Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
October 30, 2024

Administrator
The Estates At St Louis Park LLC
3201 Virginia Avenue South
Saint Louis Park, MN 55426

RE: CCN: 245148
Cycle Start Date: October 22, 2024

Dear Administrator:

On October 22, 2024, a survey was completed at your facility by the Minnesota Department 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:

Lisa Krebs, Regional Operations Supervisor RR
Health Regulation Division
Minnesota Department of Health
Rochester District Office
3425 40th Avenue NW, Suite 115
Rochester, MN 55901
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728

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 January 22, 2025 (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 April 22, 2025 (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

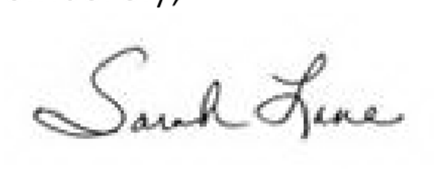
This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: https://mdhprovidercontent.web.health.state.mn.us/ltc_idr.cfm

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,



Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697
Email: sarah.lane@state.mn.us

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Administrator
The Estates At St Louis Park LLC
3201 Virginia Avenue South
Saint Louis Park, MN 55426

Re: State Nursing Home Licensing Orders
Event ID: MKLG11

Dear Administrator:

The above facility was surveyed on October 16, 2024 through October 22, 2024 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

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

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

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

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

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

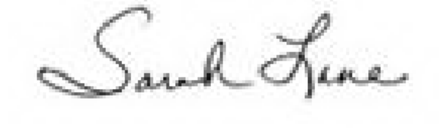
Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting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

Lisa Krebs, Regional Operations Supervisor RR
Health Regulation Division
Minnesota Department of Health
Rochester District Office
3425 40th Avenue NW, Suite 115
Rochester, MN 55901
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728

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 feel free to call me with any questions.

Sincerely,



Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697
Email: sarah.lane@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00943	A. BUILDING: _____ B. WING _____	10/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ESTATES AT ST LOUIS PARK LLC	3201 VIRGINIA AVENUE SOUTH SAINT LOUIS PARK, MN 55426

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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 10/16/24, 10/21/24, and 10/22/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing orders were issued. Please indicate in your electronic plan of correction you	2 000		

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2 000	Continued From page 1 have reviewed these orders and identify the date when they will be completed. The following complaints were reviewed: H51489480C (MN107442, MN107479, & MN107471) and H51487082C (MN105801) with a licensing order issued at 0830 Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction. You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at <https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html> The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is	2 000		

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2 000	Continued From page 2 not required at the bottom of the first page of state form. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.	2 000		
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 physician ordered weights were implemented as ordered for 2 of 3 residents (R3 and R4), reviewed for nutrition. Findings include: R3's care plan identified a focus dated 5/30/19, of alteration in nutrition ...malnutrition related to	2 830	corrected	11/20/24

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2 830	Continued From page 3 history of inadequate oral intakes related to variable oral intakes as evidenced by underweight status ...intervention dated 5/28/19, directed staff to have dietary consult as needed for weight gain/loss or other problems noted. An additional intervention dated 6/15/22, directed staff to obtain and record weights at least monthly, and more often as indicated by physician orders. R3's Care Area Assessment (CAA) dated 11/16/23, identified R3 had a potential for nutritional risk due to reduced micronutrient needs as evidenced by hemodialysis ...therapeutic diet related to diabetes and End Stage Renal Disease (ESRD), with hemodialysis. R4 had a history of inadequate oral intakes related to variable oral intake, refusals to eat/be fed by staff as evidenced underweight status. No fluid restrictions at this time due to thickened liquids diet. Modified diet related to dysphagia (swallowing difficulties) as evidenced by pureed diet with honey liquids. R3's quarterly Minimum Data Set (MDS) dated 8/14/24, identified R3 had moderately impaired cognition and diagnoses of ESRD (end stage renal disease), dependence on renal dialysis, diabetes, stroke, malnutrition, and aphasia (loss of ability to swallow). Further identified R3 received dialysis and had a mechanically altered and therapeutic diet. R3's physician order summary dated 10/1/24, include an order for R3 to have daily weights related to dialysis one time every day. R3's Medication Administration Record (MAR) dated October 2024, identified R3 had weights on the following days: 10/2/24: 117 pounds	2 830		

