



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
August 19, 2024

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

RE: CCN: 245067
Cycle Start Date: June 18, 2024

Dear Administrator:

On August 15, 2024, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

A handwritten signature in black ink, appearing to read 'Melissa Poepping'.

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



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

August 19, 2024

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

Re: Reinspection Results
Event ID: FMJP12

Dear Administrator:

On August 15, 2024 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on June 18, 2024. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in blue ink, appearing to read 'M. Poepping'.

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



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
June 28, 2024

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

RE: CCN: 245067
Cycle Start Date: June 18, 2024

Dear Administrator:

On June 18, 2024, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

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

ELECTRONIC PLAN OF CORRECTION (ePoC)

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

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

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

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting

the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

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

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

DEPARTMENT CONTACT

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

Nikki Sassen, Regional Operations Supervisor
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: Nicole.Sassen@state.mn.us
Office: (320) 223-7318 Mobile: (320) 216-5631

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

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

VERIFICATION OF SUBSTANTIAL COMPLIANCE

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

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

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

If substantial compliance with the regulations is not verified by September 18, 2024 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by December 18, 2024 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

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

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

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

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: https://mdhprovidercontent.web.health.state.mn.us/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 electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

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

Feel free to contact me if you have questions.

The Emeralds At Faribault LLC

June 28, 2024

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Sincerely,

A handwritten signature in black ink that reads "Kamala Fiske-Downing". The signature is written in a cursive style with a distinct loop for the letter 'F'.

Kamala Fiske-Downing

Federal Enforcement | Health Regulation Division

Minnesota Department of Health

Health Regulation Division

Telephone: (651) 201-4112

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



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
June 28, 2024

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

Re: State Nursing Home Licensing Orders
Event ID: FMJP11

Dear Administrator:

The above facility was surveyed on June 13, 2024 through June 18, 2024 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

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

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

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

The Emeralds At Faribault LLC

June 28, 2024

Page 2

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:

Nikki Sassen, Regional Operations Supervisor
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: Nicole.Sassen@state.mn.us
Office: (320) 223-7318 Mobile: (320) 216-5631

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

Please feel free to call me with any questions.

Sincerely,



Kamala Fiske-Downing
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us

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 06/18/2024
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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
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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">NH LICENSING CORRECTION ORDER</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>INITIAL COMMENTS: On 6/13/24, 6/17/24, 6/18/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date when they will be completed.</p>	2 000		
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 07/08/24
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Minnesota Department of Health

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2 000	<p>Continued From page 1</p> <p>The following complaints were reviewed: H50674416C (MN00104018), H50673931C (MN00103438), H50674510C (MN00103424), H50674511C (MN00103042), H50674641C (MN00100660) with a licensing order issued at 0830, 1545, and 1565.</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction.</p> <p>You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at <https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html> The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is</p>	2 000		
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Minnesota Department of Health

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2 000	Continued From page 2 not required at the bottom of the first page of state form. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.	2 000		
2 830	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 observation, interview, and record review the facility failed to follow the standards of practice for the: (1) administration of nebulizer treatment solution and do the necessary assessment during and after the administration of the nebulizer treatment solution; and (2) failure to follow physician order to apply compression stockings daily for one of one resident (R8) observed for medication administration.	2 830	corrected	7/26/24

Minnesota Department of Health

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2 830	<p>Continued From page 3</p> <p>Findings Include:</p> <p>R8's admission record indicated R8 had a history of acute respiratory failure with hypoxia, chronic obstructive pulmonary disease, and history of pulmonary embolism.</p> <p>R8's admission Minimum Data Set (MDS) dated 4/17/24, indicated R8 was cognitively intact, had clear speech and was able to understand and be understood. MDS also indicated R8 had not exhibited rejection of cares.</p> <p>Resident's care plan for activities of daily living (ADL's) dated 6/18/24, indicated intervention of resident is able to put compression stockings on with help of a sock aide.</p> <p>R8's medication administration record (MAR) and treatment administration record (TAR) dated 6/2024 included orders for Ipratropium-Albuterol Inhalation Solution 0.5-2.5 milligrams per 3 milliliters (mg/3ml). Inhale orally three times a day. R8's record also included Teds (Thrombo Embolic Deterrent) Stockings (anti-embolism stockings for the legs that help prevent blood clots) on in the a.m. and off in the p.m. for edema order start date of 4/13/24.</p> <p>During an observation on 6/17/24 at 1:07 p.m., R8 was being administered Ipratropium-Albuterol Inhalation solution 0.5-2.5 mg.3ml with nebulizer (drug delivery device used to administer medication in the form of a mist inhaled into the lungs) treatment (Ipratropium-Albuterol Sulfate Inhalation Solution - the Albuterol is a beta-adrenergic bronchodilator which have cardiac effects that should be monitored during treatment) in R8's room. The assigned trained medication assistant (TMA)-B was observed by</p>	2 830		
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Minnesota Department of Health

