Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
October 24, 2024

Administrator
The Villas at New Brighton
825 First Avenue Northwest
New Brighton, MN 55112

RE: CCN: 245164
Cycle Start Date: September 10, 2024

Dear Administrator:

On October 17, 2024, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3A 3rd Floor
PO Box 64900
625 Robert Street North
St. Paul, MN 55155
Office: 651-201-4384
Email: holly.zahler@state.mn.us

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October 24, 2024

Administrator
The Villas at New Brighton
825 First Avenue Northwest
New Brighton, MN 55112

Re: Reinspection Results
Event ID: U8C212

Dear Administrator:

On October 17, 2024, survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility to determine correction of orders found on the survey completed on September 10, 2024. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3A 3rd Floor
PO Box 64900
625 Robert Street North
St. Paul, MN 55155
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September 20, 2024

Administrator
The Villas at New Brighton
825 First Avenue Northwest
New Brighton, MN 55112

RE: CCN: 245164
Cycle Start Date: September 10, 2024

Dear Administrator:

On September 10, 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:

Annette Winters, Regional Operations Supervisor, Federal Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
625 Robert Street North
P.O. Box 64975
Saint Paul, Minnesota 55164-0975
Email: annette.m.winters@state.mn.us
Mobile: (651) 558-7558

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 December 10, 2024 (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 March 10, 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,

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3A 3rd Floor
PO Box 64900
625 Robert Street North
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245164	A. BUILDING _____ B. WING _____	C 09/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAS AT NEW BRIGHTON	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	INITIAL COMMENTS On 9/9/24 and 9/10/24, 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. H51647926C (MN00106422) The following complaints were reviewed. H51648000C (MN00106416) with a deficiency issued at F580. 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 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical,	F 580		10/4/24

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

Electronically Signed | 09/27/2024

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 580	Continued From page 1 mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).	F 580		

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F 580	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to notify resident's family of changes in condition for one of one resident (R2) reviewed. R2 had a left toe ulcer that developed on 7/30/24 and R1's power of attorney was not notified until R1 had to have the toe amputated on 9/2/24. Findings include: R2's Facesheet indicated R1 was admitted to the facility on 7/20/21 with a primary diagnosis of hemiplegia and hemiparesis following cerebral infarction affecting right dominant side. R1's additional diagnoses included protein-calorie malnutrition, anorexia, type two diabetes mellitus with diabetic nephropathy and retinopathy without macular edema, vascular dementia, and human immunodeficiency virus. R2's power of attorney (POA) paperwork dated 3/31/22 indicated R2 appointed family member (FM)-A and FM-B to be R2's representatives. The POA paperwork indicated the paperwork wound not have expired. R2's treatment administration record (TAR) dated 5/22/24 indicated nurses were to complete skin prep to left great toe twice a day every morning and at bedtime for monitoring. This record was treatment was discontinued on 9/3/24. The record indicated staff were completing this treatment twice a day. R2's wound care progress note dated 7/30/24 indicated R2 had bilateral great toe diabetic ulcer that was cleaned and dressed. The nurse practitioner (NP) noted the wounds were stable	F 580	1. R2 POA Family was notified of wound and resident's condition. R2's wound continues to be treated and followed by wound provider. 2. Full house audit of all residents with wounds completed and POA (if they have one) were notified 3. Clinical leaders will add skin information into care conference forms for all residents ongoing. Clinical Leaders (CL) and wound provider were educated regarding documentation of new wound. 4. DON/Designee will audit all new/reopened wounds for 4 weeks to ensure a picture was taken and labeled as a new wound. DON/Designee will audit all new/worsening wounds for 4 weeks to ensure notifications are completed and marked off in the wound form. DON/Designee will audit 2 care conference forms per week X 4 weeks. 5. Results of audits will be brought to QAPI by DON/designee for input to change frequency, continue audits, or d/c audits.	

