Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
July 25, 2024

Administrator
Lakehouse Healthcare & Rehabilitation Center
3737 Bryant Avenue South
Minneapolis, MN 55409

RE: CCN: 245055
Cycle Start Date: June 10, 2024

Dear Administrator:

On July 22, 2024, 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.

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

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Electronically delivered

July 25, 2024

Administrator
Lakehouse Healthcare & Rehabilitation Center
3737 Bryant Avenue South
Minneapolis, MN 55409

Re: Reinspection Results
Event ID: ZXOY12

Dear Administrator:

On July 22, 2024 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 June 10, 2024. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
June 26, 2024

Administrator
Mount Olivet Careview Home
5517 Lyndale Avenue South
Minneapolis, MN 55419

RE: CCN: 245071
Cycle Start Date: June 4, 2024

Dear Administrator:

On June 4, 2024, a survey was completed at your facility by the Minnesota Department of Health 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 a pattern of deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level E), 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:

Terri Ament, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Duluth Technology Village
11 East Superior Street, Suite 290
Duluth, Minnesota 55802-2007
Email: teresa.ament@state.mn.us
Office: (218) 302-6151 Mobile: (218) 766-2720

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 September 4, 2024 (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 December 4, 2024 (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

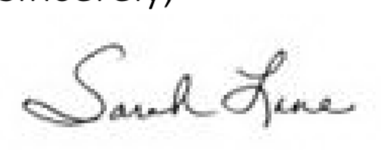
This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: https://mdhprovidercontent.web.health.state.mn.us/ltc_idr.cfm

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,



Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697
Email: sarah.lane@state.mn.us

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
June 26, 2024

Administrator
Mount Olivet Careview Home
5517 Lyndale Avenue South
Minneapolis, MN 55419

Re: State Nursing Home Licensing Orders
Event ID: G6RV11

Dear Administrator:

The above facility was surveyed on June 3, 2024 through June 4, 2024 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.

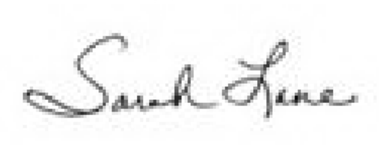
Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting 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:

Terri Ament, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Duluth Technology Village
11 East Superior Street, Suite 290
Duluth, Minnesota 55802-2007
Email: teresa.ament@state.mn.us
Office: (218) 302-6151 Mobile: (218) 766-2720

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 feel free to call me with any questions.

Sincerely,



Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697
Email: sarah.lane@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245055	A. BUILDING _____ B. WING _____	C 06/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEHOUSE HEALTHCARE & REHABILITATION CENTER	3737 BRYANT AVENUE SOUTH MINNEAPOLIS, MN 55409

(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 6/4/24 through 6/10/24, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaints were reviewed. H50553756C (MN103314) H50553984C (MN103505) H50553984C (MN103508) H50554064C (MN103821) H50554064C (MN103778) H50554064C (MN103547) H50554064C (MN103775) H50554064C (MN103877) H50554064C (MN103953) H50553345C (MN102723)	F 000		
F 552 SS=D	Right to be Informed/Make Treatment Decisions CFR(s): 483.10(c)(1)(4)(5) §483.10(c) Planning and Implementing Care. The resident has the right to be informed of, and participate in, his or her treatment, including: §483.10(c)(1) The right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition. §483.10(c)(4) The right to be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care. §483.10(c)(5) The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or	F 552		7/16/24

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

Electronically Signed | 06/28/2024

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

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F 552	Continued From page 1 treatment options and to choose the alternative or option he or she prefers. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and record review the facility failed to provide interpretive services for 1 of 3 residents (R1) to ensure the resident was fully informed in his primary language the risks and benefits, treatment plan and alternative options to treat diabetes when he ate snacks and refused insulin therapy. Findings included: During observation on 6/5/24 at 10:37 a.m. witness two staff knock on R1's door and enter his room. Observed the two staff standing with R1 in front of his open closet. Unable to understand what R1 told them. One of the staff members was holding a bag of snacks in a plastic bag and left the room. During observation and interview on 6/5/24 at 11:05 a.m., while talking to NP-A in the hallway R1 exited his room and saw writer talking to NP-A. Unable to understand what he was saying he looked at me and pointed at the LPN-C who was holding the bag of sweets and said, "show her." He appeared agitated by pacing back and forth and kept looking at me and telling LPN-C show her. LPN-C and NP-A both looked at him and shook their head up and down as they were nodding and said "OK." Nothing further was said to him and R1 went back into his room and shut the door. R1's admission nursing assessment dated 12/5/23. Indicated his primary language was Somali. His speech was clear, and another	F 552	This provider submits the following plan of correction in good faith and to comply with Federal and State Law. This plan is not an admission of wrongdoing, nor does it reflect agreement with the facts and conclusions stated in the statement of Resident has her requests met as per regulations R1 has been informed in his primary language, the risks and benefits, treatment plan, and alternative options to treat diabetes. The facility will continue to provide interpretive services per plan of care. R1's care plan and record has been updated to reflect changes. Resident's whose primary language is not English with preferences that differ from the provider treatment plan have the potential be affected by this practice. These residents have received risks vs. benefits, treatment plan reviews, and alternative options to in their primary language using interpreter services. Care Plans and the medical record have been updated to reflect informed conversations regarding treatment plans. Nursing department, Social Services, Therapeutic Recreation, and the Management Team have been educated on the utilization of the interpreter line, other communication resources and informing the residents of their rights. Director of Nursing/Designee will audit 2 residents whose primary language is not English weekly x 3 weeks, then 2	