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2 830	<p>Continued From page 4</p> <p>the medication cart near the nurses' station and was looking at the computer monitor to set up the next residents' medications. Observation revealed TMA-B left R8 unsupervised during the administration of the nebulizer treatment. TMA did not listen to R8's lung sounds, heart rate, check oxygen saturation and or pulse after the nebulization treatment. R8 was also observed to have swollen lower extremities with areas of redness and shininess noted on both lower extremities. Resident did not have any kind of stocking, wrap or compression dressing on.</p> <p>During an interview on 6/17/24 at 2:21 p.m., R8 stated she was supposed to have compression stockings on daily as her legs get swollen and will break open with sores. R8 reported she had been told by staff she needed to put them on herself and she stated she had told the staff multiple times she was unable to get the stockings on. R8 stated she had told the nurse but nothing had been done related to her concerns.</p> <p>R8's MAR/TAR on 6/17/24 at 2:27 p.m., indicated R8 to have compression stockings on.</p> <p>R8's medical record reviewed and lacked documentation to indicate assessment of lung sound assessments, pulse, restlessness, and or nervousness related to nebulizer treatments.</p> <p>During an observation on 6/17/24, at 2:27 p.m. R8 did not have any Ted stockings or compression wraps of any kind on her legs and they were noted to be open to air.</p> <p>During an interview on 6/18/24, at 9:21 a.m. R8 reported her legs had not gotten Ted stockings on yesterday and no one had removed them the</p>	2 830		
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Minnesota Department of Health

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2 830	<p>Continued From page 5</p> <p>night before as she has not had them on for days. R8 again reported concern of her skin splitting open and noted a small open area on the back of her right ankle.</p> <p>During an interview with the Director of Nursing (DON) on 4/14/23 at 9:51am, the above observations were relayed to the DON and the surveyor asked the DON about her expectations when nursing staff administer nebulizer treatment to any resident. The DON stated, "[I expect the nursing staff] to stay with them [residents during the administration of the nebulizer treatment]." The DON further stated, "I do not know the current policy for nebulizer treatments without looking it up but I would expect staff to follow the facility policy on administering nebulizer treatments." DON also stated if the TAR indicated for resident to have Ted stockings on daily staff should be documenting them to be on only if they are on and if they are not on should be documenting why they are not on and informing the provider if resident is refusing and or not wearing them. If staff were to document the resident has Ted stockings on and they didn't this is an error and depending on the severity we would provide corrective action and or re-education.</p> <p>Review of the facility's "Oral Inhalation Administration" policy and procedure revised 1/2018, included the following instructions for administering medication through a small volume (handheld) nebulizer, with additional instructions not listed below.</p> <p>K. Instruct the resident to take a deep breath, and then exhale normally. Repeat pattern throughout treatment.</p> <p>L. Remain with the resident for the treatment</p>	2 830		
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Minnesota Department of Health

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2 830	<p>Continued From page 6</p> <p>unless the resident has been assessed and authorized to self-administer.</p> <p>M. Approximately five minutes after the treatment begins (or sooner if clinical judgment indicates) obtain the resident's pulse.</p> <p>N. Monitor for medication side effects, including rapid pulse, restlessness, and nervousness throughout the treatment.</p> <p>O. Stop treatment and notify the physician if the pulse increases 20 percent above baseline or if the resident complains of nausea or vomits.</p> <p>P. Tap the nebulizer cup occasionally to ensure release of droplets from the sides of the cup.</p> <p>Q. Encourage resident to cough and expectorate as needed.</p> <p>R. Administer therapy until medication is gone (mist has stopped) or until the designated time of the treatment has been reached.</p> <p>S. When treatment is complete, turn off nebulizer and disconnect T-piece, mouthpiece, and medication cup.</p> <p>T. Obtain post-treatment pulse, respiratory rate and lung sounds and document findings (on the MAR or in the resident's medical record.)</p> <p>SUGGESTED METHOD OF CORRECTION: The director of nursing or designee, could review all residents with edema, and specimen orders to assure they are receiving ongoing monitoring and assessment of the concerns along with the necessary treatment/services to promote improvement. The director of nursing or designee, could conduct random audits of the delivery of care; review nursing assessments; to ensure appropriate care and services are implemented and reduce the risk of edema not being cared for properly.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	2 830		