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F 580	Continued From page 3 upon assessment, R2 to continue with the wound care team weekly, and R2 was a high-risk patient and staff needed to watch carefully for signs and symptoms of infection. R2's wound care progress note dated 8/6/24 indicated R2 had bilateral great toe diabetic ulcer that was cleaned and dressed. NP noted the wounds were stable upon assessment, R2 to continue with the wound care team weekly, and R2 was a high-risk patient and staff needed to watch carefully for signs and symptoms of infection. R2's brief interview for mental status (BIMS) dated 8/7/24 indicated R2 had a score of zero, which indicated R1 had severe cognitive impairment. R2's wound care progress note dated 8/13/24 indicated R2 had bilateral great toe diabetic ulcer that was cleaned and dressed. NP noted the wounds were stable upon assessment, R2 to continue with the wound care team weekly, and R2 was a high-risk patient and staff needed to watch carefully for signs and symptoms of infection. NP noted R2's wound had minimal improvements due to patient's condition. R2's weekly skin inspection dated 8/18/24 indicated R2's areas on her toes remained discolored, R2 was being followed by the wound care team, and all other skin was intact. R2's wound care progress note dated 8/20/24 indicated R2 had bilateral great toe diabetic ulcer that was cleaned and dressed. NP noted the wounds were stable upon assessment, R2 to continue with the wound care team weekly, and	F 580		

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F 580	Continued From page 4 R2 was a high-risk patient and staff needed to watch carefully for signs and symptoms of infection. NP noted R2's wound had minimal improvements due to patient's condition. R2's weekly skin inspection dated 8/25/24 did not have any information about a skin being completed. R2's wound care progress note dated 8/27/24 indicated R2 had bilateral great toe diabetic ulcer that was cleaned and dressed. NP noted the wounds were stable upon assessment, R2 to continue with the wound care team weekly, and R2 was a high-risk patient and staff needed to watch carefully for signs and symptoms of infection. NP noted R2's wound had minimal improvements due to patient's condition. R2's skin and wound evaluation dated 8/27/24 indicated R2 had a diabetic wound on her left dorsum on her first digit. The wound measured two centimeters in length, one centimeter wide, and zero point one centimeter deep. The wound had a moderate amount of serous exudate with attached edges and skin intact. The record indicated NP was notified. R2's weekly skin inspection dated 8/31/24 indicated R2 had multiple open areas on both toes. R2's progress note dated 8/31/24 indicated R2 was noted to have a stage one pressure ulcer on bilateral great toes, measuring approximately two centimeters by three centimeters. The progress note indicated the areas were cleaned with wound cleaner, betadine was applied, and covered with dressing. The progress note	F 580		

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F 580	Continued From page 5	F 580		

indicated the wounds had a small amount of serosanguinous drainage and had a foul odor. The progress note indicated the writer left a message for a nurse manager to ask for wound care team to evaluate the ulcers.

R2's progress note dated 9/1/24 indicated R2 had been sweating heavily with labored breathing. The progress note indicated R2's skin was cold to the touch. The progress note indicated R2 was sent to the emergency department for further evaluation and family was aware.

R2's hospital records dated 9/1/24 indicated R2 was admitted to the hospital for altered mental status and concern regarding the left toe wound. The records indicated podiatry was consulted and performed a left great toe amputation due to osteomyelitis of great toe. The records indicated FM-B agreed to this procedure.

R2's progress notes indicated no communication with family regarding wounds from 7/30/24 to 9/1/24.

Attempted to interview R2 on 9/10/24 and she did not respond to questions asked.

During an interview on 9/9/24 at 12:25 p.m., licensed practical nurse (LPN)-A stated R2 was non-verbal. LPN-A stated staff communicates with R2 by asking her yes or no questions.

During an interview on 9/10/24 at 9:53 a.m., NP stated R2 was sent to the hospital due to a change in condition because she was acting "differently" so the facility staff sent her to the hospital. NP stated R2 had her left great toe amputated but didn't know what led to the

