Electronically delivered

September 8, 2021

Administrator
Park Health A Villa Center
4415 West 36 1/2 Street
Saint Louis Park, MN 55416

RE: CCN: 245083
Cycle Start Date: August 10, 2021

Dear Administrator:

On August 31, 2021, we informed you that we may impose enforcement remedies.

On August 23, 2021, the Minnesota Department of Health completed a survey and it has been determined that your facility is not in substantial compliance. The most serious deficiencies in your facility were found 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.

REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy(ies) listed below to the CMS Region V Office for imposition. The CMS Region V Office concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Mandatory Denial of Payment for new Mediare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective November 10, 2021

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective November 10, 2021. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective November 10, 2021.

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

payment for new admissions.

This Department is also recommending that CMS impose a civil money penalty. You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

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

NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than $11,160; has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

If you have not achieved substantial compliance by November 10, 2021, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, Park Health A Villa Center will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from November 10, 2021. You will receive further information regarding this from the State agency. This prohibition is not subject to appeal. Further, this prohibition may be rescinded at a later date if your facility achieves substantial compliance prior to the effective date of denial of payment for new admissions. However, under Public Law 105-15, you may contact the State agency and request a waiver of this prohibition if certain criteria are met.

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. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

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

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

- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

DEPARTMENT CONTACT

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

Terri Ament, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Duluth Technology Village
11 East Superior Street, Suite 290
Duluth, Minnesota 55802-2007
Email: teresa.ament@state.mn.us
Office: (218) 302-6151 Mobile: (218) 766-2720

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

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

VERIFICATION OF SUBSTANTIAL COMPLIANCE

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

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

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

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by February 10, 2022 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at § 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42

CFR § 488.412 and § 488.456.

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

APPEAL RIGHTS

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

Tamika.Brown@cms.hhs.gov

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

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

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

INFORMAL DISPUTE RESOLUTION (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/ltc_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable 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,

Kamala Fiske-Downing

Kamala Fiske-Downing
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245083	A. BUILDING _____ B. WING _____	C 08/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK HEALTH A VILLA CENTER	**4415 WEST 36 1/2 STREET SAINT LOUIS PARK, MN 55416**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS On 8/23/21, an abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was found NOT to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. The following complaint was found to be SUBSTANTIATED: H5083108C (MN75797 & MN75796) with a deficiency cited at F622. H5083107C (MN75806) however, NO deficiencies were cited due to actions implemented by the facility prior to survey. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an on-site revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.	F 000		
F 622 SS=D	Transfer and Discharge Requirements CFR(s): 483.15(c)(1)(i)(ii)(2)(i)-(iii) §483.15(c) Transfer and discharge- §483.15(c)(1) Facility requirements- (i) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless- (A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;	F 622		9/17/21

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

Electronically Signed | 09/09/2021

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

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F 622	Continued From page 1 (B) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility; (C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident; (D) The health of individuals in the facility would otherwise be endangered; (E) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or (F) The facility ceases to operate. (ii) The facility may not transfer or discharge the resident while the appeal is pending, pursuant to § 431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose. §483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer	F 622		

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F 622	Continued From page 2 or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider. (i) Documentation in the resident's medical record must include: (A) The basis for the transfer per paragraph (c)(1)(i) of this section. (B) In the case of paragraph (c)(1)(i)(A) of this section, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s). (ii) The documentation required by paragraph (c)(2)(i) of this section must be made by- (A) The resident's physician when transfer or discharge is necessary under paragraph (c) (1) (A) or (B) of this section; and (B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of this section. (iii) Information provided to the receiving provider must include a minimum of the following: (A) Contact information of the practitioner responsible for the care of the resident. (B) Resident representative information including contact information (C) Advance Directive information (D) All special instructions or precautions for ongoing care, as appropriate. (E) Comprehensive care plan goals; (F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the	F 622	R1 discharged from the facility and is	