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 06/18/2024
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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
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21545	<p>MN Rule 4658.1320 A.B.C Medication Errors</p> <p>A nursing home must ensure that:</p> <p>A. Its medication error rate is less than five percent as described in the Interpretive Guidelines for Code of Federal Regulations, title 42, section 483.25 (m), found in Appendix P of the State Operations Manual, Guidance to Surveyors for Long-Term Care Facilities, which is incorporated by reference in part 4658.1315. For purposes of this part, a medication error means:</p> <p>(1) a discrepancy between what was prescribed and what medications are actually administered to residents in the nursing home; or</p> <p>(2) the administration of expired medications.</p> <p>B. It is free of any significant medication error. A significant medication error is:</p> <p>(1) an error which causes the resident discomfort or jeopardizes the resident's health or safety; or</p> <p>(2) medication from a category that usually requires the medication in the resident's blood to be titrated to a specific blood level and a single medication error could alter that level and precipitate a reoccurrence of symptoms or toxicity. All medications are administered as prescribed. An incident report or medication error report must be filed for any medication error that occurs. Any significant medication errors or resident reactions must be reported to the physician or the physician's designee and the resident or the resident's legal guardian or designated representative and an explanation must be made in the resident's clinical record.</p> <p>C. All medications are administered as prescribed. An incident report or medication error report must be filed for any medication error that occurs. Any significant medication errors or resident reactions must be reported to the</p>	21545		7/26/24
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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 06/18/2024
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21545	<p>Continued From page 8</p> <p>physician or the physician's designee and the resident or the resident's legal guardian or designated representative and an explanation must be made in the resident's clinical record.</p> <p>This MN Requirement is not met as evidenced by: Based on interview, record review and observation, the facility failed to provide pharmacy services for 1 of 1 resident (R6), who did not receive her scheduled medication for pain resulting in uncontrolled pain and the use of narcotic pain medication. Furthermore, the facility failed to follow safeguards to ensure residents received the correct medications for 1 of 1 resident (R6).</p> <p>R6's admission record indicated R6 had a history of perforation of the intestine, encounter for surgery on the digestive system, gastrostomy status and colostomy status.</p> <p>R6's admission Minimum Data Set (MDS) dated 5/11/24, indicated she was unable to complete the cognitive assessment and was sometimes understood and sometimes able to understand. MDS also indicated R6 to have pain and used as needed pain medication (PRN) in the last 5 days.</p> <p>R6's medication administration record (MAR) dated June 2024, indicated she was supposed to receive acetaminophen 1000 milligrams (mg) every 6 hours via percutaneous endoscopic gastrostomy (PEG) tube, for pain.</p> <p>During an observation of medication pass on 6/17/24 at 12:58 p.m., trained medication assistant (TMA)-B was observed setting up</p>	21545	Corrected	

Minnesota Department of Health

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21545	<p>Continued From page 9</p> <p>medications for a resident who needed medications via tube. TMA-B dispensed the medications into a blue cup wrote the room number on the cup and placed them in the top of the medication cart and locked the cart and walked away.</p> <p>During an interview on 6/17/24 at 12:58 p.m. TMA-B stated she was setting up medications for the nurse to administer when they returned from their break. TMA-B stated she was able to set medications up to assist the nurse and had not been told that she was not supposed to set medications up that she was not giving.</p> <p>During an interview on 6/17/24 at 1:07 p.m., clinical manager (CM)-A stated nobody should set up medications for someone else to give. If a person was to give medications, they had not dispensed they would not be able to identify they were giving the correct medications.</p> <p>During an observation on 6/17/24 at 2:43 p.m., R6 heard yelling and crying for help stating her pain was unbearable.</p> <p>During an interview on 6/17/24 at 2:43 p.m., R6 stated she was needing something for pain. R6 reported she had been asking for medication for pain since around noon and had been told that someone would be back in a couple minutes but they had never returned.</p> <p>During an interview on 6/17/24 at 2:51 p.m. registered nurse (RN)-A stated he had just started his shift and had been told R6 had not gotten her noon medications because the physician assistant had been in her room meeting with her and R6 had reported to her she was not having pain. RN-A reported he had given R6 her</p>	21545		
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21545	<p>Continued From page 10</p> <p>PRN oxycodone for a pain level of 10 per R6's request and physician orders.</p> <p>During an interview on 6/18/24 at 11:43 a.m., director of nursing (DON) stated the expectation is for the person passing medications on the floor to follow facility policy and what they had learned in school. DON indicated TMAs in the facility are not able to give medications through PEG tubes but should not be pre-setting or setting medications for others to pass ever as it is against facility policy. The person who would set up the medications is the person who should give the medications.</p> <p>Facility policy titled, "Pharmacy Services for Nursing Facilities" revised 12/2019, Medication administration general guidelines. 4.) Five Rights-Right resident, right drug, right dose, right route, and right time are applied for each medication being administered. A triple check of these 5 rights is recommended at three steps in the process of preparation of a medication for administration. 7.) The person who prepares the dose for administration is the person who administers the dose.</p> <p>Facility policy titled, "General Guidelines for Administering Medication Via Enteral Tube" revised 1/2018, indicated, "The facility assures safe and effective administration of enteral formulas and medications via enteral tubes. Selection of enteral formulas, routes and methods of administration, and the decision to administer medications via enteral tubes are based on nursing assessment of the resident's condition, in consultation with the physician, dietitian, and consultant pharmacist.</p>	21545		
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21545	Continued From page 11 SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee could review and revise policies and procedures for medication errors. The director of nursing or designee could develop a system to educate staff and develop a monitoring system to ensure medications were correctly administered. The quality assurance committee could monitor these measures to ensure compliance. TIME PERIOD FOR CORRECTION: Twenty One (21) days	21545		
21565	MN Rule 4658.1325 Subp. 4 Administration of Medications Self Admin Subp. 4. Self-administration. A resident may self-administer medications if the comprehensive resident assessment and comprehensive plan of care as required in parts 4658.0400 and 4658.0405 indicate this practice is safe and there is a written order from the attending physician. This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to ensure 1 of 1 resident (R5) who was observed to have medications in his room, had been appropriately assessed and deemed safe to self-administer medications. Findings include: R5's admission record, indicated history of a heart disease, morbid obesity and type 2 diabetes. R5's annual Minimum Data Set (MDS) assessment dated 6/12/24, indicated R5 was	21565	Corrected	7/26/24