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F 580	Continued From page 6 amputation. NP stated R2 had poor blood flow and circulation throughout her body. NP stated R2 didn't have any infection in her toes that he saw. NP stated he had never had any contact with R2's family. NP stated R2 had a slow decline for about six months to a year. NP stated R2's toes were very hard to treat due to her poor vasculature. NP stated he would expect the facility nurse who would be doing the wound care rounds with him to address the resident's families and keep them informed about the wound's progression. Attempted to contact FM-B on 9/10/24 at 10:11 a.m. but was unsuccessful. During an interview on 9/10/24 at 10:14 a.m., FM-A stated himself nor FM-B knew she had wounds on her toes. FM-A stated he was also text messaging FM-B during the interview because FM-B was unable to talk when the attempt was made to interview him. FM-A stated he visited R2 at the facility "several" times and none of the facility staff talked to him or FM-A about R2's wounds. FM-A stated he got a text message from FM-B that stated R2 was "confused" and staff would be sending her to the hospital for evaluation. FM-A stated he got to the hospital, and he spoke with the hospital nurse in which she stated R2 was admitted to the hospital due to her toe being infected and needed an amputation. FM-A stated he was confused because the facility staff hadn't told him or FM-B about R2's toe wounds. FM-A stated he nor FM-B knew that R2 was being seen by a wound care clinic. During the interview, FM-A asked FM-B through a text message asking if he knew R2 was being seen by a wound care clinic and FM-B told FM-A that he knew she was being seen by the	F 580		

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F 580	Continued From page 7	F 580		

wound care clinic, but he was not sure where her wounds were. FM-A stated himself nor FM-B ever received wound care clinic paperwork or a phone call from the facility nurses or the NP regarding R2's wounds.

During an interview on 9/10/24 at 10:33 a.m., the nurse manager (NM)-A stated the NP comes every week from an outside agency to assess wounds, treat wounds, and write new orders for wounds if application. NM-A stated when a resident has new skin concerns, the facility nurses would update the family. NM-A stated the facility does not update the resident's families every time NP sees the resident.

During an interview on 9/10/24 at 10:38 a.m., NM-B stated NP had been following R2's toe wounds for "a while". NM-B stated the facility does not update the family weekly about resident's wounds. NM-B stated the facility would update the family about if the resident had an infection or needed to be sent to the hospital. NM-B stated the facility talked to FM-B about hew new toe ulcers. NM-B stated the facility had a care conference and her wounds was one of the topics that was discussed. NM-B could not state when the care conference was. NM-B stated, "everything we talk about should be in the interdisciplinary team (IDT) care conference notes". NM-B stated the facility nurses would document that they had spoken with a resident's family regarding wounds in a progress note.

Attempted to contact registered nurse (RN)-B on 9/10/24 at 11:31 a.m. but was unsuccessful.

During an interview on 9/10/24 at 12:32 a.m., FM-B stated he did not know about the wounds

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F 580	Continued From page 8 on R2's toes. FM-B stated he got a call from the hospital stating the facility sent R2 to the hospital for evaluation about confusion and had discovered R2's toes were infected. FM-B stated he had to give consent for the amputation procedure. FM-B stated he never got updates from the facility nursing staff or NP regarding the progression of R2's wounds. During an interview on 9/10/24 at 12:07 p.m., DON stated she was unsure about the process of updating families when it came to wounds. DON stated, "she would think NP would update families regarding updates". DON stated she would expect the NP to update resident's families regarding wounds. DON stated the NM would provide notifications to resident's families if there were medication changes. DON stated resident families who visited more "often probably get notified more". DON stated she knew R2 had her toe amputated, but she did not know to which extent R2's family knew about the wound. DON stated she had spoken to FM-A about the hospital stay and the amputation and DON stated FM-A stated he was not expecting an amputation. DON stated she was unsure if the family was notified about the extent of the wounds. DON stated she did not have communication with R2's family regarding the progression of the wounds. DON stated she would expect staff to put in a progress note regarding would care treatment and progress. During an interview on 9/10/24 at 12:15 p.m., the administrator stated if there was a change in a resident's wound progress, she would expect nurses to notify the resident's family. The administrator stated she would expect there to be a progress note if a resident's family was	F 580		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 580	Continued From page 9 communicated with about wound progress. The facility's "Notification of Changes" policy dated 3/24 indicated "nurses and other care staff are educated to identify changes in a resident's status and define changes that require notification of the resident and/or their representative, and the resident's physician, to ensure best outcomes of care for the resident.". The policy stated the objective of the notification policy is to "ensure the facility staff makes appropriate notification to the physician and delegated non-physician practitioner and notification to the resident and/or the resident representative when there is a change in the resident's condition, or an accident that may require physician intervention.". The facility's "Skin Assessment and Wound Management" policy dated 3/24 indicated when there was a new skin problem, the provider and the resident representative would be notified. The policy indicated when a resident had ongoing skin issues, the facility was to update the provider and resident or resident representative as needed.	F 580		

