



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
November 30, 2022

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

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

Dear Administrator:

On October 25, 2022, we notified you a remedy was imposed. On November 17, 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 October 28, 2022.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective November 9, 2022 did not go into effect. (42 CFR 488.417 (b))

In our letter of October 25, 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 November 9, 2022 due to denial of payment for new admissions. Since your facility attained substantial compliance on October 28, 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 Therefore, the NATCEP prohibition is rescinded.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



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November 30, 2022

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

Re: Reinspection Results
Event ID: ZGP912 and HKFR12

Dear Administrator:

On November 17, 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 surveys completed on October 12, 2022 and October 25, 2022. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black 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



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October 25, 2022

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

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

Dear Administrator:

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

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted actual harm that was not immediate jeopardy (Level G), as evidenced by the electronically delivered CMS-2567, whereby significant corrections are required.

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(ies) 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 November 9, 2022.

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective November 9, 2022. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective November 9, 2022.

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.

This Department is also recommending that CMS impose:

- 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.

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.

If you have not achieved substantial compliance by November 9, 2022, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, The Estates At Fridley LLC will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from November 9, 2022. You will receive further information regarding this from the State agency. This prohibition is not subject to appeal. Further, this prohibition may be rescinded at a later date if your facility achieves substantial compliance prior to the effective date of denial of payment for new admissions.

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

ELECTRONIC PLAN OF CORRECTION (ePOC)

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable 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 an "E" tag), i.e., the plan of correction should be directed to:

Pete Cole, RN Unit Supervisor
Metro Team C District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: Peter.Cole@state.mn.us
Office/Mobile: (651) 249-1724

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 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 April 12, 2023 if your facility does not achieve

substantial compliance. This action is mandated by the Social Security Act at § 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR § 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:

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 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.

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

The Estates At Fridley LLC

October 25, 2022

Page 5

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

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

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

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Poepping', with a stylized, cursive script.

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: 10/26/2022
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 10/12/2022
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	INITIAL COMMENTS On 10/10/22 to 10/12/22, a standard abbreviated survey was conducted at your facility. Your facility was found to be not in compliance with the requirements of 42 CFR 483, Subpart B, Requirments for Long Term Care Facilities. The following complaint was found to be substantiated: H52014987C (MN85489), with a deficiency cited at F711. and The following complaints were found to be unsubstantiated: H52014963C (MN87371) H52014986C (MN86307) H52014988C (MN86404). 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 711 SS=G	Physician Visits - Review Care/Notes/Order CFR(s): 483.30(b)(1)-(3) §483.30(b) Physician Visits	F 711			10/28/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		10/26/2022

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.

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F 711	Continued From page 1 The physician must- §483.30(b)(1) Review the resident's total program of care, including medications and treatments, at each visit required by paragraph (c) of this section; §483.30(b)(2) Write, sign, and date progress notes at each visit; and §483.30(b)(3) Sign and date all orders with the exception of influenza and pneumococcal vaccines, which may be administered per physician-approved facility policy after an assessment for contraindications. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure the provider performed a comprehensive review of medications at each provider visit for 1 of 1 residents (R4) reviewed for provider visits. The facility failure to ensure the attending physician provided a comprehensive review of R4's medications resulted in R4 not receiving orders for and being administered Dilantin (anti-seizure medication) for a period of 6 months which resulted in harm when R4 experienced breakthrough seizures at the facility and was hospitalized for seizures. Findings include: R4's quarterly Minimum Data Set (MDS) dated 9/30/22, indicated R4 was severely cognitively impaired. The MDS further indicated R4 required the assistance of two staff for bed mobility, transfers, dressing, and toileting, and required the assistance of one staff for personal hygiene needs and feeding because he required tube	F 711	Not notifying provider (collaboration with outside physicians.) Immediate corrective action: All residents with seizure disorder have been identified. All residents with seizure disorder have orders to monitor seizure activity and to notify provider if observed. Corrective action as it applies to others: All residents with seizure disorder were reviewed to determine their neurologist. If they have a neurologist, they were contacted to determine when they wish to be notified regarding seizures and orders were entered accordingly Recurrence will be prevented by: Licensed nurses educated. Audits will be completed weekly x 6 wks to ensure any seizure activity observed was communicated to primary provider and also to neurologist if neurologist wants to be notified.		

