DEPARTMENT OF H	IEALTH A	ND HUMAN	SERVICES			CENTERS FOR M	IEDICARE & MEDIC	CAID SERVICES
						AND TRANSMITTAL		D: ZT8Y
		PART I	- TO BE COMP	PLETED BY T	THE STA	TE SURVEY AGENCY	F	Facility ID: 00302
1. MEDICARE/MEDICAID	PROVIDER NO		3. NAME AND AI (L3) COLONIAL			ME	4. TYPE OF ACTION	: <u>7 (</u> L8)
(L1) 245572 2.STATE VENDOR OR MED	ICAID NO		(L4) 403 COLON				1. Initial	2. Recertification
(L2) 075487000			(L5) LAKEFIEL	D, MN		(L6) 56150	3. Termination 5. Validation	 CHOW Complaint
5. EFFECTIVE DATE CHAI	NGE OF OWNE	RSHIP	7. PROVIDER/SU	PPLIER CATEGO	RY	<u>02</u> (L7)	7. On-Site Visit	9. Other
(L9)			01 Hospital	05 HHA	09 ESRD	13 PTIP 22 CLIA	8. Full Survey After Co	omplaint
6. DATE OF SURVEY	08/12/2013	(L34)	02 SNF/NF/Dual	06 PRTF	10 NF	14 CORF		
8. ACCREDITATION STAT	'US:	(L10)	03 SNF/NF/Distinct	07 X-Ray	11 ICF/IID	15 ASC	FISCAL YEAR ENDING	G DATE: (L35)
0 Unaccredited 2 AOA	1 TJC 3 Other		04 SNF	08 OPT/SP	12 RHC	16 HOSPICE	12/31	
11LTC PERIOD OF CERTI	FICATION		10.THE FACILITY	IS CERTIFIED AS	S:			
From (a):			A. In Complia	nce With		And/Or Approved Waivers Of T	The Following Requirements:	
To (b):				Requirements nee Based On:		2. Technical Personnel	6. Scope of Serv	
12.Total Facility Beds		37 (L18)		Acceptable POC		3. 24 Hour RN 4. 7-Day RN (Rural SN	 T. Medical Direction (F) 8. Patient Room 	
		51				5. Life Safety Code	9. Beds/Room	
13.Total Certified Beds		37 ^(L17)		mpliance with Prog ents and/or Applied		* Code: A*	(L12)	
14. LTC CERTIFIED BED B	REAKDOWN					15. FACILITY MEETS		
18 SNF	8/19 SNF	19 SNF	ICF	IID		1861 (e) (1) or 1861 (j) (1):	(L15)	
	37							
(L37)	(L38)	(L39)	(L42)	(L43)				
16. STATE SURVEY AGEN	CY REMARKS	(IF APPLICABL	E SHOW LTC CANC	ELLATION DATE):			
						pliance with Federal Certif	ication Regulations.	Please refer to the
CMS 2567B. The 1		rtified for 37		acility beds ef	fective A	ugust 12, 2013. 18. STATE SURVEY AGENCY		Date:
17. SURVETOR SIGNATU	XE.		Date :			18. STATE SURVET AGENCT	APPROVAL	Date:
Mary Whitelo	ck, HFE I	NEII	08	/20/2013	(L19)	Colleen B. Leach,	Program Special	ist 12/19/2013 (L20)
	PAR	T II - TO BE	COMPLETED	BY HCFA RI	EGIONA	L OFFICE OR SINGLE ST	FATE AGENCY	
19. DETERMINATION OF I	ELIGIBILITY			MPLIANCE WITH GHTS ACT:	CIVIL		ancial Solvency (HCFA-2572) rol Interest Disclosure Stmt (He	(FA-1513)
X 1. Facility is I	Eligible to Partici	pate		onio ne i.		3. Both of the Abov		
2. Facility is	not Eligible	(L21)						
		(111)				1		
22. ORIGINAL DATE	23	3. LTC AGREEM	ENT 2	4. LTC AGREEM	IENT	26. TERMINATION ACTION:	(L30)
OF PARTICIPATION		BEGINNING	DATE	ENDING DAT	Έ		<u>INVOLUN</u>	
05/01/1991						01-Merger, Closure 02-Dissatisfaction W/ Reimbursen		leet Health/Safety
(L24)		(L41)		(L25)		03-Risk of Involuntary Terminatio	n	leet Agreement
25. LTC EXTENSION DAT	ГЕ: 27	A Sugnancian	VE SANCTIONS			04-Other Reason for Withdrawal	OTHER	Status Change
		A. Suspension	of Admissions.	(L44)			00-Active	Status Change
	(L27)	B. Rescind Sus	pension Date:					
				(L45)				
28. TERMINATION DATE:		29	. INTERMEDIARY/	CARRIER NO.		30. REMARKS		
			00322					
		(L28)			(L31)	Posted 1/7/2014	ML ZT8Y	
31. RO RECEIPT OF CMS-1	539	32	DETERMINATION	OF APPROVAL D	ATE			
	-		08/27/2013					

(L33)

DETERMINATION APPROVAL

(L32)



Protecting, Maintaining and Improving the Health of Minnesotans

Medicare Provider # 24-5572

December 19, 2013

Ms. Patrice Goette, Administrator Colonial Manor Nursing Home 403 Colonial Avenue Lakefield, Minnesota 56150

Dear Ms. Goette:

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 August 12, 2013, the above facility is certified for:

37 Skilled Nursing Facility/Nursing Facility Beds

Your facility's Medicare approved area consists of all 37 skilled nursing facility beds.

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

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

Please contact me if you have any questions.

Sincerely,

Colleen Jeach

Colleen B. Leach, Program Specialist Program Assurance Unit, Licensing and Certification Program Division of Compliance Monitoring Minnesota Department of Health P.O. Box 64900, St. Paul, MN 55164-0900 Telephone #: (651)201-4117 Fax #: (651)215-9697

cc: Licensing and Certification File

Colonial Manor Nursing Home December 19, 2013 Page 2



Protecting, Maintaining and Improving the Health of Minnesotans

August 20, 2013

Ms. Patrice Goette, Administrator Colonial Manor Nursing Home 403 Colonial Avenue Lakefield, Minnesota 56150

RE: Project Number S5572022

Dear Ms. Goette:

On July 16, 2013, we informed you that we would recommend enforcement remedies based on the deficiencies cited by this Department for a standard survey, completed on June 27, 2013. This survey found the most serious deficiencies to be widespread deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level F) whereby corrections were required.

On August 12, 2013, the Minnesota Department of Health completed a Post Certification Revisit (PCR) and on August 2, 2013 the Minnesota Department of Public Safety completed a PCR to verify that your facility had achieved and maintained compliance with federal certification deficiencies issued pursuant to a standard survey, completed on June 27, 2013. We presumed, based on your plan of correction, that your facility had corrected these deficiencies as of August 12, 2013. Based on our PCR, we have determined that your facility has corrected the deficiencies issued pursuant to our standard survey, completed on June 27, 2013, effective August 12, 2013 and therefore remedies outlined in our letter to you dated July 16, 2013, will not be imposed.

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

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

Feel free to contact me if you have questions.

Sincerely,

Shellae Dietrich

Shellae Dietrich, Program Specialist Licensing and Certification Program Division of Compliance Monitoring Telephone: (651) 201-4106 Fax: (651) 215-9697

Enclosure

cc: Licensing and Certification File

5572r113.rtf

Post-Certification Revisit Report

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

(Y1)	Provider / Supplier / CLIA / Identification Number 245572	(Y2) Multiple Construction A. Building B. Wing		(Y3) Date of Revisit 8/12/2013
Name	of Facility		Street Address, City, State, Zip Code	
CC	LONIAL MANOR NURSING HOME		403 COLONIAL AVENUE	
			LAKEFIELD, MN 56150	

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

(Y4) Item	(Y5	i) Date	(Y4) Item	(Y5)	Date (Y	4) Item	(Y5)	Date
		Correction			Correction			Correction
ID Prefix	F0329	Completed 08/12/2013	ID Prefix	F0428	Completed 08/12/2013	ID Prefix		Completed
Reg. #	483.25(1)	_	Reg. #	483.60(c)	-	Dec #		
LSC		-	LSC			LSC		_
		0 11			0 //			
		Correction Completed			Correction Completed			Correction Completed
ID Prefix			ID Prefix			ID Prefix		Completed
Reg. #			Reg. #			Reg. #		
LSC		_	LSC		-	LSC		_
		Correction			Correction			Correction
		Completed			Completed			Completed
ID Prefix		-	ID Prefix		-	ID Prefix		
Reg. #		_	Reg. #			Reg. #		
LSC		_	LSC			LSC		_
		Correction			Correction			Correction
		Completed			Completed			Completed
ID Prefix		_	ID Prefix		-	ID Prefix		_
Reg. #		_	Reg. #			Reg. # LSC		_
LSC		_	LSC			LSC		_
		Correction			Correction			Correction
		Completed			Completed			Completed
ID Prefix		_	ID Prefix		-	ID Prefix		
Reg. # LSC			Reg. # LSC			Reg. #		_
		_	LSC					
Reviewed By	Reviewed	Ву	Date:	Signature of Surve	eyor:		Date:	
State Agency	/ KS/sc	1	08/20/1	.3 28	3588		08	/12/13
Reviewed By	Reviewed	Ву	Date:	Signature of Surve	eyor:		Date:	
CMS RO								
Followup to	Survey Completed on:			-		ciencies. Was a Summary of		
	6/27/2013			Uncorrecte	a Deficiencies (Cl	MS-2567) Sent to the Facility?	YES	NO

Post-Certification Revisit Report

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

(Y1)	Provider / Supplier / CLIA / Identification Number 245572	(Y2) Multiple Construction A. Building B. Wing O1 - MA	N BUILDING 01	(Y3) Date of Revisit 8/2/2013
Name	of Facility		Street Address, City, State, Zip Code	
CC	DIONIAL MANOR NURSING HOME		403 COLONIAL AVENUE LAKEFIELD, MN 56150	

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

(Y4) Item		(Y5)	Date	(Y4)	Item	(Y5)	Date	(Y4)	ltem		(Y5)	Date
			Correction				Correction					Correction
ID Prefix			Completed 07/08/2013		ID Prefix		Completed		ID Prefix			Completed
	NFPA 101		0110012010		Reg. #				Reg. #			
•	K0052						-					
							•	+-				
			Correction				Correction					Correction
ID Prefix			Completed		ID Prefix		Completed		ID Prefix			Completed
Reg. #					Reg. #		-		Reg. #			
LSC					LSC		-					
			Correction				Correction					Correction
			Correction Completed				Correction Completed					Correction Completed
ID Prefix					ID Prefix		-		ID Prefix			
Reg. #					Reg. #		_		Reg. #			
LSC					LSC				LSC			
			Correction				Correction					Correction
			Completed				Completed					Completed
ID Prefix					ID Prefix _		-		ID Prefix			
Reg. #					Reg. #		-		Reg. #			
LSC					LSC		-		LSC			
			Correction				Correction					Correction
			Completed				Completed					Completed
ID Prefix							-					
Reg. # LSC					Reg. # LSC				Reg. #			
Reviewed By	/ Review	ved E	By	Da	te:	Signature of Surve	yor:				Date:	
State Agenc	y PS	S/sd			08/20/13	258	22				08	3/02/13
Reviewed By	/ Review	ved E	By	Da	te:	Signature of Surve	yor:				Date:	
CMS RO												
Followup to	Survey Completed on					Check for any				•		
	6/27/2013					Uncorrecte	a Deficiencies		5-2567) Sent t	o the Facility?	YES	NO



Protecting, Maintaining and Improving the Health of Minnesotans

August 20, 2013

Ms. Patrice Goette, Administrator Colonial Manor Nursing Home 403 Colonial Avenue Lakefield, Minnesota 56150

Re: Enclosed Reinspection Results - Project Number S5572022

Dear Ms. Goette:

On August 12, 2013 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 June 27, 2013 with orders received by you on July 22, 2013. At this time these correction orders were found corrected and are listed on the attached Revisit Report Form.

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

Please feel free to call me with any questions.

Sincerely,

Shellae Dietrich

Shellae Dietrich, Program Specialist Licensing and Certification Program Division of Compliance Monitoring Telephone: (651) 201-4106 Fax: (651) 215-9697

Enclosure(s)

cc: Original - Facility Licensing and Certification File

5572r113lic.rtf

State Form: Revisit Report

(Y1)	Provider / Supplier / CLIA / Identification Number 00302	(Y2) Multiple Construction A. Building B. Wing		(Y3) Date of Revisit 8/12/2013
Name	of Facility		Street Address, City, State, Zip Code	
CC	LONIAL MANOR NURSING HOME		403 COLONIAL AVENUE LAKEFIELD, MN 56150	

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).