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F 552	Continued From page 2 means to communicate was through an interpreter. The assessment determined he understood the staff and the staff understood him. R1's care conference note dated 12/8/23 at 1:21 p.m. Indicated he was able to make his basic needs and preferences known even though his primary language was Somali. His son lived in Somalia, and a nephew lived in the area. His current health condition prevented him from living safely at home. R1's care plan dated 12/18/23 indicated his preferred language was Somali but he could speak some English. No interventions to improve communication was identified. R1's minimum data set (MDS) dated 3/21/24, indicated R1 had moderately impaired cognition, cognitive communication deficit (the inability to pay attention to a conversation, stay on topic, and remember the information presented), depression, and rejected cares from staff one to three times a week. Medical history included metabolic encephalopathy (when diabetes caused impaired brain function), diabetes, severe protein calorie malnutrition, adult failure to thrive, dementia with behavioral disturbances. The assessment determined he could speak clearly to communicate his needs and understand others. He was independent with most activities of daily living (ADL). R1's Adult Psychiatric Clinic note dated 4/2/24, indicated an interpreter was required for every visit related to his language barrier. R1's nurse practitioner (NP)-A's follow-up visit	F 552	residents monthly x 3 months. Audits will be reviewed at QAPI for continued quality assurance and performance improvement.	

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F 552	Continued From page 3 note dated 4/29/24, indicated on the patient information banner at the top of the page was "needs interpreter Somali" in bold letters. R1's Associated Clinic of Psychology note dated 5/8/24, indicated she was told by the facility staff they were trying to manage his diet by reducing sugar intake. During her assessment with an interpreter, she found R1 was very upset because the facility would not let him eat the food he wanted to eat. She developed ways for the staff to improve communication and build connections with R1. R1's social worker note dated 5/6/24, indicated the nurse practitioner had requested and interpreter for her next visit to two learn why resident was refusing to take insulin. R1's social worker note dated 5/8/24, indicated she needed to schedule an interpreter for his upcoming nurse practitioner and acute care psychiatry visits. Having an interpreter at the meeting would be "beneficial" to aid their ability to assess his current condition. R1's social worker note dated 5/13/24 indicated and an interpreter was arranged for his I'm coming the upcoming appointment with the medical provider. R1's hospital discharge record dated 5/31/24, indicated he needed a Somali interpreter during his hospital stay. R1's palliative care consult dated 5/31/24, indicated he needed an in-person interpreter for all care conferences or serious medical conversations.	F 552		

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F 552	Continued From page 4 During interview on 6/4/24 at 2:32 p.m. SW-B stated when she assessed him, he only spoke a few words but communicated his needs and concerns with the interpreter. During interview and observation on 6/4/24 at 3:09 p.m. R1 stated wait, and he ran out of the room. He was looking for a Somali staff member to help him communicate. With the use of the language line, he stated the facility did not provide him healthy food, and he was very hungry. He had to eat unhealthy snacks found on the unit consequently increasing his blood sugar. R1 only spoke a few words in English and mainly relied on the interpreter to communicate his thoughts and needs. During interview on 6/4/24 at 4:15 p.m. licensed practical nurse (LPN)-A stated if a resident did not speak English, they would use picture cards. They used interpreters for meetings, care conferences and medical doctor appointments. She would also use a family member to interpret. She stated they did not have access to an interpreter language line and most of the time they could figure out what the resident was trying to say. If they needed an interpreter, she would speak with the social worker (SW) to make the arrangements. During interview on 6/4/24 at 4:30 p.m. the director of nursing (DON) stated she requested ACP with an interpreter to discuss is care. Even when they used his family to help with communication, they had a hard time because of his dialect. During interview with nurse practitioner (NP)-A on	F 552		

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F 552	Continued From page 5 6/5/24 at 11:00 a.m., stated R1 did better with an in-person interpreter and the facility was able to arrange one at a short notice. She could use a language line through her employer and wished the facility staff had access to a language line to decrease R1's confusion caused by his language barrier. During interview on 6/5/24 at 11:15 a.m. with the use of an interpreter R1 stated sometimes an employee worked at the facility who spoke Somali and helped him communicate with the staff. He said most of the time he did not understand what the staff was saying. He could not read the printed activity schedule and menu because it was written in English. During interview on 6/5/24 at 2:32 p.m. trained medication aid (TMA)-A stated when caring for a resident whose primary language was not English, he would find someone working to help interpret. He would know if the resident understood him by their body language. He said if they could not find someone to help interpret, he would do his best. He stated there was no access to an interpretive line to add in communication. During interview on 6/4/24 at 3:00 p.m., nursing assistant (NA)-B stated if she could not understand a resident related to a language barrier, she would use a communication board or tell the nurse to arrange for an interpreter. During interview on 6/4/24 at 3:15 p.m., the administrator stated they had signs posted at the nursing station how to use an interpreter line at any time. She showed me the signs on the seventh floor.	F 552		

