DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
June 14, 2022

Administrator
Guardian Angels Care Center
400 Evans Avenue
Elk River, MN 55330

RE: CCN: 245012
Cycle Start Date: April 18, 2022

Dear Administrator:

On June 9, 2022, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing
Minnesota Department of Health
Licensing and Certification Program
Health Regulation Division
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

June 14, 2022

Administrator
Guardian Angels Care Center
400 Evans Avenue
Elk River, MN 55330

Re: Reinspection Results
Event ID: 4IBH12

Dear Administrator:

On June 9, 2022 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on April 18, 2022. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing
Minnesota Department of Health
Licensing and Certification Program
Health Regulation Division
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
May 3, 2022

Administrator
Guardian Angels Care Center
400 Evans Avenue
Elk River, MN 55330

RE: CCN: 245012
Cycle Start Date: April 18, 2022

Dear Administrator:

On April 18, 2022, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety, to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

ELECTRONIC PLAN OF CORRECTION (ePoC)

Within **ten (10) calendar days** after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved.

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

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

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

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

- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

DEPARTMENT CONTACT

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

Susie Haben, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Midtown Square
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us
Office: (320) 223-7356 Mobile: (651) 230-2334

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

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

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

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 ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

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

If substantial compliance with the regulations is not verified by July 18, 2022 (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).

In addition, if substantial compliance with the regulations is not verified by October 18, 2022 (six months after the identification of noncompliance) your provider agreement will be terminated. 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.

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.

INFORMAL DISPUTE RESOLUTION (IDR) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

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

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

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: https://mdhprovidercontent.web.health.state.mn.us/ltc_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

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

Feel free to contact me if you have questions.

Sincerely,

Kamala Fiske-Downing
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245012	A. BUILDING _____ B. WING _____	C 04/18/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUARDIAN ANGELS CARE CENTER	**400 EVANS AVENUE ELK RIVER, MN 55330**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS On 4/18/22, a standard abbreviated survey was conducted at your facility. Your facility was found to be not in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaint was found to be SUBSTANTIATED: H5012083C (MN00082612 and MN00082568), with a deficiency cited at F580. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial	F 580		5/31/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 05/16/2022

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F 580	Continued From page 1 status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on interview and document review, the	F 580	This plan of correction is being submitted	

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F 580	Continued From page 2 facility failed to ensure a resident's physician and family were immediately notified of a change in condition for 1 of 1 resident (R1) who exhibited stroke like symptoms and refused emergency room transfer. Findings include: R1's Minimum Data Set (MDS), dated 3/1/22, indicated R1 was cognitively intact with clear speech, was able to understand others and others understood her and she required extensive physical assist for cares. R1 was limited in her movement of both upper and lower extremities with diagnosis of anxiety, depression, chronic pain, and right-hand contracture (decreased ability of the muscle to stretch). Frequent pain was present which impacted her sleep and limited her day-to-day activities. A late entry progress note on 4/8/22, at 10:21 a.m. listed an SBAR note (Situation, Background, Assessment and Recommendations) was completed. R1 was recorded as having chronic right shoulder pain. The nurse assessed the shoulder for abnormalities: "No bruising/redness/swelling or obvious abnormality seen," other than "noted surgical scars." R1 stated to the nurse she worked with therapy which may have contributed to the soreness. In response, the nurse would monitor R1 and administer as needed pain medication to R1 if needed. R1's progress note, recorded on 4/8/22, at 1:20 p.m. indicated R1 reported "tingling in right arm." She rested in her chair with a game show on the television. The nurse administered oral medications "with good effect." R1 responded to	F 580	as requirement of participation in the Medicare/Medicaid program, and does not indicate that we agree with the citation. It is the goal of Guardian Angels Care Center to provide notification of changes for injury, significant change, treatment altered significantly, and change in room or roommates. The attending physician and the resident representative for R1 have been notified of changes in resident condition as identified in F580. R1's physician and family were notified on the same shift as the change was identified, however they were not notified immediately as required by regulation. Retraining has been done with the nurse on duty. A 100% audit of all current GACC residents will be conducted by 5/16/2022 to determine if there has been a change in any resident's condition as defined in F580. Any identified changes in condition will immediately be reported to the resident's physician and the resident's representative. The specific changes as well as the communication will be summarized in the medical record. All licensed nurses will be trained on notification of resident condition changes as defined in F580 by 5/31/2022. This same training will be presented to all new hires during their orientation period.	