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2 830	Continued From page 4 10/4/24: 118 pounds 10/7/24: 122.5 pounds 10/9/24: 121.5 pounds 10/11/24: 120.3 pounds R3's MAR dated October 2024 did not identify weights on any other days from 10/1/24 to 10/21/24. R3's weight recorded under the "vital signs" tab included the following: -10/11/24 at 6:03 a.m., identified a weight of 120.3 pounds -10/11/24 at 1:40 p.m., identified a weight of 102 pounds -10/13/24 at 11:50 a.m., identified a weight of 103.5 pounds -10/14/24 at 5:11 a.m., identified a weight of 103.5 pounds -10/16/24 at 6:07 a.m., identified a weight of 100 pounds R3's progress notes were reviewed and did not identify if the physician was contacted for R3's missed physician ordered weights for further direction nor did the record include an assessment that accounted for weight gains/weight loss. R3's DaVita Dialysis pre and post weights dated 10/2/24 to 10/21/24 that were not in the record and obtained from the dialysis clinic, identified the following: 10/2/24: pre weight: 123.5 pounds; post weight: 124.1 pounds 10/4/24: pre weight: 126.5 pounds; post weight: 124.1 pounds 10/7/24: pre weight: 124.8 pounds; post weight: 120.2 pounds 10/9/24: pre weight: 119.7 pounds; post weight:	2 830		

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2 830	Continued From page 5 115.3 pounds 10/11/24: pre weight: 116.8 pounds; post weight: 117.5 pounds 10/14/24: pre weight: 122.1 pounds; post weight: 116.2 pounds 10/16/24: pre weight: 118.9 pounds; post weight: 115.3 pounds 10/18/24: pre weight: 117.9 pounds; post weight: 115.1 pounds 10/21/24: pre weight: 115.1 pounds; post weight: 114.2 pounds During an interview on 10/22/24 at 11:40 a.m., nurse manager (NM)-A indicated R3 had a current MD order to obtain daily weights due to dialysis. NM-A stated the last recorded weight for R3 was on 10/16/24 and was 100 pounds. NM-A was unable to articulate why daily weights were not being done and indicated the physician had not been notified. Further NM-A was unable to articulate how R3 on 10/11/24, went from 120.3 pounds to 102 pounds in one day. During an interview on 10/22/24 at 11:52 a.m., nursing assistant (NA)-A stated for residents with daily weights we would obtain a weight prior to the resident eating breakfast and let the nurse know the weight so they could document it. NA-A indicated R3 was on daily weights, and she was made aware of the list of residents who require daily weights by the sheet of paper with a list of residents that was taped to the nurses desk. NA-A stated NA-B would be responsible for R3 and indicated she did not get R3's weight this morning. During an interview on 10/22/24 at 12:09 p.m., NA-B stated she was responsible for the care. NA-B was not aware that R3 was a daily weight and stated the nurse usually lets her know and	2 830		

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2 830	Continued From page 6 had not done that. This surveyor showed NA-B the list of daily weights taped to the nurses desk and NA-B verified R3's name was on there. NA-B stated typically with daily weights we would want to get a weight in the morning before the resident ate breakfast and verified R3 ate at 8:00 a.m. when she fed him and had not gotten his weight. During an interview on 10/22/24 at 12:23 p.m., licensed practical nurse (LPN)-A indicated R3 was a daily weight due to being on dialysis and he had not yet received R3's weight today. LPN-A stated he would expect the weight to be done prior to breakfast for accuracy. LPN-A verified on 10/11/24 at 6:00 a.m., R3 was 120.2 pounds, then at 1:00 p.m., R3 was 102 pounds, and stated R3 should have been reweighed. LPN stated R3's weights have been lower ever since. LPN-A indicated he did not notify the doctor of the daily weights not being done or of the weight changes, stated he didn't realize it until just now. During an interview on 10/22/24 at 12:24 p.m., NA-D stated daily weights should be completed in the morning before a resident has eaten breakfast and verified R3 was a daily weight and would know that by looking at the sheet that is taped to the desk. NA-D assisted NA-B with getting R3's weight with the full body mechanical lift, R3 weight was 106 pounds. During an observation and interview on 10/22/24 at 1:08 p.m., NA-B brought R3's lunch tray to his room and began to assist R3 with eating. R3 would open his mouth opening and swallow the food quickly. NA-B stated R3's appetite had been poor prior to his hospitalization a couple weeks ago, we struggled to get him to eat. At 1:17 p.m., NA-B stated R3 ate like this during breakfast earlier and stated he must be hungry today.	2 830		

