Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
October 2, 2020

Administrator
The Emeralds At Faribault Llc
500 Southeast First Street
Faribault, MN 55021

RE: CCN: 245067
Cycle Start Date: July 22, 2020

Dear Administrator:

On September 25, 2020, we informed you of imposed enforcement remedies.

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective October 14, 2020.

On September 16, 2020, the Minnesota Department(s) of Health completed a survey and it has been determined that your facility continues to not to be in substantial compliance. The most serious deficiencies in your facility were found to be isolated deficiencies that constituted actual harm that was not immediate jeopardy (Level G), as evidenced by the electronically attached CMS-2567, whereby corrections are required.

As a result of the survey findings:

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective October 14, 2020, will remain in effect.

This Department continues to recommend that CMS impose a civil money penalty. (42 CFR 488.430 through 488.444).

You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective October 14, 2020. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective October 14, 2020.

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

admissions.

As we notified you in our letter of August 7, 2020, in accordance with Federal law, as specified in the Act at Section 1819(f)(2)(B)(iii)(I)(b) and 1919(f)(2)(B)(iii)(I)(b), your facility is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from October 14, 2020.

ELECTRONIC PLAN OF CORRECTION (ePOC)

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable plan of correction (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. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

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.

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:

- Optional denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417 (a));

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

DEPARTMENT CONTACT

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

Sarah Grebenc, Unit Supervisor
Metro B District Office
Licensing and Certification Program
Health Regulation Division

Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: sarah.grebenc@state.mn.us
Office: (651) 201-3792

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 - Health Regulation Division staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for their respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a 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 SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by January 22, 2021 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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.

APPEAL RIGHTS

If you disagree with this action imposed on your facility, you or your legal representative may request a

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

Tamika.Brown@cms.hhs.gov

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

Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201
(202) 565-9462

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

INFORMAL DISPUTE RESOLUTION/ 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 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,

Douglas Larson, Enforcement Specialist
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: 651-201-4118   Fax: 651-215-9697
Email: doug.larson@state.mn.us

cc: Licensing and Certification File

Electronically delivered
October 2, 2020

Administrator
The Emeralds At Faribault Llc
500 Southeast First Street
Faribault, MN 55021

Re: State Nursing Home Licensing Orders
Event ID: 8XWH11

Dear Administrator:

The above facility was surveyed on September 15, 2020 through September 16, 2020 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:

Sarah Grebenc, Unit Supervisor
Metro B District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: sarah.grebenc@state.mn.us
Office: (651) 201-3792

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,

Douglas Larson, Enforcement Specialist
Minnesota Department of Health
Licensing and Certification Program

Program Assurance Unit
Health Regulation Division
Telephone: 651-201-4118   Fax: 651-215-9697
Email: doug.larson@state.mn.us

cc: Licensing and Certification File

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00571	A. BUILDING: ______ B. WING ______	C 09/16/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMERALDS AT FARIBAULT LLC	**500 SOUTHEAST FIRST STREET FARIBAULT, MN 55021**

(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) COMPLETE DATE
2 000	Initial Comments	2 000		

*****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 9/15/20 - 9/16/20, an abbreviated survey was conducted to determine compliance with State Licensure. Your facility was found to not be in compliance with the MN State Licensure.

The following complaint was found to be unsubstantiated: H5067038C. The following

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2 000	Continued From page 1 complaint was found to be substantiated: H5067037C. Licensing orders were issued. Please indicate on your electronic plan of correction that you have reviewed these orders, and identify the date when they will be corrected.	2 000		
2 830	MN Rule 4658.0520 Subp. 1 Adequate and Proper Nursing Care; General Subpart 1. Care in general. A resident must receive nursing care and treatment, personal and custodial care, and supervision based on individual needs and preferences as identified in the comprehensive resident assessment and plan of care as described in parts 4658.0400 and 4658.0405. A nursing home resident must be out of bed as much as possible unless there is a written order from the attending physician that the resident must remain in bed or the resident prefers to remain in bed. This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to comprehensively assess and monitor 1 of 3 residents (R10) reviewed whom had a change of condition. This resulted in actual harm when R10 had 23.13% weight loss within 19 days of their stay, and was hospitalized with sepsis, and severe dehydration. Findings include: R10's admission Minimum Data Set (MDS) dated 8/27/20, indicated moderate impairment in cognition based on Brief Inventory of Mental	2 830	Corrected	10/23/20

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2 830	Continued From page 2	2 830		

Status (BIMS) score of 8. R10 had not rejected care. R10 required extensive assistance from one staff in bed mobility, locomotion on/off unit, dressing, toileting and hygiene. R10 required total assist from 2 staff for transfers. R10 was independent with eating.

