



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

Electronically Delivered  
November 20, 2024

Administrator  
Rochester East Health Services  
501 Eighth Avenue Southeast  
Rochester, MN 55904

RE: CCN: 245184  
Cycle Start Date: October 8, 2024

Dear Administrator:

On November 8, 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.

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

Melissa Poepping, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64900  
Saint Paul, Minnesota 55164-0970  
Phone: 651-201-4117  
Email: [Melissa.Poepping@state.mn.us](mailto:Melissa.Poepping@state.mn.us)



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November 20, 2024

Administrator  
Rochester East Health Services  
501 Eighth Avenue Southeast  
Rochester, MN 55904

Re: Reinspection Results  
Event ID: UOF112

Dear Administrator:

On November 8, 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 October 8, 2024. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

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

Melissa Poepping, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64900  
Saint Paul, Minnesota 55164-0970  
Phone: 651-201-4117  
Email: [Melissa.Poepping@state.mn.us](mailto:Melissa.Poepping@state.mn.us)



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

Electronically delivered  
October 16, 2024

Administrator  
Rochester East Health Services  
501 Eighth Avenue Southeast  
Rochester, MN 55904

RE: CCN: 245184  
Cycle Start Date: October 8, 2024

Dear Administrator:

On October 8, 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 a pattern of deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level E), 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, Rapid Response  
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](mailto: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 8, 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 8, 2025 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the

Rochester East Health Services

October 16, 2024

Page 3

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/ltr\\_idr.cfm](https://mdhprovidercontent.web.health.state.mn.us/ltr_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](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,



Melissa Poepping, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64900  
Saint Paul, Minnesota 55164-0970  
Phone: 651-201-4117  
Email: [Melissa.Poepping@state.mn.us](mailto:Melissa.Poepping@state.mn.us)

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

PRINTED: 11/04/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245184</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/08/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROCHESTER EAST HEALTH SERVICES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>501 EIGHTH AVENUE SOUTHEAST ROCHESTER, MN 55904</b>		
(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 10/3/24, 10/4/24, and 10/8/24, 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: H51848180C (MN00106587), H51849280C (MN00106078), H51849320C (MN00103986), H51849321C (MN00103816), H51849322C (MN00102905), H51849323C (MN00102736), and H51849343C (MN00107198) with deficiencies cited at F695 and F804.  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 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i)  § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences,	F 695		11/4/24	

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

TITLE

(X6) DATE

Electronically Signed

10/26/2024

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 695	<p>Continued From page 1 and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure oxygen was delivered according to physician orders for 1 of 3 residents (R8) reviewed for respiratory care.</p> <p>Findings include:</p> <p>R8's face sheet dated 10/8/24, identified R8's diagnoses included chronic respiratory failure (condition in which the lungs have trouble loading blood with oxygen or removing carbon dioxide), interstitial lung disease (progressive scarring of lung tissue), iron deficiency anemia (body does not have enough red blood cells or iron), history of pulmonary embolism (blood clot that blocks the artery in the lung), and dependence on supplemental oxygen.</p> <p>R8's quarterly Minimum Data Set (MDS) dated 8/24/24, identified R8 did not reject cares. R8 required moderate assistance with personal hygiene. R8 did not have shortness of breath.</p> <p>R8's physician orders dated 12/26/23, included oxygen 1 liter per minute (LPM) via nasal cannula (NC) continuously.</p> <p>R8's care plan dated 8/19/24, identified R8 was at risk for respiratory impairment related to interstitial lung disease. Interventions included to administer oxygen per orders, elevate head of bed, obtain pulse oximetry and report abnormal findings.</p> <p>R8's progress note dated 8/27/24, identified R8 used oxygen at 1-2 LPM (the range dosage of</p>	F 695	<p>R 8 no longer resides at the facility.</p> <p>Residents who require supplemental oxygen have the potential to be impacted by the alleged practice. Care plans and orders were reviewed and updated if indicated.</p> <p>Education on the use of oxygen was provided to nursing staff beginning 10/08/2024 by the Vice President of Success and the Infection Preventionist. Education included placement of nasal cannula, need for continuous use of oxygen and limiting removal of cannula during cares.</p> <p>Audits of oxygen use and compliance with oxygen orders will be completed by the Director of Nursing or designee three times weekly for four weeks, then twice weekly for four weeks, then weekly for four weeks. Results of audits will be submitted to the Quality Assurance/ Performance Improvement committee for review and recommendations.</p>	