(Y4) Item	(Y5) Date	(Y4)	Item	(Y5)	Date	(Y4)	ltem	(Y	(5) D	ate
ID Prefix	24520	Correction Completed 08/12/2013		D Prefix	24535	Correction Completed 08/12/2013		ID Prefix	21540		Correction Completed 08/12/2013
		_	'			_					-
-	MN Rule 4658.1310 A.B.C			-	MN Rule4658.1315 Subp.1			•	MN Rule 4658.13	-	2
		-		200		-	+-				-
		Correction				Correction					Correction
		Completed				Completed					Completed
ID Prefix		_	1	D Prefix		-		ID Prefix			-
Reg. #		_		Reg. #		_		Reg. #			_
LSC		-		LSC		-		LSC			-
		Correction				Correction					Correction
ID Prefix		Completed	1	D Prefix		Completed		ID Prefix			Completed
Reg. #				Reg. #				Reg. #			
LSC		-				-					-
		-	1			-	+-		-		-
		Correction				Correction					Correction
		Completed				Completed					Completed
ID Prefix		_		D Prefix		-		ID Prefix			-
Reg. #		_		Reg. #		-		Reg. #			-
LSC		-		LSC			⊢_	LSC			-
		Correction				Correction					Correction
		Completed				Completed					Completed
ID Prefix		_	1	D Prefix		_		ID Prefix			_
Reg. #				Reg. #				Reg. #			
LSC		-		LSC		-		LSC			-
Reviewed By	Reviewed	Ву	Date		Signature of Surve	eyor:				Date:	
State Agency	KS/sd		0	8/20/1	_	-				08/1	2/13
Reviewed By			Date		Signature of Surve					Date:	
CMS RO		-				-					
Followup to	Survey Completed on:				Check for any	Uncorrected D	eficie	ncies Was	a Summary of		
	6/27/2013				-				to the Facility?	YES	NO
STATE FORM	1: REVISIT REPORT (5/99)			Page 1 of 1				Event ID: ZT	8Y12	

DEPARTMENT OF HEALTH A	ND HUMAN	SERVICES			CENTERS FOR MEDICARE & MEDICAID SERVICES
	MEDIC	CARE/MEDICA	ID CERTIFIC	ATION	AND TRANSMITTAL ID: ZT8Y
	PART I	- TO BE COMP	LETED BY T	HE STA	TE SURVEY AGENCY Facility ID: 00302
1. MEDICARE/MEDICAID PROVIDER NO. (L1) 245572).	3. NAME AND AI (L3) COLONIAL			4. TYPE OF ACTION: <u>2</u> (L8) 1. Initial 2. Recertification
2.STATE VENDOR OR MEDICAID NO.		(L4) 403 COLON	IAL AVENUE		3. Termination 4. CHOW
(L2) 075487000		(L5) LAKEFIEL	D, MN		(L6) 56150 5. Validation 6. Complaint
5. EFFECTIVE DATE CHANGE OF OWNE	RSHIP	7. PROVIDER/SU	PPLIER CATEGO	RY	02 (L7) 7. On-Site Visit 9. Other 8. Full Survey After Complaint 9. Other 9. Other 9. Other
(L9)		01 Hospital	05 HHA	09 ESRD	13 PTIP 22 CLIA
6. DATE OF SURVEY 06/27/20		02 SNF/NF/Dual	06 PRTF	10 NF	14 CORF FISCAL YEAR ENDING DATE: (L35)
8. ACCREDITATION STATUS:	(L10)	03 SNF/NF/Distinct	07 X-Ray	11 ICF/III	D 15 ASC
0 Unaccredited 1 TJC 2 AOA 3 Other		04 SNF	08 OPT/SP	12 RHC	16 HOSPICE 12/31
11LTC PERIOD OF CERTIFICATION		10.THE FACILITY	IS CERTIFIED AS	ð:	
From (a):		A. In Complia	nce With		And/Or Approved Waivers Of The Following Requirements:
To (b):			Requirements		2. Technical Personnel6. Scope of Services Limit
12 Tetel Feelline Dede	25 (1.19)	-	ice Based On:		3. 24 Hour RN7. Medical Director 4. 7-Day RN (Rural SNF)8 Patient Room Size
12.Total Facility Beds	37 (L18)	1.	Acceptable POC		4. 7-Day KN (Rural SNF)8. Patient Room Size 5. Life Safety Code 9. Beds/Room
13.Total Certified Beds	37 (L17)		mpliance with Programts and/or Applied		
		Kequitein	ents and/or Applied	warvers.	* Code: B * (L12)
14. LTC CERTIFIED BED BREAKDOWN					15. FACILITY MEETS
18 SNF 18/19 SNF	19 SNF	ICF	IID		1861 (e) (1) or 1861 (j) (1): (L15)
37					
(L37) (L38)	(L39)	(L42)	(L43)		
16. STATE SURVEY AGENCY REMARKS	(IF APPLICABL	E SHOW LTC CANC	ELLATION DATE):	
See Attached Remarks					
17. SURVEYOR SIGNATURE		Date :			18. STATE SURVEY AGENCY APPROVAL Date:
Robyn Woolley, HFE N	NE II		07/30/2013	(L19)	Shellae Dietrich, Program Specialist 08/26/2013
PAR	T II - TO BE	COMPLETED	BV HCFA RE		L20
19. DETERMINATION OF ELIGIBILITY			MPLIANCE WITH GHTS ACT:	CIVIL	 Statement of Financial Solvency (HCFA-2572) Ownership/Control Interest Disclosure Stmt (HCFA-1513)
 Facility is Eligible to Partic 	ipate				3. Both of the Above :
2. Facility is not Eligible	(L21)				
					1
22. ORIGINAL DATE 2	3. LTC AGREEM		4. LTC AGREEM	ENT	26. TERMINATION ACTION: (L30)
OF PARTICIPATION	BEGINNING	DATE	ENDING DAT	Е	VOLUNTARY <u>00</u> <u>INVOLUNTARY</u>
05/01/1991					01-Merger, Closure 05-Fail to Meet Health/Safety 02-Dissatisfaction W/ Reimbursement 06-Fail to Meet Agreement
(L24)	(L41)		(L25)		02-Dissatisfaction W/ Reimbursement 06-Fail to Meet Agreement 03-Risk of Involuntary Termination
25. LTC EXTENSION DATE: 2		VE SANCTIONS			OTHER OTHER
	A. Suspension	n of Admissions:	(1.44)		04-Other Reason for Withdrawai 07-Provider Status Change 00-Active
(L27)	B. Rescind Sus	spension Date:	(L44)		
		*	(L45)		
28. TERMINATION DATE:	29	. INTERMEDIARY/	CARRIER NO.		30. REMARKS
	(L28)	00322		(L31)	ML Posted 8/27/2013
	(120)			(LJ1)	
31. RO RECEIPT OF CMS-1539	32	. DETERMINATION	OF APPROVAL D	ATE	
	(L32)			(L33)	DETERMINATION APPROVAL

DEPARTMENT OF HEALTH AND I	IUMAN SERVICES	CENTERS FOR MEDICAR	CENTERS FOR MEDICARE & MEDICAID SERVICES			
	MEDICARE/MEDICAID CERTIFICATION A	AND TRANSMITTAL	ID: ZT8Y			
	PART I - TO BE COMPLETED BY THE STAT	FE SURVEY AGENCY	Facility ID: 00302			
C&T REMARKS - CMS 1539 FORM	STATE AGENCY REMARKS					

CCN# 24-5572

At the time of the standard survey completed June 27, 2013, the facility was not in substantial compliance and the most serious deficiencies were found to be widespread deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level F) whereby corrections were required. The facility has been given an opportunity to correct before remedies are imposed. See attached CMS-2567 for survey results. Post Certification Revisit to follow.



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7011 2000 0002 5143 3168

July 16, 2013

Ms. Patrice Goette, Administrator Colonial Manor Nursing Home 403 Colonial Avenue Lakefield, Minnesota 56150

RE: Project Number S5572022

Dear Ms. Goette:

On June 27, 2013, a standard survey was completed at your facility by the Minnesota Departments of Health and Public Safety to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

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

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

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

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

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

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

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

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

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

DEPARTMENT CONTACT

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

Susanne Reuss Minnesota Department of Health P.O. Box 64900 St. Paul, Minnesota 55164-0900

Telephone: (651) 201-3793

Fax: (651) 201-3790

OPPORTUNITY TO CORRECT - DATE OF CORRECTION - REMEDIES

As of January 14, 2000, CMS policy requires that facilities will not be given an opportunity to correct before remedies will be imposed when actual harm was cited at the last standard or intervening survey and also cited at the current survey. Your facility does not meet this criterion. Therefore, if your facility has not achieved substantial compliance by August 6, 2013, the Department of Health will impose the following remedy:

• State Monitoring. (42 CFR 488.422)

In addition, the Department of Health is recommending to the CMS Region V Office that if your facility has not achieved substantial compliance by August 6, 2013 the following remedy will be imposed:

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

PLAN OF CORRECTION (PoC)

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

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

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

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

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

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

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

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Colonial Manor Nursing Home July 16, 2013 Page 4

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

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

Original deficiencies not corrected

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

Original deficiencies not corrected and new deficiencies found during the revisit

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

Original deficiencies corrected but new deficiencies found during the revisit

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

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

If substantial compliance with the regulations is not verified by September 27, 2013 (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.

Colonial Manor Nursing Home July 16, 2013 Page 5

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by December 27, 2013 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

INFORMAL DISPUTE RESOLUTION

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

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

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

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

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

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

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

Telephone: (651) 201-7205

Fax: (651) 215-0541

Colonial Manor Nursing Home July 16, 2013 Page 6

Feel free to contact me if you have questions.

Sincerely,

Shellae Dietrich

Shellae Dietrich, Program Specialist Licensing and Certification Program Division of Compliance Monitoring Telephone: (651) 201-4106 Fax: (651) 215-9697

Enclosure

cc: Licensing and Certification File

5572s13.rtf

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 · ·	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		245572	B. WING		06/27/2013
AME OF P	ROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CODE	· · · · · · · · · · · · · · · · · · ·
OLONI	AL MANOR NURSING	HOME		403 COLONIAL AVENUE LAKEFIELD, MN 56150	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION
F 000	INITIAL COMMENT	S	F 000	, RECEIVI	
	WILL SERVE AS Y COMPLIANCE UPO ACCEPTANCE. YC	AN OF CORRECTION (POC) OUR ALLEGATION OF ON THE DEPARTMENT'S OUR SIGNATURE AT THE FIRST PAGE OF THE		JUL 2 9 2013 COMPLIANCE MONITORING LICENSE AND CERTIFIC	DIVISION
F 329	CMS-2567 FORM V VERIFICATION OF UPON RECEIPT O AN ONSITE REVIS BE CONDUCTED 1 SUBSTANTIAL CO REGULATIONS HA ACCORDANCE WI	VILL BE USED AS COMPLIANCE. F AN ACCEPTABLE POC, IT OF YOUR FACILITY MAY TO VALIDATE THAT MPLIANCE WITH THE AS BEEN ATTAINED IN TH YOUR VERIFICATION. EGIMEN IS FREE FROM	7 30 13 SER F 32	This will be corrected for residents R11, R10, and R9 with the implementation of a new psy monitoring form (Behavior/Intervention Mont Record) that will be implemented and complet licensed nurse on every shift for as long as the	document ntions for dications. R37, R46 chotropic hly Flow ed by the e resident
	unnecessary drugs. drug when used in a duplicate therapy); a without adequate m indications for its us adverse consequent	g regimen must be free from An unnecessary drug is any excessive dose (including or for excessive duration; or ionitoring; or without adequate se; or in the presence of icces which indicate the dose or discontinued; or any e reasons above.		 is on these medications and will be comp 07/29/2013. Target behaviors will also be mon 30 days post discontinuation of anti-psych anxiety medications. To prevent future occurrences of this deficience admissions and current residents on anti-p and/or anti-anxiety medications will h monitoring system implemented and will co long as resident has these medications orde physician. These monitoring tools will be revier psychiatrist and facility pharmacy consulta monthly basis. 	itored for totic/anti- y all new sychotics ave this ntinue as red by a wed by a
	resident, the facility who have not used given these drugs u therapy is necessar as diagnosed and c record; and residen drugs receive gradu behavioral intervent	hensive assessment of a must ensure that residents antipsychotic drugs are not inless antipsychotic drug by to treat a specific condition locumented in the clinical ts who use antipsychotic ual dose reductions, and tions, unless clinically an effort to discontinue these		Licensed nurses, TMA's, and CNA's were education on the new monitoring form and p 07/17/2013. Social Service Director also revic monitoring form. Psychotropic Drug Monitori and Procedure reviewed and revised on July 24 accordance with the changes made and will be by social services and nursing staff by July 29, This corrective action will be reviewed at the internal QA and Quarterly QA meetings. Corrective Action Completed by 08/15/2013.	occess on wed new 1g Policy , 2013 in reviewed 2013. monthly

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.

