



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
September 13, 2022

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

RE: CCN: 245201
Cycle Start Date: August 12, 2022

Dear Administrator:

On August 29, 2022, we notified you a remedy was imposed. On September 8, 2022 the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of August 19, 2022.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective September 13, 2022 did not go into effect. (42 CFR 488.417 (b))

In our letter of August 29, 2022, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from August 12, 2022 due to denial of payment for new admissions. Since your facility attained substantial compliance on August 19, 2022, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, this does not apply to or affect any previously imposed NATCEP loss.

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

Feel free to contact me if you have questions.

Sincerely,

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

Melissa Poepping, 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

An equal opportunity employer.



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

September 13, 2022

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

Re: Reinspection Results
Event ID: JBF312

Dear Administrator:

On September 8, 2022 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 August 12, 2022. 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 'M. 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



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Submitted
August 29, 2022

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

RE: CCN: 245201
Cycle Start Date: August 12, 2022

Dear Administrator:

On August 12, 2022, survey was completed at your facility by the Minnesota Department of Health and Public Safety to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

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

REMOVAL OF IMMEDIATE JEOPARDY

On August 15, 2022, the situation of immediate jeopardy to potential health and safety cited at F686 was removed. However, continued non-compliance remains at the lower scope and severity of D.

REMEDIES

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

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective September 13, 2022.

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

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective September 13, 2022 (42 CFR 488.417 (b)), (42 CFR 488.417 (b)). They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective September 13, 2022 (42 CFR 488.417 (b)).

The Estates At Fridley LLC

August 29, 2022

Page 2

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

NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than \$11,292; has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

Therefore, your agency is prohibited from offering or conducting a Nurse Assistant Training/Competency Evaluation Programs or Competency Evaluation Programs for two years effective August 12, 2022. This prohibition is not subject to appeal. Under Public Law 105-15 (H.R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

SUBSTANDARD QUALITY OF CARE

Your facility's deficiencies with with one or more of the following: §483.10, Residents Rights, §483.12, Freedom from Abuse, Neglect, and Exploitation, §483.15, Quality of Life and §483.25, Quality of Care, 483.40 Behavioral Health Services, §483.45 Pharmacy Services, §483.70 Administration, or §483.80 Infection control has been determined to constitute substandard quality of care as defined at §488.301. Sections 1819(g)(5)(C) and 1919(g)(5)(C) of the Social Security Act and 42 CFR 488.325(h) require that the attending physician of each resident who was found to have received substandard quality of care, as well as the State board responsible for licensing the facility's administrator, be notified of the substandard quality of care. If you have not already provided the following information, you are required to provide to this agency within ten working days of your receipt of this letter the name and address of the attending physician of each resident found to have received substandard quality of care.

Please note that, in accordance with 42 CFR 488.325(g), your failure to provide this information timely will result in termination of participation in the Medicare and/or Medicaid program(s) or imposition of alternative remedies.

Federal law, as specified in the Act at Sections 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse assistant training programs offered by, or in, a facility which, within the previous two years, has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care. Therefore, The Estates At Fridley Llc is prohibited from offering or conducting a Nurse Assistant Training / Competency Evaluation Programs (NATCEP) or Competency Evaluation Programs for two years effective August 12, 2022. This prohibition remains in effect for the specified period even though substantial compliance is attained. Under Public Law 105-15 (H. R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

ELECTRONIC PLAN OF CORRECTION (ePOC)

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

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

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

DEPARTMENT CONTACT

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

Nicole Osterloh, RN, Unit Supervisor
Marshall District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
1400 East Lyon Street, Suite 102
Marshall, Minnesota 56258-2504
Email: nicole.osterloh@state.mn.us
Office: 507-476-4230
Mobile: (507) 251-6264 Mobile: (605) 881-6192

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

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

VERIFICATION OF SUBSTANTIAL COMPLIANCE

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

The Estates At Fridley LLC

August 29, 2022

Page 4

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 February 12, 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 DENIAL OF PAYMENT

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

Tamika.Brown@cms.hhs.gov

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

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

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

The Estates At Fridley LLC

August 29, 2022

Page 5

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

APPEAL RIGHTS NURSE AIDE TRAINING PROHIBITION

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

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

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

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

INFORMAL DISPUTE RESOLUTION (IDR) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Nursing Home Informal Dispute Process
Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900

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

The Estates At Fridley LLC

August 29, 2022

Page 6

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at:

https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

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

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Melissa Poepping". The signature is fluid and cursive, with a large initial "M" and a long, sweeping underline.