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F 711	Continued From page 2 feeding. The MDS indicated R4 was not able to walk. R4's Diagnosis Report dated 10/10/22, indicated diagnoses of convulsions, epilepsy, and brain damage due to lack of oxygen. R4's care plan reviewed 10/10/22, lacked any mention of seizures and lacked interventions for seizure management. R4's provider progress note dated 5/10/22, by nurse practitioner (NP)-A indicated R4 was seen for suspected seizures and indicated R4 was prescribed Dilantin (a medication used to prevent and treat seizures) 100 milligrams (mg) twice dally (BID) and was also prescribed Keppra (a medication used to prevent and treat seizures) 2000 mg BID. The progress note from NP-A on 5/10/22, indicated the Keppra and Dilantin levels were subtherapeutic (below the recommended levels) and doses were adjusted, but did not indicate the new doses prescribed. The 5/10/22, progress note also indicated labs and medications were reviewed during the visit. Review of provider orders revealed there were no Dilantin orders after 5/13/22. R4's lab report dated 5/10/22, indicated R4's Dilantin level was 6.2 micrograms/milliliter (mcg/mL) with a normal range between 10 mcg/ml - 20 mcg/ml and R4's Keppra level was 11.1 mcg/mL with a normal range between 6.0-46.0 mcg/ml. R4's provider progress note dated 5/13/22, by NP-A indicated R4's lab results dated 5/10/22, indicated both the Dilantin and Keppra levels were subtherapeutic. The 5/13/22, progress note	F 711	Physician review Immediate corrective action All resident's dictation will be reviewed to ensure accuracy with orders whether seen by outside provider or seen in house. Corrective action as it applies to others: Morning minutes outside appointment section was adjusted to include column to ensure dictation was received and to ensure to review dictation. HUC has been educated to ensure she receives dictation from appointments. Corrective action as it applies to others: In house MD and NPs were educated to send leadership a list of the residents they see during any in house visit so that dictation can be reviewed. Recurrence will be prevented by: Clinical leaders educated regarding reading dictation. DON or designee will read dictation from outside and in house appointments and compare it to the residents' orders for accuracy Audit will be completed weekly x6 wks for all residents seen by providers to show that dictation was reviewed and accurate to the orders Not following order regarding sending neurology information: Immediate corrective action Process change: Nurses now have 2 wall pockets to place paperwork that they receive from MD. One of them is for items that have been completed and just need to be scanned into the medical record. The other is for paperwork that has follow		

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F 711	Continued From page 3 indicated NP-A made doses adjustments that day and indicated labs for both Dilantin and Keppra be rechecked on 5/24/22. The progress note further indicated, "Both Keppra and Dilantin are low, making dose changes today. Such a dramatic decrease in his Keppra level that I wonder if medication is being administered properly." The progress note further indicated tube feeding times were changed so that Dilantin would be administered on an empty stomach. R4 was admitted to the hospital on 5/19/22 for aspiration pneumonia. There was no documentation from the facility of communication to the hospital the Keppra and Dilantin doses were scheduled to be checked on 5/24/22. R4's Provider Orders Summary for Keppra (levetiracetam) were as follows: "3/25/22 - 4/29/22 500 mg/5 ml, administer 20 mL BID" There was no dose ordered for 4/30/22. "5/1/22 - 5/13/22 500 mg/ 5 mL, administer 1500 ml BID or 15 mL" "5/13/22 - 5/24/22 500 mg/5 mL, administer 1750 mg BID or 17.5 mL " "6/15/22 - 8/13/22, 100 mg/mL, administer 2000 mg, or 20 mL BID" "8/13/22 - 8/30/22, 100 mg/mL, administer 20 mL every morning and bedtime" "8/31/22 - 10/5/22, 100 mg/mL, administer 25 mL BID" "10/6/22 - current, 100 mg/mL, administer 25 mL BID" R4's April Medication Administration Record indicated there was no Keppra administered 4/29/22, in the evening, nor any dose on the morning or evening of 4/30/22. The Keppra order expired 4/29/22, at 3:29 p.m. and was restarted	F 711	up needed. Corrective action as it applies to others: Initiated 2nd check process and wall pocket process. Recurrence will be prevented by: HUC has been educated to complete the items in the paperwork that has follow up needed or to ask clinical leadership for assistance if she does not know how to complete it. Licensed nurses educated on new second check process, wall pocket process, and medication order policy. Audit: 5 orders a week will be audited x 6 weeks to ensure they were followed Any discrepancies will be addressed immediately. The Director of Nursing, Administrator, and/or designee. The results of these audits will be shared with the facility QAPI Committee for input on the need to increase, decrease or discontinue the audits. Corrections will be monitored by: Director of Nursing, Administrator, and/or Designee		

