting in his a.m., he was sitting in his room television, no radio and not supplies present.  a.m. a staff led exercise g in the dining room, R26 was sitting in a while his wife was assisting in a while his wife was assisting ning room.  o.m. nursing assistant (NA)-la26 earlier in the day if he go. She stated she did not to the activity even though he required reminders seven a.m. R26 was in the dining na group activity. He was miling and conversing with, R26 had returned to his room and in the required reminder to his room and the required reminders the required to his room and the required reminders the remainders the remainders are remaindered to his required reminders the remainder the remainder the remainder the remainder the remainder the remainder th	s, nn			

Minnesota Department of Health

STATE FORM 6899 WOWJ11 If continuation sheet 10 of 36

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION		SURVEY PLETED
		00604	B. WING		03/	08/2016
	PROVIDER OR SUPPLIER	RN PINES MEDIC. 5211 HIGI	DRESS, CITY, S HWAY 110 , MN 55705	STATE, ZIP CODE		
(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 APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
21435	stated "oh, I'm so b During a subseque a.m., AA-A stated F room a lot. She stated hallucinating out." AA-A further s like "I'm bored and R26 used to love to stated the harmonic looked into replacin activity supplies had engage him in his r idea."  On 3/3/16, at 10:41 fun anymore." R26 gardening in the pa education in the ga and added, "I don't he still did some ex used to play the ha he "can't do that he  On 3/3/16, at 1:17 a stated R26 had cer part in. She stated can't remember and to come and get hir do." She also state friend in the facility staff was offering to FM-D further stated around other people  On 3/4/16, at 10:34 attended games. Si games, shuffle boa	ored, I'm so bored."  Int interview on 3/3/16, at 10:06 R26 used to come out of his ted, "About six months ago he g a lot, now he doesn't come tated R26 makes statements I don't feel good." She stated play the harmonica. She ca was broken but no one gg it. She further stated no d been offered to R26 to com but stated, "that's a good  a.m. R26 stated, "Nothing is stated he did a lot of st and stated, "I got a lot of my rden working with Mother, " do any of that here." He said ercise. He further stated he rmonica and play the piano but re."  a.m. family member (FM)-D tain activities he could take if they tell him too early he d stated, "they are supposed m, but I don't think they always at R26 used to visit with a "all the time," but didn't think take him to see his friend. d, "He gets too little of being				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		00604	B. WING		03/0	08/2016
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 00,0	0,20:0
ESSENT	IA HEALTH NORTHER	RN PINES MEDIC, 5211 HIGH AURORA,	HWAY 110 , MN 55705			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
21435	5 Continued From page 11		21435			
	Social Services, inc team would evaluat history and preferer recreational activitie indicated, as much	policy titled Activities and dicated the interdisciplinary te the individual's personal nces to identify relevant es. The policy further as possible, the facility would nat are compatible with the .				
	The Activity Directo review, and/or revisensure resident's horogram that meets. The Activity Directo all appropriate staff procedures. The Activity Directo	THOD OF CORRECTION: or or designee could develop, se policies and procedures to lave an indivdualized activity s their needs. or or designee could educate f on the policies and or or designee could develop s to ensure ongoing				
	TIME PERIOD FOR (21) days.	R CORRECTION: Twenty-one				
21475	MN Rule 4658.1009 General Requirement	5 Subp. 1 Social Services: ents	21475			4/25/16
	home must have ar department or prog related social service nursing home must collaborate with out who is in need of ac	al requirements. A nursing n organized social services gram to provide medically ces to each resident. A t make referrals to or tside resources for a resident dditional mental health, or financial services.				
	This MN Requirem	ent is not met as evidenced				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X: A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		00604	B. WING	B. WING		8/2016
ESSENTIA HEALTH NORTHERN PINES MEDIC. 5211 HIG		DRESS, CITY, 9  HWAY 110  MN 55705	STATE, ZIP CODE			
(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
21475	by: Based on observat review, the facility frelated social service reviewed for social isolative behaviors.  Findings include: R26's quarterly min 11/24/15, indicated impaired, required activities of daily live of depression which MDS. R26'S PHQ-screening, diagnos measuring the seven 8/24/15, was a sew On 11/24/15, R26's 12, indicating mode section for mood in "little interest or ple every day, "Feeling hopeless," nearly enhaving little energy.  A review of resident indicated, "in the mode having little energy.  A review of resident indicated, "in the mode dated 8/26/15 more time in his room 11/24/15, indicated regarding his wife's getting bad news a was every day. Not was making statem On 2/17/16, the notation of the social service was making statem.	on, interview and document ailed to provide medically ces for 1 of 1 residents (R26) services who demonstrated imum data set (MDS) dated he was severely cognitively minimal staff assistance for ing and verbalized indicators had increased since his last 9 (an instrument used for ing, monitoring, and erity of depression) score on en, indicating mild depression. PHQ-9 score increased to a erate depression. The MDS dicated R26 had indicated asure in doing things," nearly down, depressed or very day and "feeling tired or	21475	Corrected		

