



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

December 8, 2021

Administrator
Sauer Health Care
1635 West Service Drive
Winona, MN 55987

RE: CCN: 245102
Cycle Start Date: October 22, 2021

Dear Administrator:

On November 3, 2021, we informed you that we may impose enforcement remedies.

On November 18, 2021, the Minnesota Department of Health completed a survey and it has been determined that your facility is not in substantial compliance. Your facility was not in substantial compliance with the participation requirements and the conditions in your facility constituted **both substandard quality of care and immediate jeopardy** to resident health or safety. The most serious deficiencies in your facility were found to be isolated deficiencies that constituted immediate jeopardy (Level J), as evidenced by the electronically attached CMS-2567, whereby corrections are not required.

The Statement of Deficiencies (CMS-2567) is being electronically delivered. Because corrective action were taken prior to the survey, past non-compliance does not require a plan of correction (POC).

REMOVAL OF IMMEDIATE JEOPARDY

On November 12, 2021, the situation of immediate jeopardy to potential health and safety cited at F600 was removed.

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 listed below to the CMS Region V Office for imposition: 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).

SUBSTANDARD QUALITY OF CARE (SQC)

SQC was identified at your facility. Sections 1819(g)(5)(C) and § 1919(g)(5)(C) of the Social Security Act and 42 CFR 488.325(h) requires that the attending physician of each resident who was found to have received substandard quality of care, as well as the State board responsible for licensing the facility's administrator, be notified of the substandard quality of care. **If you have not already provided the following information, you are required to provide to this agency within ten working days of your receipt of this letter the name and address of the attending physician of each resident found to have received substandard quality of care.**

Please note that, in accordance with 42 CFR 488.325(g), your failure to provide this information timely will result in termination of participation in the Medicare and/or Medicaid program(s) or imposition of alternative remedies.

Federal law, as specified in the Act at § 1819(f)(2)(B) and § 1919(f)(2)(B), prohibits approval of nurse assistant training programs offered by, or in, a facility which, within the previous two years, has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care. Therefore, Sauer Health Care is prohibited from offering or conducting a Nurse Assistant Training / Competency Evaluation Programs (NATCEP) or Competency Evaluation Programs for two years effective November 18, 2021. This prohibition remains in effect for the specified period even though substantial compliance is attained. Under Public Law 105-15 (H. R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

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:

**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**

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

Sauer Health Care

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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,

A handwritten signature in black ink, appearing to read 'M. Poepping', with a stylized, cursive script.

Melissa Poepping, Health Program Representative Senior
Program Assurance | Licensing and Certification
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: 12/08/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245102	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/18/2021
NAME OF PROVIDER OR SUPPLIER SAUER HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1635 WEST SERVICE DRIVE WINONA, MN 55987		
(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 11/17/21 and 11/18/21, a standard abbreviated survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities. The following complaint H55102035C (MN00078504) was SUBSTANTIATED with a deficiency issued at past non-compliance Immediate Jeopardy (IJ) identified at F600, when a staff member created a power point presentation titled "Predators of Sauer" that included pictures of R1 and R2, the power point was shared at a social gathering with seven other staff members which was recorded on video, and the video was then shared on the social media platform Snapchat. The IJ began on 11/11/21 and was removed on 11/12/21 when the facility completed a thorough investigation and re-education to all staff on abuse prevention, cell phone policy, and social media policy. Although the provider had implemented corrective action prior to survey, harm or immediate jeopardy was sustained prior to the correction. No plan of correction is required for a finding of past non-compliance; however, the facility must acknowledge receipt of the electronic documents.	F 000			
F 600 SS=J	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This	F 600			

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

TITLE

(X6) DATE

Electronically Signed

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 600	<p>Continued From page 1</p> <p>includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.</p> <p>§483.12(a) The facility must-</p> <p>§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review, the facility failed to ensure residents were free of mental abuse when resident photographs were attached to a power point presentation that was derogatory and demeaning in nature were shared on social media for 2 of 2 residents (R1 and R2) reviewed for allegations of mental abuse, resulting in an immediate jeopardy (IJ) situation for both R1 and R2.</p> <p>The IJ began on 11/11/21, when facility staff shared an inappropriate power point presentation at a party that included residents and later posted on Snapchat (social media). The administrator and director of nursing were notified of the immediate jeopardy at 12:14 p.m. on 11/18/21. The IJ was removed, and the deficient practice corrected on 11/12/21, prior to the start of the survey and was therefore past non-compliance.</p> <p>Findings include</p> <p>Facility Reported Incident (FRI) submitted to the State Agency on 11/12/21, at 4:26 p.m. identified allegations of emotional or mental abuse that occurred on 11/11/21, at 11:00 p.m. The report</p>	F 600	Past noncompliance: no plan of correction required.		

