



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

Electronically delivered  
August 21, 2023

Administrator  
The Estates At Fridley LLC  
5700 East River Road  
Fridley, MN 55432

RE: CCN: 245201  
Cycle Start Date: May 11, 2023

Dear Administrator:

On June 7, 2023, we notified you a remedy was imposed. On July 12, 2023, July 31, 2023, and August 4, 2023 the Minnesota Departments of Health and Public Safety completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of July 29, 2023.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective July 7, 2023 be discontinued as of July 29, 2023. (42 CFR 488.417 (b))

However, as we notified you in our letter of June 7, 2023, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from July 7, 2023. This does not apply to or affect any previously imposed NATCEP loss.

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

Your request for waiver of F727 has been approved based on the submitted documentation.

Feel free to contact me if you have questions.

Sincerely,

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



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August 21, 2023

Administrator  
The Estates At Fridley LLC  
5700 East River Road  
Fridley, MN 55432

Re: Reinspection Results  
Event ID: TW4112

Dear Administrator:

On August 14, 2023 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 July 14, 2023. 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)



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July 27, 2023

Administrator  
The Estates At Fridley LLC  
5700 East River Road  
Fridley, MN 55432

RE: CCN: 245201  
Cycle Start Date: May 11, 2023

Dear Administrator:

On June 7, 2023, we informed you of imposed enforcement remedies.

On July 14, 2023, the Minnesota Department of Health completed a survey and it has been determined that your facility continues to not to be in substantial compliance. The most serious deficiencies in your facility were found to be isolated deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567, whereby corrections are required.

As a result of the survey findings:

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective July 7, 2023, will remain in effect.

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

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective July 7, 2023. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective July 7, 2023.

You should notify all Medicare/Medicaid residents admitted on, or after, this date of the restriction. The remedy must remain in effect until your facility has been determined to be in substantial compliance or your provider agreement is terminated. Please note that the denial of payment for new admissions includes Medicare/Medicaid beneficiaries enrolled in managed care plans. It is your obligation to inform managed care plans contracting with your facility of this denial of payment for new admissions.

As we notified you in our letter of June 7, 2023, in accordance with Federal law, as specified in the Act at Section 1819(f)(2)(B)(iii)(I)(b) and 1919(f)(2)(B)(iii)(I)(b), your facility is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from July 7, 2023.

#### **ELECTRONIC PLAN OF CORRECTION (ePOC)**

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

*An equal opportunity employer.*

The Estates At Fridley LLC

July 27, 2023

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been achieved. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

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

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

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:

- Optional denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417 (a));
- Per day civil money penalty (42 CFR 488.430 through 488.444).

#### DEPARTMENT CONTACT

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

Susie Haben, Rapid Response  
Licensing and Certification Program  
Health Regulation Division  
Minnesota Department of Health  
Midtown Square  
3333 Division Street, Suite 212  
Saint Cloud, Minnesota 56301-4557  
Email: susie.haben@state.mn.us  
Office: (320) 223-7356 Mobile: (651) 230-2334

#### PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health - Health Regulation Division staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for their respective deficiencies (if any) is acceptable.

#### VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to

The Estates At Fridley LLC

July 27, 2023

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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 SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY**

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by November 11, 2023 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

#### **APPEAL RIGHTS**

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

[Steven.Delich@cms.hhs.gov](mailto:Steven.Delich@cms.hhs.gov)

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

Department of Health & Human Services  
Departmental Appeals Board, MS 6132  
Director, Civil Remedies Division  
330 Independence Avenue, S.W.  
Cohen Building – Room G-644  
Washington, D.C. 20201  
202-795-7490

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an

The Estates At Fridley LLC

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appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Steven Delich, Program Representative at (312) 886-5216. Information may also be emailed to [Steven.Delich@cms.hhs.gov](mailto:Steven.Delich@cms.hhs.gov).

#### INFORMAL DISPUTE RESOLUTION/ 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 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.



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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July 27, 2023

Administrator  
The Estates At Fridley LLC  
5700 East River Road  
Fridley, MN 55432

Re: State Nursing Home Licensing Orders  
Event ID: TW4111

Dear Administrator:

The above facility was surveyed on July 12, 2023 through July 14, 2023 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.