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2 830	Continued From page 7 R4 R4's significant change MDS dated 9/12/24, identified R4 had diagnoses including traumatic brain injury and malnutrition. R4 had weight loss of 5% or more in the last month or loss of 10% or more in the last six months and was not on a physician-prescribed weight-loss regimen. R4's CAA dated 9/13/24, identified R4 had an alteration in nutrition of malnutrition related to altered mental status as evidenced by inadequate oral intakes, requiring cues and encouragement at meals to consume adequate oral intake, and weight loss post hospitalization with a hospital weight of 233 pounds and previous weight of 255 pounds. R4's care plan identified a focus dated 8/13/24 of alteration in nutrition: Malnutrition related to altered mental status as evidenced by inadequate oral intakes, requires cues and encouragement at meals to consume adequate oral intake and weight loss post hospitalization. Does not initiate task of eating. Requires assist as needed if does not initiate task ... Weight loss progressive and significant over 30, 90, and 180 days related to inadequate oral intakes. Remeron [psychiatric medication] use initiated 9/18/24 and side effect of increased appetite would be therapeutic. Referred to interventional radiology for G-tube [feeding tube] placement related to ongoing poor oral intakes and malnutrition, however resident recently reporting does not desire feeding tube. Intervention dated 8/13/24, identified to monitor, record, and report to the doctor signs and symptoms of malnutrition as needed including emaciation, muscle wasting, and significant weight loss. An additional intervention dated	2 830		

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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
2 830	Continued From page 8 8/13/24, directed staff to obtain weight per policy/order. R4's Clinical Nutrition Evaluation V-5 completed by dietician (D)-A dated 9/10/24, noted R4 had significant weight loss and included a recommendation for weekly weights due to malnutrition. R4's provider note dated 10/2/24, indicated R4 had not eaten for approximately one week with very little oral intake with discussion of a G-tube placement. Orders included "weekly weights starting now." R4's provider note dated 10/17/24, included plan and orders of "follow up visit for poor appetite and decline in condition ... last weight available for review was from 10/3/24 ... please ensure weekly weights are taken and recorded in [EHR system]." Diagnosis, assessment, and plan included "malnutrition: little to no appetite, requires frequent reminders from staff to eat. Has not eaten in 1+ week, and was sparsely eating for weeks before that." History included "weights have gone down from the 260s down to 223." R4's TAR dated October 2024 included multiple physician orders for weights: weekly weight every evening shift every Thursday with start date 9/19/24 and end date 10/13/24; weekly weight one time a day every Thursday for monitoring with start date 10/3/24 and end date 10/17/24; weekly weight one time a day every Thursday for monitoring with start date 10/24/24. R4's TAR for October 2024 included scheduled administrations for physician ordered weekly weights on 10/3/24, 10/10/24, and 10/17/24 with corresponding documentation of:	2 830		

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	00943	A. BUILDING: _____ B. WING _____	10/22/2024

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2 830	Continued From page 9 10/3/24: 223.8 pounds 10/10/24: "X" listed as weight and notation to see corresponding nurse note which indicated the weekly weight was "done". 10/17/24: Blank, documentation not completed R4's electronic health record (EHR) included a vital sign section with the following weights recorded in October 2024: 10/3/24 at 2:08 p.m.: 223.8 pounds 10/10/24 at 8:00 a.m.: 220.2 pounds R4's TAR, and vital signs did not include weights on any other days from 10/1/24 to 10/22/24. During an interview on 10/22/24 at 3:24 p.m., NA-C stated residents with weekly weights were weighed on their shower days. NA-C noted aides used a shower sheet that listed what day showers and weights were to be done and also used a group sheet that identified what day of the week residents had weekly weights. NA-C noted the shower sheet indicated R4 was to be weighed on Thursday mornings and the group sheet indicated R4 was to be weighed on Wednesdays. NA-C did not know why they were different. During an interview on 10/22/24 at 3:36 p.m., registered nurse (RN)-A stated weights were done weekly on shower day or more frequently per provider orders. RN-A noted weights showed up on the MAR or TAR on the days they were due and were completed by aides or nurses. During an interview on 10/22/24 at 3:45 p.m., NM-B stated she knew R4 had orders for weekly weights. NM-B verified the direction for aides to weigh R4 was wrong on the group sheet and did not match the order for R4 to be weighed on Thursdays. NM-B stated it was important for R4	2 830		