		AND HUMAN SERVICES				FORM	1 APPROVED
	TOF DEFICIENCIES	& MEDICAID SERVICES	(X2) MU	LTIP	LE CONSTRUCTION	F). 0938-0391 TE SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:)		MPLETED
		245572	B. WING)		06	/27/2013
NAME OF F	ROVIDER OR SUPPLIER		····	ST	REET ADDRESS, CITY, STATE, ZIP CODE		
COLONI	AL MANOR NURSING	HOME			103 COLONIAL AVENUE LAKEFIELD, MN 56150		
(X4) ID PREFIX	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF		PROVIDER'S PLAN OF CORRECTIO	BE	(X5) COMPLETION DATE
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F 329		ige 1	F	329			
	drugs.						
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		r Antiko atara strti data stri≹					:
	11日日(11日日)。 (日日日)(日日日)(
		NT is not met as evidenced					
	by: Based on interview	/ and document review, the					
		de indications for continued			,		
	use, mood monitori				:		
	effectiveness of nor interventions monit	n-pharmacological toring for target behaviors of					
		cations and monitoring for	· .				
		ects, for 5 of 10 residents					
	unnecessary medic	l6 and R9) reviewed for ation use	:				
	-						
	Findings include:				:		:
	The facility did not r	outinely monitor target			:		
		ot routinely document					
	effectiveness of nor interventions for R1		•				
		rrent physician orders signed eroquel (an antipsychotic					
		igrams (mg) daily and 50mg					
	daily at bedtime for	agitation/hallucinations and					
		anxiety medication), 0.5mg eview of R11's record,					
		R11 had diagnoses that					
	included Lewy Body	/ dementia, depression,					
	anxiety and hallucin	ations.					
		med Consent: Psychotropic					
		ted 1/11/13, listed Seroquel nedications used for R11.					
	anu iviazepaili as li	neurodions used for KTT.					
					· · · · · · · · · · · · · · · · · · ·		

Facility ID: 00302

If continuation sheet Page 2 of 16

					FORM	D: 07/16/20 // APPROVE D. 0938-039
OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DA	TE SURVEY
	245572	B. WING	;		06	6/27/2013
	HOME		403 0	COLONIAL AVENUE		
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Continued From pa	ge 2	F	329			
anger as the target	behaviors related to R11's					
consistent monitori	ng of these target behaviors					•
"Anxiety/Behaviora	symptoms-Resident wanting	:				
in facility/uncertaint non-pharmacologic such as taking R11	y of what to do." Several al interventions were listed, for a walk or offering green					
Incident Checklist f record. These form	orms were included in R11's ns were completed only when					I
resident. The Beha were the sole form effectiveness of no	avior Incident Checklist forms of documentation for the n-pharmacological					
director of nursing (facility did not have monitoring docume	(DON) confirmed that the routine target behavior nted for residents who were					
that target behavior staff for 30 days wh	s were monitored by nursing nen psychoactive medications		į			
assistants recorded documentation, but	I behavior occurrences in their did not specifically address		•			
medications that we the DON verified th forms were only us	ere prescribed. At 11:30 a.m., e Behavior Incident Checklist ed when an as needed	:				
	RS FOR MEDICARE OF DEFICIENCIES OF CORRECTION ROVIDER OR SUPPLIER AL MANOR NURSING SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa The form detailed a anger as the target need for these medications was located in R11 R11's current care "Anxiety/Behavioral to walk and stand v in facility/uncertaint non-pharmacologic such as taking R11 tea and finger food Incident Checklist f record. These form an "as needed" me resident. The Behavioral were the sole form effectiveness of noi interventions for R1 When interviewed of director of nursing of facility did not have monitoring docume prescribed psychoa that target behaviors rel medications that we the DON verified th forms were only us	OF CORRECTION IDENTIFICATION NUMBER: 245572 ROVIDER OR SUPPLIER AL MANOR NURSING HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 The form detailed agitation, self-transfers, and anger as the target behaviors related to R11's need for these medications. No ongoing, consistent monitoring of these target behaviors was located in R11's record. R11's current care plan dated 4/24/13, noted, "Anxiety/Behavioral symptoms-Resident wanting to walk and stand without assistance/wandering in facility/uncertainty of what to do." Several non-pharmacological interventions were listed, such as taking R11 for a walk or offering green tea and finger food snacks. Several Behavior Incident Checklist forms were included in R11's record. These forms were completed only when an "as needed" medication was administered to a resident. The Behavior Incident Checklist forms were the sole form of documentation for the effectiveness of non-pharmacological interventions for R11. When interviewed on 6/27/13, at 8:30 a.m. the director of nursing (DON) confirmed that the facility did not have routine target behavior monitoring documented for residents who were prescribed psychoactive medications. She stated that target behaviors were monitored by nursing staff for 30 days when psychoactive medications were started or stopped. She added that nursing assistants recorded behavior occurrences in their documentation, but did not specifically address target behaviors related to the psychoactive medications that were prescribed. At 11:30 a.m., the DON verified t	RS FOR MEDICARE & MEDICAID SERVICES OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MU A. BUILD 245572 B. WINC ROVIDER OR SUPPLIER AL MANOR NURSING HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 The form detailed agitation, self-transfers, and anger as the target behaviors related to R11's need for these medications. No ongoing, consistent monitoring of these target behaviors was located in R11's record. R11's current care plan dated 4/24/13, noted, "Anxiety/Behavioral symptoms-Resident wanting to walk and stand without assistance/wandering in facility/uncertainty of what to do." Several non-pharmacological interventions were listed, such as taking R11 for a walk or offering green tea and finger food snacks. Several Behavior Incident Checklist forms were completed only when an "as needed" medication was administered to a resident. 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WING CONDER OR SUPPLIER AL MANOR NURSING HOME SUMMWARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 The form detailed agitation, self-transfers, and anger as the target behaviors related to R11's need for these medications. No ongoing, consistent monitoring of these target behaviors was located in R11's record. R11's current care plan dated 4/24/13, noted, "Anxiety/Behavioral symptoms-Resident wanting to walk and stand without assistance/wandering in facility/uncertainty of what to do." Several non-pharmacological interventions were listed, such as taking R11 for a walk or offering green tea and finger food snacks. Several Behavior Incident Checklist forms were completed only when an "as needed" medication was administered to a resident. The Behavior Incident Checklist forms were the sole form of documentation for the effectiveness of non-pharmacological interventions for R11. 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No ongoing, consistent monitoring of these target behaviors was located in R11's record. F 329 Continued From page 2 F 329 The form detailed agitation, self-transfers, and anger as the target behaviors related to R11's need for these medications. No ongoing, consistent monitoring of these target behaviors was located in R11's record. F 329 Continued From page 2 F 329 The form detailed agitation, self-transfers, and anger as the target behaviors related to A11's record. F 329 Continued From page 3 F 329 The form detailed agitation, self-transfers, and anger as the target behavior motion get and target behaviors were included in R11's record. F 329	SS FOR MEDICARE & MEDICAID SERVICES OMB NC Core Derivations (x1) PROVIDENSUPPLIENCIAL (x2) MULTIPLE CONSTRUCTION (x3) QUALTIPLE CONSTRUCTION RECORD 245572 B. WINO (x3) WINDER (x3) WINDER ROVIDER OR SUPPLIER 3. WINO (x3) QUALTIPLE CONSTRUCTION (x3) QUALTIPLE CONSTRUCTION (x3) QUALTIPLE CONSTRUCTION RAL MANOR NURSING HOME STREET ADDRESS. CITX. STATE, ZIP CODE 00 SUMMARY STATEMENT OF DEFICIENCIES (RECH DERICIENCY MUST BE PRECEDEDE BY FULL RECULATORY OR LSC IDENTIFYING INFORMATION) D PROVIDENCY PLAN OF CORRECTION (EACH CORRECTIVE ATON SIOLODES (RECH DERICIENCY MUST BE PRECEDED BY FULL RECULATORY OR LSC IDENTIFYING INFORMATION) D PROVIDENCY Continued From page 2 F 329 TAG PROVIDENCE TO MARCH OR PROPRIATE DEFICIENCY Continued From page 3 No ongoing, consistent monitoring of these target behaviors was located In R11's record. F 329 Continued From page 3 F 329 F 329 The form detailed agilation, self-transfers, and anger as the target behaviors related to R11's need for these medications. No ongoing, consistent monitoring of these target behaviors was located In R11's record. F 329 R11 for a walk or offering green tea and finger food snacks. Several Behavior Incident Checklist forms were included in R11's record. These forms were included in R11's record. These forms were c

Event ID: ZT8Y11

Facility ID: 00302

If continuation sheet Page 3 of 16

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DA	D. 0938-039 TE SURVEY MPLETED
	245572	B. WING			06	/27/2013
NAME OF PROVIDER OR SUPPLIER				T ADDRESS, CITY, STATE, ZIP CODE	· · ·	
COLONIAL MANOR NURSING	GHOME			COLONIAL AVENUE (EFIELD, MN 56150		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETIO DATE
F 329 Continued From pa	age 3	FS	; 329			
Review of R10's cu	irrent physician orders signed					
	yprexa (antipsychotic gevery evening, Ativan					
	ation) 0.5 mg twice daily and					
	ia/ Alzheimer's medication)					
(MDS) dated 6/13/	he quarterly Minimum Data Se 13, revealed R10 had	•				
moderately impaire	d cognition and identified no					
	mood symptoms were f the record, 6/26/13, revealed					
	uded dementia with behavioral					
disturbances, anxie	ety, depression and insomnia.		4 -			1
Review of R10's Be	ehavior-Medication Monitoring		1			
form completed by	the facility's consultant		:			
	n 4/22/13, indicated that in 3/13 ntinued, but then restarted due					
to obsessive comp	ulsive-type health complaints					
	CP noted a "high degree of	•				•
anxiety" for R10 an discontinuation of N	d recommended Namenda, given no indication					
for use was located	I in the record and it potentially				÷	
	s anxiety. The CP added that					
	as keeping her anxiety under Iction in her Ativan, from					
scheduled to an "as	s needed" basis was					
	e physician response to these noted, "No change now." The					
	for these recommendations					
	husband passed away					
have been unsucce	rials of changes to psych meds essful "					
Review of R10's me	edical record lacked identified					
	the use of her psychoactive	i				
	ecord also lacked evidence of nitoring, mood monitoring and					
monitoring for effect	tiveness of					
non-pharmacologic	al interventions. In addition,					

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	APPROVED 0.0938-0391
STATEMEN	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l · ·		CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
		245572	B. WING			06	/27/2013
NAME OF P	ROVIDER OR SUPPLIER				ET ADDRESS, CITY, STATE, ZIP CODE		
COLONI	AL MANOR NURSING	HOME			COLONIAL AVENUE KEFIELD, MN 56150		
(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 329	Namenda. During interview on stated R10 was on compulsive behavio	dication for R10's use of 6/27/13, at 9:30 a.m. DON Zyprexa due to obsessive or, such as repeatedly stating,	F	329	,		
	her Zyprexa was dis restarted in 3/13, wi stable since this res been on Ativan sinc 0.5 mg three times	m, bathroom." DON indicated scontinued in 2/13 and was th R10 having remained start. DON revealed R10 had the 2009, with a reduction from daily to 0.5 mg twice daily on uiry, DON stated the nursing					
	staff were expected behaviors, mood/be non-pharmacologic progress notes; how could be located in Review of R37's cui 5/20/13, included A	to document target havior monitoring and al interventions in the nursing vever, no such documentation					:
	Celexa having beer quarterly MDS date cognitively intact an Review of the recor	n initiated on 4/26/13. The d 5/3/13, identified R37 was d had exhibited no behaviors. d, 6/26/13, revealed R37's anxiety, depression, bipolar					
	specific anxiety sym Ativan. The record R37's mood, medic effectiveness of nor interventions. During interview on stated R37 had reco prior to her readmis revealed continued	cord lacked identification of aptoms to indicate the use of also lacked monitoring of ation side effects and n-pharmacological 6/27/13, at 9:30 a.m. DON eived Ativan for anxiety since sion to the facility. DON use of Ativan was discussed ember, who did not want it to		·			

		AND HUMAN SERVICES				FORM	D: 07/16/2013 APPROVED D: 0938-0391	
	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DA	TE SURVEY MPLETED	
		245572	B. WINC			06	/27/2013	
	PROVIDER OR SUPPLIER	ЭНОМЕ		403	ET ADDRESS, CITY, STATE, ZIP CODE COLONIAL AVENUE KEFIELD, MN 56150			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE	
	anxiety symptoms I verified R37's recor specific anxiety rela- confirmed pertinent R37's record, relate monitoring of medic non-pharmacologic Review of R46's cu included Seroquel 1 admission MDS dat moderately cognitiv behaviors of inatten thinking. Review of R46's diagnoses ind delusions, Alzheime disorder and aphas Review of R46's Be form completed by f "Nurses report injur biting, grabbing nec interventions not rep 12.5 mg is ordered. with depressive feat injurious behaviors a problem the speci documented for mo hits out during cares be documented [I throw items off carts interventions have r a recent admit [adm the facility documen report dose respons control her behavior	pon inquiry as to the specific R37 had been exhibiting, DON rd lacked identification of ated symptoms. DON documentation was lacking in ed to mood monitoring, cation side effects and al intervention attempts. rrent physician orders 12.5 mg every evening. The ted 6/3/13, identified R46 was ely impaired and exhibited atton and disorganized the record, 6/26/13 identified cluded senile dementia with er's disease, depressive ia. havior-Medication Monitoring the CP on 6/19/13, noted, ious behaviors of hitting, k during cares. Non med ported." CP added, "Seroquel There is history of dementia turesNo psychosis or are described. If psychosis is fic symptoms must be nitoring. Nurse's report [R46] s and is injurious. This must R46] has tried to bite nurses, s at nurses. Non-medication not been tried because she is nission]." CP recommended it R46's baseline behaviors, as and document attempt to	:	329				

If continuation sheet Page 6 of 16

TATEMEN	OF DEFICIENCIES	E & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 · ·		ISTRUCTION	(X3) DATE SURVEY COMPLETED
		245572	B. WINC	€		06/27/2013
	ROVIDER OR SUPPLIER	G HOME	I	403 CC	ADDRESS, CITY, STATE, ZIP CODE DLONIAL AVENUE FIELD, MN 56150	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAC	н <u></u> FIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLÉTIO
F 329	Continued From pa	age 6	F	329		
	charting is in place Review of R46's m	e and current." nedical record revealed a lac	k			
	of indication for the	e use of Seroquel, target				
	 behavior monitorin monitoring for effe 	ig, side effect monitoring and ctiveness of	t	l		
	non-pharmacologic	cal interventions.				
		n 6/27/13, at 9:30 a.m. DON en receiving Seroquel since				
· .	prior to her admiss	sion to the facility. DON was				
		ocumentation as to why R46 lel and stated that sometime				
		anted residents to take	3	:		I.
		ications and resisted having . DON stated pertinent				
	documentation wa	s lacking for R46 relating to		:		
		onitoring, medication side eff n-pharmacological interventi		:		
		onfirmed the facility's	OH	:		
		cation monitoring system				
		oved to ensure each ear indications for use and a				
		riate monitoring for adverse side effects.				
		rrent physician orders signed	ł			
		isperdal 0.25 mg (an ication) for dementia with				
	psychosis, which w	vas discontinued on 2/26/13				
		/16/13. Review of the record poses included senile				
	dementia with dep	ressive features, unspecified	k	÷		
	psychosis and maj	jor depressive disorder.		:		
	Paviaw of physicia	in prograss notes dated Alta	13			
	revealed, R9 had b	in progress notes dated 4/16 been prescribed Risperdal ir		4		
		s discontinued secondary to				
RM CMS-2	567(02-99) Previous Version	s Obsolete Event ID: Z	T8Y11	Facility ID	: 00302 If continu	ation sheet Page 7 of