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
September 20, 2024

Administrator
The Villas at New Brighton
825 First Avenue Northwest
New Brighton, MN 55112

Re: State Nursing Home Licensing Orders
Event ID: U8C211

Dear Administrator:

The above facility was surveyed on September 9, 2024 through September 10, 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:

Annette Winters, Regional Operations Supervisor, Federal Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
625 Robert Street North
P.O. Box 64975
Saint Paul, Minnesota 55164-0975
Email: annette.m.winters@state.mn.us
Mobile: (651) 558-7558

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.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3A 3rd Floor
PO Box 64900
625 Robert Street North
St. Paul, MN 55155
Office: 651-201-4384
Email: holly.zahler@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00114	A. BUILDING: _____ B. WING _____	C 09/10/2024

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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 9/9/24 and 9/10/24, 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 order(s) were issued. Please indicate in your electronic plan of correction you have reviewed these orders	2 000		

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

Electronically Signed | 09/27/24

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2 000	Continued From page 1 and identify the date when they will be completed. The following complaints were reviewed with no licensing orders issued. H51647926C (MN00106422) The following complaints were reviewed. H51648000C (MN00106416) with a licensing order issued at 0265. 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	2 000		

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2 000	Continued From page 2 be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is 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		
2 265	MN Rule 4658.0085 Notification of Chg in Resident Health Status A nursing home must develop and implement policies to guide staff decisions to consult physicians, physician assistants, and nurse practitioners, and if known, notify the resident's legal representative or an interested family member of a resident's acute illness, serious accident, or death. At a minimum, the director of nursing services, and the medical director or an attending physician must be involved in the development of these policies. The policies must have criteria which address at least the appropriate notification times for: A. an accident involving the resident which results in injury and has the potential for requiring physician intervention; B. a significant change in the resident's physical, mental, or psychosocial status, for example, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications; C. a need to alter treatment significantly, for	2 265		10/4/24

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2 265	Continued From page 3 example, a need to discontinue an existing form of treatment due to adverse consequences, or to begin a new form of treatment; D. a decision to transfer or discharge the resident from the nursing home; or E. expected and unexpected resident deaths. This MN Requirement is not met as evidenced by: Based on interview and record review, the facility failed to notify resident's family of changes in condition for one of one resident (R2) reviewed. R2 had a left toe ulcer that developed on 7/30/24 and R1's power of attorney was not notified until R1 had to have the toe amputated on 9/2/24. Findings include: R2's Facesheet indicated R1 was admitted to the facility on 7/20/21 with a primary diagnosis of hemiplegia and hemiparesis following cerebral infarction affecting right dominant side. R1's additional diagnoses included protein-calorie malnutrition, anorexia, type two diabetes mellitus with diabetic nephropathy and retinopathy without macular edema, vascular dementia, and human immunodeficiency virus. R2's power of attorney (POA) paperwork dated 3/31/22 indicated R2 appointed family member (FM)-A and FM-B to be R2's representatives. The POA paperwork indicated the paperwork wound not have expired. R2's treatment administration record (TAR) dated 5/22/24 indicated nurses were to complete skin prep to left great toe twice a day every morning	2 265	Corrected	

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2 265	Continued From page 4 and at bedtime for monitoring. This record was treatment was discontinued on 9/3/24. The record indicated staff were completing this treatment twice a day. R2's wound care progress note dated 7/30/24 indicated R2 had bilateral great toe diabetic ulcer that was cleaned and dressed. The nurse practitioner (NP) noted the wounds were stable upon assessment, R2 to continue with the wound care team weekly, and R2 was a high-risk patient and staff needed to watch carefully for signs and symptoms of infection. R2's wound care progress note dated 8/6/24 indicated R2 had bilateral great toe diabetic ulcer that was cleaned and dressed. NP noted the wounds were stable upon assessment, R2 to continue with the wound care team weekly, and R2 was a high-risk patient and staff needed to watch carefully for signs and symptoms of infection. R2's brief interview for mental status (BIMS) dated 8/7/24 indicated R2 had a score of zero, which indicated R1 had severe cognitive impairment. R2's wound care progress note dated 8/13/24 indicated R2 had bilateral great toe diabetic ulcer that was cleaned and dressed. NP noted the wounds were stable upon assessment, R2 to continue with the wound care team weekly, and R2 was a high-risk patient and staff needed to watch carefully for signs and symptoms of infection. NP noted R2's wound had minimal improvements due to patient's condition. R2's weekly skin inspection dated 8/18/24 indicated R2's areas on her toes remained	2 265		