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2 830	Continued From page 10 to be weighed because it was recommended by the dietician, he had stopped eating as much as before, and he had lost weight. NM-B noted it would be concerning if he was not weighed as directed because staff needed to track his weights because he was not eating. NM-B verified R4 was seen by a provider on 10/17/24 and visit orders included ensuring weekly weights were taken and entered in the EHR. NM-B verified there was no record of R4's weight on 10/17/24 as ordered, and stated her expectation was that he would be weighed weekly and should have been weighed on 10/17/24. NM-B noted R4's last recorded weight was on 10/10/24 which was 12 days prior. NM-B stated R4's care was not provided in accordance with provider orders and R4's plan of care. NM-B could not say why R4 had not been weighed since 10/10/24 and did not know why he was not weighed on 10/17/24. During a phone interview on 10/22/24 at 3:20 p.m., D-A stated R3 was on daily weights to monitor for fluid shift in between dialysis sessions that he received three times a week. D-A also indicated R4 was at risk for weight loss and has had frequent hospitalizations. R4 had been declining and we tried several interventions to maintain his weight. D-A verified the weights were not being performed per MD orders for R3 and R4 and should have been. D-A indicated it was important to follow the care plan and provider orders. D-A stated she could implement the orders but at this particular facility their process was to have the physician order the frequency of weights for the residents. During an interview on 10/22/24 at 3:44 p.m., director of nursing (DON) indicated provider ordered weights should be followed along with the care plan and were not followed for R3 and R4.	2 830		

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2 830	Continued From page 11 DON indicated the weights the staff were getting were not accurate due to a failure in using the right equipment, we are currently in the process of getting everyone educated. DON further indicated the physician ordered weights should be implemented as ordered and if they are missed a provider should be notified for follow up. Facility policy, "Weight Policy," dated 5/1/24, identified it is the policy of Monarch Healthcare Management to obtain accurate weights and provide monitoring to ensure each resident's nutrition parameters are maintained within acceptable parameters to prevent avoidable decline in nutritional status, unless their clinical condition demonstrates that this is not possible. Policy Interpretation and Implementation 1. All residents are weighed by nursing staff upon admission and at least monthly thereafter. All weights obtained will be entered into the resident's medical record. 2. This weight protocol shall also be implemented for resident returns or re-admissions from the hospital when they have been out of the building for over 24 hours. This protocol shall not apply for therapeutic leaves of absence. 3. Weights are to be taken utilizing consistent technique, e.g. at the same time of day, using the same scale, wearing, or not wearing prostheses or orthotics, etc. whenever possible. 4. At the discretion of the interdisciplinary team and/or physician, residents at high risk may be continued on more frequent weight monitoring. Signs that a resident may be deemed high risk may include but are not limited to changes in food intake, refusal to eat, average food intake levels falling below 50%, Residents on hemodialysis, residents with open wounds, residents with use of enteral or parenteral nutrition, heart failure, etc. 5. For residents with unintended weight loss, the facility or provider	2 830		

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2 830	Continued From page 12 may initiate interventions which can include a. Addition of high calorie/nutrient fortifiers to food (i.e., protein powder, addition of whole milk, butter, extra gravy, sauces, mayo, half and half or whipped cream). b. Offering additional food snacks between meals, based on the resident's specific needs and preferences c. Increasing the resident's portions at meals d. Liberalizing the resident's diet. Interviewing the resident to ensure their preferred foods are being added to meals and snacks f. Nutritional Supplements g. Supplements may be scheduled between meals or with medication pass h. Referral to therapy or other disciplines i. Collaboration with family or friends to encourage intakes j. Medication review 8. Resident-specific interventions shall be recorded in the resident's comprehensive care plan. 9. The resident's physician and/or responsible party shall be notified of weight changes at the discretion of the interdisciplinary team. 10. The registered dietitian (RD) and/or registered dietetic technician (DTR) shall review residents who trigger for significant weight gain or loss. Significant is defined as a person with 5% weight change over 30days, 7.5% weight change over 90 days, or 10% weight change over 180days. 11. The interdisciplinary team and/or facility designee shall review weights for significant weight changes and will be discussed to determine individualized care plan interventions and documented in the electronic medical record. 12. Residents on hospice may experience unavoidable weight loss. Weighing and weight monitoring may not be warranted for individuals at the end of life who may be receiving comfort measures only or are on hospice care. Requested MD order policy and not received.	2 830		