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F 600	<p>Continued From page 2</p> <p>did not identify which residents were affected by the allegation. The description of the incident included, "11/12/21 it was reported to Admin [administrator] by 2 CNA's [certified nursing assistants] that another CNA had on his Snapchat story (social media account) a video taken last night at his house where someone created a "power point" and were speaking negatively about the facility, residents, and other staff. A short clip of the video was sent to Admin, who reviewed with the DON [director of nursing] and investigation immediately began." The description also included, "Based on the investigation, this is what was determined [NA-B] invited everyone over to his house for a party. [NA-B] had created a power point. In this power point, pictures from the facilities [sic] Facebook were used to create the power point and there were extremely inappropriate comments about residents and staff." The report included "At this time, no residents are aware of this video. No residents have been harmed." The report also outlined the facility's corrective action.</p> <p>During an interview on 11/17/21, at 8:15 a.m. administrator indicated on 11/12/21, at around 8:30 a.m. she had received a video taken of a power point presentation that portrayed the facility negatively. Administrator indicated after receiving the video, the facility immediately started investigating. Administrator indicated the video was a short clip of a room where the party was and what was going on in NA-B's apartment. Administrator indicated the content in the clip was really nothing significant and there was nothing on the video that was derogatory. Administrator stated the gravity of the inappropriateness came from the actual power point and not what was viewable or audible on the Snapchat video.</p>	F 600			

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F 600	<p>Continued From page 3</p> <p>Administrator stated the photos of residents were taken from the facility's public Facebook page. The director of nursing (DON) stated when something is shared on someone's "story" on Snapchat it remains for 24 hours unless the person who posted it takes it down. The administrator indicated on 11/12/21, everyone involved were instructed to write down their own version of what happened and who was involved as part of the investigation. Administrator indicated based on the findings of the investigation staff members that had highest level of involvement were suspended, the LPN involved was reported to the board of nursing and indicated NA-B's employment had been terminated. Administrator indicated all involved had been instructed to delete any trace of this power point and Snapchat video. Administrator indicated all 8 staff involved were assigned education modules that pertained to resident rights and vulnerable adults, in addition those involved received individual education/coaching on the seriousness of the behavior. Administrator indicated all staff were provided with immediate education on VA policy, specifically related to social media. Administrator indicated residents were not made aware nor were their families/resident representatives notified resident pictures were shared on social media without permission.</p> <p>The video of the social gathering with a portion of the power point shared on Snapchat was reviewed during entrance conference on 11/17/21. The video identified the person [NA-B's first name] who "shared" the video on Snapchat and the duration of time that lapsed since the video was posted on Snapchat which was "8h [hours] ago" but did not include the date. The</p>	F 600			

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F 600	<p>Continued From page 4</p> <p>video showed facility staff sitting around a television with a power point slide show playing on a television. The first slide included the title, The Predators of Sauer Health Care with a picture of the administrator and the facility. The next slide seen was a respectable photo of R1 fully clothed on the left side of the slide and the right side had R1's first and last name with four partial bullet points where the context was not discernable. The next slide included a very clear respectable picture of R2. The next slides included names and pictures of staff members along with indiscernible context of the bullet points. In the video staff present could not be heard making derogatory and/or demeaning comments about the residents who were featured in power point.</p> <p>R1's significant change Minimum Data Set (MDS) dated 11/2/21, identified R1's primary medical condition as stroke. The MDS indicated R1 did not have cognitive impairment and did not have behaviors. R1's care plan dated 11/16/21, included R1 has been known to make inappropriate sexual comments or touching at times.</p> <p>R2's quarterly MDS dated 9/16/21, identified R2's primary medical condition as medically complex and had diagnosis of anxiety. The MDS indicated R2 did not have cognitive impairment, had verbal behaviors directed toward others and rejection of care behaviors 1-3 days during assessment period. R2's care plan dated 8/9/2018, included [R2] has almost daily behaviors of inappropriate comments to the female staff. He will at times come out of his room not appropriately dressed and somewhat exposed. He has made comments about staff's bodies, statements about wanting a</p>	F 600			