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2 265	Continued From page 5 discolored, R2 was being followed by the wound care team, and all other skin was intact. R2's wound care progress note dated 8/20/24 indicated R2 had bilateral great toe diabetic ulcer that was cleaned and dressed. NP noted the wounds were stable upon assessment, R2 to continue with the wound care team weekly, and R2 was a high-risk patient and staff needed to watch carefully for signs and symptoms of infection. NP noted R2's wound had minimal improvements due to patient's condition. R2's weekly skin inspection dated 8/25/24 did not have any information about a skin being completed. R2's wound care progress note dated 8/27/24 indicated R2 had bilateral great toe diabetic ulcer that was cleaned and dressed. NP noted the wounds were stable upon assessment, R2 to continue with the wound care team weekly, and R2 was a high-risk patient and staff needed to watch carefully for signs and symptoms of infection. NP noted R2's wound had minimal improvements due to patient's condition. R2's skin and wound evaluation dated 8/27/24 indicated R2 had a diabetic wound on her left dorsum on her first digit. The wound measured two centimeters in length, one centimeter wide, and zero point one centimeter deep. The wound had a moderate amount of serous exudate with attached edges and skin intact. The record indicated NP was notified. R2's weekly skin inspection dated 8/31/24 indicated R2 had multiple open areas on both toes.	2 265		

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2 265	Continued From page 6 R2's progress note dated 8/31/24 indicated R2 was noted to have a stage one pressure ulcer on bilateral great toes, measuring approximately two centimeters by three centimeters. The progress note indicated the areas were cleaned with wound cleaner, betadine was applied, and covered with dressing. The progress note indicated the wounds had a small amount of serosanguinous drainage and had a foul odor. The progress note indicated the writer left a message for a nurse manager to ask for wound care team to evaluate the ulcers. R2's progress note dated 9/1/24 indicated R2 had been sweating heavily with labored breathing. The progress note indicated R2's skin was cold to the touch. The progress note indicated R2 was sent to the emergency department for further evaluation and family was aware. R2's hospital records dated 9/1/24 indicated R2 was admitted to the hospital for altered mental status and concern regarding the left toe wound. The records indicated podiatry was consulted and performed a left great toe amputation due to osteomyelitis of great toe. The records indicated FM-B agreed to this procedure. R2's progress notes indicated no communication with family regarding wounds from 7/30/24 to 9/1/24. Attempted to interview R2 on 9/10/24 and she did not respond to questions asked. During an interview on 9/9/24 at 12:25 p.m., licensed practical nurse (LPN)-A stated R2 was non-verbal. LPN-A stated staff communicates with R2 by asking her yes or no questions.	2 265		

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2 265	Continued From page 7 During an interview on 9/10/24 at 9:53 a.m., NP stated R2 was sent to the hospital due to a change in condition because she was acting "differently" so the facility staff sent her to the hospital. NP stated R2 had her left great toe amputated but didn't know what led to the amputation. NP stated R2 had poor blood flow and circulation throughout her body. NP stated R2 didn't have any infection in her toes that he saw. NP stated he had never had any contact with R2's family. NP stated R2 had a slow decline for about six months to a year. NP stated R2's toes were very hard to treat due to her poor vasculature. NP stated he would expect the facility nurse who would be doing the wound care rounds with him to address the resident's families and keep them informed about the wound's progression. Attempted to contact FM-B on 9/10/24 at 10:11 a.m. but was unsuccessful. During an interview on 9/10/24 at 10:14 a.m., FM-A stated himself nor FM-B knew she had wounds on her toes. FM-A stated he was also text messaging FM-B during the interview because FM-B was unable to talk when the attempt was made to interview him. FM-A stated he visited R2 at the facility "several" times and none of the facility staff talked to him or FM-A about R2's wounds. FM-A stated he got a text message from FM-B that stated R2 was "confused" and staff would be sending her to the hospital for evaluation. FM-A stated he got to the hospital, and he spoke with the hospital nurse in which she stated R2 was admitted to the hospital due to her toe being infected and needed an amputation. FM-A stated he was confused because the facility staff hadn't told him or FM-B about R2's toe wounds. FM-A stated he nor FM-B	2 265		