The Estates At Fridley LLC

July 27, 2023

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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:

Susie Haben, Rapid Response  
Licensing and Certification Program  
Health Regulation Division  
Minnesota Department of Health  
Midtown Square  
3333 Division Street, Suite 212  
Saint Cloud, Minnesota 56301-4557  
Email: susie.haben@state.mn.us  
Office: (320) 223-7356 Mobile: (651) 230-2334

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

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

PRINTED: 08/11/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245201</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/14/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE ESTATES AT FRIDLEY LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5700 EAST RIVER ROAD</b> <b>FRIDLEY, MN 55432</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 7/12/23 to 7/14/23, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.  The following complaints were reviewed. H52013504C (MN00094992) H52013587C (MN00093727) with deficiencies issued at F550, F684 and F755 H52013588C (MN00093555) H52013539C (MN00095223)  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 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2)  §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.  §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each	F 550		7/29/23	

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

TITLE

(X6) DATE

Electronically Signed

08/03/2023

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

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

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F 550	<p>Continued From page 1</p> <p>resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on interviews and records review, the facility failed to listen, investigate, and consider resident's inquiries and input regarding medication for pain management for 1 of 3 residents (R2) reviewed for Resident Rights.</p> <p>Findings include:</p>	F 550	<p>R2 no longer resides at facility.</p> <p>All residents have the potential to be affected.</p> <p>Staff will be educated on resident rights specific to pain management.</p>	

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

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F 550	<p>Continued From page 2</p> <p>R2's admission Minimum Data Set (MDS) dated 5/12/23, showed admission to the facility on 5/9/23, with intact cognition. The MDS indicated R2 was on a pain management regimen including scheduled and PRN (as needed) pain medications.</p> <p>R3's R2's care plan initiated on 5/11/23, identified potential for alteration in comfort related to diabetic foot ulcer on left foot. The care plan noted a goal for pain relief as evidenced by verbalization, and the interventions included administration of pain medications as ordered.</p> <p>The Interagency Transfer Form indicated discharge orders dated 5/9/23, following R2's hospital admission for left foot ulcer with bone necrosis (death of a portion of tissue differentially affected by local injury [as loss of blood supply, corrosion, burning, or the local lesion of a disease]). The form also indicated discharge order for pain management including hydromorphone (Dilaudid [pain management medication]) 4 milligrams (mg) tablet, give 1 tablet by mouth every 4 hours as needed for pain, and Dilaudid 4 mg tablet, give 4-6 mg or 1-1.5 tablets by mouth every 4 hours for 3 days.</p> <p>R2's medication administration record (MAR) for the month of 5/23, indicated the pain medication (Dilaudid) was not administered according to the hospital discharge orders. The MAR showed R2's pain medication record that indicated the following:</p> <p>a) (changed to dashes) -On 5/10/23, Dilaudid 4 mg was given 2 times, at 12:11 p.m., and at 9:06 p.m. (9 hours apart).</p>	F 550	<p>The facility will complete a weekly audit for 4 weeks, then monthly for 3 months of 5 residents to ensure medication for pain management. Results will be shared with facility QAPI committee for input on the need to increase, decrease, or discontinue audits.</p> <p>DON or designee will be responsible party.</p>	

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F 550	<p>Continued From page 3</p> <p>- On 5/11/23, Dilaudid 6 mg was given 3 times, at 7:24 a.m., at 12:47 p.m., and at 10:17 p.m. (4 hours, and 9 hours apart).</p> <p>- On 5/12/23, Dilaudid 6 mg (3 times) and Dilaudid 4 mg (1 time) were given as follows: at 11:06 a.m. (Dilaudid 6 mg), at 3:25 p.m. (Dilaudid 6 mg), at 6:50 p.m. (Dilaudid 4 mg), and at 9:02 p.m. (Dilaudid 6 mg).</p> <p>- On 5/13/23, Dilaudid 4 mg (2 times) and Dilaudid 6 mg (1 time) were given as follows: at 7:48 a.m. (Dilaudid 4 mg), at 9:24 a.m. (Dilaudid 4 mg), and at 1:06 p.m. (Dilaudid 6 mg).</p> <p>The progress notes dated 5/12/23, indicated R2 brought up concern regarding his pain medication that it should be on routine schedule. The progress notes also indicated the nurse "educated" R2 that his pain medication was PRN and that R2 had to call for staff to give his medication if he was in pain. There was lack of evidence to show if the nurse verified R2's discharge orders from the hospital. The progress notes further showed that R2 requested "that his nurse medicated him to relieve his pain."</p> <p>During interview on 7/13/23 at 9:38 a.m., Dialysis Staff (DS) verified R2 is a dialysis patient at their clinic. DS stated that R2 "broke down a couple of times" when talking about how he was being treated at the "TCU [transitional care unit]" or nursing home. DS stated observations that R2's mental health status declined while at the TCU. DS also stated R2 reported the TCU staff did not listen to him when he told the staff that they were not giving his pain medication according to discharge instruction from the hospital. DS further</p>	F 550		

