



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
October 29, 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 informed you of imposed enforcement remedies.

On October 15, 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 constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy (Level D), 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

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The Emeralds At Faribault Llc

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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 5, 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:

**Karen Aldinger, Unit Supervisor
Metro C 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: karen.aldinger@state.mn.us

Office: (651) 201-3794 Mobile: (320) 249-2805

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

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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/lrc_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:

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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,

A handwritten signature in black ink, appearing to read "Douglas Larson". The signature is stylized and includes a horizontal line extending to the right.

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



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Electronically delivered
October 29, 2020

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

Re: State Nursing Home Licensing Orders
Event ID: GJQT11

Dear Administrator:

The above facility was surveyed on October 15, 2020 through October 15, 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

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"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:

**Karen Aldinger, Unit Supervisor
Metro C 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: karen.aldinger@state.mn.us
Office: (651) 201-3794 Mobile: (320) 249-2805**

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

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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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/16/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245067	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/15/2020
NAME OF PROVIDER OR SUPPLIER THE EMERALDS AT FARIBAULT LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 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 000	INITIAL COMMENTS On 10/15/20, 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 complaints were found to be unsubstantiated: H5067040C and H5067041C. The following complaint was found to be substantiated: H5067042C with citation issued 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=D	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	F 684			11/6/20

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

TITLE

(X6) DATE

Electronically Signed

11/16/2020

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	<p>Continued From page 1</p> <p>practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and document review, the facility failed to seek emergency care promptly, for 1 of 3 residents (R1) reviewed for quality of care, when R1 became unresponsive.</p> <p>Findings include:</p> <p>R1's admission Minimum Data Set (MDS) dated 9/4/20, included, mild cognitive impairment with diagnoses including, schizoaffective disorder, bipolar disorder, anxiety, and heart failure. R1 required only supervision with transfers, ambulation and eating.</p> <p>During observation on 10/15/20, at 12:26 p.m. R1 was alert and conversive, oriented to self, place and time and was eating lunch in a chair in R1's room.</p> <p>R1's medication administration record dated, 10/15/20, indicated lithium carbonate tablet 300 milligrams (mg) give 300 mg by mouth two times a day for schizoaffective disorder, discontinue date 10/9/20. Medication administration record also indicated lorazepam (medication used to treat anxiety and in the class of medications called benzodiazepines) tablet 2 mg, give two mg by mouth three times a day for anxiety, catatonia (disturbed mental state typical to schizoaffective disorder) related to schizoaffective disorder, bipolar type.</p> <p>R1's provider progress noted dated 10/8/20, completed by nurse practitioner (NP)-A, indicated, "Patient reports that that R1 is doing</p>	F 684	<p>F Tags</p> <p>F684 SS=D: Based on observation, interview, and document review, the facility failed to seek emergency care promptly for 1 of 3 residents (R1) reviewed for quality of care, when R1 became unresponsive.</p> <p>Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on a 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 care plan, and the residents' choices.</p> <p>The facility policy on change of resident condition has been reviewed and is appropriate. Emeralds at Faribault staff are to notify the resident's physician any time there is a significant change in the resident's physical, emotional, or mental condition. The licensed nurse will record in the resident's medical record information relative to changes in the resident's medical or mental condition or status.</p> <p>Staff education was completed regarding updating the provider and entering in progress notes when a resident is ill. Staff education includes documentation education.</p> <p>DON or designee will perform daily audits 5 days/week x 4 weeks on change of resident's condition. Daily review of</p>		