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F 600	<p>Continued From page 5</p> <p>particular staff person to give him a shower, asking about staff's boyfriends and has called one staff person's church to attempt to find out more information about her.</p> <p>During an interview on 11/17/21, at 9:04 a.m. licensed practical nurse (LPN)-A stated on 11/11/21, she was in attendance of NA-B's and dietary assistant (DA)-A's social gathering along with 5 other staff members. LPN-A stated typically these social gatherings started off with a few board games or cards, this time it was a little different. LPN-A stated NA-B pulled out a power point that used pictures from the Sauer Facebook page. LPN-A stated the power point was about "The Pillow Treatment" which LPN-A described as putting a pillow on someone's face to knock them out and the title of the power point was "Predators of Sauer." LPN-A indicated she remember R1's picture being in the power point. LPN-A stated, "We shouldn't have had the power point to begin with, the topic was very horrible." LPN-A added, "We should have stopped what they were doing." When asked why certain residents were selected to be in the power point, LPN-A stated from her understanding, R1 was probably selected because although R1 did not have cognitive impairment, he had sexual behaviors directed towards staff and stated she knew people were frustrated with R1's behaviors. LPN-A indicated during the gathering, some of the group had conversation about R1's behaviors. LPN-A stated NA-B had made a short video recording while the power point played over the television for the group and then shared the video on his Snapchat. LPN-A indicated the video showed an 8 second clip of presentation and did not include derogatory/demeaning language that she could recall and did not include the group's discussion</p>	F 600			

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F 600	<p>Continued From page 6</p> <p>about R1's sexual behaviors. LPN-A stated she had not given permission for NA-B to make a video of her or share the video on social media, and had she known a video was taken would have stopped it. LPN-A stated if the resident and/or the resident representative were aware of the power point and the video posted to social media they would be very upset and would not want their family members to be talked about in that way. LPN-A stated, "I am really regretting being in attendance [at the social gathering]. If I wasn't there, I wouldn't have been involved in anyway." LPN-A indicated she was remorseful and did not want this to ruin her career. LPN-A indicated on 11/12/21, she had a meeting with administration and received education/coaching/counseling.</p> <p>LPN-A's written statement dated 11/12/21, included, "On 11/11/21 I and five other coworkers went over to [DA-A's] and [NA-B's] apartment for a small social gathering of only coworkers. [Names of attendees]. A power point was played on the TV in regards to a selected few residents at Sauer Health care. The power point was not of malicious intent. There was no information on the PowerPoint in regards to resident care or information related to the resident it was a mistake to be in attendance of this social gathering that had occurred. I wish that I had spoken up and stopped the events that had taken place along with stopped the publication of it going on social mediaIf I were to go back in time I would take different action to prevent this from ever occurring."</p> <p>During an interview on 11/17/21, at 9:06 a.m. NA-C stated she attended NA-B's social gathering on 11/11/21. NA-C stated after she</p>	F 600			

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F 600	<p>Continued From page 7</p> <p>arrived, NA-B pulled out a power point presentation that she had no prior awareness of. NA-C stated, "I didn't see the entire power point. I just know of one of the residents [R1]". NA-C stated, "I just remember the picture of him [R1] and can't remember what it said on the slide." NA-C stated she did not recall statements made that were derogatory. NA-C indicated she was not aware that NA-B had made a video and was not aware he had shared the video on Snapchat until she was notified by administration on 11/12/21. NA-C stated, "I can't imagine how [R1] would feel, I feel very sad, I'm sure he would feel betrayed in a way, especially since we are the ones taking care of him." NA-C indicated her involvement was a "lack of character on my part, I was in the moment and got caught up in it." NA-C indicated on 11/12/21, she had been contacted by administration, she gave a written statement and received coaching/counseling and education.</p> <p>During an interview on 11/17/21, at 10:00 a.m. NA-A stated she had not been present at NA-B's social gathering. NA-A stated when she checked messages on Snapchat the morning of 11/12/21, she saw the video shared by NA-B the evening of 11/11/21. NA-A stated in the video you could see the television with the power point presentation; the first slide was Predators of Sauer with [name of administrator] and the building in the background, then there was a zoomed in slide of R1 but couldn't see the writing on the slide, then the next slide was [R2's] picture. NA-A stated the photo of R1 and R2 were very clear. NA-A stated during the slides you could not really hear what was going on and indicated the only residents that were in the video were R1 and R2. NA-A stated right after she saw it, she conferred with NA-D who had also just viewed the video, and</p>	F 600			

