



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
August 21, 2023

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

RE: CCN: 245071
Cycle Start Date: June 23, 2023

Dear Administrator:

On July 13, 2023, we notified you a remedy was imposed. On August 16, 2023 the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of August 16, 2023.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective September 23, 2023 did not go into effect. (42 CFR 488.417 (b))

In our letter of July 12, 2023, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from September 23, 2023 due to denial of payment for new admissions. Since your facility attained substantial compliance on August 16, 2023, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, this does not apply to or affect any previously imposed NATCEP loss.

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

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read '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
July 12, 2023

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

RE: CCN: 245071
Cycle Start Date: June 23, 2023

Dear Administrator:

On June 23, 2023, 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:

Annette Winters, Rapid Response Unit Supervisor
Metro 1, Golden Rule 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: annette.m.winters@state.mn.us
Mobile: (651) 558-7558

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 23, 2023 (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).

Mount Olivet Careview Home

July 12, 2023

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In addition, if substantial compliance with the regulations is not verified by December 23, 2023 (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/ltr_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at:

https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

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

Feel free to contact me if you have questions.

Sincerely,



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

July 12, 2023

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

Re: Event ID: 1HHW11

Dear Administrator:

The above facility survey was completed on June 23, 2023 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

Electronically posted is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please feel free to call me with any questions.

Sincerely,

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

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

PRINTED: 07/25/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245071	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/23/2023
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NAME OF PROVIDER OR SUPPLIER MOUNT OLIVET CAREVIEW HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5517 LYNDAL AVENUE SOUTH MINNEAPOLIS, MN 55419
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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) COMPLETION DATE
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F 000	<p>INITIAL COMMENTS</p> <p>On 6/22/2023 and 6/23/2023, 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. H50712992C (MN00094626), H50713143C (MN00094733), and H50713143C (MN00094668), with a deficiency issued at F580.</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 580 SS=D	<p>Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)</p> <p>§483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical,</p>	F 580		8/11/23

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

TITLE

(X6) DATE

Electronically Signed

07/18/2023

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 580	<p>Continued From page 1</p> <p>mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p>	F 580		

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F 580	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on document review and interview, the facility failed to update resident representatives of significant changes in condition for one of one (R1) residents reviewed.</p> <p>Findings include:</p> <p>Minimum Data Set assessment, dated 4/26/2023, indicated R1's diagnoses included Alzheimer's disease, hypothyroidism, chronic lymphocytic leukemia, depression, and renal insufficiency. R1's Brief Interview for Mental Status (BIMS) score was 2 out of 15.</p> <p>A regulatory visit note by Nurse Practitioner (NP)-A, dated 6/6/2023, stated R1 was stable, with stable appetite and weight,</p> <p>A progress note written by registered nurse (RN)-A, dated 6/12/2023 at 3:25 p.m., stated R1 had a significant weight loss between 6/8/2023 and 6/12/2023 and NP-A had been notified. The progress note indicated the facility would continue daily weights for R1 until the NP-A could assess R1 on 6/16/2023.</p> <p>A progress note dated 6/14/2023 at 1:37 p.m. stated NP-A would contact R1's family about her condition during his visit on 6/16/2023.</p> <p>A provider progress note written by NP-A dated 6/16/2023 at 3:04 p.m. stated R1 had stopped eating about one week ago and had experienced a weight loss of approximately 23 pounds (lbs.) since 6/1/2023.</p> <p>A progress note dated 6/19/2023 at 10:23 p.m.</p>	F 580	<p>Change in Resident Medical Status policy was reviewed and updated. Nursing assistants will notify unit nurse and nurses will contact resident representative for any change in condition. Examples of change in condition include but are not limited to weight loss, changes in eating habits, changes in functional status, falls, injuries, etc. All nursing staff will be educated on updated policy and procedure. Audits of the 24-hour report in PointClickCare will be conducted to review if resident representatives have been contacted after any change in condition. Audits will occur weekly x4 weeks and then monthly x3 months. Results of audits will be reported to the QAPI committee.</p>	

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F 580	<p>Continued From page 3 indicated R1 expired at the hospital.</p> <p>A weight summary sheet generated on 6/22/2023 at 3:35 p.m. indicated R1 weighed 118.4 lbs. on 6/8/2023 via mechanical lift scale, and weighed 100.3 lbs on 6/12/2023 via mechanical lift scale.</p> <p>During an interview with family member (FM)-A on 6/22/2023 at 12:58 p.m., FM-A stated he was the Power of Attorney for R1 and made all her medical decisions. FM-A indicated he received a photograph via text message from FM-C on 6/14/2023 of R1 and was shocked by how thin she looked. FM-A stated he was contacted on 6/16/2023 by NP-A on 6/16/2023 to discuss starting comfort cares for R1. FM-A stated he disagreed and wanted R1 sent to the hospital for treatment.</p> <p>During an interview with FM-B on 6/22/2023 at 12:58 p.m., FM-B stated she was married to FM-A and knew about all updates and information from the facility regarding R1. FM-B indicated they had not been told about any significant weight loss or change of R1's appetite in the month of June.</p> <p>During an interview with FM-C on 6/22/2023 at 1:28 p.m., FM-C stated she had been at the facility on 5/14/2023 and 6/14/2023 to visit R1. FM-C indicated there was a complete change in R1's appearance, cognition, and behavior between these visits. FM-C stated R1 was completely unresponsive on 6/14/23 during her visit, looked gray and emaciated, and laid in bed almost completely unmoving. FM-C indicated staff had told her they were unaware when R1 had last eaten and R1 had spent the last few days in bed. FM-C stated she was rarely updated</p>	F 580		