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F 695	<p>Continued From page 2</p> <p>oxygen was not included in the physician order dated 12/26/24).</p> <p>During an observation and interview on 10/8/24 at 9:17 a.m., R8 laid in bed while nursing assistant (NA)-B applied compression socks to R8's legs. R8's head of bed was not raised and was in a flat position. The oxygen concentrator was dialed to 2 LPM. R8 had the oxygen nasal cannula on her right cheek instead of in her nose. NA-D entered the room and removed the oxygen cannula from R8's face and placed it on the bed. NA-B and NA-D provided morning cares to R8. When cares were completed, NA-B and NA-D transferred R8 to a wheelchair. Licensed practical nurse (LPN)-B was brought in the room to check R8's oxygen saturation while not on oxygen. At 9:46 a.m., R8's oxygen level was 64%, LPN-B applied oxygen cannula into the nares of R8. R8 stated she was having shortness of breath (SOB). LPN-B requested NA-B increase the level of oxygen that R8 was receiving to 3 LPM. NA-B went to the concentrator and turned the dial to 3 LPM. At 9:49 a.m., the oxygen saturation was 82%. At 9:50 a.m., oxygen saturation was 85%. At 9:51 a.m., oxygen saturation was 89% and at 9:51 p.m., it was 90%. At 9:52 a.m., R8 stated she was no longer short of breath.</p> <p>During an interview on 10/8/24 at 12:00 p.m., NA-B stated R8 was supposed to have continuous oxygen so she should never be without it. NA-B was unaware of how long a person could go without oxygen on if they required continuous oxygen. NA-B stated that NA's had the ability to titrate the oxygen if the nurse told them what number they wanted the oxygen at.</p>	F 695		

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F 695	<p>Continued From page 3</p> <p>During an interview on 10/8/24 at 12:04 p.m., LPN-B stated nursing assistants were able to transfer a resident from the oxygen concentrator to the portable oxygen tank, fill the portable tanks, and use the oximeter to assess a residents oxygen saturation. NA's were not able to titrate oxygen. During cares NA's could remove the oxygen if it interfered with caregiving and reapply with the intention of not having the oxygen off longer than five minutes.</p> <p>During an interview on 10/8/24 at 2:18 p.m., vice president of success (VPS)-A stated NA's could remove oxygen to complete certain tasks and return the oxygen back on. VPS-A stated that without oxygen a resident could experience hypoxia (low oxygen).</p> <p>The facilities oxygen policy, revised 6/27/22, identified that oxygen is a basic human need and people would not survive without it. Supplemental oxygen may be required to maintain normal body function.</p>	F 695		
F 804 SS=E	<p>Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2)</p> <p>§483.60(d) Food and drink Each resident receives and the facility provides-</p> <p>§483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance;</p> <p>§483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record</p>	F 804	R 8 is no longer at the facility. Residents	11/4/24

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F 804	<p>Continued From page 4</p> <p>review the facility failed to ensure food was maintained at proper temperatures to ensure palatability for 6 of 6 residents (R6, R12, R13, R14, R15, R16) interviewed who complained about cold food.</p> <p>Findings include:</p> <p>R6's face sheet dated 10/8/24, identified R6 admitted 4/24.</p> <p>R6's quarterly Minimum Data Set (MDS) dated 7/13/24, identified R6 was cognitively intact. R6 was independent with meals.</p> <p>R6's Grievance Form completed 9/2/24, indicated R6 was concerned lunch had not been served until 2:00 p.m. and he had not recieved what was ordered. Additionally, almost every meal lately had been cold. Grievance was reviewed with dietary manager and interdisciplinary team at morning meeting, along with maintenance notified that hot plate warmer needed to be serviced. Corrective action included utilization of a second warmer to warm plates and stainless-steel inserts while repairs done on warmer. Dietary staff retrained on proper temperature procedures and holding temperature standards on 9/4/24.</p> <p>During an interview on 10/8/24 at 9:13 a.m., R6 stated "the food sucks". R6 would have meals in his room or in the dining room and it would not matter where he was at, the food was always lukewarm to cold. The plates would be warm but not the food. Sometimes something that should be served cold was on the warm plate.</p> <p>R12's face sheet dated 10/9/24, identified R12</p>	F 804	<p>R6, R 12, R 13, R 14, R 15 and R 16 were interviewed by food service manager or designee to update likes/dislikes and preferences.</p> <p>Residents who receive meals from the facility dining services have the potential to be impacted by the alleged practice. Various sizes of insulated food bowls for meal service have been ordered and received. These bowls will help to ensure that foods remain palatable when transported to each unit for meal service. Additional warming discs were ordered to ensure that there is adequate supply for room trays and trays delivered on food carts. Additional thermometers were ordered to allow for temping a variety of foods at the same time. Additional smaller pans for the steam table are being ordered at this time to ensure there is enough room on the steam table for the items being served.</p> <p>The dietary manager or designee provided education beginning (NEED DATE HERE) to the dietary staff on meal delivery and methods to provide meals at a consistent temperature. Education was provided on use of items to maintain food temperature and promote palatable meals.</p> <p>The Executive Director or designee will audit meal temperature three times weekly for four weeks then twice weekly for four weeks then weekly for four weeks. Audits will include observation of tray line delivery preparation and temperature</p>	