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AND PLAN OF CORRECTION   IDENTIFICATION NUMBER:   A. BUILDING:	(X3) DATE SURVEY COMPLETED	
00604 B. WING 03	08/2016	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		
ESSENTIA HEALTH NORTHERN PINES MEDIC  AURORA, MN 55705		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
21475  Continued From page 13  note dated 2/21/16, indicated R26 stated, "I keep getting instructions and I don't know if I'm doing good or if I am doing bad."  R26's care plan dated 12/19/15, identified, "very poor vision and hearing" and indicated behavioral symptoms related to psychosis. The care plan identified behaviors of inappropriate comments, talse accusations, and disrobing. The care plan did not address depression or risk for isolation, even though R26's assessments indicated an increase in signs and symptoms of depression and resident progress notes indicated isolative behaviors. Although the care plan identified R26's legal blindness there were no individualized interventions identified to assist him in engaging with his environment and other people. There were no interventions identified to assist with minimizing the symptoms of psychosis that may have been related to his visual and hearing deficits.  On 3/1/16, at 12:37 p.m. R26 was up in his room, ambulating to the bathroom. A tray of food was sitting untouched on a table in his room. On 3/1/16, at 1:59 p.m. and 3:33 p.m., R26 was sitting alone in a recliner chair in his room with his eyes closed.  On 3/2/15, at 8:03 a.m. R26 was sitting at a tray table in his room. He was eating breakfast alone in the room. At 8:09 a.m., staff entered R26's room and removed his meal tray. R26 was sitting in a recliner. No television present in room, no music playing and no recreational activities present. At 11:48 a.m., R26 continued to sit in a recliner in his room in a recliner. At 10:05 a.m., staff was		

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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 COMF			SURVEY LETED
		00604	B. WING		03/0	8/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	
L ESSENTIA HEALTH NORTHERN PINES MEDIC.			IWAY 110 MN 55705			
(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
21475	Continued From pa	ge 14	21475			
	room, however, R2 p.m., family member visiting with R26 in was observed assist dining room. R26 w. On 3/4/16, at 8:35 at his room eating bree room were off and a.m., R26 was engatining room. He was staff. At 10:26 a.m. and was again sitting. On 3/2/16, at 10:41	e group in the large dining 6 was not present. At 1:17 er (FM)-D was present and his room. At 2:16 p.m., FM-D sting with bingo in the large ras sitting in his room alone.  a.m. R26 was sitting alone in akfast. The lights in R26's the shade was drawn. At 9:26 aged in a dice game in the as smiling and interacting with R26 had returned to his room and alone in a recliner.  a.m. licensed practical nurse 6 does not come out of his				
	room often, "only to once in a while." Sh time he sits in his c	be weighed and for exercise ne further stated a lot of the hair and sleeps.				
	terrible." R26 indica to things for himsel stated, "You can live further stated, "Not	a.m. R26 stated, "I'm ated he was no longer able to f that he could in the past. R26 e too long, that's me." He hing is fun anymore" and "right, I used to be." R26 added, "I be."				
	stated R26 used to She stated, "Around	a.m. activity aide (AA)-A come out of his room a lot. d six months ago, he started ow he doesn't come out."				
	used to enjoy his ha	p.m., LPN-C stated R26 appy hour but had been stated, "He doesn't seem to ore."				
	On 3/3/16, at 1:17 p	o.m. FM- D stated R26 "has				