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F 550	Continued From page 4 stated that R2 voiced not wanting to go back to the TCU.  During interview on 7/14/23 at 4:15 p.m., licensed practical nurse (LPN)-B described R2 as a "young guy who is very well aware and knows his pain medications."  During interview on 7/14/23 at 12:39 p.m., the director of nursing (DON) verified that the hospital discharge orders on 5/9/23, indicated administration of R2's pain medication (Dilaudid 4-6 mg) continuously every 4 hours for 3 days and not PRN. The DON acknowledged that staff did not follow the discharge order. The DON also acknowledged the importance of following orders related to residents' transition of care.  The policy titled, Resident Rights, revised in 12/16, directs employees to treat all residents with kindness, respect, and dignity.	F 550			
F 684 SS=D	Quality of Care CFR(s): 483.25  § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on interviews and records review, the facility failed to ensure completion of wound treatment in accordance with physician's order for	F 684	R2 no longer resides at facility.  Residents with wounds have the potential	7/29/23	

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

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F 684	<p>Continued From page 5</p> <p>1 of 1 resident (R1) reviewed for wound care.</p> <p>Findings include:</p> <p>R2's admission Minimum Data Set (MDS) dated 5/12/23, showed admission to the facility on 5/9/23, with intact cognition. The MDS indicated R2 had a surgical wound, and an infection on his left foot. The MDS noted the planned interventions included surgical wound care and application of dressings to feet.</p> <p>R2's care plan initiated on 5/11/23, identified an alteration in skin integrity R/T (related to) left diabetic foot ulcer. The care plan directed staff to monitor skin integrity daily during cares, and nurses to complete weekly skin inspection. The care plan also directed staff to complete weekly skin measurements and assessments. The care plan indicated that R2 was being "followed by Wound Care."</p> <p>R2's Order Summary Report for 5/9/23 noted, "Negative Pressure Wound Therapy Plan: Cleanse left foot wound with Vashe [wound cleanser] prior to replacing VAC [vacuum assisted closure]. Window paned all periwound skin with VAC drape prior to applying sponge and place barrier ring into periwound creases to improve seal. Suction setting: -100 every day shift every Mon, Wed, Fri for Wound Therapy" The treatment plan schedule was changed on 5/17/23, to the evening shift on the same days.</p> <p>R2's treatment administration record (TAR) showed completion of 3 wound treatments from 5/9/23 through 5/24/23 or for 15 days, as follows:</p> <p>- On 5/9/23 (Tuesday) - admission date</p>	F 684	<p>to be affected.</p> <p>Nurses will be educated on completing wound treatment per physician orders.</p> <p>The facility will complete a weekly audit for 4 weeks, then monthly for 3 months of 5 residents to ensure wound treatments are completed. Results will be shared with facility QAPI committee for input on the need to increase, decrease, or discontinue audits.</p> <p>DON or designee will be responsible party.</p>	

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F 684	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>- On 5/10/23 (Wednesday) - not completed</li> <li>- On 5/11/23 (Thursday)</li> <li>- On 5/12/23 (Friday) - completed</li> <li>- On 5/13/23 (Saturday)</li> <li>- On 5/14/23 (Sunday)</li> <li>- On 5/15/23 (Monday) - completed</li> <li>- On 5/16/23 (Tuesday)</li> <li>- On 5/17/23 (Wednesday) - not completed</li> <li>- On 5/18/23 (Thursday)</li> <li>- On 5/19/23 (Friday) - not completed</li> <li>- On 5/20/23 (Saturday)</li> <li>- On 5/21/23 (Sunday)</li> <li>- On 5/22/23 (Monday) - completed</li> <li>- On 5/23/23 (Tuesday)</li> <li>- On 5/24/23 (Wednesday) - d/c to hospital related to low hemoglobin</li> </ul> <p>During interview on 7/13/23 at 9:38 a.m., Dialysis Staff (DS) stated that R2 "broke down a couple of times talking about how he was being treated at the TCU [transitional care unit]." DS stated that R2 complained the TCU staff were not following the doctor's orders during his discharge from the hospital. DS also stated R2 was concerned getting a wound infection because the TCU did not complete wound treatment on his left foot ulcer for 4 days.</p> <p>During interview on 7/14/23 at 4:15 p.m., licensed practical nurse (LPN)-C stated they had treated R2's foot ulcer wound once. LPN-C stated she had not documented any assessments, including wound measurement because the wound doctor does it weekly. LPN-C stated she was not sure if the wound doctor had seen R2's wound.</p> <p>During interview on 7/14/23 at 4:29 p.m., the director of nursing (DON) stated he was going to inquire and search assessments documented</p>	F 684		