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F 600	<p>Continued From page 8</p> <p>both reported the video to facility administration soon after viewing.</p> <p>During an interview on 11/17/21, at 10:10 a.m. NA-D stated she did not go to NA-B's social gathering. NA-D stated she had seen the video posted on Snapchat by NA-B when she woke up the morning of 11/12/21. NA-D stated you could see the power point presentation on the television. NA-D stated the pictures used were from the facility Facebook page. NA-D stated the first slide had Predators of Sauer written on it but was hard to see, the slide had administrator's picture on it. NA-D stated the next slide was of [R1] with words on it but couldn't read what they were, and the following slide was [R2's] blown up picture. NA-D stated during the video, staff did not say anything derogatory or that could be heard. NA-D stated NA-A had also just seen the video and they both reported it to the facility administrator. NA-D indicated if residents and/or resident families were aware, I think families would be hurt, irate, and question the trust level.</p> <p>During an interview on 11/17/21, at 11:42 a.m. NA-E stated staff were going to go hang out over at NA-B's place on 11/11/21, because they were all friends outside of work. NA-E indicated the group had taken the idea for the power point from Tik Tok. The presentation is intended to be amongst friends and not intended to be work related, however, someone made it about work and the conversations were more derogatory. NA-E stated, "It presentation] got more intense than what it was intended" and "I was kind of sitting there as it unfolded because I didn't know how to control the conversation." NA-E stated she thought the presentation was talking about bad things that happened at work, part of it was about</p>	F 600			

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 600	<p>Continued From page 9</p> <p>residents' behaviors, and thought that the presentation had information about one resident shown, but couldn't remember. NA-E stated the residents included in the presentation was R1 and R2. NA-E stated she was not aware that NA-B had made a video and did not participate in the making of the power point. NA-E stated on 11/12/21, she met with facility administration and wrote her statement. NA-E stated she received coaching/counseling at that time.</p> <p>NA-E's written statement dated 11/12/21, included, "The PM [evening] staff had a night where they presented power point presentations with various titles. The people involved [names of attendees]. We were all equally involved because all of us were made part of the power points as well. Like why we would be admitted Sauer healthcare and some decided to make it more violent and gross. I am unaware of any other videos besides the video that was [sic] made aware ofI was not aware of the full VA [vulnerable adult] guidelines which I feel foolish for now. I am deeply sorry for this event to have occurred and will comply as needed."</p> <p>During an interview on 11/17/21, at 1:03 p.m. NA-B stated a couple of days prior to his social gathering R1 had sexually harassed a co-worker. NA-B stated the original plan was to make a power point, "I didn't think it was necessarily funny, I guess it was made more to shed light on the issue and make it humorous to a degree." NA-B stated he had created the power point presentation the evening of the gathering after people had been there and after he had "quite a few drinks and was pretty intoxicated." NA-B stated he used resident pictures off the facility's Facebook page. NA-B indicated he thought the</p>	F 600			

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F 600	<p>Continued From page 10</p> <p>title of the presentation was "Predators of Sure." NA-B indicated the slide with R1 had bullet points about his behavior that were probably rude, however, did not think the bullet points were visible on the presentation. NA-B indicated on 11/12/21, he got a phone call from facility administration, and gave a written statement and received coaching/counseling. NA-B stated his next scheduled shift was the following Monday and when he showed up for work the facility had terminated him. NA-B stated, "I think the families would be relieved to know that the person responsible was no longer working there at least, it was a bad situation, and they would not be happy about it." NA-B stated it was pretty rude and a mean thing to do and "I do regret it though 100%"</p> <p>NA-B's written statement on 11/12/21, included the following: "I in poor judgement made a power point that was to be a joke while we were all drinking. It was in bad taste and I crossed a line as well. As someone who takes care of these people I failed to protect them on my own accord. For that I am deeply sorry. I regret my actions and take full responsibility for themI made the power point after inviting people over and after all of us had lots to drink ...I put the power point up to get a few laughs. I then posted a few pictures and videos to what I thought was my private story on Snapchat but instead I put it on my main story. I meant to only show [sic] but I put resident pictures in the videos as well ..."</p> <p>During an interview on 11/17/21, at 1:30 p.m. family member (FM)-A stated they had not been notified R1's picture had been shared over social media. Surveyor informed FM-A of the content of the video pertaining to R1. FM-A indicated they</p>	F 600			