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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 COMP	SURVEY LETED
	00604		B. WING		03/0	8/2016
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ESSENTIA HEALTH NORTHERN PINES MEDIC.			IWAY 110 MN 55705			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
21475	slowed down." FM period of "very bad stated the behavior not gotten back to stated R26 is doing visit a friend in the staff was offering to She further stated I around other peopl to die."  On 3/3/16, at 3:05 p (LSW)-A stated R2 "pretty much baseli episode last year. Sadministered the P question about hav doing things as neawas related to his pstated R26 indicated down. She stated the score to increase. Interdisciplinary teamedications to see medications to see medications that m however, IDT progra R26's increase in daddressed during the further stated the fapsychologist availar R26 to the psychologist availar R26 to the psycholo	- D stated R26 went through a behavior" last summer. She is improved but said "he has where he was before." FM- D less. She stated he used to facility all the time but was no fM-D stated she did not think to take him to see his friend. R26 gets "too little of being e" and "says he [R26] wants of the stated when she HQ-9, R26 responded to the ing little interest or pleasure in arly everyday and indicated it foor eye sight. She further the he felt more tired and feeling mose answers caused his The LSW further stated the time (IDT) looked at R26's if he was receiving any any be effecting his mood, ress notes do not indicate epression had been the medication review. She acility had a house ble but she had not referred origist, and while the LSW e visits with R26, there was no	21475			

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		00604	B. WING		03/	08/2016
	PROVIDER OR SUPPLIER	RN PINES MEDIC. 5211 HIG	DDRESS, CITY, S HWAY 110 J., MN 55705	STATE, ZIP CODE		
(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 API DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE
21475	psychosocial needs On 3/4/16, at 1:37 pstated R26 used to for meals and sit wishes stated he stopp when he was having stated while the hall was not sure if staff.  A policy titled Social indicated the facility social services to a or maintain his/her mental, or psychosolindicated the director responsible for condepartments regard consultation to allied personnel regarding emotional needs of in meeting the social further responsible and emotional needs supportive visits to SUGGESTED MET The social worker of and/or revise facility related to medically Responsible person these policies and pefforts could be made in the social worker of the social worker o	c.m., registered nurse (RN)-A come out to the dining room th the other men at the table. Deed coming "around the time of the hallucinations." She lucinations have stopped, she invited R26 out to meals.  I Services, dated June 2005, or provides medically-related social well-being. The policy or of social services was sultation with other ding programming, diprofessional health of provisions for the social and the resident, and assistance all and emotional needs of the liservices department was for identifying individual social disas well as making the resident.  IHOD OF CORRECTION: or designee, could review or policies and procedures related social services. Innel could be re-educated on procedures. Appropriate de toward supporting the	21475			
	in the deficiency, wi maintained. Other for social service no could be developed	s of the individual(s) identified ith supporting documentation residents could be evaluated eeds. An auditing system I and implemented, with the facility's Quality				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					OATE SURVEY OMPLETED	
		00604	B. WING	<del></del>	03/0	08/2016
	PROVIDER OR SUPPLIER	5211 HIG	DRESS, CITY, S	STATE, ZIP CODE		
ESSENT	IA HEALTH NORTHER	RN PINES MEDIC	, MN 55705			
(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
21475	Continued From pa	ge 17	21475			
	Assessment & Assi on-going compliance	urance committee, to ensure ce.				
	TIME PERIOD FOF (14) days.	R CORRECTION: Fourteen				
21530	MN Rule 4658.1310	O A.B.C Drug Regimen Review	21530			4/25/16