		AND HUMAN SERVICES				PR		07/16/2013 \PPROVED
		& MEDICAID SERVICES				<u></u>	<u>//B_NO</u>	0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					(X3) DATE COMP	SURVEY
		245572	B. WING	3	u		06/2	7/2013
NAME OF I	PROVIDER OR SUPPLIER			STREET	ADDRESS, CITY, STATE, ZIP (CODE		
COLONI	AL MANOR NURSING	HOME			DLONIAL AVENUE FIELD, MN 56150			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX .	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIN CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD I IE APPROPR	BE :	(X5) COMPLETION DATE
F 329	[patient] agitated ar word finding proble on Risperdal. Pt fa reduction]. Risperce " Review of R9's reco Monitoring Followin Medication forms d forms identified the and the "area being behaviors, agitation monitored for R9. I were listed on the fo non-pharmacologic monitored for effect five episodes of agi between 4/17/13 ar Review of INFORM Medication signed 4 behaviors for R9's u yelling and running Non-pharmacologic one-to-one time with him to express his f time/space as need listed on this conset the Psychotropic Mo Change or Stop in M Review of R9's reco monitoring for spect monitoring for the e	ion. The note added, "Now pt nd irritable at times severe ms paranoia will restart pt iled GDR [gradual dose lal 0.25 mg po qd [orally daily]. ord revealed Psychotropic g a Start, Change or Stop in ated 4/13 and 5/13. The medication that was given monitored." Both forms listed and anger as being No specific target behaviors orms. No al interventions were listed or tiveness. The forms revealed tation or anger which occurred d 5/19/13. ED CONSENT: Psychotropic 4/16/13, revealed target use of Risperdal included into things with his wheelchair. al interventions listed included h staff, distraction, allowing eelings and giving him ed. The target behaviors int form, where not listed on onitoring Following a Start, Medication forms.		329				
		ptropic Drug Monitoring policy						
ORM CMS-28	67(02-99) Previous Versions	Obsolete Event ID: ZT8Y1	1	Facility ID:	00302	If continuation	on sheet F	Page 8 of 16

		AND HUMAN SERVICES			F	ORM /	07/16/2013 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1			3) DATE	SURVEY PLETED
		245572	B. WING			06/2	7/2013
	ROVIDER OR SUPPLIER	HOME		4	REET ADDRESS, CITY, STATE, ZIP CODE 03 COLONIAL AVENUE AKEFIELD, MN 56150		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION}	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 329	Continued From pa	ge 8	F 3	329			
	done to assess the psychotropic drug t appropriateness of	Consistent monitoring will be risk/benefit relationship of herapy, including the drug selection and dosage. EGIMEN REVIEW, REPORT ON	F 4	128	F428 DRUG REGIMEN REVIEW, REPO IRREGULAR, ACT ON	ORT	8/4/13
	The drug regimen of reviewed at least of pharmacist. The pharmacist muthe attending physic	of each resident must be nce a month by a licensed ast report any irregularities to cian, and the director of reports must be acted upon.	· · · · · · · · · · · · · · · · · · ·		Corrective Action: To ensure that pharmacy consul reviews monthly for correct behavior monitoring makes recommendations regarding irregularities. A form (Behavior/Intervention Monthly Flow Record) a licensed nurse will be completing every shift, will implemented for the pharmacy consultant to review sign monthly. This will be located in a binder at nurse's station. This will be corrected for residents J R10, R37, R46 and R9 with the implementation of new psychotropic monitoring form that will completed by 07/29/2013. Target behaviors will als monitored for 30 days post discontinuation of psychotic/anti-anxiety medications.	and new that that and t the R11, of the be so be	
	by: Based on interview consulting pharmace regarding lack of b to make recommener regarding irregulari indications for conter- monitoring for effect non-pharmacologic target behaviors of monitoring for med	al interventions, monitoring for psychoactive medications and ication side effects, for 5 of 10 0, R37, R46 and R9) reviewed			To prevent future occurrences of this deficiency all admissions and current residents on anti-psych and/or anti-anxiety medications will have monitoring system implemented and will continu- long as resident has these medications ordered physician. This corrective action will be reviewed at the mo- internal QA and quarterly QA meetings. The consulting pharmacist was notified on 7/23/20 the corrective action for this deficiency. The Re Psychotropic Drug Monitoring Policy and Proc- will be reviewed by the Consulting Pharmacist or regularly scheduled monthly visit. Corrective Action Completed by 8/15/2013. 8/6	this this by a by a bothly 013 of evised cedure on his	
	Findings include:						
	Record review, on	6/25/13, revealed R11's					

Facility ID: 00302

If continuation sheet Page 9 of 16

		AND HUMAN SERVICES					RINTED: 07/16/2013 FORM APPROVED MB NO. 0938-0391
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 · ·	LTIPLE CONSTRUCTIO			(X3) DATE SURVEY COMPLETED
		245572	B. WING	B			06/27/2013
	ROVIDER OR SUPPLIER	в номе		STREET ADDRESS, C 403 COLONIAL A LAKEFIELD, MI	VENUE	ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX (EACH CO	ORRECTIVE A	DF CORRECTION CTION SHOULD D THE APPROPP NCY)	BE COMPLETION
F 428	depression, anxiety Review of R11's cu 6/13/13, included S medication), 25 mil daily at bedtime for lorazepam (an anti- three times daily. The Informed Cons form dated 1/11/13 lorazepam as medi form detailed agitat as the target behave these medications. monitoring of these in R11's current care "Anxiety/Behaviorat to walk and stand v in facility/uncertaint non-pharmacologic such as taking R11 tea and finger food Incident Checklist f	age 9 I Lewy Body dementia, and hallucinations. Irrent physician orders signed beroquel (an antipsychotic ligrams (mg) daily and 50mg agitation/hallucinations and anxiety medication), 0.5mg sent: Psychotropic Medication , listed Seroquel and cations used for R11. The ion, self-transfers, and anger fors related to R11's need for No ongoing, consistent target behaviors was located plan dated 4/24/13, noted, symptoms-Resident wanting vithout assistance/wandering y of what to do." Several al interventions were listed, for a walk or offering green snacks. Several Behavior orms were included in R11's ns were completed only when	F	428			
	an as needed medi resident. The Beha were the sole form effectiveness of not interventions for R1 Review of Behavior completed by the fa (CP) dated 4/22/13	cation was administered to a avior Incident Checklist forms of documentation for the n-pharmacological	:				
FORM CMS-25	67(02-99) Previous Versions	Obsolete Event ID: ZT8Y	1	Facility ID: 00302		If continuation	on sheet Page 10 of 16

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DAT	E SURVEY IPLETED
		245572	B. WING	i		06/	27/2013
NAME OF P	ROVIDER OR SUPPLIER				ET ADDRESS, CITY, STATE, ZIP CODE COLONIAL AVENUE		
COLONI	AL MANOR NURSING	HOME			KEFIELD, MN 56150		
(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 APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
F 428	be documented for attempts to take off of wheelchair. Adm these actions has n to confusion. If she abnormal thoughts documented. She f grabbing staff by the her room." When interviewed of director of nursing (facility did not have monitoring document prescribed psychoa that target behavior staff for 30 days wh were started or stop assistants recorded documentation, but target behaviors relate medications that we the DON stated the forms were only use medication was adm On 6/27/13, at 10:40 interviewed and state behaviors and uses they are available. documentation of et non-pharmacologica that he had no reco R10 record review, diagnoses that inclu	is or psychotic behavior must Seroquel. Notes report [R11] immobilizer and stand up out inistration of Seroquel for ot helped and may contribute is delirious then her and actions should be has a history of hitting nurses, e neck and locking herself in on 6/27/13, at 8:30 a.m. the DON) confirmed that the routine target behavior nted for residents who were ctive medications. She stated s were monitored by nursing en psychoactive medications oped. She added that nursing behavior occurrences in their did not specifically address ated to the psychoactive ere prescribed. At 11:30 a.m., Behavior Incident Checklist ed when an as needed ninistered to a resident. 0 a.m., the CP was ted that he looks for target them during his review, if When asked about any	F	428			
	disturbances, anxie	ty, depression and insomnia.					

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		AND HUMAN SERVICES				FORM APPROVED MB NO. 0938-0391
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
Ē		245572	B. WING	í		06/27/2013
	ROVIDER OR SUPPLIER			1	ET ADDRESS, CITY, STATE, ZIP CODE 3 COLONIAL AVENUE	·
COLUNIA	AL MANOR NURSING	HOME			KEFIELD, MN 56150	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	id Pref Tag		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLÉTION
F 428	Continued From par Review of R10's cur 6/20/13, included Zy medication) 2.5 mg (antianxiety medica Namenda (dementia 5mg twice daily. The (MDS) dated 6/13/1 moderately impaired behavior issues or r present. Review of R10's Be form completed by the pharmacist (CP) on Zyprexa was discon- to obsessive compu- that surfaced. The anxiety" for R10 and discontinuation of N for use was located contributed to R10's if R10's Zyprexa was control, then a reduce scheduled to an as recommended. The recommendations in nursing staff report noted, "Resident's her recently. Multiple tri have been unsucce Review of R10's me target behavior mor monitoring for effect non-pharmacological	ige 11 rrent physician orders signed yprexa (antipsychotic every evening, Ativan tion) 0.5 mg twice daily and a/ Alzheimer's medication) he quarterly Minimum Data Set 13, revealed R10 had d cognition and identified no mood symptoms were havior-Medication Monitoring the facility's consultant a/22/13, indicated that in 3/13 htinued, but then restarted due ulsive-type health complaints CP noted a "high degree of d recommended lamenda, given no indication in the record and it potentially s anxiety. The CP added that as keeping her anxiety under ction in her Ativan, from needed basis was e physician response to these noted, "No change now." The for these recommendations husband passed away ials of changes to psych meds assful."	F	428		
	Namenda.	6/27/13, at 9:30 a.m. DON				

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		AND HUMAN SERVICES				FORM	07/16/2013 APPROVED 0938-0391
STATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DAT	E SURVEY PLETED
		245572	B. WING) <u></u>		06/:	27/2013
NAME OF P	ROVIDER OR SUPPLIER				ET ADDRESS, CITY, STATE, ZIP CODE		
COLONI	AL MANOR NURSING	HOME			COLONIAL AVENUE KEFIELD, MN 56150		
(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 APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 428	compulsive behavior "bathroom, bathroomher Zyprexa was dia restarted in 3/13, w stable since this rest been on Ativan since 0.5 mg three times 12/13/12. Upon independent staff were expected behaviors, mood/be non-pharmacologic progress notes; how could be located in R37, record review, diagnoses included disorder, malaise at Review of R37's cu 5/20/13, included A and Celexa 20mg d Celexa having beer quarterly MDS date cognitively intact an Review of R37's reor specific anxiety sym Ativan. The record R37's mood, medic effectiveness of nor interventions. During interview on stated R37 had reor prior to her readmis revealed continued with R37's family m be discontinued. U anxiety symptoms fiverified R37's recor	Zyprexa due to obsessive or, such as repeatedly stating, m, bathroom." DON indicated scontinued in 2/13 and was ith R10 having remained start. DON revealed R10 had a 2009, with a reduction from daily to 0.5 mg twice daily on guiry, DON stated the nursing to document target shavior monitoring and al interventions in the nursing vever, no such documentation the record. 6/26/13, revealed R37's anxiety, depression, bipolar nd fatigue. rrent physician orders dated tivan 0.5 mg three times daily ally at bedtime, with the initiated on 4/26/13. The d 5/3/13, identified R37 was d had exhibited no behaviors. cord lacked identification of aptoms to indicate the use of also lacked monitoring of ation side effects and	F /	428			

Facility ID: 00302

If continuation sheet Page 13 of 16

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	APPROVED
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	E		PLE CONSTRUCTION	(X3) DA1	TE SURVEY MPLETED
		245572	B. WING)		06	/27/2013
NAME OF P	ROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·			REET ADDRESS, CITY, STATE, ZIP CODE		
COLONI	AL MANOR NURSING	HOME			403 COLONIAL AVENUE LAKEFIELD, MN 56150		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	XI	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 428	R37's record, relate monitoring of medic non-pharmacologica R46 record review 6 that included senile Alzheimer's disease aphasia. Review of R46's cur included Seroquel 1 admission MDS dat moderately cognitive behaviors of inatten thinking. Review of R46's Be form completed by t "Nurses report injur biting, grabbing nec interventions not rep 12.5 mg is ordered. with depressive feat injurious behaviors a a problem the speci documented for mo hits out during cares be documented	documentation was lacking in d to mood monitoring, sation side effects and al intervention attempts. 5/26/13, revealed diagnoses dementia with delusions, e, depressive disorder and rrent physician orders 2.5 mg every evening. The ed 6/3/13, identified R46 was ely impaired and exhibited tion and disorganized havior-Medication Monitoring the CP on 6/19/13, noted, ious behaviors of hitting, k during cares. Non med ported." CP added, "Seroquel There is history of dementia turesNo psychosis or are described. If psychosis is fic symptoms must be nitoring. Nurse's report [R46] s and is injurious. This must R46] has tried to bite nurses, s at nurses. Non-medication not been tried because she is ission]." CP recommended t R46's baseline behaviors, ses and document attempt to s through al interventions. The nursing n this form, "Good behavior	F 4	428			

