



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
August 26, 2021

Administrator
New Brighton A Villa Center
825 First Avenue Northwest
New Brighton, MN 55112

RE: CCN: 245164
Cycle Start Date: July 22, 2021

Dear Administrator:

On August 12, 2021, we notified you a remedy was imposed. On August 19, 2021 the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of August 18, 2021.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective August 27, 2021 did not go into effect. (42 CFR 488.417 (b))

In our letter of August 12, 2021, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from August 27, 2021 due to denial of payment for new admissions. Since your facility attained substantial compliance on August 18, 2021, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, this does not apply to or affect any previously imposed NATCEP loss.

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

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Melissa Poepping'.

Melissa Poepping, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64970
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poepping@state.mn.us



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Electronically Submitted
August 12, 2021

Administrator
New Brighton A Villa Center
825 First Avenue Northwest
New Brighton, MN 55112

RE: CCN: 245164
Cycle Start Date: July 22, 2021

Dear Administrator:

On July 22, 2021, survey was completed at your facility by the Minnesota Department of Health and Public Safety 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.

Your facility was not in substantial compliance with the participation requirements and the conditions in your facility constituted **immediate jeopardy** to resident health or safety. This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted immediate jeopardy (Level J) whereby corrections were required. The Statement of Deficiencies (CMS-2567) is being electronically delivered.

REMOVAL OF IMMEDIATE JEOPARDY

On July 22, 2021, the situation of immediate jeopardy to potential health and safety cited at F0740 was removed. However, continued non-compliance remains at the lower scope and severity of D.

REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy listed below to the CMS Region V Office for imposition: The CMS Region V Office concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective August 27, 2021.

This Department is also recommending that CMS impose a civil money penalty (42 CFR 488.430 through 488.444). You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective August 27, 2021, (42 CFR 488.417 (b)). They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective August 27, 2021, (42 CFR 488.417 (b)).

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.

NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than \$11,160; has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

If you have not achieved substantial compliance by August 27, 2021, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, New Brighton A Villa Center will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from August 27, 2021. You will receive further information regarding this from the State agency. This prohibition is not subject to appeal. Further, this prohibition may be rescinded at a later date if your facility achieves substantial compliance prior to the effective date of denial of payment for new admissions.

However, under Public Law 105-15, you may contact the State agency and request a waiver of this prohibition if certain criteria are met.

ELECTRONIC PLAN OF CORRECTION (ePOC)

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable plan of correction (ePOC) for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

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

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

DEPARTMENT CONTACT

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

Jamie Perell, Unit Supervisor
Metro B District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: jamie.perell@state.mn.us
Office: (651) 245-8094

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 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

New Brighton A Villa Center

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

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

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by January 22, 2022 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at 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.

APPEAL RIGHTS DENIAL OF PAYMENT

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at <https://dab.efile.hhs.gov> no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request shall be submitted electronically to:

Tamika.Brown@cms.hhs.gov

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201
(202) 565-9462

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with

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which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Tamika Brown, Principal Program Representative by phone at (312) 353-1502 or by e-mail at Tamika.Brown@cms.hhs.gov.

APPEAL RIGHTS NURSE AIDE TRAINING PROHIBITION

Pursuant to the Federal regulations at 42 CFR Sections 498.3(b)(13)(2) and 498.3(b)(15), a finding of substandard quality of care that leads to the loss of approval by a Skilled Nursing Facility (SNF) of its NATCEP is an initial determination. In accordance with 42 CFR part 489 a provider dissatisfied with an initial determination is entitled to an appeal. If you disagree with the findings of substandard quality of care which resulted in the conduct of an extended survey and the subsequent loss of approval to conduct or be a site for a NATCEP, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Department Appeals Board. Procedures governing this process are set out in Federal regulations at 42 CFR Section 498.40, et. Seq.

A written request for a hearing must be filed no later than 60 days from the date of receipt of this letter. Such a request may be made to the Centers for Medicare and Medicaid Services (formerly Health Care Financing Administration) at 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

A request for a hearing should identify the specific issues and the 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. You do not need to submit records or other documents with your hearing request. The Departmental Appeals Board (DAB) will issue instructions regarding the proper submittal of documents for the hearing. The DAB will also set the location for the hearing, which is likely to be in Minnesota or in Chicago, Illinois. You may be represented by counsel at a hearing at your own expense.

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

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St. Paul, Minnesota 55164-0900

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

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

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

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Melissa Poepping". The signature is fluid and cursive, with the first name "Melissa" and last name "Poepping" clearly distinguishable.