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



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
August 29, 2022

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

Re: State Nursing Home Licensing Orders
Event ID: JBF311

Dear Administrator:

The above facility was surveyed on August 11, 2022 through August 12, 2022 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

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

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

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the

The Estates At Fridley LLC

August 29, 2022

Page 2

"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:

Nicole Osterloh, RN, Unit Supervisor
Marshall District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
1400 East Lyon Street, Suite 102
Marshall, Minnesota 56258-2504
Email: nicole.osterloh@state.mn.us
Office: 507-476-4230
Mobile: (507) 251-6264 Mobile: (605) 881-6192

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: 09/07/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245201	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/12/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER THE ESTATES AT FRIDLEY LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 5700 EAST RIVER ROAD FRIDLEY, MN 55432
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

F 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 43007</p> <p>On 8/11/22 and 8/12/22, a standard abbreviated survey was completed at your facility by surveyors from the Minnesota Department of Health (MDH). The facility was not found NOT to be in compliance with the requirements of 42 CFR Part 483, Subpart B, requirements for Long Term Care Facilities.</p> <p>The survey resulted in an immediate jeopardy (IJ) to resident health and safety. The IJ F686 began on 7/10/22 10:04 p.m., when the facility failed to comprehensively assess and monitor a new pressure ulcer leading to the worsening of the pressure ulcer and development of an additional new pressure ulcer. The administrator, and director of nursing (DON) were notified of the IJ on 8/12/22 2:00 p.m. The IJ was removed on 8/15/22 4:14 p.m..</p> <p>The above findings constituted Substandard Quality of Care and an extended survey was conducted on 8/12/22.</p> <p>The following complaints was found to be UNSUBSTANTIATED: H52013853C (MN85815) and H52013927C (MN85442).</p> <p>The following complaints was found to be SUBSTANTIATED: H52013947C (MN85852), with a related deficiency cited at F686.</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required</p>	F 000		
-------	---	-------	--	--

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 09/02/2022
---	-------	------------------------------------

