DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
January 14, 2021

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

RE: CCN: 245067
Cycle Start Date: November 25, 2020

Dear Administrator:

On December 14, 2020, we informed you of imposed enforcement remedies.

- Directed plan of correction, Federal regulations at 42 CFR § 488.424 Please see electronically attached documents for the DPOC.

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective December 29, 2020.

- Civil money penalty. (42 CFR 488.430 through 488.444)

On December 30, 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 December 29, 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 December 29, 2020. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective December 29, 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 December 14, 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 December 29, 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 May 25, 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
January 14, 2021

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

Re: State Nursing Home Licensing Orders
Event ID: 96WQ11

Dear Administrator:

The above facility was surveyed on December 30, 2020 through December 30, 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 12/30/2020

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 *****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 12/30/20, an abbreviated survey was conducted to determine compliance with State Licensure. Your facility was found to be NOT in compliance with the MN State Licensure. Please indicate in your electronic plan of correction that you have reviewed these orders, and identify the date when they will be completed.	2 000		

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

Electronically Signed | 01/25/21

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2 000	Continued From page 1 The following complaint was found to be SUBSTANTIATED: H5067052C (MN68560) with a licensing order issued. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form.	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 timely follow up on laboratory (lab) results to reduce the risk of delayed treatment for a urinary tract infection in 1 of 3 residents (R1) reviewed for change in condition. R1's quarterly Minimum Data Set (MDS) assessment dated 11/13/20, identified R1 had intact cognition. R1 had not rejected cares. R1 required supervision with transfers, toileting and hygiene. R1 required limited assistance with walking and dressing. R1 had diagnoses which	2 830	Corrected	2/1/21

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2 830	Continued From page 2 included multiple sclerosis (MS), heart failure, and dementia. R1's care plan last revised 10/15/18, indicated R1 had a diagnosis of multiple sclerosis (MS), which impacted all aspects of R1's life. R1 was to remain free from unforeseen complications due to medical history. The care plan directed staff to provide medications, treatments, labs and diagnostics per medical doctor (MD) or nurse practitioner (NP) orders. Staff were further directed to observe for changes in condition or abilities, further evaluate, and report pertinent information to the MD or NP for follow up. R1's progress notes (PN) dated 12/17/20, at 11:39 a.m. indicated R1 had complained of burning sensation from urination. The MD was updated and gave orders to obtain Urine Analysis and Urine Culture (UA/UC). R1's PN dated 12/17/20, at 3:32 p.m. indicated R1's urine sample was collected and sent to the lab. R1's UA lab results dated 12/17/20, with a finalized result time stamped at 12/17/20, at 5:15 p.m., indicated the UA was processed. The UA had several abnormal results including cloudiness, protein, occult blood, leukocytes, white blood cells (WBC) and WBC clumps. R1's PN dated 12/21/20, at 1:54 a.m. indicated R1's family said to the nurse that R1 was very confused on the phone. Family requested a UA/UC to be done to rule out a urinary tract infection (UTI). The nurse called the director of nursing (DON) and the DON was able to look up the lab results from recent UA on 12/17/20, on a different electronic medical record (EMR). Nurse	2 830		

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2 830	Continued From page 3	2 830		

then called MD to report UTI results and antibiotics were prescribed (Cipro). The PN lacked documentation why the UA results were not in the PN for R1 or addressed by the facility until the family questioned it four days after the sample was sent to the lab to process.

R1's medication administration record (MAR) indicated an order for the antibiotic Cipro tablet 500 milligram (mg) two times a day for UTI with a start date of 12/21/10, and end date of 12/27/20. Staff were also to monitor R1's temperature.

R1's PN dated 12/24/20, at 2:46 p.m. indicated R1 had loose stools that morning and received an anti-diarrhea medication. R1 was also noted to have confusion according to the nursing assistants. The nurse updated the MD and orders obtained to get a new UA/UC. R1 was currently on Cipro for UTI. R1's temperature had been monitored and was within normal limits.

R1's MAR indicated an order with a start date of 12/24/20, for UA/UC to be attempted every shift for one day until obtained.

R1's PN dated 12/24/20, at 7:32 p.m. indicated the UA/UC was collected and taken to District One Hospital for testing.