R10's face sheet dated 8/21/20, indicated admission diagnoses of major depressive disorder, moderate protein calorie malnutrition and dementia.

R10's hospital discharge summary dated 8/21/20, indicated R10's weight at discharge was 134 pounds (lbs).

R10's facility admission recorded weight, dated 8/21/20, also indicated R10's weight was 134 lbs.

R10's facility admission orders dated 8/21/20, directed staff to complete skilled nursing MDS progress notes. Nurses were to document activities of daily living (ADLs), continence, behaviors, intake, assistance level, ambulation/transferring etc. Additionally, R10 had an order from 8/21/20 for daily weights due to admission, on every day shift for three days with a start date of 8/22/20. The medical record lacked documentation or refusal of those daily weights. R10 had an order for weekly weights ongoing, which was standard practice at the facility.

R10's care plan dated 8/24/20, indicated R10 had a nutritional problem or potential nutritional problem. The care plan directed staff to monitor intake and record every meal per protocol.

R10's dietary PN dated 8/24/20, at 11:29 a.m. indicated R10 was able to feed herself and

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2 830	Continued From page 3 denied difficulty chewing or swallowing. R10 had moderate protein calorie malnutrition and a potential for weight change due to diuretic use. On 8/27/20, R10 was started Med Pass (a fortified nutritional shake) 4 ounces three times daily. The intake was documented on the medication administration record (MAR) with staff initials and a checkmark, but not a percentage of how much was consumed. R10's social services PN dated 9/3/20, at 1:09 p.m. indicated R10 had a care conference. R10 and their spouse, therapy department and social services attended. R10's plan was to continue with therapy. R10 had minimal progress and was improving. The PN from 9/4/20 to 9/7/20, lacked documentation of R10's status and lacked documentation of any refusal to eat or drink. The MAR from 8/21/20 to 9/8/20, lacked documentation of R10's refusal to eat or drink. R10's Med Pass supplement scheduled for three times a day was initialed with a check mark but not a percentage of how much was consumed. R10's dietician PN 9/8/20, at 3:19 p.m. indicated per interdisciplinary team (IDT) R10 had been refusing the majority of meals. Weight history is variable: 107 lbs lbs. (9/8), 135 lbs. (9/3), 115 lbs. (9/1), 134 lbs. (8/21). R10 had been refusing therapy and refusing to get out of bed. Recommendation to increase Med Pass to four times daily. Will request reweigh to determine accuracy. The MAR on 9/9/20 showed a new order for Med Pass 120 cubic centimeters (cc) four times daily. The MAR from 9/9/20 to 9/10/20, showed Med	2 830		

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2 830	Continued From page 4	2 830		

Pass intake with staff initials and the number 9 which indicates "other/see nurses notes".

R10's nursing PN dated 9/9/20, at 1:55 p.m. indicated R10 was pocketing medications (storing in cheek), and had decrease in responsiveness and participation. R10 had poor intake at meals. R10 required total assist for cares today. Nurse practitioner (NP) had been updated. R10 was to be reweigh and NP updated in the morning. NP also ordered speech therapy evaluation. A nursing order was added to check vital signs every shift.

R10's MAR dated 9/9/20, indicated R10's reweigh was 103 lbs. This was a 31 lbs. (23.13%) weight loss from admission, 8/21/20, 19 days ago.

R10's care plan dated 9/9/20, indicated R10 was at risk for dehydration. Staff were to encourage adequate fluid intake and monitor resident for signs and symptoms of dehydration.

R10's daily flood/fluid intake logs were requested, and the only ones found were 9/8/20-9/11/20. Review of these intakes indicated:
-9/8/20, R10 had refused breakfast and fluids, took one bite of food and had zero fluids for lunch and had refused dinner and fluids. The medical record lacked documentation on 9/8/20, for comprehensive assessment related to decreased to no intake, ongoing monitoring for dehydration related to intake refusal or that other food/fluids were provided/encouraged.
-9/9/20 R10 had refused breakfast, lunch, dinner and no fluids were documented.
-9/10/20 R10 had zero intake recorded for lunch and dinner.

R10's nursing PN dated 9/10/20, at 12:00 p.m.

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2 830	Continued From page 5	2 830		

Continued From page 5

indicated on night shift, R10 had pocketed (stored in cheek) pills. R10 was unable to swallow and continues to decline meals. R10 was unresponsive at this time. NP had been notified. The NP ordered x-ray to R10's knee due to the knee looking displaced and swollen. The PN lacked documentation of any additional information the NP may have said to the nurse, lacked what type of stimulus R10 was unresponsive to, and lacked why R10 was not sent to the ER at this time due to unresponsiveness.