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F 580	Continued From page 3 the nurse, "I think I am sore from therapy yesterday." A late entry progress note on 4/8/22, at 3:45 p.m. identified "Pt [R1] appeared alert and focused during the restorative therapy. Pt reported minor pain in her R (right) shoulder so ROM (range of motion) for BUE (bilateral upper extremities) was not completed. Pt has reported pain and said it was a 2/10. Pt demonstrated good participation overall." R1's progress note, dated 4/9/22, at 12:34 p.m. recorded "Resident presented with slurred speech, difficulty swallowing, left arm pain and c/o (complaints of) "being fuzzy", these symptoms apparently started yesterday. BP (blood pressure) elevated at 188/96 (normal BP 120/80). After medications BP 146/87. She is tearful and scared. Writer had spoken with resident and said that she could be sent in for eval. She declined to go. Family did visit and was concerned. Received a call from daughter and she was upset nothing was done yesterday. Called NP (nurse practitioner) received orders to send to ER (emergency room) for EVAL (evaluation) and TX (treatment), possible stroke. Transport called. Family updated. Will be sending her to [hospital]. Will await EMT (emergency medical transport)." R1's hospital History & Physical report, dated 4/9/22, indicated under the heading Assessment/Plan "Acute CVA (cerebrovascular accident)," acute ischemia (reduced blood flow) without hemorrhagic conversion (brain bleeding) with an etiology (cause) "likely atrial flutter (heart beats too fast)." A completed State agency (SA) submitted	F 580	The Nurse Unit Managers will review resident changes in condition to ensure that the resident's physician and representative have been notified immediately and that these notifications are accurately documented in the medical record. A 10% audit will be conducted weekly for the next 90 days. The results of these audits will be reviewed by the Director of Nursing and reported at the QAPI meeting. If the audit results indicate that notifications are being made consistently and immediately, audits will be reduced to 5% weekly for condition changes for an additional 90 days. These audits will be reviewed by the Director of Nursing and reported at the QAPI meetings as well. The deficiency will be corrected by 5/31/2022.	

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F 580	Continued From page 4	F 580		

investigation, dated 4/12/22, identified the facility' completed investigation into the incident. R1 reported on 4/8/22, at approximately 2:00 p.m. to a nursing assistant (NA) she experienced right shoulder numbness and felt this was from therapy on 4/7/22. During the interaction R1 was witnessed to be crying in which R1 verbalized she thought she had a stroke since her mom experienced one. The NA reported the shoulder pain to the on-duty nurse; however, she denied she reported R1's crying or stroke comments. The 4/8/22 on duty nurse assessed the right shoulder as soreness. R1 again contributed this to working with therapy. The on-duty nurse followed up with R1 around 4:00 p.m., 5:00 p.m., and again with the evening medication pass. R1 presented at her baseline. On 4/8/22, around 3:30 p.m. R1 engaged in a restorative therapy session where she complained of right arm pain. The restorative therapy staff indicated this type of pain was not new for R1 and that R1 did not present with any signs or symptoms of possible stroke during the session. On the morning of 4/9/22, the night nurse's taped verbal report indicated R1 "was ok, no complaints," and she administered R1 a scheduled medication around 6:00 a.m. R1 did not verbalize or demonstrate any stroke signs or symptoms. On 4/9/22, around 7:00 a.m. the day shift nurse reported R1 stated she felt like she was having a stroke. R1 presented with, garbled speech, right facial droop, drooling, difficulty swallowing her medications and she complained of right arm pain. Her BP was 188/96, she was tearful, and felt "funny." The nurse immediately, along with multiple other times that morning, discussed with R1 her recommendation for R1 be transferred to the hospital. R1 continued to decline hospitalization as she "wanted to see what

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F 580	Continued From page 5	F 580		

happens." On 4/9/22, later morning, R1's family visited the facility while another family member spoke to R1 on the phone in which R1 ultimately agreed to seek a hospital transfer. After, an order to send to the emergency room was obtained from an on-call provider and 911 transport was summoned.