Melissa Poepping, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64970
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poepping@state.mn.us

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

PRINTED: 08/18/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245164	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/22/2021
NAME OF PROVIDER OR SUPPLIER NEW BRIGHTON A VILLA CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 825 FIRST AVENUE NORTHWEST NEW BRIGHTON, MN 55112		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	<p>INITIAL COMMENTS</p> <p>On 7/20/21, through 7/22/21, a standard abbreviated survey was conducted at your facility. Your facility was found to be NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.</p> <p>The following complaint was found to be SUBSTANTIATED: H5164193C (MN74790) with a deficiency cited at F740.</p> <p>The following complaint was found to be UNSUBSTANTIATED: H5164192C (MN70739)</p> <p>The survey resulted in findings of immediate jeopardy (IJ) at F740 when it was determined R1 had returned from an overnight community outing and was suspected of consuming alcohol. R1 was noted to be shaking, had an elevated blood pressure, and elevated pulse upon return to the facility; however, subsequent interventions and monitoring was not initiated. The director of nursing (DON) and administrator were notified of the IJ on 7/21/21, at 5:46 p.m. The IJ was removed on 7/22/21, at 2:38 p.m., but noncompliance remained at the lower scope and severity level of D - isolated scope and severity level, which indicated no actual harm with potential for more than minimal harm that is not IJ.</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</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

08/13/2021

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

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F 000	Continued From page 1 form. Your electronic submission of the POC will be used as verification of compliance.	F 000			
F 740 SS=J	<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> <p>Behavioral Health Services CFR(s): 483.40</p> <p>§483.40 Behavioral health services. Each resident must receive and the facility must 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. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to address alcohol consumption, and implement interventions including monitoring for withdrawal symptoms, physical safety when impaired judgement, medication interactions, notify the physician and offer behavioral health services for alcohol dependency for 1 of 2 resident (R1) whom consumed alcohol unsafely. This resulted in an immediate jeopardy.</p> <p>The IJ began on 7/4/21, at 11:25 a.m. when R1 had returned from an overnight community outing and was suspected of consuming alcohol. R1 was noted to be shaking, had an elevated blood pressure and elevated pulse upon return to the</p>	F 740	Care plan of resident #1 updated to include interventions related to alcohol use on 7/21/21. Resident #1 Risk vs. Benefits updated and signed on 7/21/21. Psychological Services were offered and accepted by resident #1 on 7/21/21. The consultant pharmacist reviewed resident #1 medications for interactions with alcohol on 7/21/21. Orders for resident #1 were updated to include monitoring for signs and symptoms of intoxication and alcohol withdrawal. Further staff were to hold medications and notify the physician when signs and symptoms of intoxication/withdrawals were exhibited by	8/18/21	