R10's speech therapy PN dated 9/10/20, at 3:19 p.m. indicated speech therapist attempted to assess R10's swallow function with medication due to reports of pocketing medications. R10 could not be roused. Speech therapist provided nurse on cart with recommendation for order to crush medications. The PN lacked documentation of how crushed medications would be administered to a resident that was unresponsive. There was no indication this was a change of condition for R10's.

R10's PN dated 9/10/20, at 4:00 p.m. indicated NP gave orders to send R10 to emergency department (ED) for further evaluation if family wishes.

R10's ambulance run report dated 9/10/20, dispatched at 3:57 p.m. indicated staff reported to emergency medical staff (EMS) that R10 was normally alert and talkative, however, had been unresponsive since at least 8:00 a.m. today, 9/10/20. In the ambulance R10 was noted to have hypotension, tachycardia, tachypnea and hypoxia (low blood pressure, high heart rate, high respiratory rate and low oxygen levels, respectively). R10 had an altered mental status

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2 830	Continued From page 6	2 830		

with Glascow Coma Scale (GCS) of 8 (the initial GCS score correlates with the severity of brain injury and prognosis. Patients with scores of 3-8 are usually said to be in a coma). R10's vital signs (VS) at 4:14 p.m. were: blood pressure 87/61, heart rate 111, respiratory rate 44 and pulse Oximetry 88%. R10 was administered supplemental oxygen and intravenous (IV) fluids in the ambulance.

R10's ED provider notes dated 9/10/20, indicated R10 arrived to the ED with decreased level of consciousness. R10 wasn't responding to catheter or intravenous sticks. R10's urine was "very strong and malodorous". R10 was diagnosed in the ED with encephalopathy (worsening brain function), hypernatremia (too much sodium in the blood), dehydration and sepsis. R10 was transferred to a different hospital for further treatment and evaluation.

R10's hospital weight on 9/10/20, following intravenous (IV) fluid administration was 108 lbs.

R10's hospital admission notes dated 9/11/20, indicated R10 arrived and was critically ill. R10's "severe" high blood sodium levels were thought to be related to "significant dehydration and sepsis".

During interview by phone on 9/15/20, at 9:31 a.m. family member (FM)-A stated was concerned how R10 had been admitted at 134 lbs., which was close to her normal weight, and then 13 days later at the care conference, FM-A was told R10's weight was 115 lbs. FM-A stated there did not seem to be a concern level at the facility about the weight loss. FM-A stated the facility had been updating family when family called, but "probably not with the level of concern

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2 830	Continued From page 7	2 830		

that should have been applied." FM-A stated had known R10 was not eating well, but was not aware it was "to the extent of starving to death." FM-A stated R10 had malnutrition in the past, related to depression but "not to the extent that was seen upon discharge from the Emeralds." FM-A stated R10's normal weight was around 145 lbs.

During interview by phone on 9/15/20, at 11:06 a.m. hospital physician (MD)-A, stated had seen R10 upon their arrival to the hospital on 9/10/20. MD-A was concerned because R10 was noted to have altered mental status for up to 9 hours that day and was delayed in being brought to the ED. MD-A stated R10's lab values "were consistent with severe dehydration." MD-A stated R10 had a "free water deficit." This occurs in primarily in older adults but is preventable if they are provided with water to drink. MD-A stated this condition does not come on acutely. Rather it would take some time possibly several days for someone to get to this level. MD-A stated for R10 to get to this level at a skilled nursing facility was concerning. MD-A stated today, 4 days after admission, R10 was in the intensive care unit (ICU).

During interview on 9/15/20, at 12:39 p.m. licensed practical nurse (LPN)-A stated had worked with R10 once. LPN-A stated R10 was in bed all shift and was not sure what R10's intake had been. LPN-A had access to the medical record to review. LPN-A stated sufficient intake could not be found in the medical record. LPN-A stated if a resident was not eating or drinking, especially if a resident was taking a diuretic like R10, nursing should be assessing further and monitoring hydration more closely. LPN-A stated supplements were checked off on the MAR once they were given to residents. LPN-A was unable

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THE EMERALDS AT FARIBAULT LLC	500 SOUTHEAST FIRST STREET FARIBAULT, MN 55021

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to remember if they had watched R10 consume the entire supplement.

During interview on 9/15/20, at 12:53 p.m. registered nurse (RN)-A stated had worked with R10 before and had updated NP of R10's change in condition on 9/9/20. RN-A stated previously R10 would talk and would respond and took medications. On 9/9/20 R10 was not responding and not taking medications.