During a telephone interview on 4/15/22, at 3:07 p.m. family member (FM)-A stated R1 exhibited "slurry" speech while talking on the phone and personally visiting with other family members. FM-A voiced, "[R1] recognized the [stroke] symptoms herself and let staff know ... they did not do anything." R1 complained that morning her right arm was numb, was unable to smile, and informed FM-A she felt she had a stroke "yesterday [4/8/22]." FM-A indicated on 4/9/22 when family brought their concerns to the day nurse, the day nurse acknowledged she was already aware of R1's symptoms; however, indicated she needed to call the doctor first before calling an ambulance. FM-A indicated R1 informed family that on 4/9/22 the facility asked her if she wished to be sent to the hospital; however, R1 acknowledged she declined. FM-A exclaimed, "You do not ask if you want to go to the hospital when you are having a stroke, you just go."

When interviewed by telephone on 4/18/22, at 11:14 a.m. FM-B stated when they entered R1's room on 4/9/22, R1 "looked heavily sedated and almost out of it ...like she just got up from a nap." FM-B indicated when they initially approached R1 she stated she had a stroke. FM-B explained, "I brushed it off as not sure if I heard it right." FM-B proceeded to assist R1 with a new phone setup; however, when R1 started a phone conversation

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F 580	Continued From page 6	F 580		

with another family member, family felt R1's speech was slurred, and they updated a nurse of their concerns at that time. FM-B stated facility staff informed them they were already aware of the concerns and indicated that is why R1 was in bed and they were monitoring her.

During interview on 4/18/22, at 11:49 a.m. medical director (MD) stated on 4/9/22 R1 displayed symptoms and declined hospital transport. MD expressed, "To me with sending someone in after four hours even after they refused is pretty good. The process is not a quick one." He explained R1's medical condition would not have been improved by the administration of TPA (tissue plasminogen activator - breaks down blood clots) as TPA "seldom happens." "Someone got the idea that there were changes on the 8th [4/8/22], but from what I understand, everybody inferred that she was okay prior to Saturday [4/9/22]." He explained arm tingling "is not really a stroke" and the resident would have to present with additional symptoms to contact a physician such as weakness to one extremity. "If she was having a stroke on Friday, she would have shown additional symptoms other than arm pain." He stated he expected anything "new" a resident presented with to be assessed. "Nurses are not physicians:" thus, the assessment should then be provided to the provider if something is not "benign."

When interviewed on 4/18/22, at 12:21 p.m. registered nurse (RN)-A stated R1's only verbal complaint on 4/8/22 was right arm pain. He assessed R1, at which time, R1 did not verbalize or show signs and/or symptoms of a possible stroke or of her being upset in any way. RN-A denied staff reported to him R1 verbalized she felt

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F 580	Continued From page 7	F 580		

she had a stroke or that R1 was crying that shift. He indicated R1 has chronic pain and was prone to episodes of crying. RN-A explained if a resident presented with any stroke signs and/or symptoms he would immediately contact the provider, the family, and a facility manager. Further, he explained if the resident declined hospital transport, he would enlist the help of the provider, family, or facility manager to encourage the resident to agree to the transport for "quicker" treatment.

During interview on 4/18/22, at 12:41 p.m. NA-A stated on 4/8/21, as she and NA-B assisted R1 to lay down in the afternoon, R1 was crying and "mentioned she was scared she was going to have a stroke, not that she had a stroke." R1 complained of her arm "feeling a little numb on the top of the shoulder." NA-A denied she followed up with R1's nurse as NA-B updated the nurse on R1's shoulder pain. NA-A indicated R1 remained at her baseline status that shift and did not exhibit stroke signs and/or symptoms; however, on 4/9/22, around 7:30 a.m. NA-A stated she witnessed R1 with right sided facial droop, unclear speech, and inability to move her right arm. She indicated RN-B was updated at approximately 7:40 a.m. NA-A expressed she witnessed R1 decline hospital transport. She indicated if a resident experienced a change in condition, such as "out of their norm [normal status]," she was expected to alert the nurse immediately.