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F 740	<p>Continued From page 2</p> <p>facility with no interventions/monitoring were initiated. The director of nursing (DON) and administrator were notified of the IJ on 7/21/21, at 5:46 p.m. The IJ was removed on 7/22/21, at 2:38 p.m., but noncompliance remained at the lower scope and severity level of D - isolated scope and severity level, which indicated no actual harm with potential for more than minimal harm that is not IJ.</p> <p>Findings include:</p> <p>R1's Face Sheet dated 7/21/21, indicated R1's diagnoses included acute pancreatitis, cardiomyopathy, alcohol dependence with withdrawal, and kidney disease.</p> <p>R1's admission Minimum Data Set (MDS) dated 6/8/21, indicated R1 was cognitively intact, used a wheelchair, and was independent with locomotion.</p> <p>R1's care plan dated 6/21/21, indicated R1 was, "resistive to drinking" orders. R1's care plan lacked interventions related to alcohol usage.</p> <p>Review of R1's progress notes indicated:</p> <ul style="list-style-type: none"> - 4/23/21, at 11:45 p.m. indicated R1 was admitted to the facility after an episode of excessive alcohol usage. - 5/8/21, at 2:38 p.m. indicated R1 was observed to have taken alcoholic drinks, however, R1 denied drinking alcohol. R1 was advised to stop drinking alcoholic beverages. - 5/9/21, at 2:27 p.m. indicated R1 was, "drunk this shift" and a large bottle of vodka was found in her room. R1 was unable to eat breakfast and lunch due to drowsiness and had slept all shift. The on-call physician was notified and orders to 	F 740	<p>a resident on 7/21/21. Treatment offered to resident #1 on 7/21/21.</p> <p>All residents that use alcohol or other substances have the potential to be affected. Care plans were updated; risk vs. benefits reviewed with residents; offer of psychological services; medication review by pharmacist and physician orders were updated for all residents that use alcohol or other substances. Treatment was offered to all patients that use alcohol or other substances.</p> <p>The Alcohol and Other Substance Abuse policy was updated on 7/22/21.</p> <p>All staff received education on the revised Alcohol and Other Substance Abuse policy, the signs/symptoms of withdrawal and the steps to take in event of intoxication on 7/21/21 and 7/22/21 with any employee not available, receiving education prior to the start of their next shift.</p> <p>Administrator/Designee to audit to ensure current Alcohol and Other Substance Abuse policy is being followed for identified residents to include updating provider, Social Service intervention, referral to in house psychological services, offering treatment options, offering Rule 25, consulting provider for 72 hours hold and 30 day discharge notice 3 times a week for 1 month and then 1 time weekly for 3 months. Results of audits will be reviewed at QAPI for continued quality assurance opportunities.</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 740	<p>Continued From page 3</p> <p>withhold buprenorphine (medication used to treat opioid dependence) and monitoring for hypotension was received.</p> <p>- 5/13/21, at 12:31 p.m. indicated R1's had signs of alcohol intoxication and an empty alcohol bottle was found in her room. The progress notes further indicated R1 had a history of alcohol abuse which led to hospitalization. R1 was educated on the restriction of consuming alcohol. R1's room was searched, and the front desk was to check anything R1 brought in and out of the facility. Searches will continue to ensure R1 was safe.</p> <p>- 5/29/21, at 9:45 a.m. indicated a shipment of fruit punch vodka for R1 was intercepted and the delivery person was informed the facility was alcohol free. The delivery person canceled the order.</p> <p>-6/2/21, at 11:03 p.m. indicated therapy staff noticed R1 was "drunk" based on her performance. R1 was assessed by a nurse manager, however, the nurse manager was unable to tell if R1 was drunk. The physician was notified and R1's oxycodone (pain medication) was discontinued. R1 slept in her room for the entirety of the shift and refused to eat or drink.</p> <p>- 6/3/21, at 3:09 p.m. indicated R1's room was changed as her current room was accessible to the outside and sneaking in alcohol. The progress notes further indicated R1 had been hospitalized more frequently related to substance abuse and R1 sometimes appeared intoxicated with empty bottles of vodka found in her room. R1 was to be searched upon arrival from the community for forbidden substances.</p> <p>- 6/11/21, at 10:36 p.m. indicated R1 went outside by herself and returned confused and had an unstable gait. R1 seemed "drank [sic]." R1's blood pressure was 133/93 and her heart rate</p>	F 740			

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F 740	<p>Continued From page 4</p> <p>was 117. R1's physician was notified.</p> <p>- 6/13/21, at 3:34 p.m. indicated eight one-liter sized empty vodka bottles were found in R1's room. At 7:25 p.m., two additional full bottles of vodka were found in R1's walker after she had left and returned to the building.</p> <p>- 6/27/21, at 3:17 p.m. indicated R1's hands were noted to be "shaking occasionally." R1 was asked if the facility should notify the physician, however, R1 stated, "I shake sometimes, I am fine." R1's vital signs were recorded and noted to be at R1's "baseline."</p> <p>- 6/27/21, at 2:07 p.m. indicated her blood pressure was 144/92 and pulse was 103. R1's baseline blood pressure was 120/70 and pulse was between 60 to 80.</p> <p>- 7/4/21, at 7:38 a.m. indicated R1 left the facility at 7:00 p.m. on 7/3/21, and did not return overnight. Staff attempted to call R1, however, the call did not go through. Report was given to the oncoming nurse.</p> <p>- 7/4/21, at 7:58 a.m. indicated all R1's contacts were notified R1 had not returned to the facility, however, no one had called back. The progress note further indicated the DON was notified and had verbalized she would call the facility back with what needed to be done.</p> <p>- 7/4/21, at 10:23 a.m. indicated a call was placed to the facility administrator. The progress notes further indicated the administrator instructed staff R1 was her own responsible party and an "alcoholic." Further, R1 "could be drinking with her family or friend." Staff were instructed to allow family additional time to see if they called back. Family still had not contacted the facility at the time the progress note was written.</p> <p>- 7/4/21, at 10:57 a.m. indicated R1 contacted the facility and verbalized she was "doing fine." The progress notes further indicated R 1 verbalized</p>	F 740			