	reviewed at least m currently licensed be This review must be Appendix N of the Surveyor Procedure Requirements in Lot the Department of Health Care Finance This standard is incavailable through the system. It is not sue B. The pharma irregularities to the and the attending pomust be acted upor physician visit, or supharmacist. For purpon' means the act report and the signification of nursing services. C. If the attend with the pharmacist not provide adequate pharmacist believes being adversely after fer the matter to the attending physician. If the meattending physician is the significant of the attending physician.	en of each resident must be onthly by a pharmacist by the Board of Pharmacy. It done in accordance with State Operations Manual, as for Pharmaceutical Service ong-Term Care, published by Health and Human Services, sing Administration, April 1992. Corporated by reference. It is ne Minitex interlibrary loan bject to frequent change. It is ne Minitex interlibrary loan bject to frequent change. It is not the time of the next coner, if indicated by the purposes of this part, "acted compared to rejection of the ng or initialing by the director and the attending physician. In the attending physician does not concurt to recommendation, or does the justification, and the sthe resident's quality of life is exted, the pharmacist must the medical director for review to is not the attending edical director determines that can does not have adequate order and if the attending				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE COMP	SURVEY LETED	
		00604	B. WING		03/0	8/2016
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE	1 03/0	10/2010
_		5211 HIGI		577112, 211 0052		
ESSENT	IA HEALTH NORTHEI	AURORA	MN 55705			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT 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
21530	Continued From pa	ge 18	21530			
	must be referred fo assessment and as by part 4658.0070. the medical director must refer the matt	change the order, the matter review to the quality surance committee required If the attending physician is or, the consulting pharmacist er directly to the quality surance committee.				
	by: Based on observation review, the consultation monitoring for adversantipsychotic media monitoring and reports.	ent is not met as evidenced fon, interview and document ant pharmacist failed to ensure erse side effects of cation and nursing orders by orting elevated pulses for 1 of eviewed for unnecessary		Corrected		
	Findings include:					
	indicated R23's dia disorder, dysthymic fibrillation, cerebrov unspecified psycho	ssion Record dated 3/3/16, gnoses included delusional disorder, hypertension, atrial vascular disease, chronic pain, sis not due to substance or ical condition and orthostatic				
	3/3/16, indicated th (an antipsychotic) 2 at bedtime on 10/8/	der History from 9/3/15 to e physician ordered Zyprexa 2.5 milligrams (mg) every day /15 for psychosis. On cian increased the Zyprexa to pedtime.				
	special instructions with blood pressure	distory dated 3/3/16, indicated to monitor R23's apical pulse and update the nurse the pulse was greater than 100				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION		SURVEY PLETED	
		A. BUILDING:	A. BUILDING:			
		00604	B. WING		03/	08/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	STATE, ZIP CODE		
ESSENT	ESSENTIA HEALTH NORTHERN PINES MEDIC. 5211 HIG AURORA					
(V4) ID	SLIMMARV STA	ATEMENT OF DEFICIENCIES	-	PROVIDER'S PLAN OF COR	RECTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
21530	Continued From pa	age 19	21530			
	after a recheck of the	he pulse.				
	a tool used to assest completed on 2/28/	untary Movement Scale (AIMS, ss for tardive dyskinesia) was /15. The medical record lacked ment for adverse side effects rting the Zyprexa.				
	indicated R23 had a the following days: 1/23/16, pulse of 10 2/19/16, pulse of 10 2/24/16, pulse of 10 The medical record	05. 01. I lacked evidence of a recheck fication of the NP when the				
	Notes for the pharn R23's medications 2/16 lacked evident assess R23 for antiadverse side effect recommendation to when R23's pulse v On 3/3/16, at 12:30 pharmacist stated hassessment for tard started an antipsycladverse side effect dose of the medicadid not monitor if a assessment had be were typically done stated he would not notification to the N nursing order.	dive dyskinesia after a resident hotic medication because its can show up after the first ation. The pharmacist stated he tardive dyskinesia een completed because they it. The pharmacist further it look for R23's pulses and IP because it was a day to day	t			
	of the pulse or notification to the Notes for the pharm R23's medications 2/16 lacked evidence assess R23 for antiadverse side effect recommendation to when R23's pulse when R2	fication of the NP when the than 100.  Armacist's Resident Progress macist's monthly review of in the months of 10/15 through ce of recommendations to appropriate to a recheck and notify the NP was greater than 100.  In the consultant he would expect an dive dyskinesia after a resident thotic medication because as can show up after the first atton. The pharmacist stated he tardive dyskinesia een completed because they at the pharmacist further took for R23's pulses and				