During interview by phone on 9/15/20, at 2:38 p.m., nurse practitioner (NP)-A stated had seen R10 via telemedicine while a resident at the Emeralds of Faribault. NP-A had access to documentation during phone call and reviewed the record. NP-A stated had seen R10 via telemedicine on 8/27/20. R10 was noted to be alert and pleasant that day, in no distress and able to answer questions. NP-A was notified on 9/9/20, at 12:45 p.m., that R10 had poor appetite, was not eating, not participating and was "pocketing" their medications. NP-A was told R10 had a 30 pound weight loss in 5 days. NP-A stated staff were instructed to re-weigh R10. NP-A stated R10 was not "full of fluid" and was not expected to have a significant weight loss like this. NP-A stated if R10 wasn't eating well for a couple days maybe a 5-7 lb. weight loss would be expected. For a 20-30 lb. weight loss, R10 would have to had not been eating during their entire admission. NP-A stated gave orders for speech evaluation on 9/9/20. NP-A stated would expect the nurses to follow their protocol for status change. NP-A would expect the nurses to use clinical judgement and monitor vital signs more often, assess over all status, and push fluids or food. NP-A stated pharmacy could do an assessment to see if any meds should be held that would be contributing to lethargy. On

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9/10/20, NP-A stated had completed an acute telemedicine visit. R10 was noted to be very unresponsive at 8:52 a.m. R10 also had a swollen right knee. NP-A gave order for x-ray to the right knee and would do telemedicine visit later in the morning. NP-A stated saw R10 about 11:00 a.m. NP-A stated nursing staff reported R10 was unresponsive, not eating and not taking meds. NP-A stated, in comparison to their 8/27/20 televisit, today R10 had a significant change. NP-A stated if R10 stayed in the facility it would be for comfort cares. If R10 wanted more aggressive treatment they should be sent to the ER.

During phone interview on 9/15/20, at 3:26 p.m. nursing assistant (NA)-B stated had worked routinely with R10. NA-B recalled on 9/10/20, R10 was "real tired" and did not eat. NA-B stated had known R10 was not eating or responding as well prior to 9/10/20, but was not sure for how long. NA-B stated had reported the change to the nurse. NA-B stated was unsure if nursing was doing anything different due to R10's change. NA-B could not recall if different food and drink options had been offered to R10 due to her decrease in intake.

During phone interview on 9/15/20, at 3:30 p.m. nursing assistant (NA)-A stated had worked with R10 upon admission then again on 9/9/20. NA-A stated upon admission R10 was "coherent, would talk and would even do some teasing." NA-A stated came back to work and on 9/8/20, R10 was "totally different." NA-A stated was told R10 was now too weak to transfer and they were to reposition in bed. NA-A stated had obtained a weight on R10 and the result was 103 lbs., which NA-A knew to be a significant change. NA-A stated gave the weight information to the nurse.

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2 830	Continued From page 10 During phone interview on 9/15/20, at 3:36 p.m. nursing assistant (NA)-C stated had worked with R10 routinely during their stay at the Emeralds of Faribault. NA-C recalled noticing a steady decline from their admission to the end of their stay. NA-C stated when first working with R10, they would eat and drink. NA-C stated over the course of R10's stay, R10 would no longer drink water and was not eating at all. NA-C stated they would record R10 was not eating on a paper intake form in the nursing assistant hand book for the unit. NA-C was unsure of the dates, but stated had reported to the nurse a "couple times" that R10 "wasn't doing well." NA-C stated it was pool nurses and did not remember exactly who they had reported the change to. On 9/16/20, at 9:00 a.m. registered dietician (RD) stated had followed R10 while residing at the facility. RD stated R10 had been accepting supplements. Initially R10 was initially accepting intake but on 9/8/20, had not. On 9/8/20, RD did a chart review but had not seen R10 so was unable to comment on their status. RD stated had not looked at R10's free water intake and typically does. RD stated would expect intake tracking to be consistent and for nursing to be monitoring for dehydration related to decreased intake. RD stated due to the 115 lbs weight that was recorded, would expect nursing to look at trends and re-weigh within the next day for a significant change such as that. On 9/16/20, at 11:15 a.m. regional nurse consultant (RN-B) and DON stated residents are brought water each shift and that should be recorded. They were unsure who was monitoring intakes other than the dietician on their monthly rounds. DON stated it was hard to tell because	2 830		

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there were not good records available. DON stated the expectation is to monitor intake for all residents with every meal.

On 9/16/20, at 11:30 a.m. social services director stated R10 had been admitted for rehabilitation and skilled nursing with a goal to go home.

The facility policy Monitoring Food and Fluid Consumption, dated 9/2012, directed staff to maintain adequate nutritional intake and hydration for all residents. Further, staff are to determine the amount of food consumed at each meal and assess the need for additional snacks and appropriate intervention as necessary to maintain weight, optimal nutrition and hydration. All residents, including those who receive trays, will be monitored for dietary intake during each meal.