		I AND HUMAN SERVICES				FORM	: 07/16/2013 APPROVED . 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					E SURVEY
		245572	B. WING)		06/	27/2013
NAME OF P	ROVIDER OR SUPPLIER	L		ł	REET ADDRESS, CITY, STATE, ZIP CODE	· · · · · · ·	
COLONI	AL MANOR NURSING	HOME			03 COLONIAL AVENUE AKEFIELD, MN 56150		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 428	Continued From pa	ige 14	F	, 428 ⁻			
	monitoring for effect non-pharmacologic						
	During interview on	6/27/13, at 9:30 a.m. DON					
4 101		en receiving Seroquel since on to the facility. DON was					: ;
1	unable to locate do	cumentation as to why R46					:
1		el and stated that sometimes inted residents to take) L			:
-	antipsychotic medic	cations and resisted having	-	!			
		DON stated pertinent					
	target behavior mor	nitoring, medication side effect					
		-pharmacological intervention nfirmed the facility's					-
	psychotropic medic	ation monitoring system					
		ived to ensure each ar indications for use and a					:
	method for appropr	iate monitoring for					
:		dverse side effects. 5/26/13, indicated diagnoses					
	that included senile	dementia with depressive		:			
	features, unspecifie depressive disorder	ed psychosis and major r					
	·						
		ent physician orders signed sperdal 0.25 mg (an		:			
	antipsychotic medic	cation) for dementia with					
	psychosis, which wa and restarted on 4/	as discontinued on 2/26/13 16/13.					
	Review of physician	n progress notes dated 4/16/13					
	revealed, R9 had be	een prescribed Risperdal in					
		discontinued secondary to ion. The note added, "Now pt					
	[patient] agitated an	nd irritable at times severe					
		ms paranoia will restart pt iled GDR [gradual dose					
		lal 0.25 mg po qd [orally daily].					

Facility ID: 00302

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		I AND HUMAN SERVICES					RINTED: 07/16/2013 FORM APPROVEI MB NO. 0938-039
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 · · ·		CONSTRUCTION		(X3) DATE SURVEY COMPLETED
		245572	B. WING				06/27/2013
NAME OF P	ROVIDER OR SUPPLIER				ET ADDRESS, CITY, STATE, ZIP CODE		
COLONI	AL MANOR NURSING	HOME			KEFIELD, MN 56150		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD	BE COMPLETION
F 428	Continued From pa	ge 15	F 4	428			- - - -
	Monitoring Followin Medication forms di forms identified the and the "area being behaviors, agitation monitored for R9. If were listed on the for non-pharmacologic monitored for effect five episodes of agi between 4/17/13 and Review of INFORM Medication signed 4 behaviors for R9's L yelling and running Non-pharmacologic one-to-one time with him to express his f time/space as need listed on this conset the Psychotropic Me Change or Stop in M Review of R9's reco monitoring for the e non-pharmacologic The facility's Psycho dated 9/05, read, "C	al interventions were listed or iveness. The forms revealed tation or anger which occurred of 5/19/13. ED CONSENT: Psychotropic 4/16/13, revealed target use of Risperdal included into things with his wheelchair. al interventions listed included h staff, distraction, allowing eelings and giving him ed. The target behaviors nt form, where not listed on ponitoring Following a Start, Medication forms.			RECEI JUL 2 9 COMPLIANCE MONITULICENSE AND CEI	2013 orin	G DIVISION
	psychotropic drug th	herapy, including the drug selection and dosage.					

Facility ID: 00302

If continuation sheet Page 16 of 16

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	IPLE CONSTRUCTION	(X3) DATE SURVE
ND PLAN OF CORRECTION IDENTIFICATION N		IDENTIFICATION NUMBER	A. BUILDIN	NG 01 - MAIN BUILDING 01	COMPLETED
		245572	B. WING		06/27/201
	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP CODE 403 COLONIAL AVENUE	
COLONI	AL MANOR NURSING	HOME		LAKEFIELD, MN 56150	
(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 APP DEFICIENCY)	OULD BE COMPLE
08.06.2013 §	ALLEGATION OF O DEPARTMENT'S A SIGNATURE AT TH PAGE OF THE CM	TS OC WILL SERVE AS YOUR COMPLIANCE UPON THE CCEPTANCE. YOUR HE BOTTOM OF THE FIRST S-2567 FORM WILL BE ATION OF COMPLIANCE.	K OC	JUL 2 9 2013	
Ä	AN ONSITE REVIS BE CONDUCTED T SUBSTANTIAL CO REGULATIONS HA	F AN ACCEPTABLE POC, IT OF YOUR FACILITY MAY TO VALIDATE THAT MPLIANCE WITH THE AS BEEN ATTAINED IN TH YOUR VERIFICATION.		POLAK 1-29-13	
06.27.2013	Minnesota Departm Fire Marshal Divisio Colonial Manor Nur substantial complia participation in Med Subpart 483.70(a), 2000 edition of Nati Association (NFPA)	Survey was conducted by the eent of Public Safety - State on. At the time of this survey, sing Home was found not in nce with the requirements for icare/Medicaid at 42 CFR, Life Safety from Fire, and the onal Fire Protection Standard 101, Life Safety ter 19 Existing Health Care			
	PLEASE RETURN CORRECTION FOR DEFICIENCIES (K-TAGS) TO:	THE PLAN OF R THE FIRE SAFETY			
EXIT	Health Care Fire Ins State Fire Marshal I 445 Minnesota St., St Paul, MN 55101-	Division Suite 145	(0		

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.

		AND HUMAN SERVICES				FORM	: 07/16/201 APPROVE . 0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MUI A. BUILD		(X3) DATE SURVEY COMPLETED		
		245572	B. WING	<u>. </u>		06	/27/2013
	Rovider or Supplier	в номе		403	ET ADDRESS, CITY, STATE, ZIP CODE COLONIAL AVENUE KEFIELD, MN 56150		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRC DEFICIENCY)	LD BE	(X5) COMPLETIO DATE
K 000	Continued From pa	age 1	ĸ	000			
	By email to: Barbara.Lundberg(Marian.Whitney@s						
		RRECTION FOR EACH T INCLUDE ALL OF THE DRMATION:					
	1. A description of to correct the defic	what has been, or will be, done iency.					
	2. The actual, or pr	oposed, completion date.					1
<		r title of the person rection and monitoring to ence of the deficiency.					
	was built in 1969, is basement, is fully f Type II(111) constr 1979, is one-story, sprinkler protected construction. An a one-story, has no b	rsing Home original building s one-story, has a partial ire sprinkler protected and is of uction. An addition was built in has no basement, is fully fire and is of Type II(111) ddition was built in 1999, is asement, is fully fire sprinkler Type II(111) construction.					
	corridor smoke det	re alarm system with full ection and spaces open to the nonitored for automatic fire tion.					
	The facility has a ca census of 31 at tim	apacity of 37 beds and had a e of the survey.					
	The requirement at	42 CFR, Subpart 483.70(a) is					
				-			

If continuation sheet Page 2 of 4

		AND HUMAN SERVICES	S2110		FORM	: 07/16/2013 APPROVED . 0938-0391
STATEMEN	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ° '	IPLE CONSTRUCTION NG 01 - MAIN BUILDING 01		E SURVEY IPLETED
		245572	B. WING		06/	27/2013
	ROVIDER OR SUPPLIER	вноме		STREET ADDRESS, CITY, STAT 403 COLONIAL AVENUE LAKEFIELD, MN 56150	FE, ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIV CROSS-REFERENCE	AN OF CORRECTION /E ACTION SHOULD BE D TO THE APPROPRIATE (CIENCY)	(X5) COMPLETION DATE
	A fire alarm system installed, tested, an with NFPA 70 Natio 72. The system has and testing program requirements of NF Based on observat facility failed to test accordance with the 101, Sections 19.3. NFPA 72- 5-5.3.2.1 This could effect all Findings include: On facility tour betw on 06/27/2013, obs- items were found: 1. The facility does the fire alarm dialer 2. Testing of the or unplugging the phor	s not met as evidenced by: ion and staff interview, the the fire alarm system in e requirements of 2000 NFPA 4.1 and 9.6, as well as 1999 6.1 and Table 7-2.2 (16) (b). 31 residents.	K 00 K 08	52 K 052 A second telephone line f installed and on July 8, connected and tested the tra The Maintenance Director maintain the fire alarm sys Life Safety Code.	For the fire alarm dialer was 2013 Gopher Fire Alarm ansmission of the second line. r will continue to test and stem as required to meet the net quarterly that this is being 2013	
FORM CMS-25	67(02-99) Previous Versions	Obsolete Event ID ZT8Y21	71477	acility ID: 00302	If continuation shee	et Page 3 of 4

STATEMENT OF DEFICIENCIES (x1), PROVIDER/SUPPLIER/LIA 04, MULTIPLE CONSTRUCTION (x2) OMELETED NAME OF PROVIDER OF SUPPLIER 245572 8. WINO 06/27/2013 INAME OF PROVIDER OF SUPPLIER 245572 8. WINO 06/27/2013 COLONIAL MANOR NURSING HOME 3TREET ADDRESS, CITY, STATE, ZP CODE 06/27/2013 PREIN SUMMARY STATEMENT OF DEFICIENCIES 0 06/27/2013 PREIN SUMMARY STATEMENT OF DEFICIENCIES 0 0 00/27/2013 PREIN SUMMARY STATEMENT OF DEFICIENCIES 0 0 0 00/07/2013 TAG SUMMARY STATEMENT OF DEFICIENCIES 0			AND HUMAN SERVICES & MEDICAID SERVICES				PRINTED: 07/16/2013 FORM APPROVED OMB NO. 0938-0391
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE COLONIAL MANOR NURSING HOME STREET ADDRESS, CITY, STATE, ZIP CODE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH OEFICIENCY MUST BE PRECEDED BY FULL TAG ID PROVIDER'S PLAN OF CORRECTION (EACH OEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTION (EACH OEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTION (EACH OERICE TO THE APPROPRIATE DEFICIENCY) (X6) (COMPLETION DATE K 052 Continued From page 3 premises fire alarm system and the monitoring company K 052 These deficient practices were confirmed by the Facility Maintenance Director at the time of discovery. K 052 *TEAM COMPOSITION*	STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION				(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE COLONIAL MANOR NURSING HOME 403 COLONIAL AVENUE (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH ORSCHERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETION DATE K 052 Continued From page 3 premises fire alarm system and the monitoring company K 052 These deficient practices were confirmed by the Facility Maintenance Director at the time of discovery. K 052 *TEAM COMPOSITION*			245572	B. WINC	3		06/27/2013
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 052 Continued From page 3 premises fire alarm system and the monitoring company K 052 These deficient practices were confirmed by the Facility Maintenance Director at the time of discovery. These deficient practices were confirmed by the Facility Maintenance Director at the time of discovery.			HOME		403 COLONIA	L AVENUE	
premises fire alarm system and the monitoring company These deficient practices were confirmed by the Facility Maintenance Director at the time of discovery.	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF	IX (EACH	H CORRECTIVE ACTION SH REFERENCED TO THE APP	OULD BE COMPLETION
Facility Maintenance Director at the time of discovery.		premises fire alarm		K	052		
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Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7011 2000 0002 5143 3168

July 16, 2013

Ms. Patrice Goette, Administrator Colonial Manor Nursing Home 403 Colonial Avenue Lakefield, Minnesota 56150

Re: Enclosed State Nursing Home Licensing Orders - Project Number S5572022

Dear Ms. Goette:

The above facility was surveyed on June 24, 2013 through June 27, 2013 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health, Compliance Monitoring Division, noted one or more violations of these rules that are issued in accordance with Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.

To assist in complying with the correction order(s), a "suggested method of correction" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is <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.

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

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

Colonial Manor Nursing Home July 16, 2013 Page 2

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

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

When all orders are corrected, the order form should be signed and returned to this office at Minnesota Department of Health, P.O. Box 64900, St. Paul, Minnesota 55164-0900. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me.

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

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

Please feel free to call me with any questions.