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F 622	Continued From page 3 facility failed to allow a resident to remain in the facility for 1 of 1 residents (R1) reviewed for appropriate discharge. R1 was discharged from the facility to a hotel for 7 days stay and the facility did not set up housing or community services after the hotel stay, subsequently rendering him homeless. Findings include: R1's quarterly Minimum Data Set (MDS) dated 7/1/21, identified R1 had a mild cognitive impairment. R1's diagnoses included alcohol cirrhosis of liver with ascites, chronic viral hepatitis C, chronic obstructive pulmonary disease (COPD) and major depressive disorder. The MDS identified R1 used walker and was independent with most activities of daily living (ADLs) which included transfers, toileting, grooming and bathing tasks. Further, the MDS identified R1 had verbal behavioral symptoms directed toward others. R1's admission Care Area Assessment (CAA) dated 12/23/20, identified R1 needed supervision for bed mobility and personal hygiene. The CAA indicated R1 was able to make his needs known. R1's care plan dated 12/23/20, identified R1 had limited physical mobility related to disease process of COPD. The care plan identified R1 ambulated independently using walker. Review of R1's progress notes from 5/17/21, to 8/13/21, indicated the following: On 7/1/21, at 8:09 p.m. respiratory notes indicated R1 had shortness of breath with activities, at rest and lying flat. Due to shortness	F 622	currently at another facility and is doing well. R1 has experienced no adverse effects. All residents have the potential to be affected by this practice. Administrator, DON and Social Services Director were educated on Facilities Transfer/Discharge Guideline on 8/23/21. Patients ready to discharge will be audited weekly to ensure discharge is appropriate. Audits will be conducted by Administrator or designee. Audits will be brought to QAPI monthly for review to identify trends.	

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F 622	Continued From page 4	F 622		

of breath when lying flat, R1 needed to keep his head elevated while in bed to promote optimal breathing and comfort. R1 was sleeping with head of bed up and used 5 pillows when lying flat.

On 8/13/21, at 1:12 p.m. recapitulation of stay notes was entered by the administrator. The recapitulation of stay notes indicated the reason for R1's transfer/discharge was a less restrictive environment. The discharge location was noted to be the Motel 6 Lakeville. The administrator documented physician orders had been received and verified for discharge and/or transfer, and R1 would be returning to the community. The notes lacked information on continuing care and special instructions.

On 8/13/21, at 3:37 p.m. Staff documented R1 refused to take all medications with him upon discharge, stating he did not need them.

On 8/13/21, at 4:17 p.m. a discharge planning note indicated R1 was discharged from Park Health a Villa Center on 8/13/21, at 3 p.m. to a Motel 6 in Lakeville. R1 was being discharged due to 5 allegations of threats toward other residents. R1 was discharged with all of his belongings and a seven-day supply of medications. Social worker scheduled a follow up appointment for resident, but resident refused and canceled the appointment. R1 was told he would need to schedule a doctor's appointment and got into the doctor sometime within the next seven days in order to refill all of his medications. R1's relocation worker was contacted and updated on the situation. Relocation worker asked for a report of what happened to send onto the county. The initial report was provided.

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F 622	Continued From page 5	F 622		

On 8/23/21, at 11:57 a.m. R1 was interviewed via telephone and stated that he did not want to leave the facility, but had no other choice. R1 stated the facility said he would be discharged because someone accused him of something he did not do. They asked R1 where he wanted to go, so he picked Motel 6. The facility gave R1 paperwork and asked him to sign it, but he stated he did not know what he was signing. R1 stated he had $100 on his card for food, and had to call his brother for money, but his brother was out of town during R1 motel's stay. R1 stated he only had $4 on his card now.

On 8/23/21, at 12:22 p.m. licensed practical nurse (LPN)-A was interviewed and stated R1 was discharged because he did not have any medical needs to be in a skill nursing facility. LPN-A said that the management team had confirmed with R1's physician and got approval to discharge R1 to a hotel. LPN-A stated another reason for R1's discharge was because of some incidents that had happened with other residents, but LPN-A could not remember any specific incidents. LPN-A stated she filled out a My Transition Home form and asked R1 to sign. R1 refused to sign and told her he would like to go over the papers with the administrator.

On 8/23/21, at 12:31 p.m. the administrator was interviewed and stated R1 was discharged because there were a few incidents that had happened with other residents. The administrator stated other residents reported to her they did not feel safe around R1, so the facility decided to discharge R1 to a hotel. The administrator stated R1 did not have any medical needs to be in the facility. The administrator stated she talked to R1's physician, and got approval to discharge R1.