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F 684	Continued From page 7 regarding R2's diabetic foot ulcer, which was usually done by the wound doctor. At 4:39 p.m., the DON said, "I am sorry but she [wound doctor] did not follow him [R2]" and the DON further stated that he could not find any evidence that R2's wound was assessed. The DON also verified that the wound treatments were not consistently completed according to doctor's order, wherein the records show that treatment was not done for six (spell out number is less than 10) days from 5/16/23 to 5/21/23. The DON acknowledged the importance of completing wound treatment orders.  The policy titled, Skin Assessment and Wound Management, dated 2/10/23, directs staff to complete a weekly skin inspection. The policy provides that when an alteration in skin integrity is noted, the staff are directed to notify doctor and secure treatment order, complete education with resident including risks and benefits, initiate weekly wound evaluation, and update care plan as needed.	F 684		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)  §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.  §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving,	F 755		7/29/23

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F 755	<p>Continued From page 8</p> <p>dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on interviews and records review, the facility failed accurately transcribe pain medications and administer medications as ordered after hospitalization for left foot ulcer with bone necrosis for 1 of 3 residents (R2) reviewed for medication orders.</p> <p>Findings include:</p> <p>R2's admission Minimum Data Set (MDS) dated 5/12/23, showed admission to the facility on 5/9/23, with intact cognition. The MDS indicated R2 was on a pain management regimen including scheduled and PRN (as needed) pain medications.</p> <p>R2's care plan initiated on 5/11/23, identified potential for alteration in comfort related to</p>	F 755	<p>R2 no longer resides at facility.</p> <p>Residents on pain medications have the potential of being affected.</p> <p>Nurses will be educated on transcribing pain medications and administration of pain meds as ordered.</p> <p>The facility will complete a weekly audit for 4 weeks, then monthly for 3 months of 5 residents orders to ensure pain medications are transcribed and administered as ordered. Results will be shared with facility QAPI committee for input on the need to increase, decrease, or discontinue audits.</p>	

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F 755	<p>Continued From page 9</p> <p>diabetic foot ulcer on left foot. The care plan noted a goal for pain relief as evidenced by verbalization, and the interventions included administration of pain medications as ordered.</p> <p>The Interagency Transfer Form indicated discharge orders dated 5/9/23, following R2's hospital admission for left foot ulcer with bone necrosis (need definition). The form also indicated discharge order for pain management including hydromorphone (Dilaudid) (pain management medication) 4 milligrams (mg) tablet, give 1 tablet by mouth every 4 hours as needed for pain, and Dilaudid 4 mg tablet, give 4-6 mg or 1-1.5 tablets by mouth every 4 hours for 3 days.</p> <p>R2's medication administration record (MAR) for the month of 5/23, indicated the pain medication (Dilaudid) was not administered according to the hospital discharge orders. The MAR showed R2's pain medication record that indicated the following:</p> <p>-On 5/10/23, Dilaudid 4 mg was given 2 times, at 12:11 p.m., and at 9:06 p.m. (9 hours apart). There was no pain medication administered again for more than 10 hours until 7/11/23 at 7:24 a.m.</p> <p>-On 5/11/23, Dilaudid 6 mg was given 3 times, at 7:24 a.m., at 12:47 p.m., and at 10:17 p.m. (4 hours, and 9 hours apart). There was no pain medication administered again for 13 hours until 5/12/23 at 11:06 a.m.</p> <p>-On 5/12/23, Dilaudid 6 mg (3 times) and Dilaudid 4 mg (1 time) were given at 11:06 a.m. (Dilaudid 6 mg), at 3:25 p.m. (Dilaudid 6 mg), at 6:50 p.m. (Dilaudid 4 mg), and at 9:02 p.m. (Dilaudid 6 mg).</p>	F 755	DON or designee will be responsible party.	