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F 804	<p>Continued From page 5 admitted 7/21.</p> <p>R12's care plan dated 8/12/24, identified an intervention to provide meal set up and encouragement to finish meals, and dine in the dining room.</p> <p>During an observation and interview on 10/8/24 at 3:05 p.m., R12 was in her room with a lunch tray sitting on the overbed table. Food on the plate was untouched, a tulip bowl was empty on the tray. "Sometimes when I get the food it is cold and sometimes it is not." R12 stated there was no particular reason why she did not eat the food on the plate.</p> <p>R13's face sheet dated 10/9/24, identified R13 admitted 6/23. Diagnoses included diabetes mellitus type 2.</p> <p>R13's care plan dated 4/17/23, identified interventions to honor residents food preferences, provide diet as ordered.</p> <p>During an interview on 10/8/24 at 3:08 p.m., R13 stated the food is cold all the time. "I don't ask them to reheat it, I just eat it and hope the next time it will be better, and it really isn't."</p> <p>R14's face sheet dated 10/9/24, identified R14 admitted 2/23.</p> <p>R14's care plan dated 8/24/23 had an intervention that R14 preferred to eat in her room. Intervention from 12/23/24, identified R14 preferred small portions at meal with no green vegetables.</p> <p>During an interview on 10/8/24 at 3:09 p.m., R14 stated the food is cold. "Last night I had rice. It</p>	F 804	checks at delivery to resident. Results of audits will be submitted to the Quality Assurance and Performance Improvement committee for review and recommendations.	

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F 804	<p>Continued From page 6</p> <p>was supposed to be hot, and it was very cold."</p> <p>R15's face sheet dated 10/9/24, identified R15 admitted 3/23.</p> <p>R15's care plan dated 5/29/19, identified risk of inadequate oral intake related to hospice status. Interventions included fortified foods-extra gravy, sour cream, butter. R14 required set-up at meals and assist of one.</p> <p>During an interview on 10/8/24 at 3:13 p.m., R15 stated sometimes the food is cold, but it is good.</p> <p>R16's face sheet dated 10/9/24, identified R16 admitted 4/24.</p> <p>R16's care plan dated 4/17/24, identified R16 had increased nutritional needs due to low body mass index and parkinsonism. Interventions included to encourage snacks everyday for weight and nutritional support. R16 dislikes meat and requests alternative entrees for those meals.</p> <p>During an interview on 10/8/24 at 3:16 p.m., R16 stated the food is occasionally cold.</p> <p>During an observation on 10/3/24 at 12:51 p.m., meal trays were being handed out to residents on the third floor in the dining room.</p> <p>During an interview on 10/3/24 at 12:52 p.m., licensed practical nurse (LPN)-B stated nursing staff does not check the temperature of the food prior to service. "Sometimes the trays come up at noon and yesterday we did not receive them until 1:30 p.m." LPN-B stated the dietary department does not pass out the trays, their policy is to only prepare and plate the food, nursing passes the</p>	F 804		