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F 552	Continued From page 6 During interview on 6/5/24 at 11:00 a.m., NP-A stated it was easier to interview R1 with an in-person interpreter and had one for last visit. The facility was able to schedule interpreter on a short notice and it worked best for communication regarding his condition. During interview on 6/5/24 at 11:15 a.m., with an interpreter using the language line, R1 He said the NP-A and LPN-C came into his room and took his snacks. He said there was Somalia employees who interpreted for him when they worked. He stated most of the time he did not understand what the staff told him. He said he did not understand what the menu and activity calendar on his desk was. During interview on 6/5/24 at 3:24 p.m., the Don stated when NP-A and LPN-C went into R1's room to search for snacks, they did not require an interpreter. During interview 6/6/24 at 11:43 a.m., SW-A stated R1 had some cognitive impairment and even when they use an interpreter, it was unclear whether he retained the information provide it to him. In the past, they have used family such as his nephew or son on the phone to discuss matters. An interpreter can be arranged at any time when it is required for in-depth conversations about medical care. During interview on 6/6/24 at 12:15 p.m., MD-A the facility's medical director stated he was unsure how much R1 retained the diabetes education. Even with an interpreter on site every day to refresh his memory he was unable to say if it would help.	F 552		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245055	A. BUILDING _____ B. WING _____	C 06/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEHOUSE HEALTHCARE & REHABILITATION CENTER	3737 BRYANT AVENUE SOUTH MINNEAPOLIS, MN 55409

(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 552	Continued From page 7 During interview on 6/6/24 at 1:00 p.m., Doctor of Psychology DP-A stated she felt he could not communicate accurately without an interpreter. He had very little support here and she looked for ways for the staff to communicate with him in meaningful ways. She attempted to find ways for R1 to eat better and follow medical protocols in a way he did not feel like he was being ganged up on by the staff and medical providers. During interview on 6/6/24 at 4:30 p.m., R4's family member (FM)-A said R1 spoke very little English and when he tried to talk to the staff, he would call his son or daughter on the phone to interpret for him. The lack of communication caused R1 to become frustrated because he could not tell the staff what he really wanted. During interview on 6/6/24 at 3:30 p.m. LPN-D stated there was one resident on the floor who did not speak any English. He said the resident's family was very involved with the care and they would interpret for him on the phone. Facility policy Interpreter Services dated 1/1/24, indicated facility staff would provide meaningful conversations to their non-English speaking residence along with the opportunity to participate in activities, programs, and services. Interpreters would be used anytime a resident's medical condition and treatment plans were being discussed. Documents such as waivers and consent forms would also be interpreted for the resident. The social service's department was responsible for arranging the interpreter.	F 552		
F 578 SS=D	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v)	F 578		7/16/24

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F 578	Continued From page 8 §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate. §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State law. (v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the	F 578		

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F 578	Continued From page 9 appropriate time. This REQUIREMENT is not met as evidenced by: Based on observations interviews and record review the facility failed to use an interpreter during the admission process when the resident's bill of rights was presented for 1 of 3 residents (R1). Staff identified a resident's code status was a factor to let a resident exercise their right to refuse care. Findings included: R1's care plan dated 12/18/23 indicated his preferred language was Somali but he could speak some English. No interventions to improve communication was listed. R1's minimum data set (MDS) dated 3/21/24, indicated R1 had moderately impaired cognition, cognitive communication deficit (the inability to pay attention to a conversation, stay on topic, and remember the information presented), depression, and rejected cares from staff one to three times a week. Medical history included metabolic encephalopathy (when diabetes caused impaired brain function), diabetes, severe protein calorie malnutrition, adult failure to thrive, dementia with behavioral disturbances. The assessment determined he could speak clearly to communicate his needs and understand others. He was independent with most activities of daily living (ADL). During interview on 6/5/24 at 3:24 p.m. the director of nursing (DON) stated R1 had told staff members he was ok with dying but he continues to be a full code. As a nurse they are supposed to do health teaching about the benefits of taking	F 578	This provider submits the following plan of correction in good faith and to comply with Federal and State Law. This plan is not an admission of wrongdoing, nor does it reflect agreement with the facts and conclusions stated in the statement of Resident has her requests met as per regulations Resident Bill of Rights and advance directive options have been presented and reviewed with R1 utilizing an interpreter. Resident's whose primary language is not English have the potential to be affected by this practice. Resident's whose primary language is not English have had the Resident Bill of Rights and advance directive options reviewed with an interpreter. Care plans and medical records have been updated as appropriate to reflect resident preferences. Licensed Nurses, Social Services, and Admission team has been educated on using an interpreter during the admissions process when reviewing Advance Directives and resident Bill of Rights when appropriate. Administrator/Designee will audit resident charts to ensure interpreter present for admissions during the Bill of Rights and Advance Directive review. Audits will occur 2 x weekly x 2, then 4 x monthly for 3 months. Audits will be reviewed at QAPI for continued quality assurance and performance improvement.	