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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 SURVEY COMPLETED		
		00604	B. WING		03/0	8/2016
	PROVIDER OR SUPPLIER	RN PINES MEDIC. 5211 HIGH	DRESS, CITY, S HWAY 110 , MN 55705	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST 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
21530	A policy for complete antipsychotic advernursing orders was there was none.  The Facility's Const Provider Requirement indicated the consuland identify one or references to facility medications and inside effects and or levels and other personal street of Nurdevelop, review, an procedures to ensuland interest of Nurdevelop, review, an procedures to ensuland interest of Nurdevelop monitors and report medications.  The Director of Nurdevelop monitoring compliance.	aths. The DON verified R23's after starting the Zyprexa.  Iting assessment for se side effects and following requested and was informed at a second s	21530			
21540	Usage; Monitoring	5 Subp. 2 Unnecessary Drug	21540			4/25/16
	monitor each reside	g. A nursing home must ent's drug regimen for usage, based on the nursing				

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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		
		00604	B. WING		03/0	8/2016
	PROVIDER OR SUPPLIER	RN PINES MEDIC. 5211 HIGI	DRESS, CITY, 9	STATE, ZIP CODE		
(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
21540	21540 Continued From page 21 home's policies and procedures, and the pharmacist must report any irregularity to the resident's attending physician. If the attending physician does not concur with the nursing home's recommendation, or does not provide adequate justification, and the pharmacist believes the resident's quality of life is being adversely affected, the pharmacist must refer the matter to the medical director for review if the medical director is not the attending physician. If the medical director determines that the attending physician does not have adequate justification for the order and if the attending physician does not change the order, the matter must be referred for review to the Quality Assurance and Assessment (QAA) committee required by part 4658.0070. If the attending physician is the medical director, the consulting pharmacist shall refer the matter directly to the QAA.  This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to ensure monitoring for adverse side effects of antipsychotic medication and nursing orders were followed by monitoring and reporting elevated pulses for 1 of 5 residents (R23) reviewed for unnecessary medications.  Findings include:  R23 was not assessed for tardive dyskinesia (adverse side effects related to the use of antipsychotic medication) after starting an antipsychotic medication. In addition, nursing orders were not followed as directed to monitor, recheck and report to the nurse practitioner (NP) pulses over 100.		21540			
				Corrected		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED	
		00604	B. WING		03/0	08/2016
	PROVIDER OR SUPPLIER	RN PINES MEDIC. 5211 HIGH	DRESS, CITY, S HWAY 110 MN 55705	STATE, ZIP CODE		
(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
21540	The Resident Admi indicated R23's diag disorder, dysthymic fibrillation, cerebrow unspecified psycho unknown physiolog hypotension.  The annual Minimu 12/9/15, indicated Fimpairment. R23 did delirium, psychosis symptoms. R23 nerof daily living (ADL's antidepressant and seven days during to The Physician's Ord 3/3/16, indicated the (an antipsychotic) 2 at bedtime on 10/8/10/13/15, the physic 5 mg every day at the An Administration Finance of the special instructions with blood pressure practitioner (NP) if the tool used to assess completed on 2/28/any further assessing prior to or after star.	ssion Record dated 3/3/16, gnoses included delusional disorder, hypertension, atrial rescular disease, chronic pain, sis not due to substance or ical condition and orthostatic m Data Set (MDS) dated R23 had severe cognitive do not have any behaviors, or change in behavior eded assistance with activities so and received an antipsychotic seven of the the assessment period.  The der History from 9/3/15 to be physician ordered Zyprexa to be physi	21540			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION  A. BUILDING: (			
			A. BOILDING	·		
		00604	B. WING		03/	08/2016
NAME OF	PROVIDER OR SUPPLIER	STREE	T ADDRESS, CITY,	STATE, ZIP CODE		
ESSENT	IA HEALTH NORTHER	RN PINES MEDIC	HIGHWAY 110			
			RA, MN 55705	T		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE)	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
21540	Continued From pa	ige 23	21540			
	2/19/16, pulse of 10 2/24/16, pulse of 10 The medical record of the pulse or notif pulse was greater t  R23 was observed from 1:15 p.m. to 1 7:15 a.m. to 8:30 a signs or symptoms discomfort, paranoi  On 3/3/16, at 9:30 a stated she tried to a monitoring quarterly done every six more	05. 01. I lacked evidence of a reche iication of the NP when the	eck 6, n ns.			
	recheck the pulse a on 12/10/14. The R nursing order. RN-0 lacked a recheck at when greater than on 3/3/16, at 9:40 a medication change fibrillation (an irregucommonly causes pintermittently went in The NP further state the pulse until it was she would expect so dyskinesia per the from 3/3/16, at 12:30 pharmacist stated hassessment for target started an antipsychia.	a.m. RN-C stated the order and notify the NP was added in stated she believed it was C verified the medical record notification of the pulse 100 to the NP.  a.m. the NP stated R23 had a history of atrial ular, often rapid heart rate the poor blood flow) which in and out but had been stated she was not worried about 120 or 130. The NP stated that the check for tardive facility's protocol.  p.m. the consultant	d s a d d d d d d d d d d d d d d d d d			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		00604		B. WING		03/0	08/2016
NAME OF PRO	VIDER OR SUPPLIER				STATE, ZIP CODE		
ESSENTIA H	HEALTH NORTHER	RN PINES MEDIC	5211 HIGH AURORA	MN 55705			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
do Or wood AI Or ins profession (Net an or the SI The deprined profession and the SI The depiper profession and the SI The deprined profession and the SI Th	could expect tardiverse every six monims was not done on 3/4/16, at 11:10 structions to monimessures and update attention. The RN IA) should be rechalling the nurse where an 100.  In 3/4/16, at 11:15 PN)-B stated after e NAs give the vitte ocument in the medication of the energy of the vitter of the energy of	_	ring to be ed R23's prexa.  e blood se was pulse was pulse was pulse was get the pertensive assistants dor greater  cal nurse vital signs nurse to PN stated er than 100 ollowing informed  FION: ald and tions are ald cies and ald	21540			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		00604	B. WING		03/0	8/2016
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ESSENT	IA HEALTH NORTHEI	RN PINES MEDIC, 5211 HIGI AURORA	HWAY 110 , MN 55705			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
21540	Continued From pa	age 25	21540			
	TIME PERIOD FOI (21) days.	R CORRECTION: Twenty-one				
21980	MN St. Statute 626 Maltreatment of Vu	.557 Subd. 3 Reporting - Inerable Adults	21980			4/25/16
	reporter who has revulnerable adult is lor who has knowled has sustained a phreasonably explaininformation to the cindividual is a vulne the individual is adreporter is not requ	of report. (a) A mandated eason to believe that a being or has been maltreated, dge that a vulnerable adult ysical injury which is not ed shall immediately report the common entry point. If an erable adult solely because mitted to a facility, a mandated ired to report suspected e individual that occurred prior ss:				
	another facility and believe the vulnera previous facility; or (2) the reporter k that the individual is in section 626.5572 (b) A person not provisions of this sas described above (c) Nothing in thi known or suspecte knows or has reaso been made to the c (d) Nothing in thi reporter from also ragency.  (e) A mandated reporter from the control of the	as admitted to the facility from the reporter has reason to ble adult was maltreated in the knows or has reason to believe a vulnerable adult as defined 2, subdivision 21, clause (4). required to report under the section may voluntarily report as section requires a report of d maltreatment, if the reporter on to know that a report has common entry point. It is section shall preclude a reporting to a law enforcement reporter who knows or has not a law enforce				