SUGGESTED METHOD OF CORRECTION:
The director of nursing or designee could review policies and procedures, train staff, and implement measures to assure residents are receiving appropriate assessment and necessary interventions during a change in condition. The DON or designee could also conduct audits of dependent resident cares to ensure their hydration and intake needs are met consistently.

TIME PERIOD FOR CORRECTION: Twenty-one (21) days.

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F 000	INITIAL COMMENTS On 9/15/20 - 9/16/20 an abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was found not to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. The following complaint was found to be unsubstantiated: H5067038C. The following complaint was found to be substantiated: H5067037C at F684. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's 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 on-site revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.	F 000		
F 684 SS=G	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered	F 684		10/23/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 10/14/2020

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 684	Continued From page 1 care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to comprehensively assess and monitor 1 of 3 residents (R10) reviewed whom had a change of condition. This resulted in actual harm when R10 had 23.13% weight loss within 19 days of their stay, and was hospitalized with sepsis, and severe dehydration. Findings include: R10's admission Minimum Data Set (MDS) dated 8/27/20, indicated moderate impairment in cognition based on Brief Inventory of Mental Status (BIMS) score of 8. R10 had not rejected care. R10 required extensive assistance from one staff in bed mobility, locomotion on/off unit, dressing, toileting and hygiene. R10 required total assist from 2 staff for transfers. R10 was independent with eating. R10's face sheet dated 8/21/20, indicated admission diagnoses of major depressive disorder, moderate protein calorie malnutrition and dementia. R10's hospital discharge summary dated 8/21/20, indicated R10's weight at discharge was 134 pounds (lbs). R10's facility admission recorded weight, dated 8/21/20, also indicated R10's weight was 134 lbs. R10's facility admission orders dated 8/21/20, directed staff to complete skilled nursing MDS progress notes. Nurses were to document activities of daily living (ADLs), continence,	F 684	F684 SS=G. Based on interview and document review, the facility failed to comprehensively assess and monitor 1 of 3 residents (R10) reviewed whom had a change of condition. This resulted in actual harm when R10 had 23.13% weight loss within 19 days of their stay, and was hospitalized with sepsis, and severe dehydration. The residents at the Emeralds at Faribault have the right to have their condition thoroughly assessed and monitored for change in condition and addressed per standards of practice. The Emeralds at Faribault staff have a responsibility to keep the medical record up to date so that other staff can be aware of any change or potential change in condition to further assess and monitor, addressing any concerns per standards of practice and facility policy. Facility policy titled Change in Condition, indicates the nurse will comprehensively assess and monitor a resident's change in condition, record in the residents' medical record information relative to changes in the resident's medical/mental condition or status, and contact the provider as needed. The Change in Condition policy has been reviewed and found to be appropriate. R10 was hospitalized as indicated, but did not return to the facility. All resident's weights have been reviewed and significant changes addressed. All staff were educated that if a change of	

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F 684	Continued From page 2 behaviors, intake, assistance level, ambulation/transferring etc. Additionally, R10 had an order from 8/21/20 for daily weights due to admission, on every day shift for three days with a start date of 8/22/20. The medical record lacked documentation or refusal of those daily weights. R10 had an order for weekly weights ongoing, which was standard practice at the facility. R10's care plan dated 8/24/20, indicated R10 had a nutritional problem or potential nutritional problem. The care plan directed staff to monitor intake and record every meal per protocol. R10's dietary PN dated 8/24/20, at 11:29 a.m. indicated R10 was able to feed herself and denied difficulty chewing or swallowing. R10 had moderate protein calorie malnutrition and a potential for weight change due to diuretic use. On 8/27/20, R10 was started Med Pass (a fortified nutritional shake) 4 ounces three times daily. The intake was documented on the medication administration record (MAR) with staff initials and a checkmark, but not a percentage of how much was consumed. R10's social services PN dated 9/3/20, at 1:09 p.m. indicated R10 had a care conference. R10 and their spouse, therapy department and social services attended. R10's plan was to continue with therapy. R10 had minimal progress and was improving. The PN from 9/4/20 to 9/7/20, lacked documentation of R10's status and lacked documentation of any refusal to eat or drink. The MAR from 8/21/20 to 9/8/20, lacked	F 684	condition presents, they are to document resident's change in a progress note, as well as put an order in to monitor vital signs for 24 hours. This education was completed by 9/18/2020. All staff were educated on the need to document all resident intakes accurately. All staff were ensured they have a POC login to chart intakes in POC. Staff were provided education on the percentage of food consumed and the amount of liquids consumed for each meal. IDT will monitor progress notes and weights for all residents each business day to identify any change of condition that needs to be addressed and followed up on with the provider. These will be discussed at daily group clinical meeting. DON or designee will perform daily business day audits x 4 weeks for appropriateness of documentation, addressing any concerns and providing written follow up education PRN. Audit results will be reviewed by QAPI committee for further recommendations.	