During interview on 4/18/22, at 2:00 p.m. NA-B stated on 4/8/22 she and NA-A assisted R1 to lay down in the afternoon. NA-B denied witnessing R1 was crying during the interaction or that R1 made any comments about stroke concerns. The

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F 580	Continued From page 8	F 580		

only comment R1 expressed was "my arm feels funny." She explained NA-A followed up with the nurse and the nurse entered R1's room after. NA-B explained R1 has chronic pain and "all was good ...she was at her normal [baseline]." She indicated if a resident experienced a change in condition, such as signs and/or symptoms of a stroke, she was expected to report the change right away.

When interviewed on 4/18/22, at 2:20 p.m. R1 stated she was very tired; however, speech was clear and conversation ability was adequate. She exhibited a very slight right sided mouth droop. She was free of signs of distress, anxiety, or respiratory concerns. R1 explained, "I had a stroke," when asked for hospitalization reason. She denied she informed staff of any stroke concerns on 4/8/22; however, she explained she updated RN-A "I felt like I was drunk." She acknowledged she declined hospital transport on 4/9/22: "I wanted to wait and see." "I did not feel like I was having a stroke then." "I was talking to [FM-A] on the phone and [FM-A] mentioned I was talking funny." R1 indicated she did not remember any experienced stroke symptoms on 4/8/22; however, remembered trouble speaking on 4/9/22. "They [symptoms] got worse when [FM-B] was here." "I told the nurse I did not want to go in, my family wanted me to go in."

During interview on 4/18/22, at 3:57 p.m. the director of nursing (DON) stated he expected staff to immediately follow the nursing process of assessment and notification of physician and family when a resident presented with a change in condition, "Especially in life-threatening situations such as a stroke, even if the person is alert and oriented and declines medical

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	245012	A. BUILDING _____ B. WING _____	C 04/18/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUARDIAN ANGELS CARE CENTER	400 EVANS AVENUE ELK RIVER, MN 55330

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 580	Continued From page 9 treatment." The DON explained updating the physician and family right away helps in decision making and resident advocacy to decrease the risks of life-threatening events. A policy Notification of Changes in Condition - Physician and Family dated last revised 6/25/18, directed "The facility must immediately notify the physician, resident, resident's legal representative if known or an interested family member when there is: A significant change in the resident's physical, mental or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications.). Examples of life-threatening conditions would include heart attack or stroke." In addition, the policy indicated "In the case of a competent resident, the Charge Nurse must still notify interested family members, if known. Significant changes in the resident's condition may prohibit the resident from communication information personally to the family."	F 580		

Electronically delivered
May 3, 2022

Administrator
Guardian Angels Care Center
400 Evans Avenue
Elk River, MN 55330

Re: State Nursing Home Licensing Orders
Event ID: 4IBH11

Dear Administrator:

The above facility was surveyed on April 18, 2022 through April 18, 2022 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

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

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html. The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

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

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

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

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

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

Susie Haben, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Midtown Square
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us
Office: (320) 223-7356 Mobile: (651) 230-2334

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

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

Please feel free to call me with any questions.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: (651) 201-4112 Fax: (651) 215-9697

Email: Kamala.Fiske-Downing@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00611	A. BUILDING: _____ B. WING _____	04/18/2022

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GUARDIAN ANGELS CARE CENTER	400 EVANS AVENUE ELK RIVER, MN 55330

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2 000	Initial Comments *****ATTENTION****** 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 contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. 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. INITIAL COMMENTS: On 4/18/22, a complaint survey was conducted at your facility by a surveyor from the Minnesota Department of Health (MDH). Your facility was found not in compliance with the MN State Licensure. Please indicate in your electronic plan of	2 000		

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2 000	Continued From page 1 correction you have reviewed this order and identify the date when it will be completed. The following complaint was found to be SUBSTANTIATED: H5012083C (MN00082612 and MN00082568) with a licensing order cited at 0235. 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 out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction. You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility	2 000		