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F 755	<p>Continued From page 10</p> <p>There was no pain medication administered again for more than 10 hours until 5/13/23 at 7:48 a.m.</p> <p>-On 5/13/23, Dilaudid 4 mg (2 times) and Dilaudid 6 mg (1 time) were given as follows: at 7:48 a.m. (Dilaudid 4 mg), at 9:24 a.m. (Dilaudid 4 mg), and at 1:06 p.m. (Dilaudid 6 mg). There was no pain medication administered again for 16 hours until 5/14/23 at 10:38 a.m.</p> <p>-On 5/14/23, Dilaudid 4 mg was given at 10:38 a.m. and at 5:51 p.m. (7 hours apart). There was no pain medication administered again for 7 hours until 5/15/23 at 12:06 a.m.</p> <p>-On 5/15/23, Dilaudid 4 mg was administered at 12:06 am.</p> <p>The progress notes dated 5/12/23, indicated R2 brought up concern that his pain medication should be on routine schedule. The progress notes also indicated the nurse "educated" R2 that the pain medication was ordered as PRN and that R2 had to call for the staff to give his medication if he was in pain. The progress notes further indicated that R2 requested "that his nurse medicated him to relieve his pain."</p> <p>R2's order's summary report dated 5/23, also indicated R2's request for pain management, as the order noted, "PLEASE OFFER PAIN MEDS [medications] EVERY 4 HOURS TO PATIENT every shift for pain management" with a start date of 5/14/23.</p> <p>The progress notes dated 5/15/23, indicated R2 went for dialysis treatment with his pain medication to be given at the dialysis clinic for pain on his left foot and at the intravenous site.</p>	F 755		

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F 755	<p>Continued From page 11</p> <p>During interview on 7/13/23 at 9:38 a.m., Dialysis Staff (DS) verified R2 was a patient at the dialysis clinic. DS stated they knew R2 well and had observed a decline in his mental health status while at the nursing home. DS stated that R2 "broke down a couple of times talking about how he was being treated at the TCU [transitional care unit]." DS stated that was not R2's typical demeanor. DS also stated that R2 complained the TCU staff would not give his pain medication, which the doctor ordered and explained to him when he was discharged from the hospital, even after R2 brought this up with the TCU staff. DS said, "[R2's] biggest concern was about the pain medications not being given according to orders." DS further stated R2 reported being in so much pain especially during wound care.</p> <p>R2's treatment administration record (TAR) for 5/23, showed completion of 3 wound care treatments on 5/12/23, 5/15/23, and 5/22/23. The MAR showed that on 5/15/23, there was no pain medication given around the time when the wound care was completed.</p> <p>During interview on 7/14/23 at 4:15 p.m., licensed practical nurse (LPN)-B described R2 as a "young guy who is very well aware and knows his pain medications." LPN-B stated R2 was in a lot of pain and was very specific to have pain medications before his wound treatment.</p> <p>During interview on 7/14/23 at 12:39 p.m., the director of nursing (DON) verified that the hospital discharge orders on 5/9/23, indicated administration of R2's pain medication (Dilaudid 4-6 mg) continuously every 4 hours for three days and not PRN. The DON stated that staff did not</p>	F 755		

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F 755	<p>Continued From page 12</p> <p>follow the discharge order. The DON acknowledged the importance of following orders related to residents' transition of care. In addition, the DON also stated expectations for staff to clarify vague orders such as Dilaudid 4-6 mg and to carefully review and ensure that transcribed orders are correct.</p> <p>The policy titled, Medication Administration-General Guidelines, dated 4/18, indicates that the medications are administered as prescribed in accordance with good nursing principles and practices. The policy provides the following administration guidelines to include: medications are administered in accordance with written orders of the prescriber; if a dose seems excessive considering the resident's age and condition, or a medication order seems unrelated to the resident's current diagnoses or condition, the staff calls the provider for clarification, and the interactions noted in the medical record as appropriate, and medications are to be administered without interruptions.</p> <p>The policy titled, Pain Management Protocol, dated 3/23/23, notes for its purpose to ensure that residents with pain have an effective pain management plan with individualized interventions that are consistent with the resident's goals for comfort. The policy defines pain management as the process of alleviating the resident's pain to a level that is acceptable to the resident and based on clinical condition and established goals. The policy provides that goals for pain treatment and management includes input from resident.</p>	F 755		