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21565	<p>Continued From page 12</p> <p>cognitively intact, had clear speech, could understand and be understood. R5 was dependent upon staff for most activities of daily living other than set up for eating and oral hygiene.</p> <p>R5's June medication administration record (MAR) and treatment administration record (TAR) indicated 9:00 a.m. oral medication orders:</p> <ol style="list-style-type: none"> 1. Cardizem CD capsule extended release 24-hour 120 milligram (mg) Give 1 capsule by mouth one time a day, dated 9/25/23. 2. Digox oral tablet 125 microgram (mcg) give 0.125 mg by mouth one time a day. Dated 9/25/23. 3. Losartan Potassium oral tablet 50 mg. Give 1 tablet by mouth one time a day. Dated 7/4/23. 4. Montelukast sodium oral tablet 10 mg. Give 1 tablet by mouth one time a day. Dated 7/4/23. 5. Potassium chloride oral packet 20 milliequivalent (MEQ). Give 20 MEQ by mouth in the morning for hypokalemia. Dated 2/28/24. 6. Torsemide oral tablet 40 MG. Give 80 mg by mouth one time a day. Dated 9/25/23. 7. Apixaban oral tablet. Give 5 mg by mouth two times a day. Dated 7/3/23. 8. Doxycycline hyclate tablet 100 mg. Give 1 tablet by mouth two times a day. Dated 6/10/24. 9. Sertraline HCL oral tablet. Give 100 mg by mouth two times a day. 10. Pramipexole dihydrochloride oral tablet 1 mg. Give 1 mg by mouth three times a day. <p>R5's care plan dated 7/27/23, indicated administer medications as ordered.</p> <p>R5's provider visit date of service 5/9/24, indicated resident was ok to keep inhalers at bedside. Documentation did not address any other self-administration orders.</p>	21565		

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21565	<p>Continued From page 13</p> <p>R5's medical record lacked documentation of assessments for safe self-administration of oral medications.</p> <p>During an observation on 6/17/24 at 11:50 a.m., in R5's room, observed one paper souffle cup with multiple oral medications inside it and a plastic medication inhaler on R5's bedside table over her bed.</p> <p>During an interview on 6/17/24 at 11:50 a.m., R5 stated the medications and inhaler on her bedside table she had been given around 8:30 a.m. or 9:00 a.m.. R5 stated the nurse had come in earlier and told me to take the medications. The nurse had come back later and peaked her head in the door and said quick take those pills and again had come back before she left and asked did you take those pills. "I don't want to get anyone in trouble, I just forgot to take them."</p> <p>During an interview on 6/17/24 at 12:08 p.m., trained medication aide (TMA)-A stated after looking into the computer for R5's MAR it identified R5 did have a self-administration order for her inhalers but did not have a self-administration order for oral medications. TMA-A stated R5 would not be capable to self-administer medications without a proper order from her provider. TMA-A was informed of finding medications in R5's room. TMA-A stated medications can only be left in a resident's room if the resident had a self-administration of medication order.</p> <p>During an interview on 6/18/24 at 11:43 a.m., director of nursing (DON) stated she would expect the person on the floor passing medications to follow the facility policy and what</p>	21565		
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21565	<p>Continued From page 14</p> <p>they had learned in school. DON stated visual observation of the resident taking the medications is expected if they do not have a self-administration order. DON stated for a resident to have a self-administration order they would need to be assessed and deemed safe to administer by them self and a provider would need to put in the self-administration order.</p> <p>Facility Policy dated 5/2022, indicated: 14) residents can self-administer medications when specifically authorized by the attending physician and in accordance with procedures for self-administration of medications. 18) the resident is always observed after the administration to ensure that the dose was completely ingested. If only a partial dose is ingested, this is to be noted on the MAR, and action is taken as appropriate.</p> <p>SUGGESTED METHOD OF CORRECTION: The administrator, director of nursing (DON) or designee could review and revise policies for self administration of medication according to evidence based practices/procedures. Nursing staff could be educated as necessary to the importance of ensuring the resident is capable of administering their own medications initially, quarterly, annually, or with a change to a resident's physical or mental ability to do so. Nursing staff could also ensure there is a physician's order in place, prior to a nurse/medication aide administering medication. The DON or designee, could audit any/all resident's medical records, to ensure compliance with appropriate medication administration. The DON or designee could take that information to QAPI to ensure compliance and determine the need for further education/monitoring/compliance.</p>	21565		

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21565	Continued From page 15 TIME PERIOD FOR CORRECTION: Twenty one (21) days.	21565		

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

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FORM APPROVED
OMB NO. 0938-0391

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F 000	<p>INITIAL COMMENTS</p> <p>On 6/13/24, 6/17/24, 6/18/24, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.</p> <p>The following complaints were Reviewed H50674416C (MN00104018), H50673931C (MN00103438), H50674510C (MN00103424), H50674511C (MN00103042), H50674641C (MN00100660), with deficiencies cited at (F554, F755, F658, F770.)</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance.</p> <p>Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.</p>	F 000			
F 554 SS=D	<p>Resident Self-Admin Meds-Clinically Approp CFR(s): 483.10(c)(7)</p> <p>§483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. This REQUIREMENT is not met as evidenced by: Based on observation, interview and document</p>	F 554	R5 Self Administration Assessment has	7/8/24	