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

PRINTED: 11/04/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245184</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/08/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROCHESTER EAST HEALTH SERVICES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>501 EIGHTH AVENUE SOUTHEAST ROCHESTER, MN 55904</b>		
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F 804	<p>Continued From page 7</p> <p>trays and pours the drinks. "Hot plates are not normally on the food and hardly ever are, but they are today." LPN-B stated some of the residents complain about the food, especially if they have family present. A lot of the times we heat up the food in the microwave before serving it.</p> <p>During an observation on 10/3/24 at 12:59 p.m., dietary cook (DC)-B came to third floor and temped a tray of food from the steam cart; Fruit crisp 132 degrees Fahrenheit (F), macaroni and cheese 127.4 F, cornflake chicken 111.2 F California vegetables 213.8 F.</p> <p>Guidelines for food temperatures from the article "Must know nursing home food temperature regulations dated 7/21/24, identified hot food maintained at a minimum 135 Fahrenheit (F) or 57 C. Cold food maintain at 41 F or 5 C.</p> <p>During an interview on 10/3/24 at 2:52 p.m., dietary account manager (AM)-A and operational excellence manager (OEM)-A stated those were not acceptable numbers for the food that was temped on third floor. AM-A stated food was taken out of the oven at 11:45 a.m. and taken right to the steam table. The cooks dish each meal plate by plate, tray by tray. OEM-A stated the metal discs that go under the hot plate and then encased in a plastic dome to keep the food warm were heated to 125 degrees and have a 25-50-minute time rating for 125 degrees and are not used to heat food but to maintain food temperatures. AM-A stated food was temped three times during service: right out of the oven, when it was put on the steam table, and a test tray out on the floors. AM-A stated her work hours were to come during breakfast and leave during supper to have eyes on all the meals served.</p>	F 804		

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F 804	<p>Continued From page 8</p> <p>During an observation and interview of dining service on 10/8/24 that began at 11:30 a.m. and ending at 2:08 p.m., DC-A removed food from the oven.</p> <p>Temperature of the food at 12:00 p.m.:</p> <p>Fish 157.4 F Hamburger 176 F Potatoes 168.4 F Cabbage 176.6 F new potatoes 157.5 F Pureed cabbage 167.1 F Coleslaw 50.9 F Minced fish 165.9 F Pureed hamburger 177.6 F Gravy 184.2 F Puree wheat bread 120 F</p> <p>12:15 p.m. the food was brought to the steam table on the first-floor dining room.</p> <p>12:22 p.m. steam table temperatures:</p> <p>Fish 144.5 F Hamburger 162.6 F Mashed potatoes 158.7 F Cabbage 155.4 F Minced fish 161 F New potatoes 133.5 F Puree hamburger 152.3 F Gravy 156.2 F Wheat bread 125.9 F Puree cabbage 180.5 F Coleslaw didn't temp</p> <p>12:30 p.m. DC-A began plating food. "We don't have enough space on the steam table to hold all the hot foods so it makes a big difference in the temps."</p> <p>12:35 p.m., DC-A left the serving area and went to the kitchen and brought back a large metal bowl with chicken salad. DC-A stated it did not</p>	F 804		

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F 804	<p>Continued From page 9</p> <p>need to be temped because it came from the walk-in.</p> <p>12:45 p.m., DC-A loaded trays for 1st floor with food. Coleslaw was added directly to the warm plate. The plates were placed on trays without lids.</p> <p>12:48 p.m., dietary aide began putting lids on trays.</p> <p>12:55 p.m., 1st floor trays were given to nursing to disperse.</p> <p>12:55 p.m. - 1:15 p.m., DC-A prepared trays for 2nd floor and gave to nursing staff to disperse. DC-A stated the fish is horrible, stuck to the pan.</p> <p>1:15 p.m. - 1:45 p.m., DC-A plated meals for 3rd floor.</p> <p>No food temperatures were taken on trays by DC-A.</p> <p>During an observation on 10/8/24 at 2:08 p.m., last tray on the cart, which was a sample tray was temped by clinical manager (CM)-A on 3rd floor.</p> <p>New potatoes 121.6 F Hamburger 114.6 F Potatoes and gravy 124.3 F Fish 116.6 F Cabbage 124.3 F</p> <p>During an interview on 10/8/24 at 2:18 p.m., vice president of success (VPS)-A stated it was her expectation that meals be served timely and not be cold or lacking in temperature.</p> <p>The facility Quality and Palatability of food policy revised 2/23, identified food would be prepared by methods that conserve nutritive value, flavor, and appearance. Food will be palatable, attractive. And served at a safe and appetizing temperature. "Proper (safe and appetizing) temperature" food should be at the appropriate temperature as</p>	F 804		