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F 578	Continued From page 10	F 578		

their medication and eating a proper diet. She said if he were a do not resuscitate (DNR) they would be more accepting of his wishes to eat the food he wanted to and refuse to take insulin. She said everyone has the right to make their own decisions but when they are a full code, he needed to take his diabetes more seriously and it was the nurse's responsibility to educate.

During interview on 6/6/24, at 11:43 a.m., social worker (SW)-A said that the resident received documentation regarding patient rights upon admission to the facility. She said if requested they could print the rights in their preferred language. She confirmed R1 did not have an interpreter during the admission process. She added a resident's code status had no bearing whether a resident had the right to refuse treatment.

During interview on 6/6/24 at 12:05 p.m., the administrator stated the facility's admission staff provided the Bill of Rights. She said medical providers often want to give the residents proper care and have a hard time letting them refuse when they know it would be against their medical advice. She felt the incident on 6/5/24 at 11:00 a.m., when the nurse practitioner (NP)-A went into R1's room to remove the sweets he had stored in his closet was inappropriate and interfered with his right to eat what he wanted to eat. Lastly, she stated a resident's code status did not affect their ability to refuse treatment.

During interview on 6/6/24 at 12:15 p.m. medical doctor (MD)-A stated if R1 continue to refuse to manage his diabetes would decrease his life expectancy. If R1 wanted to refuse care, then he should reconsider his code status to be a do not

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F 578	Continued From page 11 resuscitate (DNR). In this situation, the facility should do a risk benefit with an interpreter. In addition, the facility should try to provide healthy snacks for him when he is hungry. Facility policy Resident Rights Guideline dated 4/10/24, indicated the facility would protect and promote a resident's right regardless of diagnosis, severity of condition, or payment source. Each residents had the right to refuse treatment and medical care.	F 578		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the	F 656		7/16/24

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F 656	Continued From page 12 findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and record review the facility failed to develop a comprehensive care plan to understand cultural practice, medical history, and diabetic goals for 1-3 residents (R1) when he refused to follow a diabetic diet and develop strategies to encourage him to take insulin for elevated blood sugar levels. Findings included: R1's care plan dated 12/18/23, indicated his preferred language was Somali and he could speak some English. The facility failed to identify staff interventions to enhance his understanding the medical provider's current diabetic treatment plan along with strategies to encourage	F 656	This provider submits the following plan of correction in good faith and to comply with Federal and State Law. This plan is not an admission of wrongdoing, nor does it reflect agreement with the facts and conclusions stated in the statement of Resident has her requests met as per regulations R1’s comprehensive care plan has been reviewed and updated to include cultural practices, medical history, and diabetic goals. Residents that have a diagnosis of diabetes and whose primary language is not English have the potential to be affected. Residents with a diabetes diagnosis have been reviewed and care	

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F 656	Continued From page 13 compliance. R1's minimum data set (MDS) dated 3/21/24, indicated R1 had moderately impaired cognition, depression, and rejected cares from staff one to three times a week. Medical history included cognitive communication deficit (the inability to pay attention to a conversation, stay on topic, and remember the information presented,) metabolic encephalopathy (when diabetes caused impaired brain function), diabetes, severe protein calorie malnutrition, adult failure to thrive, and dementia with behavioral disturbances. His speech was clear, and he was able to communicate his needs and understand others. He was independent with most activities of daily living (ADL). R1's Doctor of Psychology (DP)-A note dated 5/8/24, indicated he moved from Somalia to the United States eight years ago. In Somalia he was a government worker and left because of the war. He followed the Muslim faith and lived in apartment in Minneapolis until he was hospitalized for elevated blood sugar levels. She found R1 had a strong personality and was upset staff would not let him eat the food he liked. She felt if the staff would let him eat the food he wanted, he might be inclined to take the insulin. She developed strategies such as not removing food in his presence, or talking about soccer as an ice breaker when he refused treatment. Clinical dietician note dated 5/22/24, indicated at a young age his "traditional beliefs and habits" taught him to limit the amount of food he ate. R1 preferred to eat sweet snacks in the evening. As a result, the nurses locked the unit refrigerator door.	F 656	plan has been updated to reflect appropriate goals. Residents whose primary language is not English have received care plan reviews to ensure cultural practices and medical histories have been updated. Nurse managers and Social Workers have been educated on including cultural practices, medical history, and diabetic goals into the comprehensive care plans. Director of Nursing/Designee will conduct audits on 2 resident charts weekly for 3 weeks, then 3 resident charts monthly x 3 months to ensure care plans reflect cultural practices, medical histories, and diabetic management if applicable. Audits will be reviewed monthly for continued quality assurance and performance improvement.	

