



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically delivered  
March 1, 2024

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

RE: CCN: 245119  
Cycle Start Date: December 21, 2023

Dear Administrator:

On January 19, 2024, we notified you a remedy was imposed. On February 26, 2024 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 February 16, 2024.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective March 21, 2024 did not go into effect. (42 CFR 488.417 (b))

In our letter of January 19, 2024, 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 March 21, 2024 due to denial of payment for new admissions. Since your facility attained substantial compliance on February 16, 2024, 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 Therefore, the NATCEP prohibition is rescinded.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 that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing  
Minnesota Department of Health  
Health Regulation Division  
Telephone: (651) 201-4112  
Email: [Kamala.Fiske-Downing@state.mn.us](mailto:Kamala.Fiske-Downing@state.mn.us)



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January 19, 2024

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

RE: CCN: 245119  
Cycle Start Date: December 21, 2023

Dear Administrator:

On January 5, 2024, we informed you that we may impose enforcement remedies.

On January 12, 2024, 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 March 21, 2024

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective March 21, 2024. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective March 21, 2024.

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 \$11,995, 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 March 21, 2024, 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 March 21, 2024. 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" and/or an "E" tag), i.e., the plan of correction should be directed to:

Susie Haben, Rapid Response  
Licensing and Certification Program  
Health Regulation Division  
Minnesota Department of Health  
Midtown Square  
3333 Division Street, Suite 212  
Saint Cloud, Minnesota 56301-4557  
Email: susie.haben@state.mn.us  
Office: (320) 223-7356 Mobile: (651) 230-2334

#### **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 June 21, 2024 (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:

[Steven.Delich@cms.hhs.gov](mailto:Steven.Delich@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  
202-795-7490**

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 Steven Delich, Program Representative at (312) 886-5216. Information may also be emailed to [Steven.Delich@cms.hhs.gov](mailto:Steven.Delich@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

January 19, 2024

Page 5

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://forms.web.health.state.mn.us/form/NHDisputeResolution>

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](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  
Minnesota Department of Health  
Health Regulation Division  
Telephone: (651) 201-4112  
Email: [Kamala.Fiske-Downing@state.mn.us](mailto:Kamala.Fiske-Downing@state.mn.us)

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

PRINTED: 02/07/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245119</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/12/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AITKIN HEALTH SERVICES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>301 MINNESOTA AVENUE SOUTH</b> <b>AITKIN, MN 56431</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>On 1/10/24 through 1/12/24, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.</p> <p>The following complaints were reviewed during the survey:</p> <p>H51197728C (MN95705),</p> <p>H51197620C (MN95707),</p> <p>H51197729C (MN91363).</p> <p>As a result of the investigation, additional deficiencies were cited at F740 and F758.</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance.</p> <p>Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.</p>	F 000		
F 740 SS=D	<p><b>Behavioral Health Services</b></p> <p>CFR(s): 483.40</p> <p>§483.40 Behavioral health services. Each resident must receive and the facility must</p>	F 740		2/16/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <b>Electronically Signed</b>	TITLE	(X6) DATE <b>01/29/2024</b>
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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 740	<p>Continued From page 1</p> <p>provide the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Behavioral health encompasses a resident's whole emotional and mental well-being, which includes, but is not limited to, the prevention and treatment of mental and substance use disorders.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review, the facility failed to develop a trauma informed care plan as well as establish mental health services in a timely manner for 1 of 3 residents (R2), which had the potential for psychosocial harm.</p> <p>Findings include:</p> <p>R2's quarterly minimal data set (MDS) dated 10/13/23, identified R2 had diagnoses which included multiple sclerosis, anxiety disorder and depression. R2's mood interview revealed R2 had moderate signs and symptoms of depression, including feeling down and thoughts of being better off dead or hurting self nearly every day.</p> <p>R2' Trauma-Informed Care assessment dated 10/13/23, revealed she had experienced mental, physical, and emotional abuse from past husbands and the most difficult time in R2's life was when her son and boyfriend died. R2 stated "now I am sad all the time". Further, assessment indicated talking helps her when she is feeling anxious, angry, or sad and stated she did not have any support persons to help.</p> <p>R2 care plan dated 1/10/24, indicated R2 received antidepressant medication (mirtazapine</p>	F 740	<p>R2 did have mental health service appointments arranged in a timely manner, however due to staff turnover, the appointments were not attended by the resident. R2 has now been scheduled mental health appointments per medical provider orders.</p> <p>AHS will ensure that all residents receive Behavior Health Services, including Mental Health Services and Trauma Informed Care Plans, are assessed for and provided in a timely manner. Care Planning of resident centered behavioral health approaches and goals will be completed in response to the admission screening of when identified on periodic resident assessments. Care plan goals &amp; approaches will include individual preferences and routines in response to the emotional &amp; psychosocial needs of the resident survivor and to provide the reside with mental health services in a timely manner and according to medical provider orders.</p> <p>The policies for Behavioral Crisis, Physician Services and Trauma Informed</p>	