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documentation of R10's refusal to eat or drink. R10's Med Pass supplement scheduled for three times a day was initialed with a check mark but not a percentage of how much was consumed.

R10's dietician PN 9/8/20, at 3:19 p.m. indicated per interdisciplinary team (IDT) R10 had been refusing the majority of meals. Weight history is variable: 107 lbs lbs. (9/8), 135 lbs. (9/3), 115 lbs. (9/1), 134 lbs. (8/21). R10 had been refusing therapy and refusing to get out of bed. Recommendation to increase Med Pass to four times daily. Will request reweigh to determine accuracy.

The MAR on 9/9/20 showed a new order for Med Pass 120 cubic centimeters (cc) four times daily. The MAR from 9/9/20 to 9/10/20, showed Med Pass intake with staff initials and the number 9 which indicates "other/see nurses notes".

R10's nursing PN dated 9/9/20, at 1:55 p.m. indicated R10 was pocketing medications (storing in cheek), and had decrease in responsiveness and participation. R10 had poor intake at meals. R10 required total assist for cares today. Nurse practitioner (NP) had been updated. R10 was to be reweigh and NP updated in the morning. NP also ordered speech therapy evaluation. A nursing order was added to check vital signs every shift.

R10's MAR dated 9/9/20, indicated R10's reweigh was 103 lbs. This was a 31 lbs. (23.13%) weight loss from admission, 8/21/20, 19 days ago.

R10's care plan dated 9/9/20, indicated R10 was at risk for dehydration. Staff were to encourage adequate fluid intake and monitor resident for

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F 684	Continued From page 4 signs and symptoms of dehydration. R10's daily flood/fluid intake logs were requested, and the only ones found were 9/8/20-9/11/20. Review of these intakes indicated: -9/8/20, R10 had refused breakfast and fluids, took one bite of food and had zero fluids for lunch and had refused dinner and fluids. The medical record lacked documentation on 9/8/20, for comprehensive assessment related to decreased to no intake, ongoing monitoring for dehydration related to intake refusal or that other food/fluids were provided/encouraged. -9/9/20 R10 had refused breakfast, lunch, dinner and no fluids were documented. -9/10/20 R10 had zero intake recorded for lunch and dinner. R10's nursing PN dated 9/10/20, at 12:00 p.m. indicated on night shift, R10 had pocketed (stored in cheek) pills. R10 was unable to swallow and continues to decline meals. R10 was unresponsive at this time. NP had been notified. The NP ordered x-ray to R10's knee due to the knee looking displaced and swollen. The PN lacked documentation of any additional information the NP may have said to the nurse, lacked what type of stimulus R10 was unresponsive to, and lacked why R10 was not sent to the ER at this time due to unresponsiveness. R10's speech therapy PN dated 9/10/20, at 3:19 p.m. indicated speech therapist attempted to assess R10's swallow function with medication due to reports of pocketing medications. R10 could not be roused. Speech therapist provided nurse on cart with recommendation for order to crush medications. The PN lacked documentation	F 684		

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of how crushed medications would be administered to a resident that was unresponsive. There was no indication this was a change of condition for R10's.

R10's PN dated 9/10/20, at 4:00 p.m. indicated NP gave orders to send R10 to emergency department (ED) for further evaluation if family wishes.

R10's ambulance run report dated 9/10/20, dispatched at 3:57 p.m. indicated staff reported to emergency medical staff (EMS) that R10 was normally alert and talkative, however, had been unresponsive since at least 8:00 a.m. today, 9/10/20. In the ambulance R10 was noted to have hypotension, tachycardia, tachypnea and hypoxia (low blood pressure, high heart rate, high respiratory rate and low oxygen levels, respectively). R10 had an altered mental status with Glascow Coma Scale (GCS) of 8 (the initial GCS score correlates with the severity of brain injury and prognosis. Patients with scores of 3-8 are usually said to be in a coma). R10's vital signs (VS) at 4:14 p.m. were: blood pressure 87/61, heart rate 111, respiratory rate 44 and pulse Oximetry 88%. R10 was administered supplemental oxygen and intravenous (IV) fluids in the ambulance.