Minnesota Department of Health

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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 7/12/23 to 7/14/23, a complaint survey was conducted at your facility by surveyor from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing orders were issued. Please indicate in your electronic plan of correction you have reviewed these orders</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>08/03/23</b>
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Minnesota Department of Health

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2 000	<p>Continued From page 1</p> <p>and identify the date when they will be completed.</p> <p>The following complaints were reviewed. H52013504C (MN00094992) H52013587C (MN00093727) with licensing orders issued at 1550 and 1805 H52013588C (MN00093555) H52013539C (MN00095223)</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 <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> 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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NAME OF PROVIDER OR SUPPLIER  <b>THE ESTATES AT FRIDLEY LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5700 EAST RIVER ROAD FRIDLEY, MN 55432</b>
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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		
21550	MN Rule 4658.1325 Subp. 1 Adminiatration of Medications; Pharmacy Serv.  Subpart 1. Pharmacy services. A nursing home must arrange for the provision of pharmacy services.  This MN Requirement is not met as evidenced by: Based on interviews and records review, the facility failed accurately transcribe pain medications and administer medications as ordered after hospitalization for left foot ulcer with bone necrosis for 1 of 3 residents (R2) reviewed for medication orders.  Findings include:  R2's admission Minimum Data Set (MDS) dated 5/12/23, showed admission to the facility on 5/9/23, with intact cognition. The MDS indicated R2 was on a pain management regimen including scheduled and PRN (as needed) pain medications.  R2's care plan initiated on 5/11/23, identified	21550	Corrected	7/29/23