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

TITLE

(X6) DATE

Electronically Signed

07/08/2024

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

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F 554	<p>Continued From page 1</p> <p>review, the facility failed to ensure 1 of 1 resident (R5) who was observed to have medications in his room, had been appropriately assessed and deemed safe to self-administer medications.</p> <p>Findings include:</p> <p>R5's admission record, indicated history of a heart disease, morbid obesity and type 2 diabetes.</p> <p>R5's annual Minimum Data Set (MDS) assessment dated 6/12/24, indicated R5 was cognitively intact, had clear speech, could understand and be understood. R5 was dependent upon staff for most activities of daily living other than set up for eating and oral hygiene.</p> <p>R5's June medication administration record (MAR) and treatment administration record (TAR) indicated 9:00 a.m. oral medication orders:</p> <ol style="list-style-type: none"> 1. Cardizem CD capsule extended release 24-hour 120 milligram (mg) Give 1 capsule by mouth one time a day, dated 9/25/23. 2. Digox oral tablet 125 microgram (mcg) give 0.125 mg by mouth one time a day. Dated 9/25/23. 3. Losartan Potassium oral tablet 50 mg. Give 1 tablet by mouth one time a day. Dated 7/4/23. 4. Montelukast sodium oral tablet 10 mg. Give 1 tablet by mouth one time a day. Dated 7/4/23. 5. Potassium chloride oral packet 20 milliequivalent (MEQ). Give 20 MEQ by mouth in the morning for hypokalemia. Dated 2/28/24. 6. Torsemide oral tablet 40 MG. Give 80 mg by mouth one time a day. Dated 9/25/23. 7. Apixaban oral tablet. Give 5 mg by mouth two times a day. Dated 7/3/23. 	F 554	<p>been completed and is not deemed safe to self-administer oral medications. Resident plan of care has been reviewed and updated.</p> <p>Like residents have been appropriately assessed and are deemed safe to self-administer medications either for inhalers or oral medications per provider orders. Like resident's care plans have been updated and reviewed.</p> <p>The DON or designee will provide re-education to all appropriate staff on process for residents who are deemed safe to self-administer medications fp per provider orders.</p> <p>The DON or designee will complete audits weekly x4 and then monthly x2. Audit results will be reviewed by QAPI Committee for further recommendations.</p>	

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F 554	<p>Continued From page 2</p> <p>8. Doxycycline hyclate tablet 100 mg. Give 1 tablet by mouth two times a day. Dated 6/10/24.</p> <p>9. Sertraline HCL oral tablet. Give 100 mg by mouth two times a day.</p> <p>10. Pramipexole dihydrochloride oral tablet 1 mg. Give 1 mg by mouth three times a day.</p> <p>R5's care plan dated 7/27/23, indicated administer medications as ordered.</p> <p>R5's provider visit date of service 5/9/24, indicated resident was ok to keep inhalers at bedside. Documentation did not address any other self-administration orders.</p> <p>R5's medical record lacked documentation of assessments for safe self-administration of oral medications.</p> <p>During an observation on 6/17/24 at 11:50 a.m., in R5's room, observed one paper souffle cup with multiple oral medications inside it and a plastic medication inhaler on R5's bedside table over her bed.</p> <p>During an interview on 6/17/24 at 11:50 a.m., R5 stated the medications and inhaler on her bedside table she had been given around 8:30 a.m. or 9:00 a.m.. R5 stated the nurse had come in earlier and told me to take the medications. The nurse had come back later and peaked her head in the door and said quick take those pills and again had come back before she left and asked did you take those pills. "I don't want to get anyone in trouble, I just forgot to take them."</p> <p>During an interview on 6/17/24 at 12:08 p.m., trained medication aide (TMA)-A stated after looking into the computer for R5's MAR it</p>	F 554		

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F 554	<p>Continued From page 3</p> <p>identified R5 did have a self-administration order for her inhalers but did not have a self-administration order for oral medications. TMA-A stated R5 would not be capable to self-administer medications without a proper order from her provider. TMA-A was informed of finding medications in R5's room. TMA-A stated medications can only be left in a resident's room if the resident had a self-administration of medication order.</p> <p>During an interview on 6/18/24 at 11:43 a.m., director of nursing (DON) stated she would expect the person on the floor passing medications to follow the facility policy and what they had learned in school. DON stated visual observation of the resident taking the medications is expected if they do not have a self-administration order. DON stated for a resident to have a self-administration order they would need to be assessed and deemed safe to administer by them self and a provider would need to put in the self-administration order.</p> <p>Facility Policy dated 5/2022, indicated: 14) residents can self-administer medications when specifically authorized by the attending physician and in accordance with procedures for self-administration of medications. 18) the resident is always observed after the administration to ensure that the dose was completely ingested. If only a partial dose is ingested, this is to be noted on the MAR, and action is taken as appropriate.</p>	F 554		
F 658 SS=D	<p>Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)</p> <p>§483.21(b)(3) Comprehensive Care Plans</p>	F 658		7/8/24