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F 740	<p>Continued From page 5</p> <p>she was stuck at family's house "unexpectedly overnight" and she was "fine."</p> <p>- 7/4/21, at 2:08 p.m. indicated R1 returned to the facility at 11:25 a.m. and was noted to be "shaking." R1 stated she was okay and she "shakes" at times, so there was no need to contact the physician. R1's vital signs were recorded.</p> <p>R1's vital signs recorded at on 7/4/21, at 11:33 a.m. indicated her blood pressure was 170/100 and pulse was 114.</p> <p>Although R1 had was noted to be shaking on 6/27/21, and 7/4/21, R1's physician was not notified, chemical dependency services were not offered, and R1 was not monitored for symptoms of alcohol withdrawal.</p> <p>R1's physicians note dated 7/16/21, indicated R1 was hospitalized on the following dates: - 5/4/21, through 5/7/21, with pancreatitis. It was also noted R1 had been drinking at the facility. 5/12/21, through 5/26/21, for pancreatitis, severe metabolic acidosis (condition in which the body was increasingly acidic), and congestive heart failure exacerbation. - 6/8/21, through 6/10/21, for vaginal bleeding and was also noted to be in acute alcohol withdrawal.</p> <p>When interviewed on 7/20/21, at 2:10 p.m. nursing assistant (NA)-A stated she did not know when R3 left or returned to the facility.</p> <p>When interviewed on 7/20/21, at 11:25 a.m. The DON confirmed no interventions referenced on R1's care plan, however, R1's room searches were conducted for alcohol and a room change was completed as there was a hole in R1's</p>	F 740			

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

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FORM APPROVED
OMB NO. 0938-0391

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F 740	<p>Continued From page 6</p> <p>screen and it was believed she was getting alcohol through it. The DON stated R1 goes outside and it was believed someone may be delivering her alcohol. The DON believed R1 was offered chemical dependency services at least one time. The DON stated R1 was hospitalized frequently, and the facility had more issues finding R1 intoxicated since her admission on 4/23/21. The DON stated R1 was "basically killing herself."</p> <p>When interviewed on 7/20/21, at 11:39 a.m. social worker (SW)-A stated there was, "plenty missing" from R1's care plan related to alcohol consumption. SW-A stated registered nurse (RN)-A made R1's care plan, however, it was not complete. SW-A stated R1 actively used alcohol and was followed by psychiatry.</p> <p>Review of R1's medical record lacked indication chemical dependency or psychiatry services were offered to R1 since admission to the facility on 4/23/21.</p> <p>When interviewed on 7/20/21, at 11:40 a.m. RN-A stated R1's care plan should had included interventions related to alcohol use, but it did not get done.</p> <p>When interviewed on 7/20/21, at 11:41 a.m. licensed practical nurse (LPN)-A stated R1 went out during the evening and was unaware of where R1 would go.</p> <p>When interviewed on 7/20/21, at 2:40 p.m. SW-B stated R1 was not referred to psychiatry or other behavioral health services and R1 was not interested. SW-B stated R1 would leave the facility during the day and return at night,</p>	F 740			

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F 740	<p>Continued From page 7</p> <p>however, was unsure where R1 went. SW-B stated R1 actively consumed alcohol and shook sometimes. SW-B stated she was unsure why R1 shook.</p> <p>When interviewed on 7/20/21, at 3:00 p.m. RN-A stated R1 was not compliant with signing out of the facility and attempted to sneak out. RN-A stated R1 tried to find a way out of the facility almost every day and there was no way to stop her from going out. RN-A stated R1 would verbalize she had a family emergency and had to go. RN-A stated the DON found R1 walking to the liquor store, R1 had left for appointments and not returned to the facility, and sometimes R1 had others pick her up from the facility and would not return. RN-A stated staff had previously found alcohol containers in R1's room and her room which was why room searches were initiated. RN-A stated symptoms of alcohol withdrawal included shakiness, confusion, falls, and change in speech. RN-A stated, "I think that is what was missed" related to monitoring for alcohol withdrawal for R1. RN-A verified R1 did not have shaking unless she had been drinking. RN-A stated R1 was not referred to psychology as she was not prescribed antidepressant or other psychiatric medications.</p> <p>When interviewed on 7/21/21, at 2:30 p.m. LPN-B stated R1 needed to be checked when she returned to the facility from an outing to ensure she had not acquired alcohol. LPN-B stated she had previously seen R1 intoxicated and R1 was shaky "sometimes" in the morning. LPN-B stated R1's shaking may be after R1 had been consuming alcohol. LPN-B stated R1 had no diagnoses which would result in tremors.</p>	F 740			