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

PRINTED: 09/07/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245201	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/12/2022
NAME OF PROVIDER OR SUPPLIER THE ESTATES AT FRIDLEY LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 5700 EAST RIVER ROAD FRIDLEY, MN 55432		
(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	Continued From page 1 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.	F 000		
F 686 SS=J	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Surveyor: 43007 Based on interview and document review, the facility failed to comprehensively assess and modify treatments and interventions to prevent further development of pressure ulcers and worsening of an existing pressure ulcer for 1 of 1 resident (R4). This resulted in an immediate jeopardy (IJ) situation for R4 who had deep tissue injury (DTI) (persistent non-blanchable deep red,	F 686	R4 no longer resides at facility. All residents skin was assessed on 8/12/22 to identify any/all skin impairments in the facility. All wounds were confirmed to have a treatment and were added to the wound round list on that date. All Bradens were reviewed 8/12/22 to identify all residents who are at risk for	8/19/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245201	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/12/2022
NAME OF PROVIDER OR SUPPLIER THE ESTATES AT FRIDLEY LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 5700 EAST RIVER ROAD FRIDLEY, MN 55432		
(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 686	<p>Continued From page 2</p> <p>purple or maroon areas of intact skin, non-intact skin or blood-filled blisters caused by damage to the underlying soft tissues) and developed a new Stage III pressure ulcer (full thickness skin loss involving damage or necrosis of subcutaneous tissue (the tissue below the skin that may extend down to, but not through, underlying fascia).</p> <p>The IJ began on 7/10/22, at 10:04 p.m. when R4 developed a DTI to the coccyx area and no comprehensive assessment was completed to prevent the pressure ulcer from worsening. Further, R4 developed a new Stage III pressure ulcer to the left buttock with no comprehensive assessment. The administrator and director of nursing (DON) was notified of the IJ on 8/12/22, at 2:00 p.m. The IJ was removed on 8/15/22, at 4:14 p.m. but non-compliance remained at the lower scope and severity level of D-ISOLATED indicated no actual harm with potential for more than minimal harm that is not immediate jeopardy.</p> <p>Findings include:</p> <p>R4's Admission Record dated 8/11/22, indicated R4's diagnoses included encephalopathy, chronic kidney disease, type II diabetes, and congestive obstructive pulmonary disease (COPD).</p> <p>R4's admission Minimum Data Set (MDS) dated 6/23/22, indicated R4 was cognitively intact. R4 required extensive assistance for bed mobility and transfers. Further, R4 was at risk for developing pressure ulcers</p> <p>R4's care plan dated 7/28/22, indicated R4 was at risk for alteration in skin integrity related to immobility and incontinence with interventions to</p>	F 686	<p>skin breakdown. All residents with score of 15 or below were reviewed to ensure interventions are in place on that date. All residents with pressure ulcers were reviewed to ensure assessments were completed and interventions in place on 8/12/22.</p> <p>New process began 8/12/22 to have all wounds listed on morning minutes to be reviewed daily. This list to be used for wound rounds.</p> <p>All nursing staff began education to the skin assessment and wound management policy, in particular to the process to be completed when identifying new wounds and assessments to be completed when pressure ulcer is identified on 8/11/22. Certified nursing assistants began education to notify nurse on shift regarding any new skin concerns. Director of nursing began completing weekly wound rounds on 8/11/22 and continues to do so. and will educate new clinical leaders upon hire to the wound management policy and the process for wound rounds.</p> <p>All nursing staff began education to change of condition policy on 8/11/22, including licensed nurses to notify PCP of changes in condition. All licensed nursing staff were educated regarding completing treatment per orders including what to do when supply not available on 8/11/22.</p> <p>All new Admissions and readmissions will be audited for 2 months to ensure all skin concerns were identified, treatments in</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245201	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/12/2022
NAME OF PROVIDER OR SUPPLIER THE ESTATES AT FRIDLEY LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 5700 EAST RIVER ROAD FRIDLEY, MN 55432		
(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 686	<p>Continued From page 3</p> <p>monitor skin integrity daily during cares, weekly skin inspection by the nurse, assist to turn and reposition every two to three hours, weekly measurements and assessment of wound, and document on skin condition and keep medical doctor (MD) informed of changes.</p> <p>R4's Wound Initial Assessment Note from Mercy Hospital dated 7/21/22, indicated R4 had a DTI to the coccyx opened with scattered eschar (a piece of dead tissue that sheds off from the surface of the skin after an injury that appears tan, brown, or black) and slough (dead cells that appear white or yellow in color found in patches in the wound or covers a large area of the wound).</p> <p>On 8/11/22, the VOHRA Wound Physicians assessed the pressure ulcers and noted the coccyx wound to be a Stage IV pressure ulcer measuring 6.5 x 7.5 x 0.1 cm after debridement, and indicated the wound had deteriorated. They also identified a new Stage III pressure ulcer to the left buttock measuring 2.9 x 4.2 x 0.1 cm.</p> <p>During interview on 8/11/22, at 1:52 p.m. the director of nursing confirmed R4's wounds had not been assessed, monitored, or measured by the facility staff since they were noted on 7/10/22. The DON stated the expectation was when a nurse observes a new wound the doctor needed to be notified immediately to obtain orders and then the resident was to be placed on the wound rounds list. The DON verified R4 was not placed on the wound rounds list and verified the pressure ulcer had deteriorated. Further, the DON stated all pressure areas should be assessed and measured weekly and to notify the physician immediately of any observed changes.</p>	F 686	<p>place and added to wound rounds if applicable and that braden and tissue tolerance assessment were completed including interventions put into place. Audits of 5 residents with wounds will be completed weekly x 2 months to ensure wound rounds were completed including wound form, measurements, and that orders were followed including supplies available. Audits of all new wounds will be completed for 2 months to ensure policy was followed for new wounds including notification to PCP, adding to wound rounds, assessments and interventions. Plan of Correction will be reviewed during QAPI for four quarters. The Director of Nursing, Administrator or designee is responsible for implementation of the Plan of Correction. Date of Completion: 8/19/2022</p>	