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F 740	<p>Continued From page 2</p> <p>and duloxetine) related to diagnosis of major depressive episodes exhibited by manipulative behaviors. Interventions included in R2's care plan were administering antidepressant per provider order and observe for side effects, complete PHQ9 quarterly and as needed, make referrals as needed for behaviors, monitor me for psychological changes and offer support services as needed, monitor my mood and response to medication, and offer activities. R2's care plan lacked evidence of information gathered from Trauma-Informed Care assessment and interventions to alleviate any re-traumatization.</p> <p>R2's Aitkin Health Services Progress Noted dated 8/22/23, indicated R2 was "teary", and she understands she had been through a lot and had some mental health issues she needed to work through. Physician suggested counseling as well to work through a lot of R2's grief and loss surrounding death of loved ones and her declining health status. Further, progress note indicated physician wrote an order for psych services two weeks ago and had asked the nurse manager to follow up.</p> <p>R2's physician orders revealed on 9/22/23, an order was written as OK to refer to Northern Pines for counseling services due to advanced multiple sclerosis associated depression and anxiety. R2's record lacked evidence this order was completed.</p> <p>R2's Aitkin Health Services Progress Note dated 11/28/23, indicated R2 was recently evaluated by psychologist and R2 had expressed desire to die at that appointment and was placed on suicide precautions with every 30-minute checks. R2 was hopeful that reestablishing with psych services</p>	F 740	<p>Care were reviewed and no changes were required. A new process has been established to review new or current residents in need of a Trauma Informed Care Plans, the need for behavioral health services, and the with current Trauma Informed Care Plans and current Behavioral Health Services during morning Leadership Meeting and IDT. The team will address the follow-up on new mental health orders to ensure that the appointments have been made and are scheduled on the Resident Appointment Calendar. Residents expressing suicidal ideation will be assessed using the Behavioral Crisis policy and Suicide Assessment tool.</p> <p>Education has been provided to all licensed nursing staff on the process of Behavioral health services including the suicide assessment tool, mental health care &amp; trauma informed care.</p> <p>The DON or designee will audit all new admissions for one month to identify any residents in need of Trauma Informed Care Plans. If 100%, will refer to QAPI for further audit direction.</p> <p>DON or designee will audit quarterly assessments for one month to identify any residents in need of Trauma Informed Care Plans. If 100%, will refer to QAPI for further audit direction.</p> <p>DON or designee will audit physician progress notes for any resident ideation of</p>	

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F 740	<p>Continued From page 3 will provide some benefit with mood stabilization.</p> <p>On 1/11/24 at 9:57 a.m. R2 stated she was feeling "OK" and did cry "at first". R2 stated psych services were started and she had been completing sessions virtually and feels they are effective and "helping".</p> <p>On 1/11/24 at 3:29 p.m. director of nursing (DON) indicated R2's physician wrote an order for psych services through a company who did not have any availability to see her. DON stated R2's psych services were set up by a previous employee, which current staff was not aware until the company reached out to DON and was able to reschedule R2's services started on 11/21/23. In addition, DON stated trauma informed care should also be on each resident's care plan.</p> <p>Review of facility policy Trauma Informed Care revised 9/11/23, revealed the facility would ensure residents who were trauma survivors receive culturally competent, trauma informed care and guide staff to eliminate or mitigate triggers that may cause re-traumatization of the resident. Further, care planning of resident centered behavioral health approaches and goals will be completed in response to the screening or when identified on periodic assessment of resident survivor. The care plan goals and approaches will include individual preferences and routines in response to the emotional and psychosocial needs of the resident survivor.</p>	F 740	Trauma or suicide for one month to ensure proper assessments & care plan completion. If 100%, will refer to QAPI for further audit direction.	
F 758 SS=D	<p>Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5)</p> <p>§483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that</p>	F 758		2/16/24