R10's ED provider notes dated 9/10/20, indicated R10 arrived to the ED with decreased level of consciousness. R10 wasn't responding to catheter or intravenous sticks. R10's urine was "very strong and malodorous". R10 was diagnosed in the ED with encephalopathy (worsening brain function), hypernatremia (too much sodium in the blood), dehydration and sepsis. R10 was transferred to a different

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hospital for further treatment and evaluation.

R10's hospital weight on 9/10/20, following intravenous (IV) fluid administration was 108 lbs.

R10's hospital admission notes dated 9/11/20, indicated R10 arrived and was critically ill. R10's "severe" high blood sodium levels were thought to be related to "significant dehydration and sepsis".

During interview by phone on 9/15/20, at 9:31 a.m. family member (FM)-A stated was concerned how R10 had been admitted at 134 lbs., which was close to her normal weight, and then 13 days later at the care conference, FM-A was told R10's weight was 115 lbs. FM-A stated there did not seem to be a concern level at the facility about the weight loss. FM-A stated the facility had been updating family when family called, but "probably not with the level of concern that should have been applied." FM-A stated had known R10 was not eating well, but was not aware it was "to the extent of starving to death." FM-A stated R10 had malnutrition in the past, related to depression but "not to the extent that was seen upon discharge from the Emeralds." FM-A stated R10's normal weight was around 145 lbs.

During interview by phone on 9/15/20, at 11:06 a.m. hospital physician (MD)-A, stated had seen R10 upon their arrival to the hospital on 9/10/20. MD-A was concerned because R10 was noted to have altered mental status for up to 9 hours that day and was delayed in being brought to the ED. MD-A stated R10's lab values "were consistent with severe dehydration." MD-A stated R10 had a "free water deficit." This occurs in primarily in

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	245067	A. BUILDING ______ B. WING ______	C 09/16/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMERALDS AT FARIBAULT LLC	500 SOUTHEAST FIRST STREET FARIBAULT, MN 55021

(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 684	Continued From page 7	F 684		

older adults but is preventable if they are provided with water to drink. MD-A stated this condition does not come on acutely. Rather it would take some time possibly several days for someone to get to this level. MD-A stated for R10 to get to this level at a skilled nursing facility was concerning. MD-A stated today, 4 days after admission, R10 was in the intensive care unit (ICU).

During interview on 9/15/20, at 12:39 p.m. licensed practical nurse (LPN)-A stated had worked with R10 once. LPN-A stated R10 was in bed all shift and was not sure what R10's intake had been. LPN-A had access to the medical record to review. LPN-A stated sufficient intake could not be found in the medical record. LPN-A stated if a resident was not eating or drinking, especially if a resident was taking a diuretic like R10, nursing should be assessing further and monitoring hydration more closely. LPN-A stated supplements were checked off on the MAR once they were given to residents. LPN-A was unable to remember if they had watched R10 consume the entire supplement.

During interview on 9/15/20, at 12:53 p.m. registered nurse (RN)-A stated had worked with R10 before and had updated NP of R10's change in condition on 9/9/20. RN-A stated previously R10 would talk and would respond and took medications. On 9/9/20 R10 was not responding and not taking medications.

During interview by phone on 9/15/20, at 2:38 p.m., nurse practitioner (NP)-A stated had seen R10 via telemedicine while a resident at the Emeralds of Faribault. NP-A had access to documentation during phone call and reviewed the record. NP-A stated had seen R10 via

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F 684	Continued From page 8 telemedicine on 8/27/20. R10 was noted to be alert and pleasant that day, in no distress and able to answer questions. NP-A was notified on 9/9/20, at 12:45 p.m., that R10 had poor appetite, was not eating, not participating and was "pocketing" their medications. NP-A was told R10 had a 30 pound weight loss in 5 days. NP-A stated staff were instructed to re-weigh R10. NP-A stated R10 was not "full of fluid" and was not expected to have a significant weight loss like this. NP-A stated if R10 wasn't eating well for a couple days maybe a 5-7 lb. weight loss would be expected. For a 20-30 lb. weight loss, R10 would have to had not been eating during their entire admission. NP-A stated gave orders for speech evaluation on 9/9/20. NP-A stated would expect the nurses to follow their protocol for status change. NP-A would expect the nurses to use clinical judgement and monitor vital signs more often, assess over all status, and push fluids or food. NP-A stated pharmacy could do an assessment to see if any meds should be held that would be contributing to lethargy. On 9/10/20, NP-A stated had completed an acute telemedicine visit. R10 was noted to be very unresponsive at 8:52 a.m. R10 also had a swollen right knee. NP-A gave order for x-ray to the right knee and would do telemedicine visit later in the morning. NP-A stated saw R10 about 11:00 a.m. NP-A stated nursing staff reported R10 was unresponsive, not eating and not taking meds. NP-A stated, in comparison to their 8/27/20 televisit, today R10 had a significant change. NP-A stated if R10 stayed in the facility it would be for comfort cares. If R10 wanted more aggressive treatment they should be sent to the ER. During phone interview on 9/15/20, at 3:26 p.m.	F 684		