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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	
		00604	B. WING		03/0	8/2016
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY,	STATE, ZIP CODE	1 00/0	0/2010
ESSENT	TA HEALTH NORTHE	RN PINES MEDIC:	HWAY 110 A, MN 55705			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
21980	626.5572, subdivis (5), occurred must subdivision. If the time believes that a agency will determit the reported error with the criteria under s 17, paragraph (c), facility may provide directly to the lead how the event mee 626.5572, subdivis (5). The lead ager information when not the report under sufficiently failed to enswere thoroughly investigation for 3 cm who sustained bruin Findings include:  R25's quarterly Mir 1/4/16, indicated R impairment, was so sometimes understassist of one with the personal hygiene, rewith transfers, and wheelchair locomo indicated R25 had	ion 17, paragraph (c), clause make a report under this reporter or a facility, at any an investigation by a lead ine or should determine that was not neglect according to ection 626.5572, subdivision clause (5), the reporter or e to the common entry point or agency information explaining at the criteria under section ion 17, paragraph (c), clause ncy shall consider this making an initial disposition of abdivision 9c.  The tis not met as evidenced and document review, the sure injuries of unknown origin westigated and/or immediately the agency prior to an of 4 residents (R25, R11, R16) ses of unknown origin.  The time Data Set (MDS) dated 25 had a severe cognitive ometimes understood and tood others, required extensive over mobility, dressing, and required extensive assist of two required total assistance for tion. R25's MDS further		Corrected		