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F 804	Continued From page 10 determined by the type of food to ensure resident's satisfaction ad minimizes the risk for scalding and burns. The cooks prepare food in a sanitary manner utilizing the principles of Hazard Analysis Critical Control Point (HACCP) and time and temperature guidelines as outlined in the Federal Food Code.	F 804		



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

Electronically delivered  
October 16, 2024

Administrator  
Rochester East Health Services  
501 Eighth Avenue Southeast  
Rochester, MN 55904

Re: State Nursing Home Licensing Orders  
Event ID: UOF111

Dear Administrator:

The above facility was surveyed on October 3, 2024 through October 8, 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](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, Rapid Response  
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](mailto: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.



Melissa Poepping, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64900  
Saint Paul, Minnesota 55164-0970  
Phone: 651-201-4117  
Email: [Melissa.Poepping@state.mn.us](mailto:Melissa.Poepping@state.mn.us)

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00953</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/08/2024</b>
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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;"><b>NH LICENSING CORRECTION ORDER</b></p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 10/3/24, 10/4/24, and 10/8/24, 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. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date</p>	2 000		
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <b>Electronically Signed</b>	TITLE	(X6) DATE <b>10/26/24</b>
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Minnesota Department of Health

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2 000	<p>Continued From page 1</p> <p>when they will be completed.</p> <p>The following complaints were reviewed: H51848180C (MN00106587), H51849280C (MN00106078), H51849320C (MN00103986), H51849321C (MN00103816), H51849322C (MN00102905), H51849323C (MN00102736), and H51849343C (MN00107198) with a licensing order issued at 0960.</p> <p>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.</p> <p>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 &lt;<a href="https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html">https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html</a>&gt; 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</p>	2 000		
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2 000	Continued From page 2  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		
2 960	MN Rule 4658.0600 Subp. 1 Dietary Service - Food Quality  Subpart 1. Food quality. Food must have taste, aroma, and appearance that encourages resident consumption of food.  This MN Requirement is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure food was maintained at proper temperatures to ensure palatability for 6 of 6 residents (R6, R12, R13, R14, R15, R16) interviewed who complained about cold food.  Findings include:  R6's face sheet dated 10/8/24, identified R6 admitted 4/24.  R6's quarterly Minimum Data Set (MDS) dated 7/13/24, identified R6 was cognitively intact. R6 was independent with meals.  R6's Grievance Form completed 9/2/24, indicated R6 was concerned lunch had not been	2 960	R 8 is no longer at the facility. Residents R6, R 12, R 13, R 14, R 15 and R 16 were interviewed by food service manager or designee to update likes/dislikes and preferences.  Residents who receive meals from the facility dining services have the potential to be impacted by the alleged practice. Various sizes of insulated food bowls for meal service have been ordered and received. These bowls will help to ensure that foods remain palatable when transported to each unit for meal service. Additional warming discs were ordered to ensure that there is adequate supply for room trays and trays delivered on food carts. Additional thermometers were	11/4/24

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2 960	<p>Continued From page 3</p> <p>served until 2:00 p.m. and he had not recieved what was ordered. Additionally, almost every meal lately had been cold. Grievance was reviewed with dietary manager and interdisciplinary team at morning meeting, along with maintenance notified that hot plate warmer needed to be serviced. Corrective action included utilization of a second warmer to warm plates and stainless-steel inserts while repairs done on warmer. Dietary staff retrained on proper temperature procedures and holding temperature standards on 9/4/24.</p> <p>During an interview on 10/8/24 at 9:13 a.m., R6 stated "the food sucks". R6 would have meals in his room or in the dining room and it would not matter where he was at, the food was always lukewarm to cold. The plates would be warm but not the food. Sometimes something that should be served cold was on the warm plate.</p> <p>R12's face sheet dated 10/9/24, identified R12 admitted 7/21.</p> <p>R12's care plan dated 8/12/24, identified an intervention to provide meal set up and encouragement to finish meals, and dine in the dining room.</p> <p>During an observation and interview on 10/8/24 at 3:05 p.m., R12 was in her room with a lunch tray sitting on the overbed table. Food on the plate was untouched, a tulip bowl was empty on the tray. "Sometimes when I get the food it is cold and sometimes it is not." R12 stated there was no particular reason why she did not eat the food on the plate.</p> <p>R13's face sheet dated 10/9/24, identified R13 admitted 6/23. Diagnoses included diabetes</p>	2 960	<p>ordered to allow for temping a variety of foods at the same time. Additional smaller pans for the steam table are being ordered at this time to ensure there is enough room on the steam table for the items being served.</p> <p>The dietary manager or designee provided education beginning (NEED DATE HERE) to the dietary staff on meal delivery and methods to provide meals at a consistent temperature. Education was provided on use of items to maintain food temperature and promote palatable meals.</p> <p>The Executive Director or designee will audit meal temperature three times weekly for four weeks then twice weekly for four weeks then weekly for four weeks. Audits will include observation of tray line delivery preparation and temperature checks at delivery to resident. Results of audits will be submitted to the Quality Assurance and Performance Improvement committee for review and recommendations.</p>	
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Minnesota Department of Health