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F 711	Continued From page 4 5/1/22, in the morning. R4's lab report dated 5/10/22, indicated R4's Keppra level of 11.1 mcg/ml, and the dose was increased on 5/13/22. R4's Provider Orders Summary for Dilantin (phenytoin) were as follows: "3/25/22 - 3/28/22 100 mg/4 mL, administer 200 mg or 8 mL at bedtime" "3/28/22 - 4/8/22 100 mg/4 mL, administer 100 mg or 4 mL twice a day and 200 mg or 8 mL at bedtime" "4/9/22 - 4/29/22 100 mg/4 mL, administer 100 mg or 4 mL twice a day and 200 mg or 8 mL daily" "4/29/22 - 5/13/22 100 mg/4 mL, administer 200 mg or 8 mL TID." R4's provider orders dated 5/13/22, indicated R4's Dilantin dose of 100 mg/4 mL, administer 200 mg or 8 mL TID was discontinued by NP-A and no further orders for Diltatin were documented. R4's lab report dated 5/10/22, indicated R4's Dilantin level was 6.2 mcg/mL. There were no additional orders for Dilantin after 5/13/22. R4's provider orders dated 5/13/22, indicated R4's Keppra dose of 15 ml twice daily (BID) was discontinued and a new order was placed for Keppra 17.5 ml BID. R4's provider progress note by NP-A dated 5/15/22, indicated the provider visit was for review of R4's labs and the NP-A reviewed R4's medications, including Dilantin. The progress notes included R4's history of Dilantin levels and			F 711			

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F 711	Continued From page 5 dosing. The NP-A indicated the assessment and plan included, "Subtherapeutic Keppra level, subtherapeutic phenytoin [Dilantin] level, and also adjustments were made." The note did not indicate the new order for Dilantin. The NP-A further stated in the note, "Labs reviewed and Dilantin remains subtherapeutic and Keppra is WAY down." R4's provider progress note by medical doctor (MD)-C dated 5/16/22, instructed facility staff to fax Keppra and Dilantin lab results to R4's neurologist. There is no evidence in the medical record the levels were faxed to the neurologist. The note indicated medications were reviewed. There was no new order for Dilantin after this visit. R4's nursing progress note dated 5/19/22, indicated R4 was hospitalized on 5/19/22, for aspiration pneumonia and the medication list was faxed to the hospital. R4's hospital Discharge Instructions summary and orders dated 6/15/22, indicated Keppra was prescribed at 20 mL BID. There was no mention of Dilantin nor a new order for Dilantin. R4's provider progress note by medical doctor (MD)-C dated 6/27/22, the first provider visit twelve days after hospital discharge, indicated prior lab levels for Keppra and Dilantin. The provider note further indicated medications were reviewed. The progress note indicated, "Dose changes made to seizure meds," and mentioned only Keppra. The progress note further indicated labs were reviewed. R4's provider progress note by NP-A dated	F 711			