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F 684	<p>Continued From page 2</p> <p>okay though feels sleepy. Reports has a difficult time waking up/staying awake." Nursing staff reported R1 appeared to be declining and sleeping more. NP-A wrote in the plan section of provider note to check R1's lithium (medication used to treat bipolar disorder with side effect of drowsiness at high levels) blood level.</p> <p>R1's treatment administration record dated 10/15/20, indicated a lithium level was drawn on 10/8/20.</p> <p>R1's Allina Health-Medical Laboratory report dated 10/8/20, indicated a lithium level of 1.7 HH (panic level) milliequivalents per liter (mEq/L) with a normal range of 1.0 - 1.5 mEq/L.</p> <p>R1's progress note dated 10/9/20, at 8:48 a.m. signed by licensed practical nurse (LPN)-A indicated, "Lithium Carbonate Tablet 300 mg by mouth two times a day for schizoaffective disorder. Dr. say to hold until they get his lithium level in order."</p> <p>R1's progress note dated 10/12/20, at 12:28 p.m. entered by LPN-A included, R1 was in a chair and unarousable. LPN-A requested LPN-B to attempt to wake also and R1 was not arousable. Vital signs taken with results given to the the supervisor nurse who instructed LPN-A to call the provider. The provider ordered R1 be sent to the emergency room.</p> <p>When interviewed on 10/15/20, at 12:37 p.m. LPN-A stated she had seen R1 alert and awake at 8:00 a.m., but when she went back to the room about 11:00 a.m. R1 was unresponsive. "I consulted [LPN-B] who also couldn't wake up [R1]. "I tried to shake her wrist, then I tried the</p>	F 684	<p>24-hour report will be completed by DON or designee. Audit results will be reviewed monthly at QAPI meetings for further recommendations.</p> <p>Completed November 6th, 2020</p> <p>Audit form: IDT to review daily progress notes to indicate resident change in condition.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 684	<p>Continued From page 3</p> <p>knuckle on the chest thing, [R1] mumbled and went back to sleep." LPN-A could not recall what time she contacted the provider.</p> <p>When interviewed on 10/15/20, at 1:00 p.m. LPN-B stated she had gone into R1's room after LPN-B requested and R1 was unresponsive. This was about 11:00 a.m.</p> <p>When interviewed on 10/15/20, at 1:41 p.m. the director of nursing (DON) stated LPN-A had informed them R1 was unresponsive and had instructed LPN-A to notify the provider. The DON was not aware R1 was not arousable after a sternal rub (application of firm, rotating pressure with knuckles over the breastbone to assess deep unconsciousness).</p> <p>When interviewed on 10/15/20, at 2:55 p.m. the Genevieve (provider service) triage operator (TO-B) stated they had received the call from LPN-A on 10/12/20, at 12:21 p.m. LPN-A had asked for NP-A to be paged regarding R1.</p> <p>When interviewed on 10/15/20, at 2:51 p.m. NP-A stated she had received a call from LPN-A on 10/12/20, at 12:21 p.m. LPN-A had stated she had found R1 unresponsive to sternal rub at 11:00 a.m. R1 was normally alert and oriented, so this was a significant change for R1. NP-A ordered immediate transfer to the hospital.</p> <p>When interviewed on 10/15/20, at 3:46 p.m. LPN-A did not know why the provider had not been contacted immediately when R1 was found unresponsive on 10/12/20, at 11:00 a.m.</p> <p>Emergency Department to Hospital Admission record dated 10/12/20 indicated R1 arrived at</p>	F 684			

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F 684	<p>Continued From page 4</p> <p>District One Hospital, located one block from the facility, on 10/12/20, at 12:58 a.m. Approximately three hours after being assessed as unresponsive at the facility.</p> <p>District One Hospital Discharge Summary, dated 10/14/20, indicated R1's blood gases (laboratory test which shows dissolved gases in the bloodstream) on arrival to the hospital indicated acute respiratory acidosis (a condition in which decreased breathing causes increased blood carbon dioxide in turn causing a decreased blood pH or acid level). The Hospital Discharge Summary further indicated on hospital admission R1 had acute respiratory failure (serious medical condition caused by decreased breathing) with hypercapnia (high blood carbon dioxide level) and hypoxia (low blood oxygen level) and benzodiazepine toxicity (excessive level of benzodiazepine in bloodstream which causes decreased breathing).</p> <p>During interview on 10/15/20, at 1:41 p.m. the DON stated the expectation is for nursing staff to notify the provider immediately in the instance of a resident's significant change in condition.</p> <p>Facility policy titled Change in Resident Condition, dated 6/19, indicated, "The Licenseses Nurse [sic] will notify the resident's physician/healthcare provider when there has been: An adverse reaction to medication; A significant change in the resident's physical/emotional/mental condition."</p>	F 684			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00571	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/15/2020
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NAME OF PROVIDER OR SUPPLIER THE EMERALDS AT FARIBAULT LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 500 SOUTHEAST FIRST STREET FARIBAULT, MN 55021
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2 830	<p>MN Rule 4658.0520 Subp. 1 Adequate and Proper Nursing Care; General</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and document review, the facility failed to seek emergency care promptly, for 1 of 3 residents (R1) reviewed for quality of care, when R1 became unresponsive.</p> <p>Findings include:</p> <p>R1's admission Minimum Data Set (MDS) dated 9/4/20, included, mild cognitive impairment with diagnoses including, schizoaffective disorder, bipolar disorder, anxiety, and heart failure. R1 required only supervision with transfers, ambulation and eating.</p> <p>During observation on 10/15/20, at 12:26 p.m. R1 was alert and conversive, oriented to self, place and time and was eating lunch in a chair in R1's room.</p> <p>R1's medication administration record dated, 10/15/20, indicated lithium carbonate tablet 300</p>	2 830	Corrected	11/6/20