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F 684	Continued From page 9 nursing assistant (NA)-B stated had worked routinely with R10. NA-B recalled on 9/10/20, R10 was "real tired" and did not eat. NA-B stated had known R10 was not eating or responding as well prior to 9/10/20, but was not sure for how long. NA-B stated had reported the change to the nurse. NA-B stated was unsure if nursing was doing anything different due to R10's change. NA-B could not recall if different food and drink options had been offered to R10 due to her decrease in intake. During phone interview on 9/15/20, at 3:30 p.m. nursing assistant (NA)-A stated had worked with R10 upon admission then again on 9/9/20. NA-A stated upon admission R10 was "coherent, would talk and would even do some teasing." NA-A stated came back to work and on 9/8/20, R10 was "totally different." NA-A stated was told R10 was now too weak to transfer and they were to reposition in bed. NA-A stated had obtained a weight on R10 and the result was 103 lbs., which NA-A knew to be a significant change. NA-A stated gave the weight information to the nurse. During phone interview on 9/15/20, at 3:36 p.m. nursing assistant (NA)-C stated had worked with R10 routinely during their stay at the Emeralds of Faribault. NA-C recalled noticing a steady decline from their admission to the end of their stay. NA-C stated when first working with R10, they would eat and drink. NA-C stated over the course of R10's stay, R10 would no longer drink water and was not eating at all. NA-C stated they would record R10 was not eating on a paper intake form in the nursing assistant hand book for the unit. NA-C was unsure of the dates, but stated had reported to the nurse a "couple times" that R10 "wasn't doing well." NA-C stated it was	F 684		

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F 684	Continued From page 10	F 684		

pool nurses and did not remember exactly who they had reported the change to.

On 9/16/20, at 9:00 a.m. registered dietician (RD) stated had followed R10 while residing at the facility. RD stated R10 had been accepting supplements. Initially R10 was initially accepting intake but on 9/8/20, had not. On 9/8/20, RD did a chart review but had not seen R10 so was unable to comment on their status. RD stated had not looked at R10's free water intake and typically does. RD stated would expect intake tracking to be consistent and for nursing to be monitoring for dehydration related to decreased intake. RD stated due to the 115 lbs weight that was recorded, would expect nursing to look at trends and re-weigh within the next day for a significant change such as that.

On 9/16/20, at 11:15 a.m. regional nurse consultant (RN-B) and DON stated residents are brought water each shift and that should be recorded. They were unsure who was monitoring intakes other than the dietician on their monthly rounds. DON stated it was hard to tell because there were not good records available. DON stated the expectation is to monitor intake for all residents with every meal.

On 9/16/20, at 11:30 a.m. social services director stated R10 had been admitted for rehabilitation and skilled nursing with a goal to go home.

The facility policy Monitoring Food and Fluid Consumption, dated 9/2012, directed staff to maintain adequate nutritional intake and hydration for all residents. Further, staff are to determine the amount of food consumed at each meal and assess the need for additional snacks and

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F 684	Continued From page 11 appropriate intervention as necessary to maintain weight, optimal nutrition and hydration. All residents, including those who receive trays, will be monitored for dietary intake during each meal.	F 684		

P r o t e c t i n g , M a i n t a i n i n g a n d I m p r o v i n g t h e H e a l t h o f A l l M i n n e s o t a n s

Electronically delivered
December 8, 2020

Administrator
The Emeralds At Faribault LLC
500 Southeast First Street
Faribault, MN 55021

RE: CCN: 245067
Cycle Start Date: July 22, 2020

Dear Administrator:

On October 2, 2020, we notified you a remedy was imposed. On November 23, 2020 the Minnesota Department(s) of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of November 6, 2020.

As authorized by CMS the remedy of:

• Discretionary denial of payment for new Medicare and Medicaid admissions effective October 14, 2020 be discontinued as of November 6, 2020. (42 CFR 488.417 (b))

However, as we notified you in our letter of August 7, 2020, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from October 5, 2020. This does not apply to or affect any previously imposed NATCEP loss.

The CMS Region V Office may notify you of their determination regarding any imposed remedies.

Feel free to contact me if you have questions.

Sincerely,

Douglas Larson, Enforcement Specialist
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division

An equal opportunity employer.

Telephone: 651-201-4118 Fax: 651-215-9697
Email: doug.larson@state.mn.us

cc: Licensing and Certification File