DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
September 21, 2023

Administrator
Mille Lacs Health System
200 North Elm Street
Onamia, MN 56359

RE: CCN: 245127
Cycle Start Date: June 27, 2023

Dear Administrator:

On August 1, 2023, we notified you a remedy was imposed. On September 19, 2023 the Minnesota Department(s) of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of August 24, 2023.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective September 27, 2023 did not go into effect. (42 CFR 488.417 (b))

In our letter of July 12, 2023, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from September 27, 2023 due to denial of payment for new admissions. Since your facility attained substantial compliance on August 24, 2023, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, this does not apply to or affect any previously imposed NATCEP loss.

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

Feel free to contact me if you have questions.

Sincerely,

Kamala Fiske-Downing

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

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
July 12, 2023

Administrator
Mille Lacs Health System
200 North Elm Street
Onamia, MN 56359

RE: CCN: 245127
Cycle Start Date: June 27, 2023

Dear Administrator:

On June 27, 2023, a survey was completed at your facility by the Minnesota Departments of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

ELECTRONIC PLAN OF CORRECTION (ePoC)

Within **ten (10) calendar days** after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved.

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

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

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting

the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

DEPARTMENT CONTACT

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

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, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

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

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

occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

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

If substantial compliance with the regulations is not verified by September 27, 2023 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by December 27, 2023 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

INFORMAL DISPUTE RESOLUTION (IDR) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Nursing Home Informal Dispute Process
Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900

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

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

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

Feel free to contact me if you have questions.

Sincerely,

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

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July 12, 2023

Administrator
Mille Lacs Health System
200 North Elm Street
Onamia, MN 56359

Re: Event ID: P2B011

Dear Administrator:

The above facility survey was completed on June 27, 2023 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

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

Please feel free to call me with any questions.

Sincerely,

Kamala Fiske-Downing

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245127	A. BUILDING _____ B. WING _____	C 06/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLE LACS HEALTH SYSTEM	200 NORTH ELM STREET ONAMIA, MN 56359

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F 000	INITIAL COMMENTS On 6/22/23, 6/23/23, and 6/27/23, 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. The following complaints were reviewed during the survey: H51273026C (MN94608), H51273014C (MN94568), H51273065C (MN92279). AND The following complaint was reviewed: H51273092C (MN93105), with a deficiency issued at F684 and F755. 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.	F 000		

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

Electronically Signed | 07/20/2023

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

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F 000	Continued From page 1 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.	F 000		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to monitor antibiotic effectiveness for an upper respiratory infection (URI) for 1 of 4 residents (R4) reviewed for antibiotic use. Findings include: R4's annual Minimal Data Set (MDS) dated 3/29/23, indicated R4 had diagnoses which included shortness of breath, dementia and severely impaired cognition. R4's Progress Notes indicated: -On 4/24/24 at 2:21 a.m., Resident continued with antibiotics for URI with no adverse effects observed, occasionally productive cough, swallowed sputum, oxygen level was 93% on room air, and respirations regular and unlabored. In addition, no other shifts on 4/24/23 documented R4's condition.	F 684	Facility has completed training of staff to make sure all changes in condition are recorded under acute charting. To prevent this situation from happening, when a resident is placed on an antibiotic, they will be placed on acute charting. When residents are on acute charting, the nurse will be assessing for changes in condition, monitoring vitals, and assessing for any changes related to the diagnosis of symptoms indicated and appropriately communicating changes with physician. Specifically, the nurse will be documenting during the entire course of treatment why the resident is on the antibiotic, any adverse reactions to the antibiotic, duration of antibiotic, and have the signs and symptoms resolved. In order to mitigate further incidences of missed acute charting, facility is utilizing additional	7/20/23