Sincerely,

Shellae Dietrich

Shellae Dietrich, Program Specialist Licensing and Certification Program Division of Compliance Monitoring Telephone: (651) 201-4106 Fax: (651) 215-9697

Enclosure(s)

cc: Original - Facility Licensing and Certification File

5572s13lic.rtf

Minneso	ota Department of He	ealth					
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		. ,		(X3) DATE COMP	
		00302		B. WING		06/2	7/2013
NAME OF F	PROVIDER OR SUPPLIER	1	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
COLONI	AL MANOR NURSING	G HOME		ONIAL AVEN LD, MN 561			
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2 000	Initial Comments			2 000			
	*****ATTE	NTION*****					
	NH LICENSING	CORRECTION ORE	DER				
	NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below.						
	When a rule contai comply with any of lack of compliance re-inspection with a result in the assess that was violated d corrected.	ins several items, fail the items will be con . Lack of compliance any item of multi-part sment of a fine even i uring the initial inspec	ure to sidered e upon rule will if the item ction was				
	that may result fror orders provided that the Department with	n hearing on any asse m non-compliance wi at a written request is thin 15 days of receip ent for non-compliance	th these made to t of a				
Minnesota D	surveyors of this D above provider and orders are issued. completed, please these orders and re	TS: through June 27, 201 epartment's staff, vis d the following correc When corrections ar sign and date, make eturn the original to the nent of Health, Division	ited the tion e a copy of ne		Minnesota Department of Health i documenting the State Licensing Correction Orders using federal s Tag numbers have been assigned Minnesota state statutes/rules for Homes.	oftware. to	

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

ZT8Y11

TITLE

(X6) DATE

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPL IDENTIFICATION N				(X3) DATE COMPL	
		00302		B. WING		06/2	7/2013
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2 000	Continued From pa	ge 1		2 000			
	2 000 Continued From page 1 Compliance Monitoring, Licensing and Certification Programs; P.O. Box 64900, S Minnesota 55164-0900.				The assigned tag number a far left column entitled "ID The state statute/rule numb corresponding text of the s out of compliance is listed i "Summary Statement of De column and replaces the "T portion of the correction or column also includes the " are in violation of the state statement, "This Rule is no evidenced by." Following findings are the Suggested Correction and the Time Pe Correction.	Prefix Tag." ber and the tate statute/rule in the eficiencies" To Comply" der. This findings which statute after the t met as the surveyors Method of	
					PLEASE DISREGARD THE THE FOURTH COLUMN V STATES, "PROVIDER'S P CORRECTION." THIS APP FEDERAL DEFICIENCIES WILL APPEAR ON EACH THERE IS NO REQUIREM	VHICH LAN OF PLIES TO ONLY. THIS PAGE.	
					SUBMIT A PLAN OF COR VIOLATIONS OF MINNES STATUTES/RULES.	RECTION FOR	
21530	MN Rule 4658.1310	0 A.B.C Drug Regin	nen Review	21530			
	A. The drug regim reviewed at least m currently licensed b This review must be Appendix N of the S Surveyor Procedure Requirements in Lo the Department of H Health Care Finance This standard is inc	onthly by a pharma by the Board of Phar e done in accordance State Operations Ma es for Pharmaceution ong-Term Care, pul Health and Human sing Administration,	cist rmacy. ce with anual, cal Service blished by Services, April 1992.				

STATE FORM

ZT8Y11

If continuation sheet 2 of 26

Minneso	ta Department of He	alth				FORM	APPROVED
STATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU			E CONSTRUCTION		E SURVEY PLETED
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	ta Department of He	(X1) PROVIDER/SUPPI IDENTIFICATION N			CONSTRUCTION		E SURVEY PLETED		
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21530	Continued From pa	ge 3		21530					
	target behaviors of psychoactive medications and monitoring for medication side effects, for 5 of 10 residents (R11, R10, R37, R46 and R9) reviewed for unnecessary medication use. Findings include:		for 5 of 10						
	Record review, on 6/25/13, revealed R11's diagnoses included Lewy Body dementia, depression, anxiety and hallucinations.								
	Review of R11's current physician orders signed 6/13/13, included Seroquel (an antipsychotic medication), 25 milligrams (mg) daily and 50mg daily at bedtime for agitation/hallucinations and lorazepam (an anti-anxiety medication), 0.5mg three times daily.								
	The Informed Consent: Psychotropic Medication form dated 1/11/13, listed Seroquel and lorazepam as medications used for R11. The form detailed agitation, self-transfers, and anger as the target behaviors related to R11's need for these medications. No ongoing, consistent monitoring of these target behaviors was located in R11's record.								
	R11's current care plan dated 4/24/13, noted, "Anxiety/Behavioral symptoms-Resident wanting to walk and stand without assistance/wandering in facility/uncertainty of what to do." Several non-pharmacological interventions were listed, such as taking R11 for a walk or offering green tea and finger food snacks. Several Behavior Incident Checklist forms were included in R11's record. These forms were completed only when an as needed medication was administered to a resident. The Behavior Incident Checklist forms								

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPL IDENTIFICATION N			CONSTRUCTION	COM	E SURVEY PLETED
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21530	Continued From pare effectiveness of nor interventions for R1 Review of Behavior completed by the far (CP) dated 4/22/13 accepted indication lorazepam. Injuriou be documented for attempts to take off of wheelchair. Adm these actions has no to confusion. If she abnormal thoughts documented. She ling grabbing staff by th her room." When interviewed of director of nursing (facility did not have monitoring docume prescribed psychola that target behavior staff for 30 days wh were started or stop assistants recorded documentation, but target behaviors rel medications that we the DON stated the forms were only use medication was adm On 6/27/13, at 10:4 interviewed and sta behaviors and uses they are available. documentation of e non-pharmacologic	 n-pharmacological n-pharmacological 1. -Medication Monito acility's consultant p , noted, "Agitation is for using either Seus or psychotic beha Seroquel. Notes re- immobilizer and sta- ninistration of Seroques is delirious then he and actions should has a history of hitti e neck and locking on 6/27/13, at 8:30 a (DON) confirmed th routine target beha nted for residents was active medications. 's were monitored b hen psychoactive mo- oped. She added th behavior occurren did not specifically ated to the psychoa- ere prescribed. At Behavior Incident (ed when an as need ministered to a resident of a.m., the CP was the data the looks for the moduling his re When asked about ffectiveness of 	harmacist s not an roquel or avior must eport [R11] and up out juel for contribute er be ng nurses, herself in a.m. the at the vior who were She stated by nursing edications nat nursing ces in their address active 11:30 a.m., Checklist ded dent. r target view, if any	4			

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPL IDENTIFICATION N			CONSTRUCTION	COM	E SURVEY PLETED 27/2013		
	PROVIDER OR SUPPLIER	00302	STREET A	STREET ADDRESS, CITY, STATE, ZIP CODE					
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21530	Continued From pa	Continued From page 5							
	that he had no reco	ord of that, related to	0 R11.						
	R10 record review, diagnoses that inclu disturbances, anxie Review of R10's cu 6/20/13, included Z medication) 2.5 mg (antianxiety medica Namenda (dementi 5mg twice daily. Th (MDS) dated 6/13/1 moderately impaire behavior issues or operating present. Review of R10's Be form completed by pharmacist (CP) on Zyprexa was discor to obsessive compu- that surfaced. The anxiety" for R10 and discontinuation of N for use was located contributed to R10's if R10's Zyprexa was control, then a redu scheduled to an as recommended. The recently. Multiple tr have been unsucce Review of R10's me target behaviors for medications. The r target behavior mor monitoring for effect non-pharmacologic	uded dementia with sty, depression and rrent physician order yprexa (antipsychot every evening, Ativi- tion) 0.5 mg twice of a/ Alzheimer's med he quarterly Minimu 3, revealed R10 ha d cognition and ider mood symptoms we ehavior-Medication I the facility's consult a 4/22/13, indicated htinued, but then resulsive-type health of CP noted a "high d d recommended Namenda, given no l in the record and it is anxiety. The CP a as keeping her anxie totion in her Ativan, needed basis was e physician respons- noted, "No change r for these recomme- nusband passed aw- rials of changes to p essful." edical record lacked to the use of her psyc ecord also lacked en- nitoring, mood moni- stiveness of	behavioral insomnia. ers signed ic van daily and ication) m Data Se d ntified no ere Monitoring ant that in 3/13 started due omplaints egree of indication t potentially added that ety under from se to these now." The ndations vay osych meds d identified choactive evidence of itoring and	t 3					

TATEME	<u>ta Department of He</u> NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPF IDENTIFICATION		A. BUILDING: _	CONSTRUCTION	Сом (E SURVEY PLETED		
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21530	Continued From pa	ge 6		21530					
	the record lacked in Namenda. During interview on stated R10 was on compulsive behavio "bathroom, bathroo her Zyprexa was dia restarted in 3/13, w stable since this rest been on Ativan sind 0.5 mg three times 12/13/12. Upon ind staff were expected behaviors, mood/be non-pharmacologic progress notes; how could be located in R37, record review, diagnoses included disorder, malaise a Review of R37's cu 5/20/13, included A and Celexa 20mg of Celexa having beer quarterly MDS date cognitively intact an Review of R37's red specific anxiety sym Ativan. The record R37's mood, medic effectiveness of non interventions. During interview on stated R37 had rec prior to her readmis revealed continued with R37's family m be discontinued. U anxiety symptoms F verified R37's record	6/27/13, at 9:30 a Zyprexa due to ob or, such as repeate m, bathroom." DO scontinued in 2/13 ith R10 having rem start. DON reveale ce 2009, with a rec daily to 0.5 mg twi guiry, DON stated to document targ ehavior monitoring al interventions in wever, no such do the record. , 6/26/13, revealed anxiety, depression of fatigue. rrent physician ord tivan 0.5 mg three laily at bedtime, who initiated on 4/26/ d 5/3/13, identified of had exhibited no cord lacked identifing ptoms to indicate also lacked moniti ation side effects in-pharmacological 6/27/13, at 9:30 a eived Ativan for ar ssion to the facility use of Ativan was ember, who did no pon inquiry as to t R37 had been exh	I.m. DON sessive edly stating, DN indicated and was hained ed R10 had luction from the nursing et and the nursing cumentation I R37's on, bipolar ders dated times daily th the 13. The I R37 was o behaviors. ication of the use of oring of and I.m. DON hxiety since . DON discussed of want it to he specific ibiting, DON						

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NU		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
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COLONI) ID SUMMARY STATEMENT OF DEFICIENCIES			ONIAL AVENU LD, MN 56150			
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21530	Continued From pa	ge 7		21530			
	confirmed pertinent R37's record, relate monitoring of medic non-pharmacologic R46 record review of that included senile Alzheimer's disease aphasia. Review of R46's cu included Seroquel admission MDS dat moderately cognitiv behaviors of inatter thinking. Review of R46's Be form completed by "Nurses report injur biting, grabbing neo interventions not re 12.5 mg is ordered. with depressive fea injurious behaviors a problem the spec documented for mo hits out during care be documented [throw items off cart interventions have n a recent admit [adm the facility documen report dose respons control her behavio non-pharmacologic staff documented o charting is in place Review of R46's me of indication for the	al interventions. The n this form, "Good be and current." edical record revealed use of Seroquel, tar g, side effect monitor	a lacking in log, hd lopts. agnoses sions, er and rs ng. The R46 was hibited ed fonitoring hoted, tting, n med "Seroquel dementia s or ychosis is be port [R46] his must e nurses, edication lse she is mended haviors, ttempt to he nursing ehavior ed a lack get				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NU			CONSTRUCTION		E SURVEY PLETED
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21530 Continued From page 8 non-pharmacological interventions. During interview on 6/27/13, at 9:30 a.m. DON stated R46 had been receiving Seroquel since prior to her admission to the facility. DON was unable to locate documentation as to why R46 was taking Seroquel and stated that sometimes family members wanted residents to take antipsychotic medications and resisted having them discontinued. DON stated pertinent documentation was lacking for R46 relating to target behavior monitoring, medication side effect							
		side effect tervention tem e and a agnoses essive					
	Review of R9's current physician orders signed 5/9/13, included Risperdal 0.25 mg (an antipsychotic medication) for dementia with psychosis, which was discontinued on 2/26/13 and restarted on 4/16/13.						
	revealed, R9 had b the past, but it was CP's recommendat [patient] agitated ar word finding proble on Risperdal. Pt fa	n progress notes dat een prescribed Risp discontinued second tion. The note added nd irritable at times . ms paranoia wil iled GDR [gradual d dal 0.25 mg po qd [or	erdal in dary to d, "Now pt severe I restart pt ose				
	Review of R9's record revealed Psychotropic						

Minneso	ota Department of He	alth				FORM	APPROVED		
STATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU			E CONSTRUCTION		E SURVEY PLETED		
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21530	Continued From pa	ge 9		21530					
	Monitoring Followin Medication forms d forms identified the and the "area being behaviors, agitation monitored for R9. If were listed on the for non-pharmacologic monitored for effect five episodes of agi between 4/17/13 and Review of INFORM Medication signed 4 behaviors for R9's of yelling and running Non-pharmacologic one-to-one time wit him to express his fi time/space as need listed on this conse the Psychotropic M Change or Stop in I Review of R9's recomponitoring for spec monitoring for spec monitoring for the enon-pharmacologic The facility's Psycho dated 9/05, read, "C done to assess the psychotropic drug the appropriateness of SUGGESTED MET The Director of Nur interdisciplinary tea	g a Start, Change or ated 4/13 and 5/13. medication that was monitored." Both for and anger as being No specific target be orms. No al interventions were tiveness. The forms tation or anger which d 5/19/13. ED CONSENT: Psy 4/16/13, revealed tar use of Risperdal inclu- into things with his vi- cal interventions liste h staff, distraction, a feelings and giving h led. The target beha- nt form, where not lis- onitoring Following a Medication forms. Ford revealed a lack of ified target behaviors effectiveness of al interventions atter otropic Drug Monitor Consistent monitoring risk/benefit relations herapy, including the drug selection and d	The given orms listed haviors e listed or revealed h occurred chotropic get uded vheelchair. d included llowing im aviors sted on a Start, of routine s and mpted. Ting policy g will be ship of e losage. CTION: e						