R1's UA/UC report showed the culture results were finalized with a time stamp of 12/26/20, at 6:57 a.m. The UA/UC indicated R1's culture showed Escherichia coli (E.Coli). E.Coli was resistant to Cipro, which R1 was currently on.

R1's PN dated 12/27/20, at 6:38 p.m. indicated R1 reported pain in lower back that radiated to upper back. R1 was assessed and sent to the hospital. R1 was diagnosed with sepsis and fluid

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2 830	Continued From page 4 overload after arrival at the hospital. R1's emergency department (ED) documentation dated 12/27/20, indicated R1 was diagnosed with acute encephalopathy (alteration of mental status) and septic shock (serious condition that occurs when a body-wide infection leads to dangerously low blood pressure). R1's septic shock had an unclear source but documentation indicated it had possibly originated from recent UTI. The UC from 12/24/20, grew E. Coli and was resistant to Cipro. R1's antibiotic was changed to a different one in the ED and R1's low blood pressure was treated. During interview on 12/30/20, at 10:05 a.m. registered nurse (RN)-A stated if a resident had a change in condition, the nurses were expected to assess, document and update the doctor, family and director of nursing. RN-A stated if lab results were not received timely, the nurse should follow up with the doctor. RN-A agreed there was nothing to trigger nurses to watch for pending labs if the previous nurse had not mentioned through report. During interview on 12/30/20 at 11:27 a.m. licensed practical nurse (LPN)-A stated R1 had increased confusion when they worked on 12/24/20. LPN-A stated the nurse that had worked with the resident was responsible to follow up on lab tests that were ordered or pending. LPN-A stated would have called the doctor had they known lab tests were pending and not received. LPN-A stated did not know what R1's condition was like before 12/24/20, as the documentation was lacking. LPN-A agreed there was nothing that would prompt nurses to watch or follow up on pending labs, if the previous nurse had not mentioned it during report.	2 830		

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2 830	Continued From page 5 During interview on 12/30/20, at 12:17 p.m. medical doctor (MD)-A had access to the medical record and acknowledged R1 had a history of cultures that were resistant to the antibiotic Cipro. MD-A stated would likely not have ordered Cipro to start with. MD-A stated was unsure if R1's most recent hospitalization for sepsis was related to the UTI. During interview on 12/30/20, at 1:19 p.m. RN-C stated had worked with R1 on 12/27/20, and R1 asked RN-C about the urine test result. RN-C stated had checked the paper chart and the Point Click Care system (facility's electronic health record). RN-C stated had not found any test result for R1. RN-C stated had left a note in the communication book so the next shift would check on it. RN-C had not followed up with the lab or physician about the UA/UC results from three days ago on 12/24/20. During interview on 12/30/20 at 1:32 p.m. the DON stated they had probably not received the UA results from 12/17/20, at the facility, and the DON was prompted to look the results up of the first UA from 12/21/20, after the family member noticed R1's increased confusion and inquired as to the results. The DON stated they had not followed up with the lab to see if the results were faxed to the facility and had not talked to staff to see if they had seen the results. The DON stated had not been working 12/24/20 - 12/27/20, and was unsure why the second UA/UC from 12/24/20, had not been received or reviewed timely either. DON stated on 12/21/20, was able to look into Epic (electronic health record) and saw the results from 12/17/20, that R1 had a UTI. DON stated then called the facility nurse and had them reach out to the doctor to start	2 830		

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2 830	Continued From page 6	2 830		

antibiotics. DON stated nurses were expected to follow up on pending lab results. If results were not received timely, the nurse should follow up with the doctor. The DON stated the physician should also follow up if they haven't heard from the facility on pending lab results.

During interview on 12/30/20, at 2:42 p.m. medical doctor (MD)-B stated they relied on contact via fax or phone call from the facility with lab results or changes for the residents they would have overseen. MD-B stated R1's first UA on 12/17/20, was not looked by the facility or MD-B at until 12/21/20. On 12/21/20, it was determined a UC was not performed and should have been. This was potentially a lab error. Additionally the second UA/UC from 12/24/20, ended up being resistant to Cipro and MD-A was not notified because the facility had not followed up on the results. MD-B stated UC results were normally processed within 48 hours and would expect the nurses to follow up if they had not received results in that time frame.

Facility policy Lab and Diagnostic Test Results - Clinical Protocol, undated, indicated the physician would have identified and ordered diagnostic and lab testing based on resident's diagnostic and monitoring needs. Staff would have processed test requisitions and arranged for tests. The lab would have reported test results to the facility.