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2 960	<p>Continued From page 4</p> <p>mellitus type 2.</p> <p>R13's care plan dated 4/17/23, identified interventions to honor residents food preferences, provide diet as ordered.</p> <p>During an interview on 10/8/24 at 3:08 p.m., R13 stated the food is cold all the time. "I don't ask them to reheat it, I just eat it and hope the next time it will be better, and it really isn't."</p> <p>R14's face sheet dated 10/9/24, identified R14 admitted 2/23.</p> <p>R14's care plan dated 8/24/23 had an intervention that R14 preferred to eat in her room. Intervention from 12/23/24, identified R14 preferred small portions at meal with no green vegetables.</p> <p>During an interview on 10/8/24 at 3:09 p.m., R14 stated the food is cold. "Last night I had rice. It was supposed to be hot, and it was very cold."</p> <p>R15's face sheet dated 10/9/24, identified R15 admitted 3/23.</p> <p>R15's care plan dated 5/29/19, identified risk of inadequate oral intake related to hospice status. Interventions included fortified foods-extra gravy, sour cream, butter. R14 required set-up at meals and assist of one.</p> <p>During an interview on 10/8/24 at 3:13 p.m., R15 stated sometimes the food is cold, but it is good.</p> <p>R16's face sheet dated 10/9/24, identified R16 admitted 4/24.</p> <p>R16's care plan dated 4/17/24, identified R16 had increased nutritional needs due to low body mass</p>	2 960		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00953</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/08/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ROCHESTER EAST HEALTH SERVICES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>501 EIGHTH AVENUE SOUTHEAST ROCHESTER, MN 55904</b>
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2 960	<p>Continued From page 5</p> <p>index and parkinsonism. Interventions included to encourage snacks everyday for weight and nutritional support. R16 dislikes meat and requests alternative entrees for those meals.</p> <p>During an interview on 10/8/24 at 3:16 p.m., R16 stated the food is occasionally cold.</p> <p>During an observation on 10/3/24 at 12:51 p.m., meal trays were being handed out to residents on the third floor in the dining room.</p> <p>During an interview on 10/3/24 at 12:52 p.m., licensed practical nurse (LPN)-B stated nursing staff does not check the temperature of the food prior to service. "Sometimes the trays come up at noon and yesterday we did not receive them until 1:30 p.m." LPN-B stated the dietary department does not pass out the trays, their policy is to only prepare and plate the food, nursing passes the trays and pours the drinks. "Hot plates are not normally on the food and hardly ever are, but they are today." LPN-B stated some of the residents complain about the food, especially if they have family present. A lot of the times we heat up the food in the microwave before serving it.</p> <p>During an observation on 10/3/24 at 12:59 p.m., dietary cook (DC)-B came to third floor and temped a tray of food from the steam cart; Fruit crisp 132 degrees Fahrenheit (F), macaroni and cheese 127.4 F, cornflake chicken 111.2 F California vegetables 213.8 F.</p> <p>Guidelines for food temperatures from the article "Must know nursing home food temperature regulations dated 7/21/24, identified hot food maintained at a minimum 135 Fahrenheit (F) or 57 C. Cold food maintain at 41 F or 5 C.</p>	2 960		