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU			CONSTRUCTION		E SURVEY PLETED
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		00302		DRESS, CITY, S		06/	27/2013
	ROVIDER OR SUPPLIER	НОМЕ	403 COL	ONIAL AVENU	JE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	S FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
21530	physician and/or the quality assurance of residents' drug regi TIME PERIOD FOR	nge 10 r any concerns to the e consulting pharmad committe could rando mens to ensure com	cist. The omly audit pliance.				
21535	Drug Usage; Gener Subpart 1. Genera must be free from u unnecessary drug i	al. A resident's drug unnecessary drugs. s any drug when use	regimen An ed:	21535			
	drug therapy; B. for excessiv C. without adea D. in the prese which indicate the or discontinued. In addition to the d part 4658.1310, the with provisions in th Code of Federal Re 483.25 (1) found in Operations Manual Long-Term Care Fa Department of Hea Health Care Finance This standard is inc available through th	quate indications for nce of adverse considered adverse adverse adverse adverse adverse adverse adverse adverse constant adverse	its use; or equences ced or required in t comply lines for ection tate yors for y the rices, April 1992. nce. It is y loan				
	by:	ent is not met as evi and document revie					

	ota Department of He	alth (X1) PROVIDER/SUPP			CONSTRUCTION		SURVEY
	OF CORRECTION	IDENTIFICATION					PLETED
		00302		B. WING		06/2	27/2013
AME OF F	ROVIDER OR SUPPLIER		STREET A	DDRESS, CITY, S	TATE, ZIP CODE	• • • •	
COLONI	AL MANOR NURSING	HOME		LONIAL AVENU ELD, MN 5615			
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEI		BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
21535	Continued From pa	ige 11		21535			
	facility did not provide indications for continued use, mood monitoring, monitoring for effectiveness of non-pharmacological interventions, monitoring for target behaviors of psychoactive medications and monitoring for medication side effects, for 5 of 10 residents (R11, R10, R37, R46 and R9) reviewed for unnecessary medication use.						
	Findings include:						
	The facility did not routinely monitor target behaviors and did not routinely document effectiveness of non-pharmacological interventions for R11.						
	6/13/13, included S medication), 25 mil daily at bedtime for lorazepam (an anti- three times daily. R 6/25/13, revealed F included Lewy Body	Review of R11's current physician orders signe 6/13/13, included Seroquel (an antipsychotic medication), 25 milligrams (mg) daily and 50m daily at bedtime for agitation/hallucinations and lorazepam (an anti-anxiety medication), 0.5mg three times daily. Review of R11's record, 6/25/13, revealed R11 had diagnoses that included Lewy Body dementia, depression, anxiety and hallucinations.					
	Review of The Informed Consent: Psychotropic Medication form dated 1/11/13, listed Seroquel and lorazepam as medications used for R11. The form detailed agitation, self-transfers, and anger as the target behaviors related to R11's need for these medications. No ongoing, consistent monitoring of these target behaviors was located in R11's record.						
	R11's current care plan dated 4/24/13, noted, "Anxiety/Behavioral symptoms-Resident wanting to walk and stand without assistance/wandering in facility/uncertainty of what to do." Several non-pharmacological interventions were listed,						

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NU			E CONSTRUCTION		E SURVEY PLETED	
		00302		B. WING 06/27/2013				
AME OF P	ROVIDER OR SUPPLIER				STATE, ZIP CODE			
OLONI	NIAL MANOR NURSING HOME LAK D SUMMARY STATEMENT OF DEFICIENCIES			DNIAL AVEN LD, MN 5615				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIE / MUST BE PRECEDED BY SC IDENTIFYING INFORM	(FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
21535	tea and finger food Incident Checklist f record. These form	for a walk or offerin snacks. Several Be orms were included ns were completed o	ehavior in R11's only when	21535				
	an "as needed" medication was administered to a resident. The Behavior Incident Checklist forms were the sole form of documentation for the effectiveness of non-pharmacological interventions for R11.							
	interventions for R11. When interviewed on 6/27/13, at 8:30 a.m. the director of nursing (DON) confirmed that the facility did not have routine target behavior monitoring documented for residents who were prescribed psychoactive medications. She state that target behaviors were monitored by nursing staff for 30 days when psychoactive medications were started or stopped. She added that nursing assistants recorded behavior occurrences in the documentation, but did not specifically address target behaviors related to the psychoactive medications that were prescribed. At 11:30 a.m.	at the vior ho were She stated y nursing edications at nursing ces in their address ctive 1:30 a.m.,						
the DON verified the Behavior Incident Checklis forms were only used when an as needed medication was administered to a resident Review of R10's current physician orders signe 6/20/13, included Zyprexa (antipsychotic medication) 2.5 mg every evening, Ativan (antianxiety medication) 0.5 mg twice daily and Namenda (dementia/ Alzheimer's medication) 5mg twice daily. The quarterly Minimum Data S (MDS) dated 6/13/13, revealed R10 had	led ent rs signed c an aily and cation) m Data Set d							
	behavior issues or present. Review of R10 diagnoses incl disturbances, anxie	d cognition and iden mood symptoms we the record, 6/26/13 uded dementia with ty, depression and i chavior-Medication N	re , revealed behavioral nsomnia.					
		the facility's consulta						

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPF IDENTIFICATION		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		00302		B. WING		06/2	27/2013
AME OF F	PROVIDER OR SUPPLIER		STREET AL	DDRESS, CITY, S	TATE, ZIP CODE		
OLONI				ONIAL AVENU			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 535 Continued From page 13		BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
21535				21535			
	pharmacist (CP) on Zyprexa was discor to obsessive compu- that surfaced. The anxiety" for R10 and discontinuation of N for use was located contributed to R10's if R10's Zyprexa was control, then a redu scheduled to an "as recommended. The recommendations r nursing staff report noted, "Resident's N recently. Multiple tr have been unsucce Review of R10's me target behaviors for medications. The r target behavior mor monitoring for effect non-pharmacologic the record lacked in Namenda. During interview on stated R10 was on compulsive behavior "bathroom, bathroo her Zyprexa was dis restarted in 3/13, w stable since this res been on Ativan sinc 0.5 mg three times 12/13/12. Upon inc staff were expected behaviors, mood/be non-pharmacologic progress notes; how could be located in	ntinued, but then re ulsive-type health CP noted a "high d recommended lamenda, given no l in the record and s anxiety. The CP as keeping her any inction in her Ativans s needed" basis wa e physician respon- noted, "No change for these recommenus band passed a rials of changes to essful." edical record lacked nitoring, mood mo stiveness of al interventions. In dication for R10's 6/27/13, at 9:30 a Zyprexa due to ob or, such as repeated m, bathroom." Do scontinued in 2/13 ith R10 having ren start. DON reveated al interventions in wever, no such do	estarted due complaints degree of o indication it potentially added that dety under , from as now." The endations way psych meds ed identified ychoactive evidence of nitoring and n addition, use of DON sessive edly stating, DN indicated and was nained ed R10 had luction from the nursing et and the nursing				

ATEMENT OF DEFI		(X1) PROVIDER/SUPF IDENTIFICATION		A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED			
		00302		B. WING	06/2	27/2013				
ME OF PROVIDER (OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE						
OLONIAL MANO	IIAL MANOR NURSING HOME			ONIAL AVENU						
REFIX (EAC	FIX (EACH DEFICIENCY MUST BE PRECEDED		BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE			
21535 Continu	ed From pa	ge 14		21535						
5/20/13 and Cel Celexa quarterl cognitiv Review diagnos	Review of R37's current physician orders dated 5/20/13, included Ativan 0.5 mg three times daily and Celexa 20mg daily at bedtime, with the Celexa having been initiated on 4/26/13. The quarterly MDS dated 5/3/13, identified R37 was cognitively intact and had exhibited no behaviors. Review of the record, 6/26/13, revealed R37's diagnoses included anxiety, depression, bipolar disorder, malaise and fatigue. Review of R37's record lacked identification of specific anxiety symptoms to indicate the use of Ativan. The record also lacked monitoring of									
specific Ativan. R37's m effective interven During i stated F prior to revealed with R3 be disco anxiety verified specific confirm R37's re monitor non-pha Review included admissi modera behavio thinking	anxiety sym The record nood, medica eness of nor ations. nterview on R37 had rece her readmis d continued 7's family mo ontinued. Up symptoms F R37's record anxiety rela ed pertinent ecord, relate ing of medica of R46's curd d Seroquel 1 on MDS dat tely cognitive rs of inatten . Review of	ptoms to indicate	the use of oring of and .m. DON exiety since DON discussed of want it to ne specific biting, DON tion of DN as lacking in ring, and empts. lers ning. The ed R46 was exhibited zed 3 identified							

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPP IDENTIFICATION		A. BUILDING: _	CONSTRUCTION	СОМ	E SURVEY PLETED
		00302		B. WING		06/	27/2013
AME OF F	PROVIDER OR SUPPLIER		STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
COLONI	AL MANOR NURSING	HOME		LONIAL AVENU ELD, MN 56150			
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED		BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
21535	Continued From pa	ge 15		21535			
	form completed by "Nurses report injur biting, grabbing nec- interventions not re 12.5 mg is ordered. with depressive fea injurious behaviors a problem the spec- documented for mo- hits out during care- be documented [throw items off cart- interventions have r a recent admit [adm the facility documer report dose respons control her behavio non-pharmacologic staff documented o charting is in place Review of R46's me of indication for the behavior monitoring monitoring for effec- non-pharmacologic During interview on stated R46 had bee prior to her admissi unable to locate doo was taking Seroque family members wa antipsychotic medic them discontinued. documentation was target behavior mor monitoring and non attempts. DON co	tious behaviors of I ck during cares. N ported." CP added . There is history of turesNo psycho are described. If p ific symptoms mus onitoring. Nurse's n s and is injurious. [R46] has tried to b s at nurses. Non-r not been tried beca hission]." CP reco the R46's baseline b ses and document rs through al interventions. In this form, "Good and current." edical record revea use of Seroquel, t g, side effect monit ctiveness of al interventions. 6/27/13, at 9:30 a en receiving Seroque on to the facility. If cumentation as to el and stated that s inted residents to t cations and resiste DON stated pertin a lacking for R46 re- nitoring, medication -pharmacological	hitting, on med d, "Seroquel of dementia sis or osychosis is st be report [R46] This must bite nurses, medication ause she is mmended behaviors, attempt to The nursing behavior aled a lack arget oring and .m. DON uel since DON was why R46 ometimes ake d having hent elating to n side effect intervention	t			

Minnesc	ta Department of He	alth				FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NU			E CONSTRUCTION		E SURVEY PLETED
		00302		B. WING		06/2	27/2013
NAME OF P	ROVIDER OR SUPPLIER		STREET AD				
COLONIA	AL MANOR NURSING HOME			ONIAL AVEN LD, MN 561			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE / MUST BE PRECEDED BY SC IDENTIFYING INFORM	' FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
21535	Continued From pa	ige 16		21535			
	method for appropr effectiveness and a	iate monitoring for adverse side effects.					
	Review of R9's current physician orders signed 5/9/13, included Risperdal 0.25 mg (an antipsychotic medication) for dementia with psychosis, which was discontinued on 2/26/13 and restarted on 4/16/13. Review of the record revealed R9's diagnoses included senile dementia with depressive features, unspecified psychosis and major depressive disorder.						
	Review of physician progress notes dated 4/16 revealed, R9 had been prescribed Risperdal in the past, but it was discontinued secondary to CP's recommendation. The note added, "Now [patient] agitated and irritable at times sever word finding problems paranoia will restar on Risperdal. Pt failed GDR [gradual dose reduction]. Risperdal 0.25 mg po qd [orally da " Review of R9's record revealed Psychotropic Monitoring Following a Start, Change or Stop i Medication forms dated 4/13 and 5/13. The forms identified the medication that was given and the "area being monitored." Both forms lis behaviors, agitation and anger as being monitored for R9. No specific target behaviors were listed on the forms. No non-pharmacological interventions were listed monitored for effectiveness. The forms reveal five episodes of agitation or anger which occur between 4/17/13 and 5/19/13.		erdal in dary to d, "Now pt severe I restart pt ose				
			r Stop in The given orms listed haviors e listed or revealed				
Minnocoto D	Medication signed 4 behaviors for R9's i	IED CONSENT: Psy 4/16/13, revealed tar use of Risperdal incl into things with his v	get uded				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPP IDENTIFICATION		. ,	CONSTRUCTION		E SURVEY PLETED
		00302		B. WING	06//	27/2013	
ME OF P	ROVIDER OR SUPPLIER	•		DRESS, CITY, ST			
OLONI	AL MANOR NURSING	HOME		ONIAL AVENU			
X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENC Y MUST BE PRECEDED SC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
21535	Continued From pa	age 17		21535			
	Non-pharmacologic one-to-one time with him to express his time/space as need listed on this conset the Psychotropic M Change or Stop in the	th staff, distraction, feelings and giving ded. The target be ent form, where not lonitoring Following Medication forms.	allowing him haviors listed on g a Start,				
Review of R9's record revealed a lack monitoring for specified target behavior monitoring for the effectiveness of non-pharmacological interventions att		ors and empted.					
	The facility's Psych dated 9/05, read, "C done to assess the psychotropic drug t appropriateness of	Consistent monitor risk/benefit relatio herapy, including t	ing will be nship of he				
	SUGGESTED MET The Director of Nur involved staff as to psychoactive medic could also conduct compliance with thi	rsing could re-educ proper procedure cation use and mor periodic audits to i	ate the : nitoring. She				
	TIME PERIOD FOR (21) days.	R CORRECTION:	Twenty one				
21540	MN Rule 4658.131 Usage; Monitoring	5 Subp. 2 Unneces	sary Drug	21540			
	Subp. 2. Monitoring monitor each reside unnecessary drug u home's policies and pharmacist must re resident's attending physician does not	ent's drug regimen usage, based on th d procedures, and port any irregularit g physician. If the a	for le nursing the y to the ttending				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NU			CONSTRUCTION		E SURVEY PLETED
		00302		B. WING	06/2	27/2013	
AME OF F	NIAL MANOR NURSING HOME			DDRESS, CITY, ST			
OLONI				03 COLONIAL AVENUE AKEFIELD, MN 56150			
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY		FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
21540	Continued From pa	ige 18		21540			
	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.						
by: Based facility use, m effectiv interver psycho medica pharma lack of recomr irregula continu effectiv interver psycho medica (R11, F	by: Based on interview facility did not provi use, mood monitori effectiveness of not interventions, moni psychoactive medic medication side effe pharmacist failed to lack of behavior m recommendations t irregularities identific continued use, mod effectiveness of not interventions, moni psychoactive medic medication side effe	n-pharmacological toring for target beha cations and monitorin ects. In addition, the o advise the facility re onitoring and failed to to the facility regardin ied, related to indica od monitoring, monitor n-pharmacological toring for target beha cations and monitorin ects, for 5 of 10 resid 46 and R9) reviewed	ew, the ntinued aviors of ng for consulting egarding o make ng tions for oring for aviors of ng for dents				
	Findings include:						