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2 830	Continued From page 13 SUGGESTED METHOD OF CORRECTION: The administrator, director of nursing (DON) or designee could review and revise policies for monitoring weight loss. Nursing staff could be educated as necessary to the importance of monitoring weight loss. The DON or designee, could audit any/all resident's weights located in have interventions in place. The DON or designee could take that information to QAPI to ensure compliance and determine the need for further education/monitoring/compliance. TIME PERIOD FOR CORRECTION: (21) days.	2 830		

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F 000	INITIAL COMMENTS On 10/16/24, 10/21/24, and 10/22/24, 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. The following complaints were reviewed: H51489480C (MN107442, MN107479, & MN107471) and H51487082C (MN105801) with a deficiency cited at F684. 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. 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:	F 684		11/20/24

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

Electronically Signed | 11/11/2024

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 684	Continued From page 1 Based on observation, interview and document review, the facility failed to ensure physician ordered weights were implemented as ordered for 2 of 3 residents (R3 and R4), reviewed for nutrition. Findings include: R3's care plan identified a focus dated 5/30/19, of alteration in nutrition ...malnutrition related to history of inadequate oral intakes related to variable oral intakes as evidenced by underweight status ...intervention dated 5/28/19, directed staff to have dietary consult as needed for weight gain/loss or other problems noted. An additional intervention dated 6/15/22, directed staff to obtain and record weights at least monthly, and more often as indicated by physician orders. R3's Care Area Assessment (CAA) dated 11/16/23, identified R3 had a potential for nutritional risk due to reduced micronutrient needs as evidenced by hemodialysis ...therapeutic diet related to diabetes and End Stage Renal Disease (ESRD), with hemodialysis. R4 had a history of inadequate oral intakes related to variable oral intake, refusals to eat/be fed by staff as evidenced underweight status. No fluid restrictions at this time due to thickened liquids diet. Modified diet related to dysphagia (swallowing difficulties) as evidenced by pureed diet with honey liquids. R3's quarterly Minimum Data Set (MDS) dated 8/14/24, identified R3 had moderately impaired cognition and diagnoses of ESRD (end stage renal disease), dependence on renal dialysis, diabetes, stroke, malnutrition, and aphasia (loss of ability to swallow). Further identified R3	F 684	R3 and R4 were immediately weighed per order on 10/22/24. The physician and dietitian reviewed orders to ensure appropriateness. R3 was changed to three times per week. R3 provider was contacted. Resident weights are currently stable. R4 discharged from facility. Nurse leaders compiled a list of all residents who have orders for daily and weekly weights. Residents with daily and weekly weights were reviewed to ensure weight orders are accurate and are being completed. Education will be completed with nurse leaders, nursing assistants and floor nurses related to orders for weights and documenting weights. Audits will be completed on weights and weight order weekly x4 weeks and results shared with facility QAPI for input on the need to increase, decrease, or discontinue the audits. Audits will be completed by DON or designee.	

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F 684	Continued From page 2 received dialysis and had a mechanically altered and therapeutic diet. R3's physician order summary dated 10/1/24, include an order for R3 to have daily weights related to dialysis one time every day. R3's Medication Administration Record (MAR) dated October 2024, identified R3 had weights on the following days: 10/2/24: 117 pounds 10/4/24: 118 pounds 10/7/24: 122.5 pounds 10/9/24: 121.5 pounds 10/11/24: 120.3 pounds R3's MAR dated October 2024 did not identify weights on any other days from 10/1/24 to 10/21/24. R3's weight recorded under the "vital signs" tab included the following: -10/11/24 at 6:03 a.m., identified a weight of 120.3 pounds -10/11/24 at 1:40 p.m., identified a weight of 102 pounds -10/13/24 at 11:50 a.m., identified a weight of 103.5 pounds -10/14/24 at 5:11 a.m., identified a weight of 103.5 pounds -10/16/24 at 6:07 a.m., identified a weight of 100 pounds R3's progress notes were reviewed and did not identify if the physician was contacted for R3's missed physician ordered weights for further direction nor did the record include an assessment that accounted for weight gains/weight loss.	F 684		