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2 000	Continued From page 2 is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. 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.	2 000		
2 265	MN Rule 4658.0085 Notification of Chg in Resident Health Status A nursing home must develop and implement policies to guide staff decisions to consult physicians, physician assistants, and nurse practitioners, and if known, notify the resident's legal representative or an interested family member of a resident's acute illness, serious accident, or death. At a minimum, the director of nursing services, and the medical director or an attending physician must be involved in the development of these policies. The policies must have criteria which address at least the appropriate notification times for: A. an accident involving the resident which results in injury and has the potential for requiring physician intervention; B. a significant change in the resident's physical, mental, or psychosocial status, for example, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications; C. a need to alter treatment significantly, for example, a need to discontinue an existing form of treatment due to adverse consequences, or to	2 265		5/6/22

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2 265	Continued From page 3 begin a new form of treatment; D. a decision to transfer or discharge the resident from the nursing home; or E. expected and unexpected resident deaths. This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure a resident's physician and family were immediately notified of a change in condition for 1 of 1 resident (R1) who exhibited stroke like symptoms and refused emergency room transfer. Findings include: R1's Minimum Data Set (MDS), dated 3/1/22, indicated R1 was cognitively intact with clear speech, was able to understand others and others understood her and she required extensive physical assist for cares. R1 was limited in her movement of both upper and lower extremities with diagnosis of anxiety, depression, chronic pain, and right-hand contracture (decreased ability of the muscle to stretch). Frequent pain was present which impacted her sleep and limited her day-to-day activities. A late entry progress note on 4/8/22, at 10:21 a.m. listed an SBAR note (Situation, Background, Assessment and Recommendations) was completed. R1 was recorded as having chronic right shoulder pain. The nurse assessed the shoulder for abnormalities: "No bruising/redness/swelling or obvious abnormality seen," other than "noted surgical scars." R1 stated to the nurse she worked with therapy	2 265	Correction date 5/6/22.	

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2 265	Continued From page 4 which may have contributed to the soreness. In response, the nurse would monitor R1 and administer as needed pain medication to R1 if needed. R1's progress note, recorded on 4/8/22, at 1:20 p.m. indicated R1 reported "tingling in right arm." She rested in her chair with a game show on the television. The nurse administered oral medications "with good effect." R1 responded to the nurse, "I think I am sore from therapy yesterday." A late entry progress note on 4/8/22, at 3:45 p.m. identified "Pt [R1] appeared alert and focused during the restorative therapy. Pt reported minor pain in her R (right) shoulder so ROM (range of motion) for BUE (bilateral upper extremities) was not completed. Pt has reported pain and said it was a 2/10. Pt demonstrated good participation overall." R1's progress note, dated 4/9/22, at 12:34 p.m. recorded "Resident presented with slurred speech, difficulty swallowing, left arm pain and c/o (complaints of) "being fuzzy", these symptoms apparently started yesterday. BP (blood pressure) elevated at 188/96 (normal BP 120/80). After medications BP 146/87. She is tearful and scared. Writer had spoken with resident and said that she could be sent in for eval. She declined to go. Family did visit and was concerned. Received a call from daughter and she was upset nothing was done yesterday. Called NP (nurse practitioner) received orders to send to ER (emergency room) for EVAL (evaluation) and TX (treatment), possible stroke. Transport called. Family updated. Will be sending her to [hospital]. Will await EMT (emergency medical transport)."	2 265		

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2 265	Continued From page 5 R1's hospital History & Physical report, dated 4/9/22, indicated under the heading Assessment/Plan "Acute CVA (cerebrovascular accident)," acute ischemia (reduced blood flow) without hemorrhagic conversion (brain bleeding) with an etiology (cause) "likely atrial flutter (heart beats too fast)." A completed State agency (SA) submitted investigation, dated 4/12/22, identified the facility' completed investigation into the incident. R1 reported on 4/8/22, at approximately 2:00 p.m. to a nursing assistant (NA) she experienced right shoulder numbness and felt this was from therapy on 4/7/22. During the interaction R1 was witnessed to be crying in which R1 verbalized she thought she had a stroke since her mom experienced one. The NA reported the shoulder pain to the on-duty nurse; however, she denied she reported R1's crying or stroke comments. The 4/8/22 on duty nurse assessed the right shoulder as soreness. R1 again contributed this to working with therapy. The on-duty nurse followed up with R1 around 4:00 p.m., 5:00 p.m., and again with the evening medication pass. R1 presented at her baseline. On 4/8/22, around 3:30 p.m. R1 engaged in a restorative therapy session where she complained of right arm pain. The restorative therapy staff indicated this type of pain was not new for R1 and that R1 did not present with any signs or symptoms of possible stroke during the session. On the morning of 4/9/22, the night nurse's taped verbal report indicated R1 "was ok, no complaints," and she administered R1 a scheduled medication around 6:00 a.m. R1 did not verbalize or demonstrate any stroke signs or symptoms. On 4/9/22, around 7:00 a.m. the day shift nurse reported R1 stated she felt like she was having a stroke. R1 presented with, garbled speech, right facial	2 265		