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F 758	<p>Continued From page 4</p> <p>affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories:</p> <ul style="list-style-type: none"> <li>(i) Anti-psychotic;</li> <li>(ii) Anti-depressant;</li> <li>(iii) Anti-anxiety; and</li> <li>(iv) Hypnotic</li> </ul> <p>Based on a comprehensive assessment of a resident, the facility must ensure that---</p> <p>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p>	F 758		

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F 758	<p>Continued From page 5</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure nonpharmacological interventions were care planned, attempted, and recorded before the administration of PRN (as needed) psychotropic medication for 1 of 3 residents (R3) who were reviewed. In addition, the facility failed to ensure residents prescribed psychotropic medications were monitored for target behaviors for 2 of 3 residents (R2, R3) reviewed.</p> <p>Findings include:</p> <p>R3's admission Minimal Data Set (MDS) dated 2/14/23, indicated R1 had a diagnosis of anxiety and was cognitively intact. R3 did not exhibit any behaviors.</p> <p>R3's medication administration record dated March 2023, indicated R3 could utilize alprazolam (Xanax) 0.25 milligram PRN after scheduled nighttime dose and before 3:00 a.m., which R3 received 17 times in March. R3's record lacked evidence of non-pharmacological interventions attempted prior to administering PRN medication.</p> <p>R3's Psychoactive Medication Informed Consent Form dated 2/9/23, revealed R3 had an order for Xanax and reason for use of psychoactive medication was diagnosis of unspecified mood disorder related to claustrophobia and anxiety. Further, document indicated for PRN medication</p>	F 758	<p>AHS will ensure that non-pharmacological interventions are care planned, attempted and recorded before the administration of PRN psychotropic medication and residents prescribed psychotropic medications will be monitored for their target behaviors.</p> <p>All residents ordered psychotropic medications hae the potential to be affected by this deficient practice.</p> <p>R2 care plan has been updated to identify target behaviors of depressive episodes exhibited by tearfulness/crying an a history of suicidal ideation.</p> <p>R3 has discharged from the facility on 3/21/23.</p> <p>Education will be provided to all nursing staff regarding non-pharmacological interventions that are care planned, attempted, and recorded before administering any PRN psychotropic medication and the resident that is prescribed psychotropic medications will be monitored for their target behaviors. The nursing admission checklist has been revised to add in a checklist item for entering PRN psychotropic medications in</p>	

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F 758	<p>Continued From page 6</p> <p>non-pharmacological interventions to attempt prior to giving the PRN were one-to-ones, activities, TV, open door and leave room. R3's record lacked evidence these interventions were care planned, attempted, or recorded prior to being administered PRN medication.</p> <p>R3's care plan dated 1/10/24, indicated R3 was prescribed antianxiety medication related to anxiety and mood. Interventions included administer medications per provider orders, observe for side effects, address concerns, monitor mood and response to medication, observe for changes in behavior, and offer support. Further R3's care plan revealed R3 became anxious and suffers from anxiety and claustrophobia directing staff to explain all cares provided and R3 did not like to be alone for periods of time so take extra time with R3. R3's care plan lacked target behaviors R3 would exhibit when feeling anxious as well as person-centered non-pharmacological interventions to help alleviate anxious symptoms prior to administering R3's PRN medication.</p> <p>R3's Aitkin Health Services Progress Notes (Physician Notes) as follows:</p> <ul style="list-style-type: none"> <li>- On 2/16/23, R3 indicated he had been on Xanax for many years and thinks he was probably addicted to it.</li> <li>- On 2/21/23, other options for sleep were discussed with R3 who was adamant that his Xanax worked better than anything. Provider indicated Xanax was not the drug of choice in the elderly, but due to R3's long-standing use, will continue to monitor and see how R3 was doing with it's use. R3 stated significant history of claustrophobia which seemed to be his most bothersome issue, and R3's door was always left</li> </ul>	F 758	<p>the eMAR. This line item includes that the PRN will have a 14 day stop date entered into the eMAR. In addition it includes that the target behaviors for the PRN will be identified in the order and that the non-pharmacological interventions will be added into the care plan. The psychotropic medication policy was reviewed with no changes made. All nursing staff re-educated on the psychotropic medication policy.</p> <p>DON or designee will conduct random audits 3 times/week for 1 week, 2 times/week for 2 weeks, and weekly for 3 months. Results will be forwarded to QAPI for further audit recommendations.</p>	