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F 580	<p>Continued From page 4 on R1's condition.</p> <p>During an interview with nursing assistant (NA)-A on 6/22/23 at 2:10 p.m., NA-A stated any changes in a resident's condition should be reported to the family by the resident's primary nurse or unit manager.</p> <p>During an interview with licensed practical nurse (LPN)-A on 6/22/23 at 2:38 p.m., LPN-A stated family should be notified of any significant change in resident condition as soon as possible.</p> <p>During an interview with LPN-B on 6/22/23 at 2:52 p.m., LPN-B at 2:52 p.m., LPN-B stated family should be notified of any significant changes in resident condition as soon as possible. LPN-B stated he heard R1 had not been eating for approximately a week prior to being taken to the hospital on 6/16/2023.</p> <p>During an interview with trained medication aide (TMA)-A on 6/23/2023 at 9:12 a.m., TMA-A stated a resident's primary nurse, the charge nurse, or the unit manager should contact the family with any change in resident condition. TMA-A stated R1 had stopped eating approximately one week prior to being taken to the hospital on 6/16/2023. TMA-A indicated she was unsure when R1 had become too weak to leave bed by herself, however she was completely bed-ridden in the few days leading up to 6/16/2023.</p> <p>During an interview with NA-C on 6/23/2023 at 9:12 a.m., NA-C stated all changes in resident condition should be relayed to the family by the resident's primary nurse. NA-C indicated R1 had not been eating much in the week prior to her hospitalization. NA-C stated they would attempt to</p>	F 580		

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F 580	<p>Continued From page 5</p> <p>feed R1, but she would spit the food out.</p> <p>During an interview with NP-A on 6/26/2023 at 10:02 a.m., NP-A stated he was told by the staff R1 had stopped eating approximately one week prior to her hospitalization. NP-A stated he had expected R1's family to have been notified by facility staff of her condition prior to his visit on 6/16/23. NP-A stated a weight loss of 23 lbs. in less than two weeks is a significant change in condition.</p> <p>During an interview with the Assistant Director of Nursing (ADON) on 6/23/2023 at 9:45 a.m., the ADON indicated changes in resident condition should be communicated to the family by the primary nurse, and the floor manager should follow-up if necessary. The ADON stated weight loss and changes in appetite are considered significant changes in condition. The ADON indicated she was unaware when R1's family was contacted regarding her weight loss.</p> <p>During an interview with RN-A on 6/23/2023 at 10:29 a.m., RN-A stated changes in resident condition are communicated to family as soon as possible. RN-A stated weight loss and diminished appetite are significant changes in condition. RN-A stated she had been made aware to R1's change in appetite on 6/12/2023 and staff informed her R1 had stopped eating at an undetermined point over the weekend. RN-A stated the weight loss between 6/8/23 and 6/12/23 was a significant change, and she was unaware if the family was made aware of this change. RN-A indicated she wanted R1 to be seen by NP-A prior to calling the family to discuss initiation of comfort care. RN-A stated she had instructed staff to report a general decline in</p>	F 580		

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F 580	<p>Continued From page 6</p> <p>condition to the family if they asked, and to tell them the facility was aware of her changing condition and had a plan. RN-A stated normally all signs of decline, such as changes in condition and lack of appetite, are immediately reported to family.</p> <p>During an interview with the Director of Nursing (DON) on 6/23/2023 at 10:50 a.m., the DON stated she expects all changes in appetite and activities of daily living to be reported to family by the resident's primary nurse as soon as possible. The DON indicated R1 experienced significant weight loss between 6/8/23 and 6/12/2023. The DON stated she was unaware when the family was notified of R1's change in condition.</p> <p>A facility policy titled Change in Resident Medical Status, dated 8/14/2019, directs nursing staff to recognize all significant changes in resident condition and report them families directly. The policy indicates nursing staff must document these attempts and conversations in the appropriate medical chart.</p>	F 580		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00178	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/23/2023
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NAME OF PROVIDER OR SUPPLIER MOUNT OLIVET CAREVIEW HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5517 LYNDAL AVENUE SOUTH MINNEAPOLIS, MN 55419
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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 6/22/2023 and 6/23/2023, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was IN compliance with the MN State Licensure</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

07/18/23

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00178	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/23/2023
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NAME OF PROVIDER OR SUPPLIER MOUNT OLIVET CAREVIEW HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5517 LYNDALE AVENUE SOUTH MINNEAPOLIS, MN 55419
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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
2 000	<p>Continued From page 1</p> <p>The following complaints were reviewed during the survey. H50712992C (MN00094626), H50713143C (MN00094733), and H50713143C (MN00094668).</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software.</p> <p>The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.</p>	2 000		