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F 656	Continued From page 14 R1's care plan note dated 5/30/24, indicated staff would explain and reinforce the importance of following a diabetic diet without specific interventions such as identified in DP-A's note dated 5/8/24, During interview on 6/4/24 at 3:09 p.m., with the use of an interpreter R1 stated the facility would not let him eat what he wanted to eat. He said he was "so hungry" he had to eat the unhealthy food he found around the unit causing his blood sugar to go high. During interview on 6/6/24 at 11:43 a.m., social worker (SW)-A stated she reviewed all the psychology notes along with the director of nursing (DON). After reviewing the notes and recommendations they would add them to the resident's care plan. She did not feel DP-A's note dated 5/8/24, regarding power struggles and the love of soccer would help the staff provide his care. She said as far as power struggles, they encourage staff to never have a power struggle with a resident. She added "what would him liking the game of soccer provide any benefit to his care." During interview on 6/6/24 at 12:41 p.m., DP-A said R1 had very little support in the United States and her goal was to look for ways for the staff to communicate with him in a meaningful way. She found he loved soccer. He played soccer when he was young and felt if the staff engaged with him talking about soccer it might help build connections. She expected the staff to review her recommendations and place them in the care plan so she could later see if the plan were successful. She focused on trying to find strategies for him to eat better, follow medical	F 656		

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F 656	Continued From page 15 advice, and not feel like he was being ganged up on. She wanted to help the staff form relationships that would mitigate his stress. The facility policy Care Planning dated 10/20/23, indicated the staff would develop a person-centered care plan for each resident. The care plan would include cultural preferences involving the residence's beliefs, norms, and values. Nursing staff would identify the residents needs and develop appropriate goals. The information would help the staff provide care necessary to meet the resident's needs.	F 656		

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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 6/4/24 through 6/10/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing order(s) (was/were) issued. Please indicate in your electronic plan of correction you have reviewed	2 000		

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2 000	Continued From page 1 these orders and identify the date when they will be completed. The following complaints were reviewed: H50553756C (MN103314) H50553984C (MN103505) H50553984C (MN103508) H50554064C (MN103821) H50554064C (MN103778) H50554064C (MN103547) H50554064C (MN103775) H50554064C (MN103877) H50554064C (MN103953) H50553345C (MN102723) 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	2 000		

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2 000	Continued From page 2 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 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		
2 565	MN Rule 4658.0405 Subp. 3 Comprehensive Plan of Care; Use Subp. 3. Use. A comprehensive plan of care must be used by all personnel involved in the care of the resident. This MN Requirement is not met as evidenced by: Based on observations, interviews, and record review the facility failed to develop a comprehensive care plan to understand cultural practice, medical history, and diabetic goals for 1-3 residents (R1) when he refused to follow a diabetic diet and develop strategies to encourage him to take insulin for elevated blood sugar levels. Findings included:	2 565	corrected	7/16/24

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2 565	Continued From page 3 R1's care plan dated 12/18/23, indicated his preferred language was Somali and he could speak some English. The facility failed to identify staff interventions to enhance his understanding the medical provider's current diabetic treatment plan along with strategies to encourage compliance. R1's minimum data set (MDS) dated 3/21/24, indicated R1 had moderately impaired cognition, depression, and rejected cares from staff one to three times a week. Medical history included cognitive communication deficit (the inability to pay attention to a conversation, stay on topic, and remember the information presented,) metabolic encephalopathy (when diabetes caused impaired brain function), diabetes, severe protein calorie malnutrition, adult failure to thrive, and dementia with behavioral disturbances. His speech was clear, and he was able to communicate his needs and understand others. He was independent with most activities of daily living (ADL). R1's Doctor of Psychology (DP)-A note dated 5/8/24, indicated he moved from Somalia to the United States eight years ago. In Somalia he was a government worker and left because of the war. He followed the Muslim faith and lived in apartment in Minneapolis until he was hospitalized for elevated blood sugar levels. She found R1 had a strong personality and was upset staff would not let him eat the food he liked. She felt if the staff would let him eat the food he wanted, he might be inclined to take the insulin. She developed strategies such as not removing food in his presence, or talking about soccer as an ice breaker when he refused treatment. Clinical dietician note dated 5/22/24, indicated at	2 565		

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	00276	A. BUILDING: _____ B. WING _____	C 06/10/2024