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F 684	Continued From page 3 R3's DaVita Dialysis pre and post weights dated 10/2/24 to 10/21/24 that were not in the record and obtained from the dialysis clinic, identified the following: 10/2/24: pre weight: 123.5 pounds; post weight: 124.1 pounds 10/4/24: pre weight: 126.5 pounds; post weight: 124.1 pounds 10/7/24: pre weight: 124.8 pounds; post weight: 120.2 pounds 10/9/24: pre weight: 119.7 pounds; post weight: 115.3 pounds 10/11/24: pre weight: 116.8 pounds; post weight: 117.5 pounds 10/14/24: pre weight: 122.1 pounds; post weight: 116.2 pounds 10/16/24: pre weight: 118.9 pounds; post weight: 115.3 pounds 10/18/24: pre weight: 117.9 pounds; post weight: 115.1 pounds 10/21/24: pre weight: 115.1 pounds; post weight: 114.2 pounds During an interview on 10/22/24 at 11:40 a.m., nurse manager (NM)-A indicated R3 had a current MD order to obtain daily weights due to dialysis. NM-A stated the last recorded weight for R3 was on 10/16/24 and was 100 pounds. NM-A was unable to articulate why daily weights were not being done and indicated the physician had not been notified. Further NM-A was unable to articulate how R3 on 10/11/24, went from 120.3 pounds to 102 pounds in one day. During an interview on 10/22/24 at 11:52 a.m., nursing assistant (NA)-A stated for residents with daily weights we would obtain a weight prior to the resident eating breakfast and let the nurse	F 684		

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F 684	Continued From page 4 know the weight so they could document it. NA-A indicated R3 was on daily weights, and she was made aware of the list of residents who require daily weights by the sheet of paper with a list of residents that was taped to the nurses desk. NA-A stated NA-B would be responsible for R3 and indicated she did not get R3's weight this morning. During an interview on 10/22/24 at 12:09 p.m., NA-B stated she was responsible for the care. NA-B was not aware that R3 was a daily weight and stated the nurse usually lets her know and had not done that. This surveyor showed NA-B the list of daily weights taped to the nurses desk and NA-B verified R3's name was on there. NA-B stated typically with daily weights we would want to get a weight in the morning before the resident ate breakfast and verified R3 ate at 8:00 a.m. when she fed him and had not gotten his weight. During an interview on 10/22/24 at 12:23 p.m., licensed practical nurse (LPN)-A indicated R3 was a daily weight due to being on dialysis and he had not yet received R3's weight today. LPN-A stated he would expect the weight to be done prior to breakfast for accuracy. LPN-A verified on 10/11/24 at 6:00 a.m., R3 was 120.2 pounds, then at 1:00 p.m., R3 was 102 pounds, and stated R3 should have been reweighed. LPN stated R3's weights have been lower ever since. LPN-A indicated he did not notify the doctor of the daily weights not being done or of the weight changes, stated he didn't realize it until just now. During an interview on 10/22/24 at 12:24 p.m., NA-D stated daily weights should be completed in the morning before a resident has eaten breakfast and verified R3 was a daily weight and	F 684		

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F 684	Continued From page 5	F 684		

would know that by looking at the sheet that is taped to the desk. NA-D assisted NA-B with getting R3's weight with the full body mechanical lift, R3 weight was 106 pounds.

During an observation and interview on 10/22/24 at 1:08 p.m., NA-B brought R3's lunch tray to his room and began to assist R3 with eating. R3 would open his mouth opening and swallow the food quickly. NA-B stated R3's appetite had been poor prior to his hospitalization a couple weeks ago, we struggled to get him to eat. At 1:17 p.m., NA-B stated R3 ate like this during breakfast earlier and stated he must be hungry today.

R4

R4's significant change MDS dated 9/12/24, identified R4 had diagnoses including traumatic brain injury and malnutrition. R4 had weight loss of 5% or more in the last month or loss of 10% or more in the last six months and was not on a physician-prescribed weight-loss regimen.