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F 622	Continued From page 6	F 622		

The administrator notified R1 about his discharge on 8/13/21, at 10:00 a.m. and set up a taxi for him at 3 p.m. The administrator stated she gave him a few hotel options to choose from, and he picked Motel 6.
The administrator stated she went over the discharge paperwork with R1, which included the My Transition Home form and his medication list. The administrator stated she believed R1 had money from his disability check, and the facility only paid for his 7 days stay at the motel. The administrator stated R1 did not take any medications with him.

On 8/23/21, at 12:42 p.m. the Ombudsman for Long Term Care (OLTC)-A was interviewed via telephone and stated she was notified about the discharged through the relocation service worker. OLTC-A stated she had asked R1 where he was as he was checking in to the hotel on 8/13/21, and R1 did not know the name of the hotel. The OLTC-A stated when she asked R1 what the papers he had signed said, R1 stated he did not know. OLTC-A stated she asked R1 why he signed it and he replied, "Because that is the way they wanted it." OLTC-A stated she asked R1 if he wanted to leave the facility and he said, "No." OLTC-A stated she spoke with R1 the following Monday how he was getting food, and R1 told her he had found some old food stamps, but only had $20 left. He was very concerned that his social security was sent directly to the facility and was concerned about access to his money. R1 had stated he had no means of transportation. OLTC-A stated R1 was vulnerable, and really didn't know what was going on or the impact it would have on his life by losing relocation services.

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F 622	Continued From page 7	F 622		

On 8/23/21, at 1:11 p.m. social worker (SW)-A was interviewed and stated there were several incidents between R1 and other residents, so for R1's safety and other resident's safety, the best option was to discharge R1 to a motel. SW-A stated the facility paid for R1 to stay 7 days stay at the hotel, and after that R1 would need to find his own housing. However, SW-A stated he was not sure about R1's money or food situation, and thought the administrator would pay for R1's food during his hotel stay.

R1's physician was called on 8/23/21, at 1:25 p.m. A message was left, but no response was received.

On 8/24/21, at 1:15 p.m. R1's Rep Payee was interviewed via telephone, and stated she deposited $30 into R1's account each month for personal use because he was in nursing home. She did not know he was discharged.

On 8/24/21, at 1:35 p.m family member (FM)-A was interviewed via telephone, and stated R1 did not have any money while he was at the Motel 6. FM-A was out of town, and was not able to give R1 money until 8/21/21.

The facility policy Transfer and Discharge Form dated 11/28/17, directed residents and their representative were involved in the discharge planning process. The policy indicated in the event that a resident's clinical condition or behavior poses a health or safety threat to other people in the facility, the resident may be transferred to another healthcare facility that can provide the services needed for the resident. The resident and representative will receive timely notification, adequate preparation, orientation,

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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
F 622	Continued From page 8 and information to make the transfer as orderly and safe as possible. The notice contains information about the transfer and information about the resident's appeal rights. The facility will assist the resident to obtain, complete and submit an appeal form at the resident's request. The resident will not be discharged during the appeal process. If the transfer is due to an emergency, the notice will be issued as soon as practicable. The facility forwards a copy all discharge notices to the Office of the State Long-Term Care Ombudsman and required state agencies as indicated.	F 622		

Electronically delivered
September 8, 2021

Administrator
Park Health A Villa Center
4415 West 36 1/2 Street
Saint Louis Park, MN 55416

Re: State Nursing Home Licensing Orders
Event ID: SRV911

Dear Administrator:

The above facility was surveyed on August 23, 2021 through August 23, 2021 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

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

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

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the

statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

Terri Ament, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Duluth Technology Village
11 East Superior Street, Suite 290
Duluth, Minnesota 55802-2007
Email: teresa.ament@state.mn.us
Office: (218) 302-6151 Mobile: (218) 766-2720

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

Please note it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call me with any questions.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing
Minnesota Department of Health
Program Assurance Unit
Health Regulation Division
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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2 000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 8/23/21, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found 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.	2 000		

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

Electronically Signed | 09/09/21

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2 000	Continued From page 1 The following complaints were found to be SUBSTANTIATED: H5083108C (MN75797 & MN75796) with a licensing order issued at 1925. H5083107C (MN75806) however NO licensing orders were issued.. 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. 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	2 000		