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. 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

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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	Continued From page 7 treatment. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	2 830		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245067	A. BUILDING _____ B. WING _____	C 12/30/2020

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F 000	INITIAL COMMENTS On 12/30/20, 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 SUBSTANTIATED: H5067052C (MN68560), with a deficiency cited 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 practice, the comprehensive person-centered care plan, and the residents' choices.	F 684		2/1/21

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

Electronically Signed | 01/25/2021

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 This REQUIREMENT is not met as evidenced by: Based on interview and document review the facility failed to timely follow up on laboratory (lab) results to reduce the risk of delayed treatment for a urinary tract infection in 1 of 3 residents (R1) reviewed for change in condition. R1's quarterly Minimum Data Set (MDS) assessment dated 11/13/20, identified R1 had intact cognition. R1 had not rejected cares. R1 required supervision with transfers, toileting and hygiene. R1 required limited assistance with walking and dressing. R1 had diagnoses which included multiple sclerosis (MS), heart failure, and dementia. R1's care plan last revised 10/15/18, indicated R1 had a diagnosis of multiple sclerosis (MS), which impacted all aspects of R1's life. R1 was to remain free from unforeseen complications due to medical history. The care plan directed staff to provide medications, treatments, labs and diagnostics per medical doctor (MD) or nurse practitioner (NP) orders. Staff were further directed to observe for changes in condition or abilities, further evaluate, and report pertinent information to the MD or NP for follow up. R1's progress notes (PN) dated 12/17/20, at 11:39 a.m. indicated R1 had complained of burning sensation from urination. The MD was updated and gave orders to obtain Urine Analysis and Urine Culture (UA/UC). R1's PN dated 12/17/20, at 3:32 p.m. indicated R1's urine sample was collected and sent to the lab.	F 684	Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. 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 resident's choices. The facility policy for change in condition has been reviewed and remains appropriate. Licensed nursing staff will enter order in medical record when UA/UC or other labs drawn need follow up. This will allow nursing leadership to monitor when critical lab values need to be addressed. R1 was transported to the hospital and treated for sepsis. All other resident's outstanding lab orders were reviewed appropriately and timely. DON or designee will audit compliance of operation daily x 4 weeks, weekly x 3 months, then as needed thereafter. Audit results will be reviewed by QAPI committee for further recommendations.	

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F 684	Continued From page 2	F 684		

R1's UA lab results dated 12/17/20, with a finalized result time stamped at 12/17/20, at 5:15 p.m., indicated the UA was processed. The UA had several abnormal results including cloudiness, protein, occult blood, leukocytes, white blood cells (WBC) and WBC clumps.

R1's PN dated 12/21/20, at 1:54 a.m. indicated R1's family said to the nurse that R1 was very confused on the phone. Family requested a UA/UC to be done to rule out a urinary tract infection (UTI). The nurse called the director of nursing (DON) and the DON was able to look up the lab results from recent UA on 12/17/20, on a different electronic medical record (EMR). Nurse then called MD to report UTI results and antibiotics were prescribed (Cipro). The PN lacked documentation why the UA results were not in the PN for R1 or addressed by the facility until the family questioned it four days after the sample was sent to the lab to process.

R1's medication administration record (MAR) indicated an order for the antibiotic Cipro tablet 500 milligram (mg) two times a day for UTI with a start date of 12/21/10, and end date of 12/27/20. Staff were also to monitor R1's temperature.

R1's PN dated 12/24/20, at 2:46 p.m. indicated R1 had loose stools that morning and received an anti-diarrhea medication. R1 was also noted to have confusion according to the nursing assistants. The nurse updated the MD and orders obtained to get a new UA/UC. R1 was currently on Cipro for UTI. R1's temperature had been monitored and was within normal limits.

R1's MAR indicated an order with a start date of 12/24/20, for UA/UC to be attempted every shift

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F 684	Continued From page 3	F 684		

for one day until obtained.

R1's PN dated 12/24/20, at 7:32 p.m. indicated the UA/UC was collected and taken to District One Hospital for testing.

R1's UA/UC report showed the culture results were finalized with a time stamp of 12/26/20, at 6:57 a.m. The UA/UC indicated R1's culture showed Escherichia coli (E.Coli). E.Coli was resistant to Cipro, which R1 was currently on.