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F 658	<p>Continued From page 4</p> <p>The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to follow the standards of practice for the: (1) administration of nebulizer treatment solution and do the necessary assessment during and after the administration of the nebulizer treatment solution; and (2) failure to follow physician order to apply compression stockings daily for one of one resident (R8) observed for medication administration.</p> <p>Findings Include:</p> <p>R8's admission record indicated R8 had a history of acute respiratory failure with hypoxia, chronic obstructive pulmonary disease, and history of pulmonary embolism.</p> <p>R8's admission Minimum Data Set (MDS) dated 4/17/24, indicated R8 was cognitively intact, had clear speech and was able to understand and be understood. MDS also indicated R8 had not exhibited rejection of cares.</p> <p>Resident's care plan for activities of daily living (ADL's) dated 6/18/24, indicated intervention of resident is able to put compression stockings on with help of a sock aide.</p> <p>R8's medication administration record (MAR) and treatment administration record (TAR) dated 6/2024 included orders for Ipratropium-Albuterol Inhalation Solution 0.5-2.5 milligrams per 3 milliliters (mg/3ml). Inhale orally</p>	F 658	<p>R8 Nebulizer Orders has the appropriate monitoring during and after the nebulizer treatment solution; lung sounds assessments, pulse, restlessness, and or nervousness related to nebulizer treatments.. R8 Compression stockings are applied daily. R8 Nebulizer orders and Compression stocking care plan have been reviewed and updated.</p> <p>Like residents who have orders for nebulizer treatments solutions have the necessary monitoring during and after administration of the nebulizer treatment; lung sound assessments, pulse, restlessness, and or nervousness related to nebulizer treatments. Like residents who have orders for compression stockings daily have been applied. Like residents care plans have been reviewed and updated per provider orders.</p> <p>The DON or designee will provide re-education to all appropriate staff on process for residents who have orders for nebulizer treatments solutions to have the necessary monitoring during and after administration of the nebulizer treatment. Education will be provided on applying compression stockings daily per provider orders.</p> <p>The DON or designee will complete audits</p>	

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F 658	<p>Continued From page 5</p> <p>three times a day. R8's record also included Teds (Thrombo Embolic Deterrent) Stockings (anti-embolism stockings for the legs that help prevent blood clots) on in the a.m. and off in the p.m. for edema order start date of 4/13/24.</p> <p>During an observation on 6/17/24 at 1:07 p.m., R8 was being administered Ipratropium-Albuterol Inhalation solution 0.5-2.5 mg.3ml with nebulizer (drug delivery device used to administer medication in the form of a mist inhaled into the lungs) treatment (Ipratropium-Albuterol Sulfate Inhalation Solution - the Albuterol is a beta-adrenergic bronchodilator which have cardiac effects that should be monitored during treatment) in R8's room. The assigned trained medication assistant (TMA)-B was observed by the medication cart near the nurses' station and was looking at the computer monitor to set up the next residents' medications. Observation revealed TMA-B left R8 unsupervised during the administration of the nebulizer treatment. TMA did not listen to R8's lung sounds, heart rate, check oxygen saturation and or pulse after the nebulization treatment. R8 was also observed to have swollen lower extremities with areas of redness and shininess noted on both lower extremities. Resident did not have any kind of stocking, wrap or compression dressing on.</p> <p>During an interview on 6/17/24 at 2:21 p.m., R8 stated she was supposed to have compression stockings on daily as her legs get swollen and will break open with sores. R8 reported she had been told by staff she needed to put them on herself and she stated she had told the staff multiple times she was unable to get the stockings on. R8 stated she had told the nurse but nothing had been done related to her</p>	F 658	weekly x4 and then monthly x2. Audit results will be reviewed by QAPI Committee for further recommendations.	

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F 658	<p>Continued From page 6 concerns.</p> <p>R8's MAR/TAR on 6/17/24 at 2:27 p.m., indicated R8 to have compression stockings on.</p> <p>R8's medical record reviewed and lacked documentation to indicate assessment of lung sound assessments, pulse, restlessness, and or nervousness related to nebulizer treatments.</p> <p>During an observation on 6/17/24, at 2:27 p.m. R8 did not have any Ted stockings or compression wraps of any kind on her legs and they were noted to be open to air.</p> <p>During an interview on 6/18/24, at 9:21 a.m. R8 reported her legs had not gotten Ted stockings on yesterday and no one had removed them the night before as she has not had them on for days. R8 again reported concern of her skin splitting open and noted a small open area on the back of her right ankle.</p> <p>During an interview with the Director of Nursing (DON) on 4/14/23 at 9:51am, the above observations were relayed to the DON and the surveyor asked the DON about her expectations when nursing staff administer nebulizer treatment to any resident. The DON stated, "[I expect the nursing staff] to stay with them [residents during the administration of the nebulizer treatment]." The DON further stated, "I do not know the current policy for nebulizer treatments without looking it up but I would expect staff to follow the facility policy on administering nebulizer treatments." DON also stated if the TAR indicated for resident to have Ted stockings on daily staff should be documenting them to be on only if they are on and if they are not on should be</p>	F 658		