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2 960	<p>Continued From page 6</p> <p>During an interview on 10/3/24 at 2:52 p.m., dietary account manager (AM)-A and operational excellence manager (OEM)-A stated those were not acceptable numbers for the food that was temped on third floor. AM-A stated food was taken out of the oven at 11:45 a.m. and taken right to the steam table. The cooks dish each meal plate by plate, tray by tray. OEM-A stated the metal discs that go under the hot plate and then encased in a plastic dome to keep the food warm were heated to 125 degrees and have a 25-50-minute time rating for 125 degrees and are not used to heat food but to maintain food temperatures. AM-A stated food was temped three times during service: right out of the oven, when it was put on the steam table, and a test tray out on the floors. AM-A stated her work hours were to come during breakfast and leave during supper to have eyes on all the meals served.</p> <p>During an observation and interview of dining service on 10/8/24 that began at 11:30 a.m. and ending at 2:08 p.m., DC-A removed food from the oven.</p> <p>Temperature of the food at 12:00 p.m.:</p> <p>Fish 157.4 F Hamburger 176 F Potatoes 168.4 F Cabbage 176.6 F new potatoes 157.5 F Pureed cabbage 167.1 F Coleslaw 50.9 F Minced fish 165.9 F Pureed hamburger 177.6 F Gravy 184.2 F Puree wheat bread 120 F</p> <p>12:15 p.m. the food was brought to the steam table on the first-floor dining room. 12:22 p.m. steam table temperatures:</p>	2 960		
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2 960	<p>Continued From page 7</p> <p>Fish 144.5 F Hamburger 162.6 F Mashed potatoes 158.7 F Cabbage 155.4 F Minced fish 161 F New potatoes 133.5 F Puree hamburger 152.3 F Gravy 156.2 F Wheat bread 125.9 F Puree cabbage 180.5 F Coleslaw didn't temp 12:30 p.m. DC-A began plating food. "We don't have enough space on the steam table to hold all the hot foods so it makes a big difference in the temps." 12:35 p.m., DC-A left the serving area and went to the kitchen and brought back a large metal bowl with chicken salad. DC-A stated it did not need to be temped because it came from the walk-in. 12:45 p.m., DC-A loaded trays for 1st floor with food. Coleslaw was added directly to the warm plate. The plates were placed on trays without lids. 12:48 p.m., dietary aide began putting lids on trays. 12:55 p.m., 1st floor trays were given to nursing to disperse. 12:55 p.m. - 1:15 p.m., DC-A prepared trays for 2nd floor and gave to nursing staff to disperse. DC-A stated the fish is horrible, stuck to the pan. 1:15 p.m. - 1:45 p.m., DC-A plated meals for 3rd floor. No food temperatures were taken on trays by DC-A.</p> <p>During an observation on 10/8/24 at 2:08 p.m., last tray on the cart, which was a sample tray was temped by clinical manager (CM)-A on 3rd floor. New potatoes 121.6 F</p>	2 960		

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2 960	<p>Continued From page 8</p> <p>Hamburger 114.6 F Potatoes and gravy 124.3 F Fish 116.6 F Cabbage 124.3 F</p> <p>During an interview on 10/8/24 at 2:18 p.m., vice president of success (VPS)-A stated it was her expectation that meals be served timely and not be cold or lacking in temperature.</p> <p>The facility Quality and Palatability of food policy revised 2/23, identified food would be prepared by methods that conserve nutritive value, flavor, and appearance. Food will be palatable, attractive. And served at a safe and appetizing temperature. "Proper (safe and appetizing) temperature" food should be at the appropriate temperature as determined by the type of food to ensure resident's satisfaction ad minimizes the risk for scalding and burns. The cooks prepare food in a sanitary manner utilizing the principles of Hazard Analysis Critical Control Point (HACCP) and time and temperature guidelines as outlined in the Federal Food Code.</p> <p><b>SUGGESTED METHOD OF CORRECTION:</b> The administrator, registered dietician, or designee could ensure proper temperature for meals served. The facility could update or create policies and procedures, and educate staff on proper temperature for meals served to residents. The administrator, registered dietician, or designee could perform audits for a designated amount of time as determined by the Quality Assurance Performance Improvement (QAPI) committee to ensure proper temperatures of meals served to residents. The facility could report those findings to QAPI for further recommendations and determine the need for</p>	2 960		
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2 960	Continued From page 9 further monitoring or compliance.  TIME PERIOD FOR CORRECTION: TWENTY ONE (21) DAYS.	2 960		