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F 740	<p>Continued From page 8</p> <p>When interviewed on 7/21/21, at 8:45 a.m. nurse practitioner (NP)-A stated R1 actively consumed alcohol which resulted in multiple hospitalizations for pancreatitis. NP-A stated consuming alcohol could impact R1's heart and kidney function. NP-A stated R1 was previously prescribed a medication for alcohol consumption after she was hospitalized on 5/6/21, however, the medication did not work for the resident. NP-A confirmed there were no other conversations about alcohol cessation for R1. NP-A stated signs and symptoms of alcohol withdrawal included tremors, fever, tachycardia (high heart rate), agitation, anxiety, blood pressure spikes (elevation), and sweating. NP-A stated she was not aware of alcohol withdrawal monitoring for R1 individuals with withdrawal can get quite unstable. NP-A stated R1 was supposed to have frequent room checks and was, "not supposed to be drinking at all."</p> <p>When interviewed on 7/21/21, at 3:10 p.m. R1's cardiologist, (MD)-A, stated alcohol consumption would affect R1's liver and ability to metabolize cardiac medications she was prescribed. MD-A stated the medications could become ineffective and could lead to death. MD-A stated the facility had not notified him of R1's alcohol consumption.</p> <p>When interviewed on 7/21/21, at 4:50 p.m. the facility medical director stated she did not believe R1 drank consistently in the nursing home, but stated R1, "seeks alcohol" and would "binge drink."</p> <p>Facility policy titled Policy and Procedure for Alcohol And Unauthorized Drugs Villa Healthcare Revised 2/19/19, directed:</p> <p>1. If a resident is found with possession, use, or</p>	F 740			

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F 740	<p>Continued From page 9</p> <p>distribution of unauthorized drugs or alcohol it will be confiscated by facility staff.</p> <p>2. The facility staff will conduct an initial room search and will continue to do random room searches if necessary.</p> <p>3. The resident's physician will be notified and able to make medication changes as appropriate.</p> <p>4. The facility may notify the police of the quantity or if there are concerns of personal harm or damage to property arising from the use of unauthorized drugs and/or alcohol.</p> <p>5. If visitors/family members are found with distribution of unauthorized drugs and alcohol, they will be asked to leave the facility and police may be notified.</p> <p>6. Residents who ignore the policy endanger themselves and others will receive the following consequences: Verbal warning and then written contract. Persistent violation of the policy will result in finding alternative living arrangements.</p> <p>The IJ was removed on 7/22/21, at 2:38 p.m. after it was verified through interview and document review the facility implemented a systemic plan for R1 and other residents whom were identified to have substance use disorders which included:</p> <ul style="list-style-type: none"> - Care plans were updated to include interventions related to alcohol use on 7/21/21. - Updated risk versus benefits documents were reviewed and signed on 7/21/21. - Psychology services were offered and R1 accepted on 7/21/21. - The consulting pharmacist reviewed resident medications for interactions with alcohol on 7/21/21. - Orders were updated to include monitoring for signs and symptoms of intoxication and alcohol withdrawal. Further, staff were to hold 	F 740			

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F 740	Continued From page 10 medications and notify the physician when signs and symptoms of intoxication/withdrawals were exhibited by a resident on 7/21/21. - The facility substance abuse policy was updated on 7/22/21, which included a protocol for substance abuse. - Actively working facility staff were educated on the above by 7/22/21. Facility staff who had not received training were notified education was required prior to working their next scheduled shift on 7/22/21.	F 740			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
August 12, 2021

Administrator
New Brighton A Villa Center
825 First Avenue Northwest
New Brighton, MN 55112

Re: Event ID: XGKT11

Dear Administrator:

The above facility survey was completed on July 22, 2021 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

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

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Melissa Poepping'.

Melissa Poepping, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64970
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poepping@state.mn.us

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00114	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/22/2021
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2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 7/20/21, through 7/22/21, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found IN compliance with the MN State Licensure.</p> <p>The following complaint was found to be</p>	2 000		
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		08/13/21

Minnesota Department of Health

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2 000	<p>Continued From page 1</p> <p>SUBSTANTIATED: H5164193C (MN74790), however, NO licensing orders were issued.</p> <p>The following complaint was found to be UNSUBSTANTIATED: H5164192C (MN70739)</p> <p>The Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.</p>	2 000		