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		00604	B. WING		03/08/2016	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ESSENT	IA HEALTH NORTHE	RN PINES MEDIC. 5211 HIGH AURORA,	MN 55705			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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
21980	Continued From pa	ge 27	21980			
	the skin folds cause	(red rash-like inflammation in ed by friction, increased e), dementia and edema				
	loss and dementia 9/28/15, indicated F needs known, had	ssessment (CAA) for cognitive for assessment date of R25 was unable to make decreased balance with an or walk safely, and was at alls.				
	R25's care plan for skin, edited 11/21/15, identified a potential for alteration in skin integrity with edema, skin rashes and irritations, and history of scabs and open areas, though did not address risk of bruising. R25's care plan for psychosocial well-being created 10/22/15, indicated R25 was at risk for being unable to make her needs known, falls, and increased confusion. The goal was for R25 to be safe in the environment.					
	12/1/15, indicated F words but unable to appropriately due to physician's docume any new skin conce practice visit note d	rsing home visit note dated R25 was able to speak a few answer questions advanced dementia. The entation indicated staff denied erns. The physician's family lated 1/4/16, indicated R25 verbal responses and had no				
	indicated R25 had R25's skin docume	ntation dated 12/13/15, redness on the arm and elbow. ntation dated 12/1/15 through R25's skin was clear and bruising.				
	An incident report of	lated 12/13/15, at 10:45 a.m.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		00604	B. WING	·····	03/0	08/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE		
ESSENT	IA HEALTH NORTHER	RN PINES MEDIC	HWAY 110			
	I	AURORA	, MN 55705			
(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
21980	21980 Continued From page 28					
	area on the top of the that morning. The had possibly bumped The Investigation of form dated 12/13/15 on the top of the riginvestigation form is and medical conditional dependent transfers indicated the cause to be determined as verbalize the cause investigation form is bumped it on the lift bumping it on the lift entry on the investigation form and investigation form is	noticed to have a red/bruised he right arm when gotten up incident report indicated R25 ed the arm on a table or lift. Injury of Unknown Origin 5, indicated R25 had a bruise that arm and wrist. The dentified pertinent diagnoses ons of dementia and s. The investigation form of R25's bruise was unable and R25 was unable to of the bruise. The indicated R25 could have the bullet of the table. An undated gation form indicated R25 had mping arm on the table. The injury of unknown origin acked notification of the state of unknown origin prior to				
	indicated R11 had s was sometimes und understood others. R25 required exten bed mobility, transforequired extensive wheelchair locomot hygiene, had no fall R11's Resident Adn indicated R11's diag severe chronic kidn history of falling.	ange MDS dated 1/4/16, severe cognitive impairment, derstood and sometimes R11's MDS further indicated sive assistance of two staff for ers, and toilet use, and assistance of one assist for ion, dressing and personal is, and no behaviors.  nission Record printed 3/7/16, gnoses included dementia, ey disease, anemia, and itive loss and dementia for 2/29/15, indicated R11 had a				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		
	00604	B. WING		02/09/2016	
				03/08/2016	
NAME OF PROVIDER OR SU		T ADDRESS, CITY, \$ <b>HIGHWAY 110</b>	STATE, ZIP CODE		
ESSENTIA HEALTH NO	RIHERN PINES MEDIC:	RA, MN 55705			
PREFIX (EACH DEF	ARY STATEMENT OF DEFICIENCIES ICIENCY MUST BE PRECEDED BY FULL RY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETI	
for disoriental R11's care prindicated R1 dementia. Robserve legalinjury, and to skin impairm unexplained Physician's range 10/8/15, and concerns du A review of rathrough 5/14 involving bru progress not did not indicated bruising or in R11's skin docume 11/22/15, incompared 11/17/15, at An incident raindicated R1 forearm means The Investigated 5/7/15 on 5/6/15 at indicated R1 wheelchair the agitated and investigation	ety awareness which put R11 at rition, pain, and decline in function.  an for safety edited 4/13/15,  had a potential for injury related 11's care plan directed staff to positioning when at the table to aviant monitor for any unexplained bruisents, allegations, or other njury.  ursing home notes dated 6/30/15 12/3/15, indicated R11 had no sking any of the visits.  ursing progress notes dated 5/1/1 (15, did not indicate any incidents sing for R11. A review of nursing sest dated 11/7/15 through 11/22/15 the evidence of incidents involving intry of unknown origin.  Incumentation from 5/1/15 through incided R11 had bruising on a leg of a service of a leg of the cated R11 had bruising on a leg of the cated R11 had b	to bid es, in 5 , 1's on 1. d eas le	DEFICIENCY)		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		00604	B. WING		03/0	08/2016
	PROVIDER OR SUPPLIER	RN PINES MEDIC. 5211 HIGI	DRESS, CITY, S HWAY 110 , MN 55705	STATE, ZIP CODE		
(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
21980	the cause of the injuly elopement attempts attempted to leave between the closed report and injury of form lacked notificatinjury of unknown of an incident report of indicated R11 had a inner knee measuring report referred to the line late of the line late of the line late of the late of the late of the late of the bruise and R into things. The incurrence of the bruise and R into things. The incurrence of the late of the bruise and R into things. The incurrence of the late of the l	ury was determined to be son 5/5/15, as resident had and was getting stuck in double doors. The incident unknown origin investigation ation of the state agency of the rigin prior to investigation.  Lated 11/15/15, at 8:00 p.m. a purple area found to the lefting 6 cm x 2 cm. The incident investigation. The rry of Unknown Origin dated R11 did not know what had The investigation form propelled in the wheelchair and R11's investigation form gation was complete, and the that the table legs and arm neight for location and nature 11 had a history of bumping cident report and injury of estigation form lacked rate agency of the injury of				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION		E SURVEY PLETED	
		00604	B. WING	<del></del>	03/	08/2016
	PROVIDER OR SUPPLIER	RN PINES MEDIC. 5211 HIG	DDRESS, CITY, S' HWAY 110  , MN 55705	TATE, ZIP CODE	-	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
21980	unknown injury to a patterns of injuries.  R16's annual MDS was moderately cogextensive assistant living. The MDS fur no behaviors direct behaviors such as land no rejection of 2/1/16, indicated shand picks at her chibleeding under the indicated she receivation that bruised earlies and picks at her chibleeding under the indicated she receivation that bruised earlies and picks at her chibleeding under the indicated she receivation that bruised earlies are center Incide 5/29/15 to 2/21/16, reports related to bious 15/29/15, staff note chest measuring 1/Staff investigated the was "likely" caused sling. The injury was agency.  - 7/8/15, R16 had a measuring approximinvestigated and decaused from R16 "pinjury was not report report of the cause of injury indicated R16 "ofter The injury was not region 1/9/20/15, R16 had her left cheek. Staffinjury as "could pote the cause of injury as "	dated 12/15/15 indicated she gnitively impaired and required se with all activities of daily ther indicated R16 displayed ed at self, including physical hitting or scratching her self, care. R16's care plan dated he was often resistive to cares est to the point of bruising and skin. The care plan further yed aspirin and had fragile				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
00604		00604	B. WING		03/08/2016		
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
ESSENT	TIA HEALTH NORTHE	RN PINES MEDIC.					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ON SHOULD BE COMPLETE HE APPROPRIATE DATE		
21980	STREET ADDRIVED STREET ADDRIVE		21980				