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2 565	Continued From page 4 a young age his "traditional beliefs and habits" taught him to limit the amount of food he ate. R1 preferred to eat sweet snacks in the evening. As a result, the nurses locked the unit refrigerator door. R1's care plan note dated 5/30/24, indicated staff would explain and reinforce the importance of following a diabetic diet without specific interventions such as identified in DP-A's note dated 5/8/24, During interview on 6/4/24 at 3:09 p.m., with the use of an interpreter R1 stated the facility would not let him eat what he wanted to eat. He said he was "so hungry" he had to eat the unhealthy food he found around the unit causing his blood sugar to go high. During interview on 6/6/24 at 11:43 a.m., social worker (SW)-A stated she reviewed all the psychology notes along with the director of nursing (DON). After reviewing the notes and recommendations they would add them to the resident's care plan. She did not feel DP-A's note dated 5/8/24, regarding power struggles and the love of soccer would help the staff provide his care. She said as far as power struggles, they encourage staff to never have a power struggle with a resident. She added "what would him liking the game of soccer provide any benefit to his care." During interview on 6/6/24 at 12:41 p.m., DP-A said R1 had very little support in the United States and her goal was to look for ways for the staff to communicate with him in a meaningful way. She found he loved soccer. He played soccer when he was young and felt if the staff engaged with him talking about soccer it might	2 565		

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2 565	Continued From page 5 help build connections. She expected the staff to review her recommendations and place them in the care plan so she could later see if the plan were successful. She focused on trying to find strategies for him to eat better, follow medical advice, and not feel like he was being ganged up on. She wanted to help the staff form relationships that would mitigate his stress. The facility policy Care Planning dated 10/20/23, indicated the staff would develop a person-centered care plan for each resident. The care plan would include cultural preferences involving the residence's beliefs, norms, and values. Nursing staff would identify the residents needs and develop appropriate goals. The information would help the staff provide care necessary to meet the resident's needs. SUGGESTED METHOD OF CORRECTION: The Director of Nursing or designated person to determine how the deficiency occurred, review policies and procedures, revise as necessary, educated staff on revisions, and monitor to ensure compliance. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	2 565		
21825	MN St. Statute 144.651 Subd. 9 Patients & Residents of HC Fac.Bill of Rights Subd. 9. Information about treatment. Residents shall be given by their physicians complete and current information concerning their diagnosis, treatment, alternatives, risks, and prognosis as required by the physician's legal duty to disclose. This information shall be in terms and language the residents can reasonably	21825		7/16/24

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21825	Continued From page 6 be expected to understand. Residents may be accompanied by a family member or other chosen representative, or both. This information shall include the likely medical or major psychological results of the treatment and its alternatives. In cases where it is medically inadvisable, as documented by the attending physician in a resident's medical record, the information shall be given to the resident's guardian or other person designated by the resident as a representative. Individuals have the right to refuse this information. Every resident suffering from any form of breast cancer shall be fully informed, prior to or at the time of admission and during her stay, of all alternative effective methods of treatment of which the treating physician is knowledgeable, including surgical, radiological, or chemotherapeutic treatments or combinations of treatments and the risks associated with each of those methods. This MN Requirement is not met as evidenced by: Based on observations, interviews, and record review the facility failed to provide interpretive services for 1 of 3 residents (R1) to ensure the resident was fully informed in his primary language the risks and benefits, treatment plan and alternative options to treat diabetes when he ate snacks and refused insulin therapy. Findings included: During observation on 6/5/24 at 10:37 a.m. witness two staff knock on R1's door and enter	21825	corrected	

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21825	Continued From page 7 his room. Observed the two staff standing with R1 in front of his open closet. Unable to understand what R1 told them. One of the staff members was holding a bag of snacks in a plastic bag and left the room. During observation and interview on 6/5/24 at 11:05 a.m., while talking to NP-A in the hallway R1 exited his room and saw writer talking to NP-A. Unable to understand what he was saying he looked at me and pointed at the LPN-C who was holding the bag of sweets and said, "show her." He appeared agitated by pacing back and forth and kept looking at me and telling LPN-C show her. LPN-C and NP-A both looked at him and shook their head up and down as they were nodding and said "OK." Nothing further was said to him and R1 went back into his room and shut the door. R1's admission nursing assessment dated 12/5/23. Indicated his primary language was Somali. His speech was clear, and another means to communicate was through an interpreter. The assessment determined he understood the staff and the staff understood him. R1's care conference note dated 12/8/23 at 1:21 p.m. Indicated he was able to make his basic needs and preferences known even though his primary language was Somali. His son lived in Somalia, and a nephew lived in the area. His current health condition prevented him from living safely at home. R1's care plan dated 12/18/23 indicated his preferred language was Somali but he could speak some English. No interventions to improve communication was identified.	21825		

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21825	Continued From page 8 R1's minimum data set (MDS) dated 3/21/24, indicated R1 had moderately impaired cognition, cognitive communication deficit (the inability to pay attention to a conversation, stay on topic, and remember the information presented), depression, and rejected cares from staff one to three times a week. Medical history included metabolic encephalopathy (when diabetes caused impaired brain function), diabetes, severe protein calorie malnutrition, adult failure to thrive, dementia with behavioral disturbances. The assessment determined he could speak clearly to communicate his needs and understand others. He was independent with most activities of daily living (ADL). R1's Adult Psychiatric Clinic note dated 4/2/24, indicated an interpreter was required for every visit related to his language barrier. R1's nurse practitioner (NP)-A's follow-up visit note dated 4/29/24, indicated on the patient information banner at the top of the page was "needs interpreter Somali" in bold letters. R1's Associated Clinic of Psychology note dated 5/8/24, indicated she was told by the facility staff they were trying to manage his diet by reducing sugar intake. During her assessment with an interpreter, she found R1 was very upset because the facility would not let him eat the food he wanted to eat. She developed ways for the staff to improve communication and build connections with R1. R1's social worker note dated 5/6/24, indicated the nurse practitioner had requested and interpreter for her next visit to two learn why resident was refusing to take insulin.	21825		