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2 265	Continued From page 6	2 265		

droop, drooling, difficulty swallowing her medications and she complained of right arm pain. Her BP was 188/96, she was tearful, and felt "funny." The nurse immediately, along with multiple other times that morning, discussed with R1 her recommendation for R1 be transferred to the hospital. R1 continued to decline hospitalization as she "wanted to see what happens." On 4/9/22, later morning, R1's family visited the facility while another family member spoke to R1 on the phone in which R1 ultimately agreed to seek a hospital transfer. After, an order to send to the emergency room was obtained from an on-call provider and 911 transport was summoned.

During a telephone interview on 4/15/22, at 3:07 p.m. family member (FM)-A stated R1 exhibited "slurry" speech while talking on the phone and personally visiting with other family members. FM-A voiced, "[R1] recognized the [stroke] symptoms herself and let staff know ... they did not do anything." R1 complained that morning her right arm was numb, was unable to smile, and informed FM-A she felt she had a stroke "yesterday [4/8/22]." FM-A indicated on 4/9/22 when family brought their concerns to the day nurse, the day nurse acknowledged she was already aware of R1's symptoms; however, indicated she needed to call the doctor first before calling an ambulance. FM-A indicated R1 informed family that on 4/9/22 the facility asked her if she wished to be sent to the hospital; however, R1 acknowledged she declined. FM-A exclaimed, "You do not ask if you want to go to the hospital when you are having a stroke, you just go."

When interviewed by telephone on 4/18/22, at 11:14 a.m. FM-B stated when they entered R1's

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2 265	Continued From page 7 room on 4/9/22, R1 "looked heavily sedated and almost out of it ...like she just got up from a nap." FM-B indicated when they initially approached R1 she stated she had a stroke. FM-B explained, "I brushed it off as not sure if I heard it right." FM-B proceeded to assist R1 with a new phone setup; however, when R1 started a phone conversation with another family member, family felt R1's speech was slurred, and they updated a nurse of their concerns at that time. FM-B stated facility staff informed them they were already aware of the concerns and indicated that is why R1 was in bed and they were monitoring her. During interview on 4/18/22, at 11:49 a.m. medical director (MD) stated on 4/9/22 R1 displayed symptoms and declined hospital transport. MD expressed, "To me with sending someone in after four hours even after they refused is pretty good. The process is not a quick one." He explained R1's medical condition would not have been improved by the administration of TPA (tissue plasminogen activator - breaks down blood clots) as TPA "seldom happens." "Someone got the idea that there were changes on the 8th [4/8/22], but from what I understand, everybody inferred that she was okay prior to Saturday [4/9/22]." He explained arm tingling "is not really a stroke" and the resident would have to present with additional symptoms to contact a physician such as weakness to one extremity. "If she was having a stroke on Friday, she would have shown additional symptoms other than arm pain." He stated he expected anything "new" a resident presented with to be assessed. "Nurses are not physicians:" thus, the assessment should then be provided to the provider if something is not "benign." When interviewed on 4/18/22, at 12:21 p.m.	2 265		