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

TITLE

(X6) DATE
11/16/20

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00571	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/15/2020
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NAME OF PROVIDER OR SUPPLIER THE EMERALDS AT FARIBAULT LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 500 SOUTHEAST FIRST STREET FARIBAULT, MN 55021
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(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
2 830	<p>Continued From page 1</p> <p>milligrams (mg) give 300 mg by mouth two times a day for schizoaffective disorder, discontinue date 10/9/20. Medication administration record also indicated lorazepam (medication used to treat anxiety and in the class of medications called benzodiazepines) tablet 2 mg, give two mg by mouth three times a day for anxiety, catatonia (disturbed mental state typical to schizoaffective disorder) related to schizoaffective disorder, bipolar type.</p> <p>R1's provider progress noted dated 10/8/20, completed by nurse practitioner (NP)-A, indicated, "Patient reports that that R1 is doing okay though feels sleepy. Reports has a difficult time waking up/staying awake." Nursing staff reported R1 appeared to be declining and sleeping more. NP-A wrote in the plan section of provider note to check R1's lithium (medication used to treat bipolar disorder with side effect of drowsiness at high levels) blood level.</p> <p>R1's treatment administration record dated 10/15/20, indicated a lithium level was drawn on 10/8/20.</p> <p>R1's Allina Health-Medical Laboratory report dated 10/8/20, indicated a lithium level of 1.7 HH (panic level) milliequivalents per liter (mEq/L) with a normal range of 1.0 - 1.5 mEq/L.</p> <p>R1's progress note dated 10/9/20, at 8:48 a.m. signed by licensed practical nurse (LPN)-A indicated, "Lithium Carbonate Tablet 300 mg by mouth two times a day for schizoaffective disorder. Dr. say to hold until they get his lithium level in order."</p> <p>R1's progress note dated 10/12/20, at 12:28 p.m. entered by LPN-A included, R1 was in a chair and</p>	2 830		

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2 830	<p>Continued From page 2</p> <p>unarousable. LPN-A requested LPN-B to attempt to wake also and R1 was not arousable. Vital signs taken with results given to the the supervisor nurse who instructed LPN-A to call the provider. The provider ordered R1 be sent to the emergency room.</p> <p>When interviewed on 10/15/20, at 12:37 p.m. LPN-A stated she had seen R1 alert and awake at 8:00 a.m., but when she went back to the room about 11:00 a.m. R1 was unresponsive. "I consulted [LPN-B] who also couldn't wake up [R1]. "I tried to shake her wrist, then I tried the knuckle on the chest thing, [R1] mumbled and went back to sleep." LPN-A could not recall what time she contacted the provider.</p> <p>When interviewed on 10/15/20, at 1:00 p.m. LPN-B stated she had gone into R1's room after LPN-B requested and R1 was unresponsive. This was about 11:00 a.m.</p> <p>When interviewed on 10/15/20, at 1:41 p.m. the director of nursing (DON) stated LPN-A had informed them R1 was unresponsive and had instructed LPN-A to notify the provider. The DON was not aware R1 was not arousable after a sternal rub (application of firm, rotating pressure with knuckles over the breastbone to assess deep unconsciousness).</p> <p>When interviewed on 10/15/20, at 2:55 p.m. the Genevieve (provider service) triage operator (TO-B stated they had received the call from LPN-A on 10/12/20, at 12:21 p.m. LPN-A had asked for NP-A to be paged regarding R1.</p> <p>When interviewed on 10/15/20, at 2:51 p.m. NP-A stated she had received a call from LPN-A on 10/12/20, at 12:21 p.m. LPN-A had stated she</p>	2 830		

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2 830	<p>Continued From page 3</p> <p>had found R1 unresponsive to sternal rub at 11:00 a.m. R1 was normally alert and oriented, so this was a significant change for R1. NP-A ordered immediate transfer to the hospital.</p> <p>When interviewed on 10/15/20, at 3:46 p.m. LPN-A did not know why the provider had not been contacted immediately when R1 was found unresponsive on 10/12/20, at 11:00 a.m.</p> <p>Emergency Department to Hospital Admission record dated 10/12/20 indicated R1 arrived at District One Hospital, located one block from the facility, on 10/12/20, at 12:58 a.m. Approximately three hours after being assessed as unresponsive at the facility.</p> <p>District One Hospital Discharge Summary, dated 10/14/20, indicated R1's blood gases (laboratory test which shows dissolved gases in the bloodstream) on arrival to the hospital indicated acute respiratory acidosis (a condition in which decreased breathing causes increased blood carbon dioxide in turn causing a decreased blood pH or acid level). The Hospital Discharge Summary further indicated on hospital admission R1 had acute respiratory failure (serious medical condition caused by decreased breathing) with hypercapnia (high blood carbon dioxide level) and hypoxia (low blood oxygen level) and benzodiazepine toxicity (excessive level of benzodiazepine in bloodstream which causes decreased breathing).</p> <p>During interview on 10/15/20, at 1:41 p.m. the DON stated the expectation is for nursing staff to notify the provider immediately in the instance of a resident's significant change in condition.</p> <p>Facility policy titled Change in Resident Condition,</p>	2 830		

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2 830	<p>Continued From page 4</p> <p>dated 6/19, indicated, "The Licenseses Nurse [sic] will notify the resident's physician/healthcare provider when there has been: An adverse reaction to medication; A significant change in the resident's physical/emotional/mental condition."</p> <p>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 the necessary services to prevent or improve areas from occurring. The director of nursing or designee, could conduct random audits of the delivery of care; to ensure appropriate care and services are implemented; to better ensure implementation of treatment.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	2 830		



Protecting, Maintaining and Improving the Health of All Minnesotans

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,

A handwritten signature in black ink, appearing to read 'Douglas Larson'.

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

The Emeralds At Faribault Llc

December 8, 2020

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

Email: doug.larson@state.mn.us

cc: Licensing and Certification File