Minnesc	ta Department of He	alth					
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		. ,		(X3) DATE COMP	SURVEY LETED
		00302		B. WING		06/2	7/2013
NAME OF F	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
COLONI	AL MANOR NURSING	HOME		DNIAL AVEN			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE / MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
21540	diagnoses included depression, anxiety Review of R11's cu 6/13/13, included S medication), 25 mil	6/25/13, revealed R1 Lewy Body demention and hallucinations. rrent physician order eroquel (an antipsyc ligrams (mg) daily an	a, s signed hotic id 50mg	21540			
	lorazepam (an anti- three times daily. The Informed Cons form dated 1/11/13 lorazepam as medi form detailed agitat as the target behav these medications. monitoring of these in R11's record.	agitation/hallucinatic anxiety medication), eent: Psychotropic Me , listed Seroquel and cations used for R11 ion, self-transfers, ar iors related to R11's No ongoing, consist target behaviors wa	0.5mg edication . The nd anger need for tent s located				
diamonda D	"Anxiety/Behavioral to walk and stand w in facility/uncertaint non-pharmacologic such as taking R11 tea and finger food Incident Checklist for record. These form an as needed medi resident. The Behavior effectiveness of not interventions for R1 Review of Behavior completed by the fa (CP) dated 4/22/13		t wanting andering veral listed, g green havior n R11's nly when ered to a st forms the ng form armacist not an				

Minnesc	ta Department of He	alth				FORM	APPROVED
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU			E CONSTRUCTION		E SURVEY PLETED
		00302		B. WING		06/2	27/2013
NAME OF F	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
COLONI	AL MANOR NURSING	HOME		ONIAL AVEN LD, MN 5615			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE / MUST BE PRECEDED BY SC IDENTIFYING INFORM/	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
21540	Continued From pa	ge 20		21540			
	be documented for attempts to take off of wheelchair. Adm these actions has n to confusion. If she abnormal thoughts documented. She	us or psychotic beha Seroquel. Notes rep immobilizer and stan inistration of Seroqu ot helped and may c is delirious then her and actions should thas has a history of hittin e neck and locking h	port [R11] nd up out uel for contribute r be ig nurses,				
	When interviewed on 6/27/13, at 8:30 a.m. the director of nursing (DON) confirmed that the facility did not have routine target behavior monitoring documented for residents who were prescribed psychoactive medications. She stated that target behaviors were monitored by nursing staff for 30 days when psychoactive medications were started or stopped. She added that nursing assistants recorded behavior occurrences in their documentation, but did not specifically address target behaviors related to the psychoactive medications that were prescribed. At 11:30 a.m., the DON stated the Behavior Incident Checklist forms were only used when an as needed medication was administered to a resident. On 6/27/13, at 10:40 a.m., the CP was interviewed and stated that he looks for target behaviors and uses them during his review, if they are available. When asked about any documentation of effectiveness of non-pharmacological interventions, CP stated that he had no record of that, related to R11.						
	diagnoses that includisturbances, anxie Review of R10's cu	6/26/13, revealed R uded dementia with b ty, depression and ir rrent physician order yprexa (antipsychotic	behavioral nsomnia. rs signed				

Minnesc	esota Department of Health					FORM	APPROVE		
STATEME	OF CORRECTION	(X1) PROVIDER/SUPPL IDENTIFICATION N		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED		
		00302		B. WING		06/2	27/2013		
NAME OF F	ROVIDER OR SUPPLIER		STREET AL	STREET ADDRESS, CITY, STATE, ZIP CODE					
COLONI	SUMMARY STATEMENT OF DEFICIENCIES			ONIAL AVENU					
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED B REGULATORY OR LSC IDENTIFYING INFORM 1540 Continued From page 21		Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE		
21540				21540					
	medication) 2.5 mg (antianxiety medical Namenda (dementi 5mg twice daily. Th (MDS) dated 6/13/1 moderately impaire behavior issues or the present. Review of R10's Bet form completed by pharmacist (CP) on Zyprexa was discort to obsessive compu- that surfaced. The anxiety" for R10 and discontinuation of N for use was located contributed to R10's if R10's Zyprexa was control, then a redu scheduled to an as recommended. The recommendations r nursing staff report noted, "Resident's f recently. Multiple tr have been unsucce Review of R10's me target behavior mor monitoring for effect non-pharmacologic the record lacked ir Namenda. During interview on stated R10 was on compulsive behavior "bathroom, bathroo her Zyprexa was dis- epartment of Health	tion) 0.5 mg twice of a/ Alzheimer's med he quarterly Minimu I3, revealed R10 ha d cognition and iden mood symptoms we havior-Medication I the facility's consult of 4/22/13, indicated htinued, but then resulsive-type health of CP noted a "high d d recommended lamenda, given no I in the record and it s anxiety. The CP a as keeping her anxie totion in her Ativan, needed basis was e physician response noted, "No change r for these recommen husband passed aw rials of changes to p essful." edical record lacked the use of her psyce cord also lacked en hitoring, mood moni- stiveness of al interventions. In indication for R10's u 6/27/13, at 9:30 a.r Zyprexa due to obs or, such as repeated m, bathroom." DOI	daily and ication) m Data Set ad ntified no ere Monitoring tant that in 3/13 started due omplaints egree of indication t potentially added that ety under from se to these now." The indations vay osych meds d identified choactive evidence of itoring and addition, use of m. DON iessive dly stating, N indicated						

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPP IDENTIFICATION I		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED			
		00302		B. WING		06/	27/2013			
AME OF F	PROVIDER OR SUPPLIER	•	STREET A	STREET ADDRESS, CITY, STATE, ZIP CODE						
COLONI	AL MANOR NURSING	HOME		ONIAL AVENU						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENC / MUST BE PRECEDED E SC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE			
21540	Continued From pa	ge 22		21540						
	restarted in 3/13, w stable since this res been on Ativan since 0.5 mg three times 12/13/12. Upon inc staff were expected behaviors, mood/be non-pharmacologic progress notes; how could be located in R37, record review, diagnoses included disorder, malaise a Review of R37's cu 5/20/13, included A and Celexa 20mg of Celexa having beer quarterly MDS date cognitively intact an Review of R37's rea specific anxiety syn Ativan. The record R37's mood, medic effectiveness of non interventions. During interview on stated R37 had rec prior to her readmis revealed continued with R37's family m be discontinued. U anxiety symptoms F verified R37's recor specific anxiety rela- confirmed pertinent R37's record, relate monitoring of medic	start. DON revealed ce 2009, with a redu- daily to 0.5 mg twice quiry, DON stated the daily to 0.5 mg twice quiry, DON stated the daily to document target ehavior monitoring al interventions in the wever, no such door the record. , 6/26/13, revealed anxiety, depression nd fatigue. rrent physician ord titvan 0.5 mg three daily at bedtime, with n initiated on 4/26/1 ed 5/3/13, identified nd had exhibited no cord lacked identified not be the also lacked monitor cation side effects a m-pharmacological 6/27/13, at 9:30 a. eived Ativan for an asion to the facility. use of Ativan was tember, who did no pon inquiry as to the R37 had been exhi- rd lacked identificate ated symptoms. DC documentation was ed to mood monitor	d R10 had uction from ce daily on he nursing et and he nursing cumentation R37's n, bipolar ers dated times daily h the 3. The R37 was behaviors. cation of the use of oring of and m. DON xiety since DON discussed t want it to he specific biting, DON ion of DN as lacking in ing,							

TATEME	ota Department of He NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUP IDENTIFICATION		A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED		
		00302		B. WING 06/27/20					
AME OF F	PROVIDER OR SUPPLIER			DDRESS, CITY, S					
COLONI	AL MANOR NURSING	HOME		LONIAL AVENU ELD, MN 5615					
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FU AG REGULATORY OR LSC IDENTIFYING INFORMATION		BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE		
21540				21540					
	Alzheimer's disease aphasia. Review of R46's cu included Seroquel a admission MDS dat moderately cognitiv behaviors of inatter thinking. Review of R46's Be form completed by "Nurses report injur biting, grabbing nec interventions not re 12.5 mg is ordered. with depressive fea injurious behaviors a problem the spec documented for mo hits out during care be documented [throw items off cart interventions have n a recent admit [adm the facility documen report dose respons control her behavio non-pharmacologic staff documented o charting is in place Review of R46's me of indication for the behavior monitoring monitoring for effect non-pharmacologic During interview on stated R46 had bee prior to her admissi unable to locate do	rrent physician or 12.5 mg every ever ted 6/3/13, identific ely impaired and ation and disorgan chavior-Medication the CP on 6/19/13 tious behaviors of ck during cares. No ported." CP adde There is history turesNo psyche are described. If ific symptoms mu onitoring. Nurse's s and is injurious. R46] has tried to s at nurses. Non- not been tried bec nission]." CP reco th R46's baseline ses and documen rs through al interventions. n this form, "Good and current." edical record reve use of Seroquel, g, side effect mon- tiveness of al interventions. 6/27/13, at 9:30 a en receiving Seroo on to the facility.	ders ening. The ied R46 was exhibited nized n Monitoring 3, noted, hitting, Non med ed, "Seroque of dementia osis or psychosis is ist be report [R46] This must bite nurses, -medication cause she is ommended behaviors, at attempt to The nursing d behavior raled a lack target itoring and						

Minnesota Department of Health STATE FORM

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		(X1) PROVIDER/SUPP IDENTIFICATION		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		00302		B. WING		06/	27/2013		
					DRESS, CITY, STATE, ZIP CODE				
COLONI	AL MANOR NURSING	HOME		ONIAL AVENU ELD, MN 56150					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE		
21540	Continued From page 24			21540					
	antipsychotic medications and resisted having them discontinued. DON stated pertinent documentation was lacking for R46 relating to target behavior monitoring, medication side effect monitoring and non-pharmacological intervention attempts. DON confirmed the facility's psychotropic medication monitoring system needed to be improved to ensure each medication had clear indications for use and a method for appropriate monitoring for effectiveness and adverse side effects. R9 record review, 6/26/13, indicated diagnoses that included senile dementia with depressive features, unspecified psychosis and major depressive disorder.								
	Review of R9's current physician orders signed 5/9/13, included Risperdal 0.25 mg (an antipsychotic medication) for dementia with psychosis, which was discontinued on 2/26/13 and restarted on 4/16/13.								
	Review of physician progress notes dated 4/16/1 revealed, R9 had been prescribed Risperdal in the past, but it was discontinued secondary to CP's recommendation. The note added, "Now p [patient] agitated and irritable at times severe word finding problems paranoia will restart p on Risperdal. Pt failed GDR [gradual dose reduction]. Risperdal 0.25 mg po qd [orally daily] "								
	Review of R9's record revealed Psychotropic Monitoring Following a Start, Change or Stop in Medication forms dated 4/13 and 5/13. The forms identified the medication that was given and the "area being monitored." Both forms list behaviors, agitation and anger as being monitored for R9. No specific target behaviors were listed on the forms. No			ł					

Minneso	ta Department of He	alth							
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
00302		00302		B. WING		06/27/2013			
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	DDRESS, CITY, STATE, ZIP CODE					
				ONIAL AVENUE ELD, MN 56150					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE		
21540	Continued From page 25 non-pharmacological interventions were listed or monitored for effectiveness. The forms revealed five episodes of agitation or anger which occurred between 4/17/13 and 5/19/13. Review of INFORMED CONSENT: Psychotropic Medication signed 4/16/13, revealed target behaviors for R9's use of Risperdal included yelling and running into things with his wheelchair. Non-pharmacological interventions listed included one-to-one time with staff, distraction, allowing him to express his feelings and giving him time/space as needed. The target behaviors listed on this consent form, where not listed on the Psychotropic Monitoring Following a Start, Change or Stop in Medication forms. Review of R9's record revealed a lack of routine monitoring for the effectiveness of non-pharmacological interventions attempted. The facility's Psychotropic Drug Monitoring policy dated 9/05, read, "Consistent monitoring will be done to assess the risk/benefit relationship of psychotropic drug therapy, including the appropriateness of drug selection and dosage.			21540					
	SUGGESTED MET The Director of Nur medication monitor including the State could randomly aud to ensure that medi accordance with ac ensure medications adverse effects.	drug selection and d 'HOD FOR CORREC sing could review the ing with the licensed and federal regulatio lit resident medicatio cations were utilized cepted standards, ar were monitored for	CTION: e need for staff ns. She n orders in nd to potential						
linnesota D	(21) days.								