



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

September 22, 2021

Administrator
Aitkin Health Services
301 Minnesota Avenue South
Aitkin, MN 56431

RE: CCN: 245119
Cycle Start Date: July 28, 2021

Dear Administrator:

On August 23, 2021, we notified you a remedy was imposed. On September 21, 2021 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 September 13, 2021.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective October 28, 2021 did not go into effect. (42 CFR 488.417 (b))

In our letter of August 11, 2021, 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 October 28, 2021 due to denial of payment for new admissions. Since your facility attained substantial compliance on September 13, 2021, 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 Therefore, the NATCEP prohibition is rescinded.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 'Joanne Simon', with a long horizontal line extending to the right.

Joanne Simon, Enforcement Specialist
Minnesota Department of Health
Program Assurance Unit
Health Regulation Division
Telephone: 651-201-4161 Fax: 651-215-9697
Email: joanne.simon@state.mn.us
cc: Licensing and Certification File



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August 23, 2021

Administrator
Aitkin Health Services
301 Minnesota Avenue South
Aitkin, MN 56431

RE: CCN: 245119
Cycle Start Date: July 28, 2021

Dear Administrator:

On August 11, 2021, we informed you that we may impose enforcement remedies.

On August 10, 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 Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective October 28, 2021

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective October 28, 2021. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective October 28, 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 October 28, 2021, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, Aitkin Health Services will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from October 28, 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 January 28, 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:

Aitkin Health Services

August 23, 2021

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Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: https://mdhprovidercontent.web.health.state.mn.us/lrc_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

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

Feel free to contact me if you have questions.

Sincerely,



Joanne Simon, Enforcement Specialist
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: 651-201-4161 Fax: 651-215-9697
Email: joanne.simon@state.mn.us

cc: Licensing and Certification File

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

PRINTED: 09/03/2021
FORM APPROVED
OMB NO. 0938-0391

| | | | | | |
|---|---|---|---|----------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245119 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 08/10/2021 |
| NAME OF PROVIDER OR SUPPLIER AITKIN HEALTH SERVICES | | | STREET ADDRESS, CITY, STATE, ZIP CODE 301 MINNESOTA AVENUE SOUTH AITKIN, MN 56431 | | |
| (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 8/10/21, a standard abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was found to be NOT IN compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. The following complaints were found to be SUBSTANTIATED: H5119020C (MN75514), with a deficiency sited at F689. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of the CMS-2567 form. Although no plan of correction is required, the facility must acknowledge receipt of the electronic documents. | F 000 | | | |
| F 689 SS=D | Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to ensure the care plan was followed to ensure safe transfers for 1 of 3 residents (R1) who was reviewed for accidents. Findings include: R1's Face Sheet dated 8/10/21, indicated R1's diagnoses included chronic diastolic congestive | F 689 | The facility must ensure that the resident's care plan is being followed. R1's care plan will be reviewed to make sure that it is current with fall interventions and transferring. Nursing Assistants will be educated on how R1 is to be transferred. All residents have the potential to fall by not having their care plan followed. The | 9/13/21 | |

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

TITLE

(X6) DATE
08/25/2021

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

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| F 689 | <p>Continued From page 1</p> <p>heart failure, chronic kidney disease, essential hypertension, orthostatic hypotension and depression.</p> <p>R1's care plan dated 3/1/19, indicated R1 was at risk for falls related to impaired mobility and a history of falls. The care plan directed to transfer R1 using the EZ stand (a mechanical lift used to lift the resident to a standing position) and the assistance of two staff. The care plan further directed to secure all EZ straps tightly, watch for hypotensive episodes when standing and sit back down if noted.</p> <p>On 8/4/21, a facility investigation indicated at 9:15 a.m. nursing assistant (NA)-C was alone transferring R1 to bed with the EZ stand. The EZ stand chest belt was not tightened and the leg belt was not latched at all. R1 experienced a syncope episode (sudden drop in blood pressure) and R1 slipped out of the EZ stand resulting in a fall to the floor. The director of nursing (DON) spoke with NA-C who admitted to not following R1's care plan. NA-C stated he was transferring R1 with one assist and did not have the leg strap attached. Licensed practical nurse (LPN)-B on duty at the time, stated the upper chest strap was also noted to not be tightened appropriately. Action taken to prevent reoccurrence to the subjected resident included the NA care sheet was updated to specifically include the use of leg strap on lift during transfers. NA-C was offered and accepted early self-termination as NA-C had put in his termination notice prior to incident. R1 was not injured.</p> <p>NA-C's employee training record indicated on 7/25/19, indicated NA-C was trained on using the EZ stand. NA-C performed the EZ stand</p> | F 689 | <p>DON or designee will look at all falls that occurred from 8/10/21 to ensure that the care plan was being followed and that the care plan is up to date.</p> <p>The DON or designee will re-educate nursing staff on fall prevention policy and the importance to follow and know the residents care plan. The DON or designee will also review/revise the Mechanical lift policy and re-educate nursing staff.</p> <p>The DON or designee will do audits on how residents are transferred and that it follows the resident's care plan. 3x/week for 4 weeks, 2x/week for 4 weeks, and 1x/week for 4 weeks. Findings will be brought to QAPI for further recommendations for ongoing monitoring.</p> | | |