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F 600	<p>Continued From page 11</p> <p>had not given permission for R1's photo to be used in that manner and was not something that was approved of.</p> <p>During an interview on 11/17/21, at 2:27 p.m. NA-F stated there was a group of co-workers that were going to hang out at NA-B's place on 11/11/21 and there was an idea for a power point presentation night. NA-F indicated the presentation was supposed to be super lighthearted. NA-F stated, "We were all in the living room talking about something random and then all of sudden there was this power point on the screen." NA-F stated she only remembered R2's face on the power point and did not remember what other residents were shown. NA-F indicated the power point made her feel uncomfortable and tried to start a different conversation.</p> <p>NA-F's written statement on 11/12/21, included the following: "Last night on 11/11 myself [names of staff] all got together to hang out and a power point was presented that was using harsh and violent words with residents on it. I did not make this power point or know that it would be containing the things it did. Although I did not create or have a part in the PowerPoint, I was still in the living room. I personally wouldn't have put myself in the situation if I would have known that was what would have been shown and not lighthearted things that don't involve the residents. I got caught up in the moment being with my coworkers and I should have spoken up about how that kind of behaviors is unacceptable towards the people we are supposed to love and care for. Instead tried to avoid the presentation by going on my phone or trying to start a different conversation. I understand the severity of the</p>	F 600			

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F 600	<p>Continued From page 12 situation and that I should have spoken up about it."</p> <p>During an interview on 11/17/21, at 3:45 p.m. R2 stated he had not been informed his photo had been used on social media. R2 stated it was ok to have his picture on the facility's Facebook page, however, felt violated someone posted a picture on social media without having his permission. R2 stated his was a Christian and would forgive and forget and tomorrow was another day.</p> <p>During an interview on 11/17/21, at 4:15 p.m. FM-B stated the facility had not been aware R1's photo had been shared on social media. FM-B stated he did not think it was appropriate and expressed disappointment that had happened.</p> <p>During an interview on 11/17/21, at 4:30 p.m. FM-C stated an unawareness that R2's picture was used on social media, was not going to make a big deal about it and could see how something like that could happen. FM-C stated she did feel the same way as R2.</p> <p>The following interviews are from staff that wished to remain anonymous for fear of reprisal from facility peer(s) and/or facility administration. The staff identifiers and time of interviews were intentionally omitted.</p> <p>During an interview on 11/17/21, (time intentionally omitted) an unidentified facility employee (UFE)-A indicated they had not attended NA-B's social gathering, however, had become aware of the presentation when LPN-B showed them the presentation while working their scheduled shift at the facility prior to NA-B's social gathering. UFE-A stated they were shocked in</p>	F 600			

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F 600	<p>Continued From page 13</p> <p>what they saw and could not believe it, it was very demeaning and not at all funny. UFE-A stated the presentation was called Predators of Sauer with [name of administrator] and contents included the article from the news about when the facility had COVID. UFE-A stated LPN-A showed the slides that had R1 in it and talked about how he was a pervert and most likely to assault an aide, for R2 it talked about sexual behaviors, for R3 it talked about a pornography collection, for R4, it talked about how R4 was most likely to pay for sex, and R5 how he was most likely to die alone. UFE-A indicated there were also several staff members in the presentation that were referred to. UFE-A indicated they did not report to administration at the time because they did not have any evidence and planned to talk with trusted co-workers on how this could be brought up the next day. UFE-A indicated the residents, and the families would be very disappointed and devastated if they found out about the power point and that a portion was shared over social media.</p> <p>During an interview on 11/17/21, (time intentionally omitted) UFE-C stated they were at NA-B's social gathering. UFE-C stated when they were called in by administration on 11/12/21, they gave a written statement, however, needed to recant the statement and set the record straight because it was not accurate. UFE-C stated NA-B had not created the power point, that another staff member had, and it had been determined by the group including NA-B that he would take full responsibility to protect the other's future. UFE-C stated there were some gaps in their written statement "because I didn't know what was being said about it [by the other staff at the gathering]." UFE-C stated everyone else at the gathering made the same statement; the statement being</p>	F 600			