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

PRINTED: 09/07/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245201	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/12/2022
NAME OF PROVIDER OR SUPPLIER THE ESTATES AT FRIDLEY LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 5700 EAST RIVER ROAD FRIDLEY, MN 55432		
(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 686	<p>Continued From page 4</p> <p>Interview on 8/11/22 at 2:42 p.m., with R4's physician (MD)-B identified he assessed R4's wound the previous day. MD-B states it appeared to be infected and was not made aware of the severity of the wound prior. His expectation was staff were to appropriately assess and monitor wounds and call him immediately for any changes or the need to alter therapy. MD-B suspected a bone infection and had ordered a computed topography (CT) scan and wound cultures. "They aren't monitoring them [wounds or pressure ulcers] like they should".</p> <p>During observation and interview on 8/12/22, 10:49 a.m. LPN-A completed wound care on R4. LPN-A performed dressing changes, however, the ordered Santyl (wound debrider) was not used. She then applied a bordered foam dressing over both wounds, completing the dressing change. LPN-A stated he wasn't able to apply the Santyl to the wound bed due to not having it available.</p> <p>R4's progress notes, physician orders and pharmacy communication identified R4 developed "erythema" to right upper buttocks measuring 4 x 3.5 cm and a "non-blanchable red area" to the coccyx measuring 5.5 x 3.5 cm on 7/10/22. Treatment orders for barrier cream was obtained however, no further interventions were implemented. R4 was hospitalized on 7/15/22 and returned to the facility on 7/22/22 with new treatment orders for the coccyx pressure ulcer. No assessments of the coccyx pressure ulcer were completed until 8/4/22 which at that time R4 had an unstageable DTI to the coccyx measuring 4.4 x 6.5 cm and a new Stage III pressure area to the left buttock measuring 3.4 x 4.6 x 0.1 cm. New treatment orders identified on 8/4/22, staff</p>	F 686		

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

PRINTED: 09/07/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245201	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/12/2022
NAME OF PROVIDER OR SUPPLIER THE ESTATES AT FRIDLEY LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 5700 EAST RIVER ROAD FRIDLEY, MN 55432		
(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 686	<p>Continued From page 5</p> <p>were to apply Santyl (wound debriding agent) to the wound bed of both pressure ulcers. In review of the pharmacy communication, Santyl was never ordered from the pharmacy.</p> <p>During interview on 8/12/22, at 11:18 a.m. the DON stated she had called the pharmacy and they had never received the order for Santyl for R4. Further, the DON stated the order will be pushed through to pharmacy today.</p> <p>The skin assessment and wound management policy dated 5/27/22, indicated when a significant alteration in skin integrity was noted, the following actions would be taken:</p> <ul style="list-style-type: none"> - Notify MD for treatment order - Notify resident representative - Complete education with resident/resident representative including risks and benefits - Initiate weekly pressure wound evaluation - Notify nurse manager/wound nurse - Referral to dietary, if appropriate - Referral to therapies, if appropriate - Update care plan - Update resident care lists - Update care plan to identify risks for skin breakdown <p>The IJ was removed on 8/15/22, at 4:14 p.m. when the facility developed and implemented a systemic plan which was verified by interview and document review: The plan included:</p> <ul style="list-style-type: none"> - A root cause analysis was completed to identify how R4 obtained pressure ulcers. - The skin assessment and wound management policy was reviewed. - R4's care plans, orders, and treatments were updated to reflect the MD orders. - Santyl was ordered and obtained from 	F 686		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245201	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/12/2022
NAME OF PROVIDER OR SUPPLIER THE ESTATES AT FRIDLEY LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 5700 EAST RIVER ROAD FRIDLEY, MN 55432		
(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 686	Continued From page 6 pharmacy for R4's wound treatments. - Braden scale assessments were completed on all residents to identify those at high risk for skin concerns. - Skin assessments were completed on all residents to identify any new skin concerns. - Audits were completed on all residents with existing wounds to identify proper classification of the wounds, treatment orders, and care plan updates. - All nursing staff was educated on order administration and clarification of orders. - All staff were re-educated on assessing and documenting new skin concerns, and on the skin assessment and wound management policy, and the change in condition policy.	F 686		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00935	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/12/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE ESTATES AT FRIDLEY LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 5700 EAST RIVER ROAD FRIDLEY, MN 55432
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: Surveyor: 43007</p> <p>On 8/11/22 and 8/12/22, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found NOT in compliance with the MN State Licensure. Please indicate in your electronic</p>	2 000		
-------	---	-------	--	--

Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 09/02/22
--	-------	------------------------------

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00935	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/12/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE ESTATES AT FRIDLEY LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 5700 EAST RIVER ROAD FRIDLEY, MN 55432
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 000	<p>Continued From page 1</p> <p>plan of correction you have reviewed these orders and identify the date when they will be completed.</p> <p>The following complaints were found to be UNSUBSTANTIATED: H52013853C (MN85815), H52013927C (MN85442). The following complaint was found to be SUBSTANTIATED: H52013947C (MN85852), with a licensing order issued at 0900.</p> <p>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 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 <https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html> The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will</p>	2 000		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00935	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/12/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE ESTATES AT FRIDLEY LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 5700 EAST RIVER ROAD FRIDLEY, MN 55432
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 000	Continued From page 2 be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.	2 000		
2 900	MN Rule 4658.0525 Subp. 3 Rehab - Pressure Ulcers Subp. 3. Pressure sores. Based on the comprehensive resident assessment, the director of nursing services must coordinate the development of a nursing care plan which provides that: A. a resident who enters the nursing home without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates, and a physician authenticates, that they were unavoidable; and B. a resident who has pressure sores receives necessary treatment and services to promote healing, prevent infection, and prevent new sores from developing. This MN Requirement is not met as evidenced by: Surveyor: 43007 Based on interview and document review, the facility failed to comprehensively assess and	2 900	Corrected.	8/16/22