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21825	Continued From page 9 R1's social worker note dated 5/8/24, indicated she needed to schedule an interpreter for his upcoming nurse practitioner and acute care psychiatry visits. Having an interpreter at the meeting would be "beneficial" to aid their ability to assess his current condition. R1's social worker note dated 5/13/24 indicated and an interpreter was arranged for his I'm coming the upcoming appointment with the medical provider. R1's hospital discharge record dated 5/31/24, indicated he needed a Somali interpreter during his hospital stay. R1's palliative care consult dated 5/31/24, indicated he needed an in-person interpreter for all care conferences or serious medical conversations. During interview on 6/4/24 at 2:32 p.m. SW-B stated when she assessed him, he only spoke a few words but communicated his needs and concerns with the interpreter. During interview and observation on 6/4/24 at 3:09 p.m. R1 stated wait, and he ran out of the room. He was looking for a Somali staff member to help him communicate. With the use of the language line, he stated the facility did not provide him healthy food, and he was very hungry. He had to eat unhealthy snacks found on the unit consequently increasing his blood sugar. R1 only spoke a few words in English and mainly relied on the interpreter to communicate his thoughts and needs. During interview on 6/4/24 at 4:15 p.m. licensed	21825		

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21825	Continued From page 10 practical nurse (LPN)-A stated if a resident did not speak English, they would use picture cards. They used interpreters for meetings, care conferences and medical doctor appointments. She would also use a family member to interpret. She stated they did not have access to an interpreter language line and most of the time they could figure out what the resident was trying to say. If they needed an interpreter, she would speak with the social worker (SW) to make the arrangements. During interview on 6/4/24 at 4:30 p.m. the director of nursing (DON) stated she requested ACP with an interpreter to discuss is care. Even when they used his family to help with communication, they had a hard time because of his dialect. During interview with nurse practitioner (NP)-A on 6/5/24 at 11:00 a.m., stated R1 did better with an in-person interpreter and the facility was able to arrange one at a short notice. She could use a language line through her employer and wished the facility staff had access to a language line to decrease R1's confusion caused by his language barrier. During interview on 6/5/24 at 11:15 a.m. with the use of an interpreter R1 stated sometimes an employee worked at the facility who spoke Somali and helped him communicate with the staff. He said most of the time he did not understand what the staff was saying. He could not read the printed activity schedule and menu because it was written in English. During interview on 6/5/24 at 2:32 p.m. trained medication aid (TMA)-A stated when caring for a resident whose primary language was not	21825		

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21825	Continued From page 11 English, he would find someone working to help interpret. He would know if the resident understood him by their body language. He said if they could not find someone to help interpret, he would do his best. He stated there was no access to an interpretive line to add in communication. During interview on 6/4/24 at 3:00 p.m., nursing assistant (NA)-B stated if she could not understand a resident related to a language barrier, she would use a communication board or tell the nurse to arrange for an interpreter. During interview on 6/4/24 at 3:15 p.m., the administrator stated they had signs posted at the nursing station how to use an interpreter line at any time. She showed me the signs on the seventh floor. During interview on 6/5/24 at 11:00 a.m., NP-A stated it was easier to interview R1 with an in-person interpreter and had one for last visit. The facility was able to schedule interpreter on a short notice and it worked best for communication regarding his condition. During interview on 6/5/24 at 11:15 a.m., with an interpreter using the language line, R1 He said the NP-A and LPN-C came into his room and took his snacks. He said there was Somalia employees who interpreted for him when they worked. He stated most of the time he did not understand what the staff told him. He said he did not understand what the menu and activity calendar on his desk was. During interview on 6/5/24 at 3:24 p.m., the Don stated when NP-A and LPN-C went into R1's room to search for snacks, they did not require an interpreter.	21825		

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21825	Continued From page 12 During interview 6/6/24 at 11:43 a.m., SW-A stated R1 had some cognitive impairment and even when they use an interpreter, it was unclear whether he retained the information provide it to him. In the past, they have used family such as his nephew or son on the phone to discuss matters. An interpreter can be arranged at any time when it is required for in-depth conversations about medical care. During interview on 6/6/24 at 12:15 p.m., MD-A the facility's medical director stated he was unsure how much R1 retained the diabetes education. Even with an interpreter on site every day to refresh his memory he was unable to say if it would help. During interview on 6/6/24 at 1:00 p.m., Doctor of Psychology DP-A stated she felt he could not communicate accurately without an interpreter. He had very little support here and she looked for ways for the staff to communicate with him in meaningful ways. She attempted to find ways for R1 to eat better and follow medical protocols in a way he did not feel like he was being ganged up on by the staff and medical providers. During interview on 6/6/24 at 4:30 p.m., R4's family member (FM)-A said R1 spoke very little English and when he tried to talk to the staff, he would call his son or daughter on the phone to interpret for him. The lack of communication caused R1 to become frustrated because he could not tell the staff what he really wanted. During interview on 6/6/24 at 3:30 p.m. LPN-D stated there was one resident on the floor who did not speak any English. He said the resident's family was very involved with the care and they	21825		