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F 684	Continued From page 2 -On 4/25/23 at 3:12 a.m., resident has been resting with eyes closed, no complaints of pain, no behaviors noted this shift. At 2:20 p.m., resident was alert and awake, no complaints of pain or discomfort noted. No new concerns noted and will continue to monitor. Further, progress note lacked evidence of vitals such as oxygen lever, temperature, pulse, respirations, or lung sounds being obtained. -On 4/26/23 at 1:03 a.m., resident remains on antibiotics for URI with no adverse reactions observed or reported, occasional loose cough observed, and denied shortness of breath. Further, progress note lacked evidence of vitals such as oxygen level, temperature, pulse, respirations, or lung sounds being obtained. In addition, no other shifts on 4/26/23, documented R4's condition. -On 4/27/23 at 3:35 a.m., resident completed day four of Zithromax last evening. There have been no adverse reactions observed or reported. Resident was resting in bed with eyes closed and showed no indicators of acute distress at this time. Respirations were regular and unlabored on room air. Further, progress note lacked evidence of vitals such as oxygen level, temperature, pulse, respirations, and lung sounds being obtained. Review of Progress Notes revealed a lack of evidence vitals such as temperature, pulse, respirations, and lung sounds were obtained to determine effectiveness of antibiotic use. Progress notes were also only documented once daily on resident's condition versus every shift. During an interview on 6/27/23 at 11:14 a.m., licensed practical nurse (LPN)-D indicated staff were expected to document on resident's overall	F 684	resources through the skilled nursing facility EMR such as clinical alerts, adding vital signs to pharmacy orders, and utilizing EMR clinical dashboard to communicate medication order changes. These resources will allow for additional checks to make sure changes in condition are being accurately charted and monitored. Acute charting policy will indicate the changes and expectations of nursing personnel related to acute charting.	

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F 684	Continued From page 3 condition every shift if resident had an infection and was receiving antibiotics. Further, LPN-D indicated staff were expected to obtain a vital sign every shift which included oxygen level, respirations, pulse, temperature, and lung sounds and document the vitals in the resident's record. During an interview on 6/27/23 at 11:53 a.m., registered nurse (RN)-D indicated staff were expected to monitor respiratory infections every shift by charting on the resident's condition and obtaining vitals that included temperature, respirations, blood pressure, and oxygen level and document in the resident's record. During an interview on 6/27/23 at 12:21 p.m., LPN-C indicated staff were expected to monitor respiratory infections and antibiotic effectiveness every shift by charting in the resident's record on resident's condition, symptoms displayed, any reactions, and vital signs were to be obtained. During an interview on 6/27/23 at 2:18 p.m., RN-B indicated staff were expected to monitor respiratory infections by charting in the resident's record every shift on resident's condition and obtain vital signs. RN-B confirmed R4's record lacked evidence staff were monitoring R4's respiratory infection every shift and obtaining vital signs. In addition, RN-B stated monitoring respiratory infection per facility policy would be important to determine if the resident was improving or declining. During an interview on 6/27/23 at 2:49 p.m., director of nursing (DON) stated staff were expected to monitor respiratory infections and antibiotic effectiveness every shift by completing Acute Care Charting on the resident's condition	F 684		

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F 684	Continued From page 4 and obtain vital signs such as temperature, respiratory status, lung sounds, and oxygen level as well as any adverse reactions of the antibiotic. DON stated the importance of monitoring would be to ensure the resident was receiving the correct antibiotic and determining if the antibiotic was effective or if symptoms have worsened and being able to address the concerns with the physician. Review of facility procedure titled Charting Guidelines, not dated, directed staff for acute charting, vitals signs were to be obtained every shift, document reason they are on charting (cold symptoms), any assessments or actions taken (lung sounds, etc.), document any actions taken and document effectiveness.	F 684		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-	F 755		7/20/23