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2 265	Continued From page 8 registered nurse (RN)-A stated R1's only verbal complaint on 4/8/22 was right arm pain. He assessed R1, at which time, R1 did not verbalize or show signs and/or symptoms of a possible stroke or of her being upset in any way. RN-A denied staff reported to him R1 verbalized she felt she had a stroke or that R1 was crying that shift. He indicated R1 has chronic pain and was prone to episodes of crying. RN-A explained if a resident presented with any stroke signs and/or symptoms he would immediately contact the provider, the family, and a facility manager. Further, he explained if the resident declined hospital transport, he would enlist the help of the provider, family, or facility manager to encourage the resident to agree to the transport for "quicker" treatment. During interview on 4/18/22, at 12:41 p.m. NA-A stated on 4/8/21, as she and NA-B assisted R1 to lay down in the afternoon, R1 was crying and "mentioned she was scared she was going to have a stroke, not that she had a stroke." R1 complained of her arm "feeling a little numb on the top of the shoulder." NA-A denied she followed up with R1's nurse as NA-B updated the nurse on R1's shoulder pain. NA-A indicated R1 remained at her baseline status that shift and did not exhibit stroke signs and/or symptoms; however, on 4/9/22, around 7:30 a.m. NA-A stated she witnessed R1 with right sided facial droop, unclear speech, and inability to move her right arm. She indicated RN-B was updated at approximately 7:40 a.m. NA-A expressed she witnessed R1 decline hospital transport. She indicated if a resident experienced a change in condition, such as "out of their norm [normal status]," she was expected to alert the nurse immediately.	2 265		

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GUARDIAN ANGELS CARE CENTER	400 EVANS AVENUE ELK RIVER, MN 55330

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2 265	Continued From page 9 During interview on 4/18/22, at 2:00 p.m. NA-B stated on 4/8/22 she and NA-A assisted R1 to lay down in the afternoon. NA-B denied witnessing R1 was crying during the interaction or that R1 made any comments about stroke concerns. The only comment R1 expressed was "my arm feels funny." She explained NA-A followed up with the nurse and the nurse entered R1's room after. NA-B explained R1 has chronic pain and "all was good ...she was at her normal [baseline]." She indicated if a resident experienced a change in condition, such as signs and/or symptoms of a stroke, she was expected to report the change right away. When interviewed on 4/18/22, at 2:20 p.m. R1 stated she was very tired; however, speech was clear and conversation ability was adequate. She exhibited a very slight right sided mouth droop. She was free of signs of distress, anxiety, or respiratory concerns. R1 explained, "I had a stroke," when asked for hospitalization reason. She denied she informed staff of any stroke concerns on 4/8/22; however, she explained she updated RN-A "I felt like I was drunk." She acknowledged she declined hospital transport on 4/9/22: "I wanted to wait and see." "I did not feel like I was having a stroke then." "I was talking to [FM-A] on the phone and [FM-A] mentioned I was talking funny." R1 indicated she did not remember any experienced stroke symptoms on 4/8/22; however, remembered trouble speaking on 4/9/22. "They [symptoms] got worse when [FM-B] was here." "I told the nurse I did not want to go in, my family wanted me to go in." During interview on 4/18/22, at 3:57 p.m. the director of nursing (DON) stated he expected staff to immediately follow the nursing process of assessment and notification of physician and	2 265		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00611	A. BUILDING: _____ B. WING _____	04/18/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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2 265	Continued From page 10 family when a resident presented with a change in condition, "Especially in life-threatening situations such as a stroke, even if the person is alert and oriented and declines medical treatment." The DON explained updating the physician and family right away helps in decision making and resident advocacy to decrease the risks of life-threatening events. A policy Notification of Changes in Condition - Physician and Family dated last revised 6/25/18, directed "The facility must immediately notify the physician, resident, resident's legal representative if known or an interested family member when there is: A significant change in the resident's physical, mental or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications.). Examples of life-threatening conditions would include heart attack or stroke." In addition, the policy indicated "In the case of a competent resident, the Charge Nurse must still notify interested family members, if known. Significant changes in the resident's condition may prohibit the resident from communication information personally to the family." SUGGESTED METHOD OF CORRECTION: The administrator, director of nursing, or designee could educate facility staff regarding policies and procedures that center around the reporting and notification processes for when a resident has a change in condition. The quality assessment and assurance committee could perform random audits to ensure compliance. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	2 265		