R4's CAA dated 9/13/24, identified R4 had an alteration in nutrition of malnutrition related to altered mental status as evidenced by inadequate oral intakes, requiring cues and encouragement at meals to consume adequate oral intake, and weight loss post hospitalization with a hospital weight of 233 pounds and previous weight of 255 pounds.

R4's care plan identified a focus dated 8/13/24 of alteration in nutrition: Malnutrition related to altered mental status as evidenced by inadequate oral intakes, requires cues and encouragement at meals to consume adequate oral intake and weight loss post hospitalization. Does not initiate

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F 684	Continued From page 6 task of eating. Requires assist as needed if does not initiate task ... Weight loss progressive and significant over 30, 90, and 180 days related to inadequate oral intakes. Remeron [psychiatric medication] use initiated 9/18/24 and side effect of increased appetite would be therapeutic. Referred to interventional radiology for G-tube [feeding tube] placement related to ongoing poor oral intakes and malnutrition, however resident recently reporting does not desire feeding tube. Intervention dated 8/13/24, identified to monitor, record, and report to the doctor signs and symptoms of malnutrition as needed including emaciation, muscle wasting, and significant weight loss. An additional intervention dated 8/13/24, directed staff to obtain weight per policy/order. R4's Clinical Nutrition Evaluation V-5 completed by dietician (D)-A dated 9/10/24, noted R4 had significant weight loss and included a recommendation for weekly weights due to malnutrition. R4's provider note dated 10/2/24, indicated R4 had not eaten for approximately one week with very little oral intake with discussion of a G-tube placement. Orders included "weekly weights starting now." R4's provider note dated 10/17/24, included plan and orders of "follow up visit for poor appetite and decline in condition ... last weight available for review was from 10/3/24 ... please ensure weekly weights are taken and recorded in [EHR system]." Diagnosis, assessment, and plan included "malnutrition: little to no appetite, requires frequent reminders from staff to eat. Has not eaten in 1+ week, and was sparsely eating for	F 684		

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	245148	A. BUILDING _____ B. WING _____	C 10/22/2024

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F 684	Continued From page 7 weeks before that." History included "weights have gone down from the 260s down to 223." R4's TAR dated October 2024 included multiple physician orders for weights: weekly weight every evening shift every Thursday with start date 9/19/24 and end date 10/13/24; weekly weight one time a day every Thursday for monitoring with start date 10/3/24 and end date 10/17/24; weekly weight one time a day every Thursday for monitoring with start date 10/24/24. R4's TAR for October 2024 included scheduled administrations for physician ordered weekly weights on 10/3/24, 10/10/24, and 10/17/24 with corresponding documentation of: 10/3/24: 223.8 pounds 10/10/24: "X" listed as weight and notation to see corresponding nurse note which indicated the weekly weight was "done". 10/17/24: Blank, documentation not completed R4's electronic health record (EHR) included a vital sign section with the following weights recorded in October 2024: 10/3/24 at 2:08 p.m.: 223.8 pounds 10/10/24 at 8:00 a.m.: 220.2 pounds R4's TAR, and vital signs did not include weights on any other days from 10/1/24 to 10/22/24. During an interview on 10/22/24 at 3:24 p.m., NA-C stated residents with weekly weights were weighed on their shower days. NA-C noted aides used a shower sheet that listed what day showers and weights were to be done and also used a group sheet that identified what day of the week residents had weekly weights. NA-C noted the shower sheet indicated R4 was to be weighed on	F 684		

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F 684	Continued From page 8 Thursday mornings and the group sheet indicated R4 was to be weighed on Wednesdays. NA-C did not know why they were different. During an interview on 10/22/24 at 3:36 p.m., registered nurse (RN)-A stated weights were done weekly on shower day or more frequently per provider orders. RN-A noted weights showed up on the MAR or TAR on the days they were due and were completed by aides or nurses. During an interview on 10/22/24 at 3:45 p.m., NM-B stated she knew R4 had orders for weekly weights. NM-B verified the direction for aides to weigh R4 was wrong on the group sheet and did not match the order for R4 to be weighed on Thursdays. NM-B stated it was important for R4 to be weighed because it was recommended by the dietician, he had stopped eating as much as before, and he had lost weight. NM-B noted it would be concerning if he was not weighed as directed because staff needed to track his weights because he was not eating. NM-B verified R4 was seen by a provider on 10/17/24 and visit orders included ensuring weekly weights were taken and entered in the EHR. NM-B verified there was no record of R4's weight on 10/17/24 as ordered, and stated her expectation was that he would be weighed weekly and should have been weighed on 10/17/24. NM-B noted R4's last recorded weight was on 10/10/24 which was 12 days prior. NM-B stated R4's care was not provided in accordance with provider orders and R4's plan of care. NM-B could not say why R4 had not been weighed since 10/10/24 and did not know why he was not weighed on 10/17/24. During a phone interview on 10/22/24 at 3:20 p.m., D-A stated R3 was on daily weights to	F 684		