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F 755	Continued From page 5 §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: The facility failed to ensure residents received medications as ordered and as needed (PRN) medications were utilized as prescribed for 1 of 4 residents (R4) who were reviewed for pharmacy services. Findings include: R4's annual Minimal Data Set (MDS) dated 3/29/23, indicated R4 had diagnoses which included shortness of breath and dementia and R4 had severely impaired cognition. R4's Long Term Care Note dated 4/23/23, Doctor of Medicine (MD)-A's assessment was as follows: right lower lobe pneumonia and continue with Rocephin plus a total of 10 days of Zithromax (nine more days of 250 mg daily), to help with expectoration (cough or spit out phlegm from the throat or lungs) we will try acapella valve, order a BNP (brain natriuretic peptide test that measures levels of a protein called BNP that is made by the heart and blood vessels which is useful to diagnose heart failure), and start on Spiriva 18	F 755	Education has been provided to all staff involved in this missed medication and lack of utilizing PRN medication incident. Facility will provide policy for PRN medication use and educate all nursing personnel on the PRN policy. The PRN policy will specifically outline transcribing medication order, indicating the symptoms for which the PRN medication may be administered, and documenting the medication administered and follow up with effectiveness of PRN, which will include updating the physician when the PRN is not effective. Staff will be provided with additional instructions on the transcribing of medication orders. Transcribing of medication policy will be reflective of these changes to the process. Medication error reporting and follow-up process now includes documented evidence of education and employee acknowlegment.	

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F 755	Continued From page 6 mcg inhalation once daily to see if it helps to decrease the secretions. Review of R4's Doctor's Orders dated 4/23/23, revealed orders from MD-A listed above were signed by two licensed nurses, LPN-A and LPN-B, which would indicate the facility procedure for transcribing medications was followed and orders were active and in R4's record. Review of R4's April Medication Administration Record (MAR) revealed MD-A's orders written on 4/23/23, were not processed until 4/29/23 and 4/30/23. During an interview on 6/23/23 at 10:01 a.m., RN-C indicated licensed nurse who received a new order from a physician would be expected to review orders with the physician prior to adding the orders in the resident's electronic record and then order new medications through the pharmacy and sign the order in the resident's paper chart that those steps were completed. Further, RN-C indicated licensed nursing staff would then ensure the yellow tab in the resident's paper record was revealed and the record was left at the nurses' station. Another licensed nurse would then see the yellow tab and know there was a new order that required a second nurse to verify the new physician's order matched the orders that were placed in the resident's electronic record, and if completed the second nurse would also sign the physician's order in the resident's paper record. During an interview on 6/23/23 at 11:17 a.m., LPN-A stated MD-A came to the facility approximately 9:00 p.m. on 4/23/23, to assess R4	F 755		

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F 755	Continued From page 7 and wrote new orders. LPN-A indicated she was directed by MD-A to wait to put the new orders into pharmacy until the morning since they were closed for the evening already. Further, LPN-A indicated she signed off on the orders that evening after confirming orders with MD-A and then another nurse had signed off on those orders indicating that they checked the orders, and the orders were in the system and sent to pharmacy. Further, LPN-A indicated she was re-educated on transcribing orders process and should have completed the orders and sent to pharmacy when they were received from MD-A on 4/23/23. Interview with LPN-B was attempted but unsuccessful. During an interview on 6/23/23 at 2:15 p.m., RN-B confirmed physician's orders that were received on 4/23/23, for R4 were not processed despite there being two nurses' signatures. RN-B was not aware R4's orders were missed and was unsure if there was a medication error completed. Further, RN-B stated when a licensed nurse would receive a new physician's order, they would be expected to process the order right away following the facility procedure. During an interview on 6/23/23 at 3:40 p.m., DON stated MD-A wrote new orders for R4 on 4/23/23 at approximately 8:00 p.m. and LPN-A had signed the written orders which indicated the orders were processed and ordered through pharmacy, and LPN-B was the second nurse who signed the written order indicating they verified the order was processed and correct, however neither of these were actually completed and DON stated "which is concerning". Further, DON indicated this	F 755		