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F 600	<p>Continued From page 14</p> <p>we just went over to the gathering and NA-B made the presentation for the group.</p> <p>During an interview on 11/18/21, at 9:20 a.m. R1 stated he was quite aware of what social media was and how it worked. R1 stated the facility had not been informed him his picture was shared on Snapchat. R1 stated, "That's not right, that's wrong, they [facility staff] can't do that can they? they shouldn't have done that, I hope nothing bad was in there."</p> <p>On 11/18/21, at 11:32 a.m. dietary assistant (DA)-A was called, however, was not available. DA-A returned call on 11/18/21, at 1:31 p.m. DA-A indicated she lived with NA-B and was at the social gathering on 11/11/21. DA-A indicated prior to the social gathering R1 had sexually assaulted one of her co-workers and thought that is what had prompted the idea of the power point presentation. DA-A indicated NA-B had created the presentation and presented the presentation at the gathering, however, did not know when. NA-B had made it and stated she had not seen it prior to the party. DA-A indicated the content of this power point was Predators of Sauer. DA-A stated, "Bullet points associated with the residents and staff were rude and inflammatory and not in good taste, although I don't remember what the points were exactly." DA-A stated the group was making fun of R1's sexually based behaviors and was put in the power point because of his behaviors. DA-A indicated R2 was included in the presentation because "he can be kind of gross, he stalked a CNA [certified nursing assistant]." DA-A stated she was not aware NA-B had made a video and was informed of the video the next morning by NA-B after he had gotten a call from the director of nursing. DA-A indicated</p>	F 600			

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F 600	<p>Continued From page 15 on 11/12/21, she had to have a meeting with administration, received coaching/counseling and education.</p> <p>Dietary assistant (DA)-A's written stated dated 11/12/21, included "[NA-B] and I had friends over and we drank. After a few hours and being intoxicated [NA-B] brought out a power point for us to look at. People included [names of staff at gathering] Even though I was under the influence I understand the severity of the issue and the harm it caused. I should have stepped up to say something and did not and I am extremely apologetic."</p> <p>Facility Social Media Policy dated 8/2016, included POLICY: social media includes all means of communicating or posting information or content of any sort on the internet including to your own or another person's web log, blog, journal, diary, personal website, social networking, web bulletin board, chat rooms, or any other form of electronic communication.</p> <p>Facility Vulnerable Adult Policy dated 2/18/21, included Definitions: "Abuse" means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish." "It includes the deprivation of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Also, verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology." "Mental Abuse" includes but not limited to, humiliation, harassment, threats of punishment or deprivation.</p>	F 600			

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F 600	<p>Continued From page 16</p> <p>"Mistreatment" is inappropriate treatment or exploitation of a resident.</p> <p>"Social media" Nursing home staff, residents, and visitors are prohibited from taking or using photographs or recordings in any manner that would demean or humiliate a resident(s). This would include using any type of equipment to take, keep, or distribute photographs on social media.</p> <p>"Willful" means the individual must have acted deliberately, not that he/she must have intended to inflict injury or harm.</p> <p>The past non-compliance IJ began on 11/11/21, was removed on 11/12/21, when the facility implemented a systemic plan that included the following actions:</p> <ol style="list-style-type: none"> 1) The facility protected residents by ensuring staff involved did not have contact with residents until the completion of the investigation. 2) Ensure the video that was shared via social media was removed and deleted along with the power point presentation in the video. 3) Once the investigation was completed: person responsible for sharing the video was terminated, and the LPN involved was reported to State Board of Nursing. Staff involved were provided with individual coaching/counseling in addition to completing education pertaining to resident rights and facility policies pertaining to social media and vulnerable adults. 4) All facility staff were provided with immediate education pertaining to VA policy, specifically related to social media. 	F 600			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
December 8, 2021

Administrator
Sauer Health Care
1635 West Service Drive
Winona, MN 55987

Re: Event ID: PZWX11

Dear Administrator:

The above facility survey was completed on November 18, 2021 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, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poepping@state.mn.us

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00705	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/18/2021
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2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>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 11/17/21 and 11/18/21, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found IN compliance with the MN State Licensure.</p> <p>The following complaint was found to be</p>	2 000		

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

TITLE

(X6) DATE

Electronically Signed

Minnesota Department of Health

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2 000	Continued From page 1 SUBSTANTIATED: H55102035C (MN00078504), however NO licensing orders were issued. The Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. 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.	2 000		