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21550	<p>Continued From page 3</p> <p>potential for alteration in comfort related to diabetic foot ulcer on left foot. The care plan noted a goal for pain relief as evidenced by verbalization, and the interventions included administration of pain medications as ordered.</p> <p>The Interagency Transfer Form indicated discharge orders dated 5/9/23, following R2's hospital admission for left foot ulcer with bone necrosis (need definition). The form also indicated discharge order for pain management including hydromorphone (Dilaudid) (pain management medication) 4 milligrams (mg) tablet, give 1 tablet by mouth every 4 hours as needed for pain, and Dilaudid 4 mg tablet, give 4-6 mg or 1-1.5 tablets by mouth every 4 hours for 3 days.</p> <p>R2's medication administration record (MAR) for the month of 5/23, indicated the pain medication (Dilaudid) was not administered according to the hospital discharge orders. The MAR showed R2's pain medication record that indicated the following:</p> <p>-On 5/10/23, Dilaudid 4 mg was given 2 times, at 12:11 p.m., and at 9:06 p.m. (9 hours apart). There was no pain medication administered again for more than 10 hours until 7/11/23 at 7:24 a.m.</p> <p>-On 5/11/23, Dilaudid 6 mg was given 3 times, at 7:24 a.m., at 12:47 p.m., and at 10:17 p.m. (4 hours, and 9 hours apart). There was no pain medication administered again for 13 hours until 5/12/23 at 11:06 a.m.</p> <p>-On 5/12/23, Dilaudid 6 mg (3 times) and Dilaudid 4 mg (1 time) were given at 11:06 a.m. (Dilaudid 6 mg), at 3:25 p.m. (Dilaudid 6 mg), at 6:50 p.m. (Dilaudid 4 mg), and at 9:02 p.m. (Dilaudid 6 mg).</p>	21550		
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21550	<p>Continued From page 4</p> <p>There was no pain medication administered again for more than 10 hours until 5/13/23 at 7:48 a.m.</p> <p>-On 5/13/23, Dilaudid 4 mg (2 times) and Dilaudid 6 mg (1 time) were given as follows: at 7:48 a.m. (Dilaudid 4 mg), at 9:24 a.m. (Dilaudid 4 mg), and at 1:06 p.m. (Dilaudid 6 mg). There was no pain medication administered again for 16 hours until 5/14/23 at 10:38 a.m.</p> <p>-On 5/14/23, Dilaudid 4 mg was given at 10:38 a.m. and at 5:51 p.m. (7 hours apart). There was no pain medication administered again for 7 hours until 5/15/23 at 12:06 a.m.</p> <p>-On 5/15/23, Dilaudid 4 mg was administered at 12:06 am.</p> <p>The progress notes dated 5/12/23, indicated R2 brought up concern that his pain medication should be on routine schedule. The progress notes also indicated the nurse "educated" R2 that the pain medication was ordered as PRN and that R2 had to call for the staff to give his medication if he was in pain. The progress notes further indicated that R2 requested "that his nurse medicated him to relieve his pain."</p> <p>R2's order's summary report dated 5/23, also indicated R2's request for pain management, as the order noted, "PLEASE OFFER PAIN MEDS [medications] EVERY 4 HOURS TO PATIENT every shift for pain management" with a start date of 5/14/23.</p> <p>The progress notes dated 5/15/23, indicated R2 went for dialysis treatment with his pain medication to be given at the dialysis clinic for pain on his left foot and at the intravenous site.</p>	21550		
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21550	<p>Continued From page 5</p> <p>During interview on 7/13/23 at 9:38 a.m., Dialysis Staff (DS) verified R2 was a patient at the dialysis clinic. DS stated they knew R2 well and had observed a decline in his mental health status while at the nursing home. DS stated that R2 "broke down a couple of times talking about how he was being treated at the TCU [transitional care unit]." DS stated that was not R2's typical demeanor. DS also stated that R2 complained the TCU staff would not give his pain medication, which the doctor ordered and explained to him when he was discharged from the hospital, even after R2 brought this up with the TCU staff. DS said, "[R2's] biggest concern was about the pain medications not being given according to orders." DS further stated R2 reported being in so much pain especially during wound care.</p> <p>R2's treatment administration record (TAR) for 5/23, showed completion of 3 wound care treatments on 5/12/23, 5/15/23, and 5/22/23. The MAR showed that on 5/15/23, there was no pain medication given around the time when the wound care was completed.</p> <p>During interview on 7/14/23 at 4:15 p.m., licensed practical nurse (LPN)-B described R2 as a "young guy who is very well aware and knows his pain medications." LPN-B stated R2 was in a lot of pain and was very specific to have pain medications before his wound treatment.</p> <p>During interview on 7/14/23 at 12:39 p.m., the director of nursing (DON) verified that the hospital discharge orders on 5/9/23, indicated administration of R2's pain medication (Dilaudid 4-6 mg) continuously every 4 hours for three days and not PRN. The DON stated that staff did not follow the discharge order. The DON acknowledged the importance of following orders</p>	21550		
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21550	<p>Continued From page 6</p> <p>related to residents' transition of care. In addition, the DON also stated expectations for staff to clarify vague orders such as Dilaudid 4-6 mg and to carefully review and ensure that transcribed orders are correct.</p> <p>The policy titled, Medication Administration-General Guidelines, dated 4/18, indicates that the medications are administered as prescribed in accordance with good nursing principles and practices. The policy provides the following administration guidelines to include: medications are administered in accordance with written orders of the prescriber; if a dose seems excessive considering the resident's age and condition, or a medication order seems unrelated to the resident's current diagnoses or condition, the staff calls the provider for clarification, and the interactions noted in the medical record as appropriate, and medications are to be administered without interruptions.</p> <p>The policy titled, Pain Management Protocol, dated 3/23/23, notes for its purpose to ensure that residents with pain have an effective pain management plan with individualized interventions that are consistent with the resident's goals for comfort. The policy defines pain management as the process of alleviating the resident's pain to a level that is acceptable to the resident and based on clinical condition and established goals. The policy provides that goals for pain treatment and management includes input from resident.</p> <p><b>SUGGESTED METHOD OF CORRECTION:</b> The director of nursing (DON) or designee could review and revise policies and procedures for transcription of new orders and accurate administration of medication to reduce errors.</p>	21550		

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21550	Continued From page 7  The director of nursing or designee could develop a system to educate staff and develop a monitoring system to ensure medication were correctly administered. The quality assurance committee could monitor these measures to ensure compliance.  TIME PERIOD FOR CORRECTION: Twenty One (21) days	21550		
21805	MN St. Statute 144.651 Subd. 5 Patients & Residents of HC Fac.Bill of Rights  Subd. 5. Courteous treatment. Patients and residents have the right to be treated with courtesy and respect for their individuality by employees of or persons providing service in a health care facility.  This MN Requirement is not met as evidenced by: Based on interviews and records review, the facility failed to listen, investigate, and consider resident's inquiries and input regarding medication for pain management for 1 of 3 residents (R2) reviewed for Resident Rights.  Findings include:  R2's admission Minimum Data Set (MDS) dated 5/12/23, showed admission to the facility on 5/9/23, with intact cognition. The MDS indicated R2 was on a pain management regimen including scheduled and PRN (as needed) pain medications.  R3's R2's care plan initiated on 5/11/23, identified potential for alteration in comfort related to	21805	corrected	7/29/23