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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		
21950	MN St. Statute 144A.13 Subd. 2 Complaints; Resident's Rights Subd. 2. Resident's rights. The administrator of a nursing home shall inform each resident in writing at the time of admission of the right to complain to the administrator about facility accommodations and services. A notice of the right to complain shall be posted in the nursing home. The administrator shall also inform each resident of the right to complain to the commissioner of health. This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to allow a resident to remain in the facility for 1 of 1 residents (R1) reviewed for appropriate discharge. R1 was discharged from the facility to a hotel for 7 days stay and the facility did not set up housing or community services after the hotel stay, subsequently rendering him homeless. Findings include: R1's quarterly Minimum Data Set (MDS) dated 7/1/21, identified R1 had a mild cognitive	21950	R1 discharged from the facility and is currently at another facility and is doing well. R1 has experienced no adverse effects. All residents have the potential to be affected by this practice. Administrator, DON and Social Services Director were educated on Facilities Transfer/Discharge Guideline on 8/23/21. Patients ready to discharge will be audited weekly to ensure discharge is appropriate. Audits will be conducted by Administrator or designee.	9/17/21

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21950	Continued From page 3 impairment. R1's diagnoses included alcohol cirrhosis of liver with ascites, chronic viral hepatitis C, chronic obstructive pulmonary disease (COPD) and major depressive disorder. The MDS identified R1 used walker and was independent with most activities of daily living (ADLs) which included transfers, toileting, grooming and bathing tasks. Further, the MDS identified R1 had verbal behavioral symptoms directed toward others. R1's admission Care Area Assessment (CAA) dated 12/23/20, identified R1 needed supervision for bed mobility and personal hygiene. The CAA indicated R1 was able to make his needs known. R1's care plan dated 12/23/20, identified R1 had limited physical mobility related to disease process of COPD. The care plan identified R1 ambulated independently using walker. Review of R1's progress notes from 5/17/21, to 8/13/21, indicated the following: On 7/1/21, at 8:09 p.m. respiratory notes indicated R1 had shortness of breath with activities, at rest and lying flat. Due to shortness of breath when lying flat, R1 needed to keep his head elevated while in bed to promote optimal breathing and comfort. R1 was sleeping with head of bed up and used 5 pillows when lying flat. On 8/13/21, at 1:12 p.m. recapitulation of stay notes was entered by the administrator. The recapitulation of stay notes indicated the reason for R1's transfer/discharge was a less restrictive environment. The discharge location was noted to be the Motel 6 Lakeville. The administrator documented physician orders had been received and verified for discharge and/or transfer, and R1	21950	Audits will be brought to QAPI monthly for review to identify trends	

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21950	Continued From page 4	21950		

would be returning to the community. The notes lacked information on continuing care and special instructions.

On 8/13/21, at 3:37 p.m. Staff documented R1 refused to take all medications with him upon discharge, stating he did not need them.

On 8/13/21, at 4:17 p.m. a discharge planning note indicated R1 was discharged from Park Health a Villa Center on 8/13/21, at 3 p.m. to a Motel 6 in Lakeville. R1 was being discharged due to 5 allegations of threats toward other residents. R1 was discharged with all of his belongings and a seven-day supply of medications. Social worker scheduled a follow up appointment for resident, but resident refused and canceled the appointment. R1 was told he would need to schedule a doctor's appointment and got into the doctor sometime within the next seven days in order to refill all of his medications. R1's relocation worker was contacted and updated on the situation. Relocation worker asked for a report of what happened to send onto the county. The initial report was provided.

On 8/23/21, at 11:57 a.m. R1 was interviewed via telephone and stated that he did not want to leave the facility, but had no other choice. R1 stated the facility said he would be discharged because someone accused him of something he did not do. They asked R1 where he wanted to go, so he picked Motel 6. The facility gave R1 paperwork and asked him to sign it, but he stated he did not know what he was signing. R1 stated he had $100 on his card for food, and had to call his brother for money, but his brother was out of town during R1 motel's stay. R1 stated he only had $4 on his card now.