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21825	Continued From page 13 would interpret for him on the phone. Facility policy Interpreter Services dated 1/1/24, indicated facility staff would provide meaningful conversations to their non-English speaking residence along with the opportunity to participate in activities, programs, and services. Interpreters would be used anytime a resident's medical condition and treatment plans were being discussed. Documents such as waivers and consent forms would also be interpreted for the resident. The social service's department was responsible for arranging the interpreter. SUGGESTED METHOD OF CORRECTION: The Director of Nursing or designated person to determine how the deficiency occurred, review policies and procedures, revise as necessary, educated staff on revisions, and monitor to ensure compliance. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	21825		
21840	MN St. Statute 144.651 Subd. 12 Patients & Residents of HC Fac.Bill of Rights Subd. 12. Right to refuse care. Competent residents shall have the right to refuse treatment based on the information required in subdivision 9. Residents who refuse treatment, medication, or dietary restrictions shall be informed of the likely medical or major psychological results of the refusal, with documentation in the individual medical record. In cases where a resident is incapable of understanding the circumstances but has not been adjudicated incompetent, or when legal requirements limit the right to refuse treatment, the conditions and circumstances shall	21840		7/16/24

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21840	Continued From page 14 be fully documented by the attending physician in the resident's medical record. This MN Requirement is not met as evidenced by: Based on observations interviews and record review the facility failed to use an interpreter during the admission process when the resident's bill of rights was presented for 1 of 3 residents (R1). Staff identified a resident's code status was a factor to let a resident exercise their right to refuse care. Findings included: R1's care plan dated 12/18/23 indicated his preferred language was Somali but he could speak some English. No interventions to improve communication was listed. R1's minimum data set (MDS) dated 3/21/24, indicated R1 had moderately impaired cognition, cognitive communication deficit (the inability to pay attention to a conversation, stay on topic, and remember the information presented), depression, and rejected cares from staff one to three times a week. Medical history included metabolic encephalopathy (when diabetes caused impaired brain function), diabetes, severe protein calorie malnutrition, adult failure to thrive, dementia with behavioral disturbances. The assessment determined he could speak clearly to communicate his needs and understand others. He was independent with most activities of daily living (ADL). During interview on 6/5/24 at 3:24 p.m. the director of nursing (DON) stated R1 had told staff members he was ok with dying but he continues	21840	corrected	

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21840	Continued From page 15 to be a full code. As a nurse they are supposed to do health teaching about the benefits of taking their medication and eating a proper diet. She said if he were a do not resuscitate (DNR) they would be more accepting of his wishes to eat the food he wanted to and refuse to take insulin. She said everyone has the right to make their own decisions but when they are a full code, he needed to take his diabetes more seriously and it was the nurse's responsibility to educate. During interview on 6/6/24, at 11:43 a.m., social worker (SW)-A said that the resident received documentation regarding patient rights upon admission to the facility. She said if requested they could print the rights in their preferred language. She confirmed R1 did not have an interpreter during the admission process. She added a resident's code status had no bearing whether a resident had the right to refuse treatment. During interview on 6/6/24 at 12:05 p.m., the administrator stated the facility's admission staff provided the Bill of Rights. She said medical providers often want to give the residents proper care and have a hard time letting them refuse when they know it would be against their medical advice. She felt the incident on 6/5/24 at 11:00 a.m., when the nurse practitioner (NP)-A went into R1's room to remove the sweets he had stored in his closet was inappropriate and interfered with his right to eat what he wanted to eat. Lastly, she stated a resident's code status did not affect their ability to refuse treatment. During interview on 6/6/24 at 12:15 p.m. medical doctor (MD)-A stated if R1 continue to refuse to manage his diabetes would decrease his life expectancy. If R1 wanted to refuse care, then he	21840		

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21840	Continued From page 16 should reconsider his code status to be a do not resuscitate (DNR). In this situation, the facility should do a risk benefit with an interpreter. In addition, the facility should try to provide healthy snacks for him when he is hungry. Facility policy Resident Rights Guideline dated 4/10/24, indicated the facility would protect and promote a resident's right regardless of diagnosis, severity of condition, or payment source. Each residents had the right to refuse treatment and medical care. SUGGESTED METHOD OF CORRECTION: The Director of Nursing or designated person to determine how the deficiency occurred, review policies and procedures, revise as necessary, educated staff on revisions, and monitor to ensure compliance. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	21840		