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

PRINTED: 09/03/2021
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245119 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 08/10/2021 |
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| NAME OF PROVIDER OR SUPPLIER AITKIN HEALTH SERVICES | | | STREET ADDRESS, CITY, STATE, ZIP CODE 301 MINNESOTA AVENUE SOUTH AITKIN, MN 56431 | | |
| (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 689 | <p>Continued From page 2 procedure and demonstrated compliance.</p> <p>On 8/10/21, at 12:50 p.m. R1 was observed in his room sitting up in the wheel chair. R1 stated he did not remember what happened during the fall from the EZ stand. R1 still used the EZ stand to transfer and there were always two staff. R1 further stated he had had only had one fall from the EZ stand.</p> <p>On 8/10/21, at 1:10 p.m. NA-A and LPN-A was observed during a transfer using the EZ stand. NA-A placed the resident's feet on the platform and secured the strap around the resident's lower legs. NA-A applied the lift sling behind the resident's back, under the resident's arms, hooked the straps to the sling and secured the front strap. LPN-A noticed the safety clip on the handle was missing and directed to use another EZ stand. NA-A and LPN-A disconnected the resident from the EZ lift and reconnected the resident to a different EZ stand using the correct procedure. The resident was then transferred to the toilet and then onto the bed. LPN-A stated she would take the lift to maintenance for repair.</p> <p>On 8/10/21, at 1:50 p.m. the DON stated the care plan always directed to transfer R1 with the EZ stand and two staff. NA-C chose to not secure all the straps and transferred R1 by himself. NA-C also did not have his group sheet on him or look at it. The care plan had not changed and NA-C chose not to follow it. The DON would expect staff to carry their group sheets on them and review it prior to providing care for each resident. The DON repeated NA-C admitted to not securing the straps, did not follow the care plan or carry and look at the group sheets and transferred R1 by himself.</p> | F 689 | | | |

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| F 689 | Continued From page 3 On 8/10/21, at 1:52 p.m. R1's family representative (FR)-A stated R1 had blacked out in the past due to his blood pressure dropping but this was the first time R1 had fallen from the EZ stand. On 8/10/21, at 2:00 p.m. registered nurse (RN)-A stated she talked to the NAs and sent an email on 8/3/21, about carrying the NA sheets on them. RN-A then checked to ensure the NAs were carrying their group sheets. The facility's Mechanical Lift policy undated, indicated resident safety, dignity, comfort and medical condition would be incorporated into goals and decisions regarding the safe lifting and moving of residents. | F 689 | | | |



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
August 23, 2021

Administrator
Aitkin Health Services
301 Minnesota Avenue South
Aitkin, MN 56431

Re: State Nursing Home Licensing Orders
Event ID: 6JQI11

Dear Administrator:

The above facility was surveyed on August 10, 2021 through August 10, 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.

Aitkin Health Services

August 23, 2021

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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,



Joanne Simon, Enforcement Specialist
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: 651-201-4161 Fax: 651-215-9697
Email: joanne.simon@state.mn.us

cc: Licensing and Certification File

Minnesota Department of Health

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00002 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 08/10/2021 |
|--|--|---|---|

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|---|---|
| NAME OF PROVIDER OR SUPPLIER AITKIN HEALTH SERVICES | STREET ADDRESS, CITY, STATE, ZIP CODE 301 MINNESOTA AVENUE SOUTH AITKIN, MN 56431 |
|---|---|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|--|---------------|---|--------------------|
|--------------------|--|---------------|---|--------------------|

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|-------|--|-------|--|--|
| 2 000 | <p>Initial Comments</p> <p>*****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 8/10/21, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT IN found in compliance with the MN State Licensure.</p> <p>The following complaint was found to be</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 08/25/21 |
|--|-------|------------------------------|

Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00002 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 08/10/2021 |
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|---|---|
| NAME OF PROVIDER OR SUPPLIER AITKIN HEALTH SERVICES | STREET ADDRESS, CITY, STATE, ZIP CODE 301 MINNESOTA AVENUE SOUTH AITKIN, MN 56431 |
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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 | Continued From page 1 SUBSTANTIATED: H5119020C (MN75514) with a deficiency sited at 0830. 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 | | |
| 2 830 | MN Rule 4658.0520 Subp. 1 Adequate and Proper Nursing Care; General Subpart 1. Care in general. A resident must receive nursing care and treatment, personal and custodial care, and supervision based on individual needs and preferences as identified in the comprehensive resident assessment and plan of care as described in parts 4658.0400 and 4658.0405. A nursing home resident must be out of bed as much as possible unless there is a written order from the attending physician that the resident must remain in bed or the resident prefers to remain in bed. This MN Requirement is not met as evidenced by: Based on observation, interview, and document review, the facility failed to ensure the care plan was followed to ensure safe transfers for 1 of 3 residents (R1) who was reviewed for accidents. Findings include: | 2 830 | Corrected | 9/13/21 |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00002 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 08/10/2021 |
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| 2 830 | <p>Continued From page 2</p> <p>R1's Face Sheet dated 8/10/21, indicated R1's diagnoses included chronic diastolic congestive heart failure, chronic kidney disease, essential hypertension, orthostatic hypotension and depression.</p> <p>R1's care plan dated 3/1/19, indicated R1 was at risk for falls related to impaired mobility and a history of falls. The care plan directed to transfer R1 using the EZ stand (a mechanical lift used to lift the resident to a standing position) and the assistance of two staff. The care plan further directed to secure all EZ straps tightly, watch for hypotensive episodes when standing and sit back down if noted.</p> <p>On 8/4/21, a facility investigation indicated at 9:15 a.m. nursing assistant (NA)-C was alone transferring R1 to bed with the EZ stand. The EZ stand chest belt was not tightened and the leg belt was not latched at all. R1 experienced a syncope episode (sudden drop in blood pressure) and R1 slipped out of the EZ stand resulting in a fall to the floor. The director of nursing (DON) spoke with NA-C who admitted to not following R1's care plan. NA-C stated he was transferring R1 with one assist and did not have the leg strap attached. Licensed practical nurse (LPN)-B on duty at the time, stated the upper chest strap was also noted to not be tightened appropriately. Action taken to prevent reoccurrence to the subjected resident included the NA care sheet was updated to specifically include the use of leg strap on lift during transfers. NA-C was offered and accepted early self-termination as NA-C had put in his termination notice prior to incident. R1 was not injured.</p> <p>NA-C's employee training record indicated on 7/25/19, indicated NA-C was trained on using the</p> | 2 830 | | |

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| 2 830 | <p>Continued From page 3</p> <p>EZ stand. NA-C performed the EZ stand procedure and demonstrated compliance.</p> <p>On 8/10/21, at 12:50 p.m. R1 was observed in his room sitting up in the wheel chair. R1 stated he did not remember what happened during the fall from the EZ stand. R1 still used the EZ stand to transfer and there were always two staff. R1 further stated he had had only had one fall from the EZ stand.</p> <p>On 8/10/21, at 1:10 p.m. NA-A and LPN-A was observed during a transfer using the EZ stand. NA-A placed the resident's feet on the platform and secured the strap around the resident's lower legs. NA-A applied the lift sling behind the resident's back, under the resident's arms, hooked the straps to the sling and secured the front strap. LPN-A noticed the safety clip on the handle was missing and directed to use another EZ stand. NA-A and LPN-A disconnected the resident from the EZ lift and reconnected the resident to a different EZ stand using the correct procedure. The resident was then transferred to the toilet and then onto the bed. LPN-A stated she would take the lift to maintenance for repair.</p> <p>On 8/10/21, at 1:50 p.m. the DON stated the care plan always directed to transfer R1 with the EZ stand and two staff. NA-C chose to not secure all the straps and transferred R1 by himself. NA-C also did not have his group sheet on him or look at it. The care plan had not changed and NA-C chose not to follow it. The DON would expect staff to carry their group sheets on them and review it prior to providing care for each resident. The DON repeated NA-C admitted to not securing the straps, did not follow the care plan or carry and look at the group sheets and transferred R1 by himself.</p> | 2 830 | | |

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| 2 830 | <p>Continued From page 4</p> <p>On 8/10/21, at 1:52 p.m. R1's family representative (FR)-A stated R1 had blacked out in the past due to his blood pressure dropping but this was the first time R1 had fallen from the EZ stand.</p> <p>On 8/10/21, at 2:00 p.m. registered nurse (RN)-A stated she talked to the NAs and sent an email on 8/3/21, about carrying the NA sheets on them. RN-A then checked to ensure the NAs were carrying their group sheets.</p> <p>The facility's Mechanical Lift policy undated, indicated resident safety, dignity, comfort and medical condition would be incorporated into goals and decisions regarding the safe lifting and moving of residents.</p> <p>SUGGESTED METHOD OF CORRECTION: The DON or designee could develop, review, and/or revise policies and procedures related to staff transferring residents safely and as directed by the care plan. The DON or designee could educate all appropriate staff on the policies and procedures. The DON or designee could develop monitoring systems to ensure ongoing compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p> | 2 830 | | |