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F 755	Continued From page 8 medication order was brought to LPN-A's attention remembering she never processed the orders when R4 had a decline in condition later that week and was sent to the hospital. DON stated LPN-A completed a medication error form and education was provided to LPN-A by DON regarding processing orders and the expectation, however DON confirmed the medication error was not addressed with LPN-B who had signed the written order but did not verify the order was processed. In addition, DON stated she would expect the licensed nurse who received the new physician's order would transcribe the order and send to pharmacy right away, then a second licensed nurse would verify these were completed and sign the written order. Review of R4's April MAR printed 6/23/23, revealed R4 had an order for ProAir Aerosol Solution 108 mcg/act inhale 2 puffs orally every 4 hours PRN for shortness of breath or wheezing. MAR revealed this inhaler was not utilized in April. Review of R4's May MAR printed 6/23/23, indicated ProAir inhaler was not utilized in May. Further, MAR revealed R4 had an order for Ipratropium-Albuterol Solution 1.5-2.5 mg/3ml inhale 1 vial orally every 8 hours PRN for cough or shortness of breath with a start date of 5/2/23, which was utilized one time on 5/17/23. MAR revealed on 5/17/23, the order was changed to every 4 hours PRN which was utilized two times on 5/17/23 and once on 5/19/23. In addition, MAR revealed crackling lung sounds were documented, and PRN medications were not utilized, as well as wheezing was noted on 5/16 through 5/22/23, and PRN medications were not utilized.	F 755		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245127	A. BUILDING _____ B. WING _____	C 06/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 755	Continued From page 9 During an interview on 6/27/23 at 11:53 a.m., RN-D indicated R4 had PRN medications staff were expected to utilize if resident appeared uncomfortable or had respiratory distress which included any wheezing or crackling observed. During an interview on 6/27/23 at 12:21 p.m., LPN-C indicated R4 had PRN medication staff would be expected to utilize upon completing an assessment and determining if there was any shortness of breath, wheezing, or crackling noted. During an interview on 6/27/23 at 2:18 p.m., RN-B stated she was aware R4's PRN medication were not being utilized when she reviewed R4's MAR and updated the physician to change the frequency of the nebulizer to every 4 hours on 5/17/23. Further, RN-B stated staff would be expected to utilize and administer the PRN medications if there were any symptoms of shortness of breath, wheezing or crackling noted. In addition, RN-B stated PRN medications are ordered and are available for a reason anticipating the resident has the symptoms and to alleviate the symptoms would be to administer the PRN medications. RN-B stated nebulizer's go hand-in hand with an upper respiratory infection to help improve the resident's status in that moment. During an interview on 6/27/23 at 2:49 p.m., DON indicated staff would be expected to administer PRN medications as ordered based on physical appearance of the resident, any shortness of breath noted, rapid breathing, decreased oxygen levels, or if any wheezing or crackles were noted to help with the resident's respiratory status and open the airway.	F 755		

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F 755	Continued From page 10 During an interview on 6/28/23 at 12:19 p.m., MD-B stated he was R4's primary physician and involved in R4's care. MD-B stated he was aware of R4's orders that were not processed on 4/23/23, however MD-B stated the missed orders would not have impacted R4's condition or prevented R4 from being hospitalized. Further, MD-B stated he assessed R4 on 4/24/23, and R4 was noted to be improving and MD-B did not observe any concerns at that time. In addition, MD-B stated he would expect staff to administer PRN nebulizer's if the resident was observed to be struggling, short of breath, or wheezing was noted then a PRN would be beneficial. Review of facility policy titled Charting and Transcription Procedures, not dated, directed staff the procedure for signing off on an order was as follows: when an entire order is completed place brackets around entire order and place signature and title to the left of bracket, orders to be check and signed by another nurse. Review of facility policy titled Medications and Treatments, not dated, directed staff when a medication error has occurred and the error was realized, the responsible nurse will complete the appropriate form which must then be signed by the attending physician, long term care manager, and forward to the Pharmacy and Therapeutics Committee for review. Requested policy related to PRN medications, however policy was not provided.	F 755		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00374	A. BUILDING: _____ B. WING _____	06/27/2023

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2 000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 6/22/23, 6/23/23, and 6/27/23, 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.	2 000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00374	A. BUILDING: _____ B. WING _____	06/27/2023

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2 000	Continued From page 1 The following complaints were reviewed during the survey: H51273026C (MN94608), H51273014C (MN94568), H51273092C (MN93105), H51273065C (MN92279). 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		