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F 684	Continued From page 9 monitor for fluid shift in between dialysis sessions that he received three times a week. D-A also indicated R4 was at risk for weight loss and has had frequent hospitalizations. R4 had been declining and we tried several interventions to maintain his weight. D-A verified the weights were not being performed per MD orders for R3 and R4 and should have been. D-A indicated it was important to follow the care plan and provider orders. D-A stated she could implement the orders but at this particular facility their process was to have the physician order the frequency of weights for the residents. During an interview on 10/22/24 at 3:44 p.m., director of nursing (DON) indicated provider ordered weights should be followed along with the care plan and were not followed for R3 and R4. DON indicated the weights the staff were getting were not accurate due to a failure in using the right equipment, we are currently in the process of getting everyone educated. DON further indicated the physician ordered weights should be implemented as ordered and if they are missed a provider should be notified for follow up. Facility policy, "Weight Policy," dated 5/1/24, identified it is the policy of Monarch Healthcare Management to obtain accurate weights and provide monitoring to ensure each resident's nutrition parameters are maintained within acceptable parameters to prevent avoidable decline in nutritional status, unless their clinical condition demonstrates that this is not possible. Policy Interpretation and Implementation 1. All residents are weighed by nursing staff upon admission and at least monthly thereafter. All weights obtained will be entered into the resident's medical record. 2. This weight protocol	F 684		

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F 684	Continued From page 10 shall also be implemented for resident returns or re-admissions from the hospital when they have been out of the building for over 24 hours. This protocol shall not apply for therapeutic leaves of absence. 3. Weights are to be taken utilizing consistent technique, e.g. at the same time of day, using the same scale, wearing, or not wearing prostheses or orthotics, etc. whenever possible. 4. At the discretion of the interdisciplinary team and/or physician, residents at high risk may be continued on more frequent weight monitoring. Signs that a resident may be deemed high risk may include but are not limited to changes in food intake, refusal to eat, average food intake levels falling below 50%, Residents on hemodialysis, residents with open wounds, residents with use of enteral or parenteral nutrition, heart failure, etc. 5. For residents with unintended weight loss, the facility or provider may initiate interventions which can include a. Addition of high calorie/nutrient fortifiers to food (i.e., protein powder, addition of whole milk, butter, extra gravy, sauces, mayo, half and half or whipped cream). b. Offering additional food snacks between meals, based on the resident's specific needs and preferences c. Increasing the resident's portions at meals d. Liberalizing the resident's diet. Interviewing the resident to ensure their preferred foods are being added to meals and snacks f. Nutritional Supplements g. Supplements may be scheduled between meals or with medication pass h. Referral to therapy or other disciplines i. Collaboration with family or friends to encourage intakes j. Medication review 8. Resident-specific interventions shall be recorded in the resident's comprehensive care plan. 9. The resident's physician and/or responsible party shall be notified of weight changes at the discretion of the interdisciplinary	F 684		

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F 684	Continued From page 11 team. 10. The registered dietitian (RD) and/or registered dietetic technician (DTR) shall review residents who trigger for significant weight gain or loss. Significant is defined as a person with 5% weight change over 30days, 7.5% weight change over 90 days, or 10% weight change over 180days. 11. The interdisciplinary team and/or facility designee shall review weights for significant weight changes and will be discussed to determine individualized care plan interventions and documented in the electronic medical record. 12. Residents on hospice may experience unavoidable weight loss. Weighing and weight monitoring may not be warranted for individuals at the end of life who may be receiving comfort measures only or are on hospice care. Requested MD order policy and not received.	F 684		