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21805	<p>Continued From page 8</p> <p>diabetic foot ulcer on left foot. The care plan noted a goal for pain relief as evidenced by verbalization, and the interventions included administration of pain medications as ordered.</p> <p>The Interagency Transfer Form indicated discharge orders dated 5/9/23, following R2's hospital admission for left foot ulcer with bone necrosis (death of a portion of tissue differentially affected by local injury [as loss of blood supply, corrosion, burning, or the local lesion of a disease]). The form also indicated discharge order for pain management including hydromorphone (Dilaudid [pain management medication]) 4 milligrams (mg) tablet, give 1 tablet by mouth every 4 hours as needed for pain, and Dilaudid 4 mg tablet, give 4-6 mg or 1-1.5 tablets by mouth every 4 hours for 3 days.</p> <p>R2's medication administration record (MAR) for the month of 5/23, indicated the pain medication (Dilaudid) was not administered according to the hospital discharge orders. The MAR showed R2's pain medication record that indicated the following:</p> <p>a) (changed to dashes) -On 5/10/23, Dilaudid 4 mg was given 2 times, at 12:11 p.m., and at 9:06 p.m. (9 hours apart).</p> <p>- On 5/11/23, Dilaudid 6 mg was given 3 times, at 7:24 a.m., at 12:47 p.m., and at 10:17 p.m. (4 hours, and 9 hours apart).</p> <p>- On 5/12/23, Dilaudid 6 mg (3 times) and Dilaudid 4 mg (1 time) were given as follows: at 11:06 a.m. (Dilaudid 6 mg), at 3:25 p.m. (Dilaudid 6 mg), at 6:50 p.m. (Dilaudid 4 mg), and at 9:02 p.m. (Dilaudid 6 mg).</p>	21805		
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21805	<p>Continued From page 9</p> <p>- On 5/13/23, Dilaudid 4 mg (2 times) and Dilaudid 6 mg (1 time) were given as follows: at 7:48 a.m. (Dilaudid 4 mg), at 9:24 a.m. (Dilaudid 4 mg), and at 1:06 p.m. (Dilaudid 6 mg).</p> <p>The progress notes dated 5/12/23, indicated R2 brought up concern regarding his pain medication that it should be on routine schedule. The progress notes also indicated the nurse "educated" R2 that his pain medication was PRN and that R2 had to call for staff to give his medication if he was in pain. There was lack of evidence to show if the nurse verified R2's discharge orders from the hospital. The progress notes further showed that R2 requested "that his nurse medicated him to relieve his pain."</p> <p>During interview on 7/13/23 at 9:38 a.m., Dialysis Staff (DS) verified R2 is a dialysis patient at their clinic. DS stated that R2 "broke down a couple of times" when talking about how he was being treated at the "TCU [transitional care unit]" or nursing home. DS stated observations that R2's mental health status declined while at the TCU. DS also stated R2 reported the TCU staff did not listen to him when he told the staff that they were not giving his pain medication according to discharge instruction from the hospital. DS further stated that R2 voiced not wanting to go back to the TCU.</p> <p>During interview on 7/14/23 at 4:15 p.m., licensed practical nurse (LPN)-B described R2 as a "young guy who is very well aware and knows his pain medications."</p> <p>During interview on 7/14/23 at 12:39 p.m., the director of nursing (DON) verified that the hospital discharge orders on 5/9/23, indicated administration of R2's pain medication (Dilaudid</p>	21805		

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21805	<p>Continued From page 10</p> <p>4-6 mg) continuously every 4 hours for 3 days and not PRN. The DON acknowledged that staff did not follow the discharge order. The DON also acknowledged the importance of following orders related to residents' transition of care.</p> <p>The policy titled, Resident Rights, revised in 12/16, directs employees to treat all residents with kindness, respect, and dignity.</p> <p><b>SUGGESTED METHOD OF CORRECTION:</b> The administrator, director of nursing (DON), or designee could develop and implement a plan of care by the interdisciplinary team to ensure residents are ensured dignified response to inquiries to care questions and complaints, inquiries are investigated, and concerns are heard. The facility could update policies and procedures, educate staff on these changes, and audit to ensure resident(s) dignity are maintained. The results of these audits will be reviewed by the quality assurance committee to ensure compliance.</p> <p><b>TIME PERIOD FOR CORRECTION:</b> Twenty-one (21) days.</p>	21805		