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F 658	<p>Continued From page 7</p> <p>documenting why they are not on and informing the provider if resident is refusing and or not wearing them. If staff were to document the resident has Ted stockings on and they didn't this is an error and depending on the severity we would provide corrective action and or re-education.</p> <p>Review of the facility's "Oral Inhalation Administration" policy and procedure revised 1/2018, included the following instructions for administering medication through a small volume (handheld) nebulizer, with additional instructions not listed below.</p> <p>K. Instruct the resident to take a deep breath, and then exhale normally. Repeat pattern throughout treatment.</p> <p>L. Remain with the resident for the treatment unless the resident has been assessed and authorized to self-administer.</p> <p>M. Approximately five minutes after the treatment begins (or sooner if clinical judgment indicates) obtain the resident's pulse.</p> <p>N. Monitor for medication side effects, including rapid pulse, restlessness, and nervousness throughout the treatment.</p> <p>O. Stop treatment and notify the physician if the pulse increases 20 percent above baseline or if the resident complains of nausea or vomits.</p> <p>P. Tap the nebulizer cup occasionally to ensure release of droplets from the sides of the cup.</p> <p>Q. Encourage resident to cough and expectorate as needed.</p> <p>R. Administer therapy until medication is gone (mist has stopped) or until the designated time of the treatment has been reached.</p> <p>S. When treatment is complete, turn off nebulizer and disconnect T-piece, mouthpiece, and</p>	F 658		

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F 658	Continued From page 8 medication cup. T. Obtain post-treatment pulse, respiratory rate and lung sounds and document findings (on the MAR or in the resident's medical record.)	F 658		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.	F 755		7/8/24

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F 755	<p>Continued From page 9</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, record review and observation, the facility failed to provide pharmacy services for 1 of 1 resident (R6), who did not receive her scheduled medication for pain resulting in uncontrolled pain and the use of narcotic pain medication. Furthermore, the facility failed to follow safeguards to ensure residents received the correct medications for 1 of 1 resident (R6).</p> <p>R6's admission record indicated R6 had a history of perforation of the intestine, encounter for surgery on the digestive system, gastrostomy status and colostomy status.</p> <p>R6's admission Minimum Data Set (MDS) dated 5/11/24, indicated she was unable to complete the cognitive assessment and was sometimes understood and sometimes able to understand. MDS also indicated R6 to have pain and used as needed pain medication (PRN) in the last 5 days.</p> <p>R6's medication administration record (MAR) dated June 2024, indicated she was supposed to receive acetaminophen 1000 milligrams (mg) every 6 hours via percutaneous endoscopic gastrostomy (PEG) tube, for pain.</p> <p>During an observation of medication pass on 6/17/24 at 12:58 p.m., trained medication assistant (TMA)-B was observed setting up medications for a resident who needed medications via tube. TMA-B dispensed the medications into a blue cup wrote the room number on the cup and placed them in the top of the medication cart and locked the cart and walked away.</p>	F 755	<p>R6 pain medication consists of scheduled Acetaminophen 1000 mg every 6 hours and Oxycodone 5 mg every 6 hours as needed for severe pain score 7-10. R6 has daily pain monitoring every shift along with Non Pharmacological pain intervention every shift. R6 has received daily pain assessments and administered pain medication as ordered.</p> <p>Like residents have been appropriately assessed and administered pain medications per provider orders. IDT will discuss daily pain monitoring at stand up along with daily review/audit of any missed medication and follow up as needed.</p> <p>The DON or designee will provide re-education to all appropriate staff on medication administration and the process of adequately providing pharmacy services in relation to both scheduled and as needed pain medication. Appropriate staff will be educated on pain monitoring and appropriate interventions to follow.</p> <p>The DON or designee will complete audits weekly x4 and then monthly x2. Audit results will be reviewed by QAPI Committee for further recommendations.</p>	

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F 755	<p>Continued From page 10</p> <p>During an interview on 6/17/24 at 12:58 p.m. TMA-B stated she was setting up medications for the nurse to administer when they returned from their break. TMA-B stated she was able to set medications up to assist the nurse and had not been told that she was not supposed to set medications up that she was not giving.</p> <p>During an interview on 6/17/24 at 1:07 p.m., clinical manager (CM)-A stated nobody should set up medications for someone else to give. If a person was to give medications, they had not dispensed they would not be able to identify they were giving the correct medications.</p> <p>During an observation on 6/17/24 at 2:43 p.m., R6 heard yelling and crying for help stating her pain was unbearable.</p> <p>During an interview on 6/17/24 at 2:43 p.m., R6 stated she was needing something for pain. R6 reported she had been asking for medication for pain since around noon and had been told that someone would be back in a couple minutes but they had never returned.</p> <p>During an interview on 6/17/24 at 2:51 p.m. registered nurse (RN)-A stated he had just started his shift and had been told R6 had not gotten her noon medications because the physician assistant had been in her room meeting with her and R6 had reported to her she was not having pain. RN-A reported he had given R6 her PRN oxycodone for a pain level of 10 per R6's request and physician orders.</p> <p>During an interview on 6/18/24 at 11:43 a.m., director of nursing (DON) stated the expectation</p>	F 755		