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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	
00604		B. WING	B. WING		03/08/2016		
NAME OF	PROVIDER OR SUPPLIER		ADDRESS, CITY.	STATE. ZIP CODE	03/	50/2010	
ESSENT	STREET ADDRESS, CITY, STATE, ZIP CODE  5211 HIGHWAY 110  AURORA, MN 55705						
(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 COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE	
21980	Continued From pa	age 33	21980				
	p.m., the DON state well." The DON furt personality changes On 3/3/16, at 12:38 stated when determ considered suspicion extent of the bruising an altercation with a whether the resider injury was related to not feel any of R16 nature. On 3/4/16, at 9:30 a stated R16 can be seen as the state of the state	nt interview on 3/3/16, at 12:3 ed, "We know [R16] really ther stated R16 "has s if someone is bothering her. It is p.m., registered nurse (RN)-nining whether a bruise was bus in nature, staff look at the ng and investigate if there was another resident, a lab draw, nt was in the facility or whether o cares. RN-C stated she did 's bruises were suspicious in a.m., nursing assistant (NA)-ha little resistive to cares. She " around in her chair and may	" C s r				
	never really seen half."	objects. NA-H stated, "I've er [R16] pick at her upper					
	stated R16 is resist	tive to care at times and will tr away, but had not observed	у				
	noticed R16 will flai	B a.m. RN-A stated she has il her arms when she is ed R16's bruises were often					
	cognitively impaired on her neck and ch large bruises on he unable to verbalize occurred, there was	identified to be moderately d, and had a pattern of bruise test area, as well as other upper extremities, and was how the bruising had s no in depth investigation mine the actual cause of R16					

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		(X1) PROVIDER/SUPPLII IDENTIFICATION NU		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		00604		B. WING		03/	08/2016	
NAME OF PROVIDER OR SUPPLIER  ESSENTIA HEALTH NORTHERN PINES MEDIC.  5211 HIGHWAURORA, M					STATE, ZIP CODE			
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	(X5) COMPLETE DATE		
bruisir notifie unknot state at a	d of the bruis wn origin we agency.  Ity policy labe am, undated, served with us, abrasions, e) the nurse sete and Investor Source for is identified to observed bury could not e injury is sured at one pance of injurie ted when an able, the facine will report of nurse facility to abuse proper facility of the injury is for could be revise facility of the injury is for could be revise facility of the injury is for abuse proper facility of the injury is the injury is for the injury is for the injury is for each of the injury is for each	while the administratories, none of the injuriere reported immediate led Abuse Prevention indicated: "should a nexplained injuries of unknown and injuries of inju	es of tely to the in resident including own ust f nown e injury source of resident;", "the injuries or the icy further source is is/her.  TION: ald review dures ole se policies in could be cies, with An defacility's nittee, to	21980				

6899

Minnesota Department of Health STATE FORM

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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				
00604		B. WING		03/08/2016					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE									
ESSENTIA HEALTH NORTHERN PINES MEDIC. 5211 HIGHWAY 110 AURORA, MN 55705									
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETE DATE			
21980	Continued From pa (14) days.	age 35	21980						

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