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F 758	<p>Continued From page 7</p> <p>open. R3 was encouraged to be out in the dining room and activities as well to see if that would provide any benefit.</p> <ul style="list-style-type: none"> <li>- On 2/22/23, R3 did not appear to be anxious but continued to bring up claustrophobia when R3 would go to the dentist or the clinic, however R3 was not at the dentist or clinic, and R3 had a big window in his room and left the door open. R3 was offered Trazadone for sleep, however R3 declined and stated he was able to fall asleep but when he would wake up, he would get anxious and thought he needed to take something to fall back asleep and he prefers Xanax.</li> <li>- On 3/7/23, R3 was a former pharmacist and had admitted he was likely addicted to Xanax.</li> <li>- On 3/15/23, R3 had used Xanax for 20 plus years and admitted to the facility with orders for three times daily PRN dosing and was negotiated and agreed to scheduled dose in the evening and repeat PRN prior to 2:00 a.m. one time. This was effective for R3. R3 had significant amount of anxiety and would persevere on things but had been managing quite well.</li> </ul> <p>On 1/11/24 at 2:06 p.m., registered nurse (RN)-A stated licensed nursing staff were expected to attempt non-pharmacological interventions to relieve anxiety symptoms prior to giving a PRN anti-anxiety medication and most of the time a different approach was affective. Further, RN-A stated some non-pharmacological interventions staff could utilize would be providing a one-to-one and talking with the resident, offering to call family, weighted blanket, or oils and staff would chart what interventions were attempted prior and indicate the interventions were not effective and staff administered the PRN medication.</p> <p>On 1/11/24 at 2:55 p.m., licensed practical nurse</p>	F 758		

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F 758	<p>Continued From page 8</p> <p>(LPN)-A indicated licensed nursing staff were trained to recognize the signs on whether to administer a PRN medication and stated PRN medications were used "sparingly" if no other interventions were effective. Further, LPN-A stated if staff administered a PRN medication staff would be expected to document why the medication was given and what interventions were attempted prior to administering the medication in the resident's medical record which would typically be in a progress note.</p> <p>On 1/11/24 at 3:29 p.m., director of nursing (DON) indicated PRN psychotropic medications would be identified in the resident's care plan and licensed nursing staff would be expected to observe the resident and non-pharmacological interventions would be attempted such as offering activities, TV, radio, reading, one-to-ones, playing cards, weighted blankets, or anything to keep their mind occupied. DON confirmed there was no evidence of non-pharmacological interventions care planned, attempted, or recorded in R3's record. Further, DON stated R3 would show anxiety if his door to the room was closed and when R3 would request PRN anti-anxiety medication there were no signs or symptoms of anxiety.</p> <p>Review of facility policy titled Psychotropic Medications dated 9/11/23, revealed psychotropic medications included antianxiety and the care center supports the goal of determining the underlying cause of behavioral symptoms so the appropriate treatment of environmental, medical, behavioral interventions and psychopharmacological medications can be utilized to meet the needs of the individual resident. The policy lacked direction for licensed</p>	F 758		