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F 755	<p>Continued From page 11</p> <p>is for the person passing medications on the floor to follow facility policy and what they had learned in school. DON indicated TMAs in the facility are not able to give medications through PEG tubes but should not be pre-setting or setting medications for others to pass ever as it is against facility policy. The person who would set up the medications is the person who should give the medications.</p> <p>Facility policy titled, "Pharmacy Services for Nursing Facilities" revised 12/2019, Medication administration general guidelines.</p> <p>4.) Five Rights-Right resident, right drug, right dose, right route, and right time are applied for each medication being administered. A triple check of these 5 rights is recommended at three steps in the process of preparation of a medication for administration.</p> <p>7.) The person who prepares the dose for administration is the person who administers the dose.</p> <p>Facility policy titled, "General Guidelines for Administering Medication Via Enteral Tube" revised 1/2018, indicated, "The facility assures safe and effective administration of enteral formulas and medications via enteral tubes. Selection of enteral formulas, routes and methods of administration, and the decision to administer medications via enteral tubes are based on nursing assessment of the resident's condition, in consultation with the physician, dietitian, and consultant pharmacist.</p>	F 755		
F 770 SS=D	<p>Laboratory Services CFR(s): 483.50(a)(1)(i)</p> <p>§483.50(a) Laboratory Services.</p>	F 770		7/8/24

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F 770	<p>Continued From page 12</p> <p>§483.50(a)(1) The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</p> <p>(i) If the facility provides its own laboratory services, the services must meet the applicable requirements for laboratories specified in part 493 of this chapter.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review, the facility failed to ensure a provider order for a urine analysis with urine culture (UA/UC) and sensitivity had been obtained in a timely manner for 1 of 1 resident (R7) reviewed for change of condition.</p> <p>Findings include:</p> <p>R7's admission record indicated a history of hemiplegia and hemiparesis following cerebral infarction, and chronic kidney disease.</p> <p>R7's quarterly Minimum Data Set (MDS) dated 4/25/24, indicated R7 was cognitively intact, had clear speech and was understood and able to understand others.</p> <p>R7's provider order dated 6/13/24, indicated R7 required a UA/UC with sensitivity related to diagnosis of dysuria.</p> <p>R7's medication administration record (MAR) and treatment administration record dated 6/2024 indicated an order for UA/UC had been put in on 6/14/24 and had check marks with initials noted for the evening and night shift for 6/14, 6/15, 6/16, and 6/17. No documentation noted for the day shift. Leaving open holes on the day shifts.</p>	F 770	<p>R7 UA/UC was collected on 6/18/24 with results received same day and sent to provider for review.</p> <p>Like residents have been appropriately assessed and lab orders followed up on with received results.</p> <p>IDT will conduct daily review of new provider orders every morning at stand up and follow up as needed with labs being collected and ensuring results sent in.</p> <p>The DON or designee will provide re-education to all appropriate staff on collection of labs and sending over results in a timely manner for review. In addition, appropriate staff will be educated on the risks associated with failure to obtain timely results and how it may affect resident condition.</p> <p>The DON or designee will complete audits weekly x4 and then monthly x2. Audit results will be reviewed by QAPI Committee for further recommendations.</p>	

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F 770	<p>Continued From page 13</p> <p>R7 progress note date 6/13/24 at 8:40 p.m., indicated having acute visit with provider for dysuria and facial tingling. Resident reported dysuria multiple times per day with urination, and incontinence with coughing and whenever she stands in EZ stand (mechanical lift used to assist resident to stand from seated position) to transfer to and from wheelchair.</p> <p>R7 progress note dated 6/18/24 at 10:27 a.m. indicated resident urine sample collected and sent to lab via staff.</p> <p>During an interview on 6/18/24 R 8:25 a.m., R7 stated she was informed by her nurse practitioner (NP) that she could have an urinary tract infection (UTI) even if she was on preventative medication. Provider had ordered UA/UC awhile ago and staff had still not collected the sample and she still did not have results. R7 reported she still had burning at times when she urinated.</p> <p>During an interview on 6/18/24 at 9:12 a.m., licensed practical nurse (LPN)-A stated if a resident has an order for a UA/UC it would be on the treatment administration record (TAR) and it should be collected as soon as possible. LPN-A stated she could see R7 had an order for an UA/UC but could not identify if the order had been completed as the documentation in the TAR indicated it had been completed every shift for the last three days. LPN-A stated sometimes the nurse on the floor will collect a specimen and send it in and forget to discontinue the order. She stated they should write a progress note or document somewhere in the medical record when the order had been completed but was unable to locate documentation. LPN-A indicated she would need to check with the nurse manager</p>	F 770		

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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 06/18/2024
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 770	<p>Continued From page 14 to find out if the UA/UC had been completed.</p> <p>During an interview on 6/18/24 at 12:50 p.m., NP stated she had seen R7 on 6/13/24 and had educated her to the fact that even when a person is taking prophylactic medications for UTI's they could still get the infection. NP indicated she had ordered an UA/UC on that date and still had not received the results of that lab test. NP stated she would expect that the facility would be able to collect the specimen within 48 hours or they should contact her. NP indicated that getting UTI results late could cause infection to travel to the kidneys, increase the infection and or cause more distress.</p> <p>During an interview on 6/18/2 at 11:43 a.m., the director of nursing (DON) stated she would expect that if a resident has an order for an UA/UC the urine specimen should be collected as soon as possible. Documentation in the MAR or TAR every shift related to if the specimen was collected, if it was not completed during their shift, staff should document in the medical record why it wasn't completed.</p> <p>A facility procedure/process for lab collection was requested however was not received.</p>	F 770		