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2 265	Continued From page 8 knew that R2 was being seen by a wound care clinic. During the interview, FM-A asked FM-B through a text message asking if he knew R2 was being seen by a wound care clinic and FM-B told FM-A that he knew she was being seen by the wound care clinic, but he was not sure where her wounds were. FM-A stated himself nor FM-B ever received wound care clinic paperwork or a phone call from the facility nurses or the NP regarding R2's wounds. During an interview on 9/10/24 at 10:33 a.m., the nurse manager (NM)-A stated the NP comes every week from an outside agency to assess wounds, treat wounds, and write new orders for wounds if application. NM-A stated when a resident has new skin concerns, the facility nurses would update the family. NM-A stated the facility does not update the resident's families every time NP sees the resident. During an interview on 9/10/24 at 10:38 a.m., NM-B stated NP had been following R2's toe wounds for "a while". NM-B stated the facility does not update the family weekly about resident's wounds. NM-B stated the facility would update the family about if the resident had an infection or needed to be sent to the hospital. NM-B stated the facility talked to FM-B about hew new toe ulcers. NM-B stated the facility had a care conference and her wounds was one of the topics that was discussed. NM-B could not state when the care conference was. NM-B stated, "everything we talk about should be in the interdisciplinary team (IDT) care conference notes". NM-B stated the facility nurses would document that they had spoken with a resident's family regarding wounds in a progress note. Attempted to contact registered nurse (RN)-B on	2 265		

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2 265	Continued From page 9 9/10/24 at 11:31 a.m. but was unsuccessful. During an interview on 9/10/24 at 12:32 a.m., FM-B stated he did not know about the wounds on R2's toes. FM-B stated he got a call from the hospital stating the facility sent R2 to the hospital for evaluation about confusion and had discovered R2's toes were infected. FM-B stated he had to give consent for the amputation procedure. FM-B stated he never got updates from the facility nursing staff or NP regarding the progression of R2's wounds. Attempted to contact director of nursing (DON) on 9/10/24 at 12:05 p.m. but was unsuccessful. During an interview on 9/10/24 at 12:07 p.m., DON stated she was unsure about the process of updating families when it came to wounds. DON stated, "she would think NP would update families regarding updates". DON stated she would expect the NP to update resident's families regarding wounds. DON stated the NM would provide notifications to resident's families if there were medication changes. DON stated resident families who visited more "often probably get notified more". DON stated she knew R2 had her toe amputated, but she did not know to which extent R2's family knew about the wound. DON stated she had spoken to FM-A about the hospital stay and the amputation and DON stated FM-A stated he was not expecting an amputation. DON stated she was unsure if the family was notified about the extent of the wounds. DON stated she did not have communication with R2's family regarding the progression of the wounds. DON stated she would expect staff to put in a progress note regarding would care treatment and progress.	2 265		

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2 265	Continued From page 10 During an interview on 9/10/24 at 12:15 p.m., the administrator stated if there was a change in a resident's wound progress, she would expect nurses to notify the resident's family. The administrator stated she would expect there to be a progress note if a resident's family was communicated with about wound progress. The facility's "Notification of Changes" policy dated 3/24 indicated "nurses and other care staff are educated to identify changes in a resident's status and define changes that require notification of the resident and/or their representative, and the resident's physician, to ensure best outcomes of care for the resident.". The policy stated the objective of the notification policy is to "ensure the facility staff makes appropriate notification to the physician and delegated non-physician practitioner and notification to the resident and/or the resident representative when there is a change in the resident's condition, or an accident that may require physician intervention.". The facility's "Skin Assessment and Wound Management" policy dated 3/24 indicated when there was a new skin problem, the provider and the resident representative would be notified. The policy indicated when a resident had ongoing skin issues, the facility was to update the provider and resident or resident representative as needed.	2 265		