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F 758	<p>Continued From page 9 nursing staff and the use of PRN medications.</p> <p>AND</p> <p>R2's quarterly minimal data set (MDS) dated 10/13/23, identified R1 had diagnoses which included multiple sclerosis, anxiety disorder and depression. R1's mood interview revealed R1 had moderate signs and symptoms of depression, including feeling down and thoughts of being better off dead or hurting self nearly every day.</p> <p>R2 care plan dated 1/10/24, indicated R1 received antidepressant medication (mirtazapine and duloxetine) related to diagnosis of major depressive episodes exhibited by manipulative behaviors. Interventions included in R2's care plan were administering antidepressant per provider order and observe for side effects, complete PHQ9 quarterly and as needed, make referrals as needed for behaviors, monitor me for psychological changes and offer support services as needed, monitor my mood and response to medication, and offer activities. R2's care plan lacked target behaviors of depressive episodes exhibited by tearfulness/crying and a history of suicidal ideation.</p> <p>R2's record lacked evidence of target behaviors being monitored for use of psychotropic medication.</p> <p>R3's admission Minimal Data Set (MDS) dated 2/14/23, indicated R1 had a diagnosis of anxiety and was cognitively intact. R3 did not exhibit any behaviors.</p> <p>R3's care plan dated 1/10/24, indicated R3 was prescribed antianxiety medication related to</p>	F 758		

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F 758	<p>Continued From page 10</p> <p>anxiety and mood. Further R3's care plan revealed R3 became anxious and suffers from anxiety and claustrophobia directing staff to explain all cares provided and R3 did not like to be alone for periods of time so take extra time with R3. R3's care plan lacked target behaviors, staff were expected to monitor, of what R3 would exhibit when feeling anxious.</p> <p>R3's record lacked evidence of target behaviors being monitored for use of psychotropic medication.</p> <p>On 1/11/24 at 12:45 p.m., nursing assistant (NA)-A stated R1 would exhibit symptoms of depression such as crying, tearful and had a history of suicidal ideation. NA-A stated behaviors were expected to be reported to the licensed nurse on duty to chart.</p> <p>On 1/11/24 at 1:44 p.m., NA-B stated R2 would exhibit behaviors such as crying and has made suicidal comments in the past. NA-B stated nursing assistants were expected to report behaviors observed to the licensed nurses.</p> <p>On 1/11/24 at 2:55 p.m., LPN-A stated R2 had depression that would come and go due to R2 having a lot of loss lately with people close to her. LPN-A stated R2 would exhibit crying/weeping, less interactions with people, and had a history of suicidal ideation when starting depressive episodes. LPN-A stated R2 was receiving antidepressant medications. LPN-A stated each resident receiving a psychotropic medication would be identified in their care plan along with target behaviors staff would be expected to be monitoring.</p>	F 758		

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F 758	<p>Continued From page 11</p> <p>On 1/11/24 at 3:29 p.m., DON stated R2 was receiving psychotropic medications (antidepressants) related to manipulative behaviors. Further, DON stated R2 had a lot of loss and was sad which she expressed through crying and emotion and would make statements of being sad as well as making a statement of suicidal ideation. DON was unsure why R2's care plan did not include these target behaviors for monitoring R2's antidepressant. Further, DON stated R3 was receiving antianxiety medication related to mood and staff were to observe for side effects and refer to behavior monitoring, however DON was unsure what behaviors R3 would exhibit when anxious. DON stated all psychotropic medications were expected to be care planned and monitored for specific behaviors.</p> <p>Review of facility policy titled Psychotropic Medications dated 9/11/23, revealed the resident's primary care physician would document the rationale and diagnosis for use and identify target behavior symptoms for the reason the medication was being utilized. Further, nursing would monitor for the presence of target behaviors daily, charting by exception and include specific target behaviors in the care plan.</p>	F 758		



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically delivered

January 19, 2024

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

Re: Event ID: LL4E11

Dear Administrator:

The above facility survey was completed on January 12, 2024 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 that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing  
Minnesota Department of Health  
Health Regulation Division  
Telephone: (651) 201-4112  
Email: [Kamala.Fiske-Downing@state.mn.us](mailto:Kamala.Fiske-Downing@state.mn.us)

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/12/2024</b>
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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;"><b>NH LICENSING CORRECTION ORDER</b></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 1/10/24 through 1/12/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was IN compliance with the MN State Licensure</p> <p>The following complaints were reviewed during</p>	2 000		
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <b>Electronically Signed</b>	TITLE	(X6) DATE <b>01/29/24</b>
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Minnesota Department of Health

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2 000	<p>Continued From page 1</p> <p>the survey:</p> <p>H51197728C (MN95705),</p> <p>H51197620C (MN95707),</p> <p>H51197729C (MN91363).</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software.</p> <p>The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.</p>	2 000		