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21950	Continued From page 5 On 8/23/21, at 12:22 p.m. licensed practical nurse (LPN)-A was interviewed and stated R1 was discharged because he did not have any medical needs to be in a skill nursing facility. LPN-A said that the management team had confirmed with R1's physician and got approval to discharge R1 to a hotel. LPN-A stated another reason for R1's discharge was because of some incidents that had happened with other residents, but LPN-A could not remember any specific incidents. LPN-A stated she filled out a My Transition Home form and asked R1 to sign. R1 refused to sign and told her he would like to go over the papers with the administrator. On 8/23/21, at 12:31 p.m. the administrator was interviewed and stated R1 was discharged because there were a few incidents that had happened with other residents. The administrator stated other residents reported to her they did not feel safe around R1, so the facility decided to discharge R1 to a hotel. The administrator stated R1 did not have any medical needs to be in the facility. The administrator stated she talked to R1's physician, and got approval to discharge R1. The administrator notified R1 about his discharge on 8/13/21, at 10:00 a.m. and set up a taxi for him at 3 p.m. The administrator stated she gave him a few hotel options to choose from, and he picked Motel 6. The administrator stated she went over the discharge paperwork with R1, which included the My Transition Home form and his medication list. The administrator stated she believed R1 had money from his disability check, and the facility only paid for his 7 days stay at the motel. The administrator stated R1 did not take any medications with him. On 8/23/21, at 12:42 p.m. the Ombudsman for	21950		

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21950	Continued From page 6 Long Term Care (OLTC)-A was interviewed via telephone and stated she was notified about the discharged through the relocation service worker. OLTC-A stated she had asked R1 where he was as he was checking in to the hotel on 8/13/21, and R1 did not know the name of the hotel. The OLTC-A stated when she asked R1 what the papers he had signed said, R1 stated he did not know. OLTC-A stated she asked R1 why he signed it and he replied, "Because that is the way they wanted it." OLTC-A stated she asked R1 if he wanted to leave the facility and he said, "No." OLTC-A stated she spoke with R1 the following Monday how he was getting food, and R1 told her he had found some old food stamps, but only had $20 left. He was very concerned that his social security was sent directly to the facility and was concerned about access to his money. R1 had stated he had no means of transportation. OLTC-A stated R1 was vulnerable, and really didn't know what was going on or the impact it would have on his life by losing relocation services. On 8/23/21, at 1:11 p.m. social worker (SW)-A was interviewed and stated there were several incidents between R1 and other residents, so for R1's safety and other resident's safety, the best option was to discharge R1 to a motel. SW-A stated the facility paid for R1 to stay 7 days stay at the hotel, and after that R1 would need to find his own housing. However, SW-A stated he was not sure about R1's money or food situation, and thought the administrator would pay for R1's food during his hotel stay. R1's physician was called on 8/23/21, at 1:25 p.m. A message was left, but no response was received.	21950		

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21950	Continued From page 7 On 8/24/21, at 1:15 p.m. R1's Rep Payee was interviewed via telephone, and stated she deposited $30 into R1's account each month for personal use because he was in nursing home. She did not know he was discharged. On 8/24/21, at 1:35 p.m family member (FM)-A was interviewed via telephone, and stated R1 did not have any money while he was at the Motel 6. FM-A was out of town, and was not able to give R1 money until 8/21/21. The facility policy Transfer and Discharge Form dated 11/28/17, directed residents and their representative were involved in the discharge planning process. The policy indicated in the event that a resident's clinical condition or behavior poses a health or safety threat to other people in the facility, the resident may be transferred to another healthcare facility that can provide the services needed for the resident. The resident and representative will receive timely notification, adequate preparation, orientation, and information to make the transfer as orderly and safe as possible. The notice contains information about the transfer and information about the resident's appeal rights. The facility will assist the resident to obtain, complete and submit an appeal form at the resident's request. The resident will not be discharged during the appeal process. If the transfer is due to an emergency, the notice will be issued as soon as practicable. The facility forwards a copy all discharge notices to the Office of the State Long-Term Care Ombudsman and required state agencies as indicated. SUGGESTED METHOD OF CORRECTION: The director of nursing (DON), or designee, could review applicable policies and procedures to	21950		

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21950	Continued From page 8 ensure staff are following CMA requirements, ensure social services are providing ongoing services to residents with behavioral conerns and if needed alternate placement, educate staff on appropriate discharge, and then audit to ensure compliance with facility' policies regarding resident is discharge to community. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	21950		