R1's PN dated 12/27/20, at 6:38 p.m. indicated R1 reported pain in lower back that radiated to upper back. R1 was assessed and sent to the hospital. R1 was diagnosed with sepsis and fluid overload after arrival at the hospital.

R1's emergency department (ED) documentation dated 12/27/20, indicated R1 was diagnosed with acute encephalopathy (alteration of mental status) and septic shock (serious condition that occurs when a body-wide infection leads to dangerously low blood pressure). R1's septic shock had an unclear source but documentation indicated it had possibly originated from recent UTI. The UC from 12/24/20, grew E. Coli and was resistant to Cipro. R1's antibiotic was changed to a different one in the ED and R1's low blood pressure was treated.

During interview on 12/30/20, at 10:05 a.m. registered nurse (RN)-A stated if a resident had a change in condition, the nurses were expected to assess, document and update the doctor, family and director of nursing. RN-A stated if lab results were not received timely, the nurse should follow up with the doctor. RN-A agreed there was nothing to trigger nurses to watch for pending

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labs if the previous nurse had not mentioned through report.

During interview on 12/30/20 at 11:27 a.m. licensed practical nurse (LPN)-A stated R1 had increased confusion when they worked on 12/24/20. LPN-A stated the nurse that had worked with the resident was responsible to follow up on lab tests that were ordered or pending. LPN-A stated would have called the doctor had they known lab tests were pending and not received. LPN-A stated did not know what R1's condition was like before 12/24/20, as the documentation was lacking. LPN-A agreed there was nothing that would prompt nurses to watch or follow up on pending labs, if the previous nurse had not mentioned it during report.

During interview on 12/30/20, at 12:17 p.m. medical doctor (MD)-A had access to the medical record and acknowledged R1 had a history of cultures that were resistant to the antibiotic Cipro. MD-A stated would likely not have ordered Cipro to start with. MD-A stated was unsure if R1's most recent hospitalization for sepsis was related to the UTI.

During interview on 12/30/20, at 1:19 p.m. RN-C stated had worked with R1 on 12/27/20, and R1 asked RN-C about the urine test result. RN-C stated had checked the paper chart and the Point Click Care system (facility's electronic health record). RN-C stated had not found any test result for R1. RN-C stated had left a note in the communication book so the next shift would check on it. RN-C had not followed up with the lab or physician about the UA/UC results from three days ago on 12/24/20.

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During interview on 12/30/20 at 1:32 p.m. the DON stated they had probably not received the UA results from 12/17/20, at the facility, and the DON was prompted to look the results up of the first UA from 12/21/20, after the family member noticed R1's increased confusion and inquired as to the results. The DON stated they had not followed up with the lab to see if the results were faxed to the facility and had not talked to staff to see if they had seen the results. The DON stated had not been working 12/24/20 - 12/27/20, and was unsure why the second UA/UC from 12/24/20, had not been received or reviewed timely either. DON stated on 12/21/20, was able to look into Epic (electronic health record) and saw the results from 12/17/20, that R1 had a UTI. DON stated then called the facility nurse and had them reach out to the doctor to start antibiotics. DON stated nurses were expected to follow up on pending lab results. If results were not received timely, the nurse should follow up with the doctor. The DON stated the physician should also follow up if they haven't heard from the facility on pending lab results.

During interview on 12/30/20, at 2:42 p.m. medical doctor (MD)-B stated they relied on contact via fax or phone call from the facility with lab results or changes for the residents they would have overseen. MD-B stated R1's first UA on 12/17/20, was not looked by the facility or MD-B at until 12/21/20. On 12/21/20, it was determined a UC was not performed and should have been. This was potentially a lab error. Additionally the second UA/UC from 12/24/20, ended up being resistant to Cipro and MD-A was not notified because the facility had not followed up on the results. MD-B stated UC results were normally processed within 48 hours and would

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F 684	Continued From page 6 expect the nurses to follow up if they had not received results in that time frame. Facility policy Lab and Diagnostic Test Results - Clinical Protocol, undated, indicated the physician would have identified and ordered diagnostic and lab testing based on resident's diagnostic and monitoring needs. Staff would have processed test requisitions and arranged for tests. The lab would have reported test results to the facility.	F 684		