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00935	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/12/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE ESTATES AT FRIDLEY LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 5700 EAST RIVER ROAD FRIDLEY, MN 55432
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 900	<p>Continued From page 3</p> <p>modify treatments and interventions to prevent further development of pressure ulcers and worsening of an existing pressure ulcer for 1 of 1 resident (R4). This resulted in an immediate jeopardy (IJ) situation for R4 who had deep tissue injury (DTI) (persistent non-blanchable deep red, purple or maroon areas of intact skin, non-intact skin or blood-filled blisters caused by damage to the underlying soft tissues) and developed a new Stage III pressure ulcer (full thickness skin loss involving damage or necrosis of subcutaneous tissue (the tissue below the skin that may extend down to, but not through, underlying fascia).</p> <p>Findings include:</p> <p>R4's Admission Record dated 8/11/22, indicated R4's diagnoses included encephalopathy, chronic kidney disease, type II diabetes, and congestive obstructive pulmonary disease (COPD).</p> <p>R4's admission Minimum Data Set (MDS) dated 6/23/22, indicated R4 was cognitively intact. R4 required extensive assistance for bed mobility and transfers. Further, R4 was at risk for developing pressure ulcers</p> <p>R4's care plan dated 7/28/22, indicated R4 was at risk for alteration in skin integrity related to immobility and incontinence with interventions to monitor skin integrity daily during cares, weekly skin inspection by the nurse, assist to turn and reposition every two to three hours, weekly measurements and assessment of wound, and document on skin condition and keep medical doctor (MD) informed of changes.</p> <p>R4's Wound Initial Assessment Note from Mercy Hospital dated 7/21/22, indicated R4 had a DTI to the coccyx opened with scattered eschar (a piece</p>	2 900		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00935	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/12/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE ESTATES AT FRIDLEY LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 5700 EAST RIVER ROAD FRIDLEY, MN 55432
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 900	<p>Continued From page 4</p> <p>of dead tissue that sheds off from the surface of the skin after an injury that appears tan, brown, or black) and slough (dead cells that appear white or yellow in color found in patches in the wound or covers a large area of the wound).</p> <p>On 8/11/22, the VOHRA Wound Physicians assessed the pressure ulcers and noted the coccyx wound to be a Stage IV pressure ulcer measuring 6.5 x 7.5 x 0.1 cm after debridement, and indicated the wound had deteriorated. They also identified a new Stage III pressure ulcer to the left buttock measuring 2.9 x 4.2 x 0.1 cm.</p> <p>During interview on 8/11/22, at 1:52 p.m. the director of nursing confirmed R4's wounds had not been assessed, monitored, or measured by the facility staff since they were noted on 7/10/22. The DON stated the expectation was when a nurse observes a new wound the doctor needed to be notified immediately to obtain orders and then the resident was to be placed on the wound rounds list. The DON verified R4 was not placed on the wound rounds list and verified the pressure ulcer had deteriorated. Further, the DON stated all pressure areas should be assessed and measured weekly and to notify the physician immediately of any observed changes.</p> <p>Interview on 8/11/22 at 2:42 p.m., with R4's physician (MD)-B identified he assessed R4's wound the previous day. MD-B states it appeared to be infected and was not made aware of the severity of the wound prior. His expectation was staff were to appropriately assess and monitor wounds and call him immediately for any changes or the need to alter therapy. MD-B suspected a bone infection and had ordered at computed topography (CT) scan and wound cultures."They aren ' t monitoring them [wounds or pressure</p>	2 900		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00935	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/12/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE ESTATES AT FRIDLEY LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 5700 EAST RIVER ROAD FRIDLEY, MN 55432
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 900	<p>Continued From page 5</p> <p>ulcers] like they should".</p> <p>During observation and interview on 8/12/22, 10:49 a.m. LPN-A completed wound care on R4. LPN-A performed dressing changes, however, the ordered Santyl (wound debrider) was not used. She then applied a bordered foam dressing over both wounds, completing the dressing change. LPN-A stated he wasn't able to apply the Santyl to the wound bed due to not having it available.</p> <p>R4's progress notes, physician orders and pharmacy communication identified R4 developed "erythema" to right upper buttocks measuring 4 x 3.5 cm and a "non-blanchable red area" to the coccyx measuring 5.5 x 3.5 cm on 7/10/22. Treatment orders for barrier cream was obtained however, no further interventions were implemented. R4 was hospitalized on 7/15/22 and returned to the facility on 7/22/22 with new treatment orders for the coccyx pressure ulcer. No assessments of the coccyx pressure ulcer were completed until 8/4/22 which at that time R4 had an unstageable DTI to the coccyx measuring 4.4 x 6.5 cm and a new Stage III pressure area to the left buttock measuring 3.4 x 4.6 x 0.1 cm. New treatment orders identified on 8/4/22, staff were to apply Santyl (wound debriding agent) to the wound bed of both pressure ulcers. In review of the pharmacy communication, Santyl was never ordered from the pharmacy.</p> <p>During interview on 8/12/22, at 11:18 a.m. the DON stated she had called the pharmacy and they had never received the order for Santyl for R4. Further, the DON stated the order will be pushed through to pharmacy today.</p> <p>The skin assessment and wound management</p>	2 900		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00935	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/12/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE ESTATES AT FRIDLEY LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 5700 EAST RIVER ROAD FRIDLEY, MN 55432
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 900	<p>Continued From page 6</p> <p>policy dated 5/27/22, indicated when a significant alteration in skin integrity was noted, the following actions would be taken:</p> <ul style="list-style-type: none"> - Notify MD for treatment order - Notify resident representative - Complete education with resident/resident representative including risks and benefits - Initiate weekly pressure wound evaluation - Notify nurse manager/wound nurse - Referral to dietary, if appropriate - Referral to therapies, if appropriate - Update care plan - Update resident care lists - Update care plan to identify risks for skin breakdown <p>SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee, should review all residents at risk for pressure ulcers to assure they are receiving the necessary treatment/services to prevent pressure ulcers from developing and to promote healing of pressure ulcers. The director of nursing or designee should conduct measurable audits for a specific amount of time of the delivery of care to residents affected and those who have the potential to be affected to ensure appropriate care and services are implemented and reduce the risk for pressure ulcer development. The DON or designee should bring all audit information to the Quality Assurance Performance Improvement (QAPI) committee to determine compliance or the need for further monitoring.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	2 900		