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

PRINTED: 10/26/2022
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 10/12/2022	
NAME OF PROVIDER OR SUPPLIER THE ESTATES AT FRIDLEY LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 5700 EAST RIVER ROAD FRIDLEY, MN 55432			
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F 711	Continued From page 6 7/1/22, indicated dose changes made to seizure meds, Keppra. There was no mention of Dilantin. The progress noted indicated that on 6/17/22, R4 had constant myoclonic movements of entire body (seizures characterized by brief, jerking spasms of muscles). Further, the progress noted indicated past labs for Dilantin and Keppra levels, and stated medications had been reviewed. There was no new order for Dilantin after this visit. R4's provider progress note by NP-A dated 7/19/22, indicated dose changes made to seizure med, Keppra. Past lab levels of Dilantin and Keppra were reviewed. The progress note indicated medications were reviewed. There was no new order for Dilantin. R4's nursing progress note dated 8/17//22, at 11:36 p.m. indicated R4's feeding tube was discovered out of placement at 10:35 p.m. and R4 left to the emergency room at 11:48 p.m to replace the G-tube. R4's hospital Discharge Summary dated 8/23/22, at 10:09 a.m. indicated R4 was admitted on 8/18/22, following accidental removal of G-tube. The hospital discharge note included a list of medications, including an antibiotic, amoxicillin-clavulanate to treat the coccyx wound infection. Dilantin was not listed in the discharge medications. R4's nursing progress note dated 8/23/22, at 4:08 p.m was a note about therapeutic recreation. The medical record lacked a nursing admitting note after hospitalization discharge on 8/23/22. R4's provider progress note by NP-A dated			F 711			

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F 711	Continued From page 7 8/23/22, indicated there were no dose changes of Keppra while R4 was hospitalized for gastrostomy tube (G-tube) (surgically placed device used to give direct access to the stomach for supplemental feeding) replacement, tachycardia, and a coccyx wound infection from 8/18/22, to 8/23/22. The provider progress note reviewed past labs for Dilantin and Keppra, and in the note, NP-A stated medications were reviewed. NP-A stated in her note "Current medications include Augmentin for 14 days." R4's provider orders lacked evidence NP-A ordered Augmentin for that period of time. R4's hospital Discharge Summary dated 9/6/22, indicated R4 was admitted to the hospital on 9/2/22, and discharged 9/6/22. R4's admitting diagnosis was status epilepticus (seizures lasting longer than five minutes, or having more than one seizure within a five minutes period of time without returning to a normal level of consciousness between episodes). The Discharge Summary indicated, "His seizures are usually twitching of the R [right] arm. At baseline he is non-verbal but he can track with his eyes." The report further indicated R4 had been in the emergency room a few days prior to this admission after R4 had been found on the floor. R4's hospital note dated 10/4/22, indicated R4 was admitted for, "Recurrent seizure likely due to low levels of your seizure medicine in your blood." The hospital noted included a note from the epileptologist from the Minnesota Epilepsy Group who stated, ""Prior AEDs [anti-epilepsy drugs] include phenytoin (Dilantin) which was discontinued in April 2022 for unclear reasons."	F 711			

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F 711	Continued From page 8 The hospital Discharge Summary dated 10/6/22, indicated, "You were in the hospital for recurrent seizures likely due to low levels of your seizure medicine in your blood." R4 was admitted 10/3/22, and discharged 10/6/22, for breakthrough generalized tonic clonic seizures (a type of seizure that involves a loss of consciousness and violent muscle contractions). When interviewed on 10/10/22, at 10:11 a.m. family member (FM)-A stated R4 had been in the hospital due to missed doses of seizure medications. When interviewed at 10/10/22, at 2:53 p.m. the director of nursing (DON) stated she called NP-A and NP-A stated she intended to restart Dilantin but had not. The DON further stated MD-B (R4's neurologist) inquired about Dilantin on 8/30/22, but there was no follow-up to that inquire by the facility. Additionally, the DON stated the NP-A had not indicated in her note what dose she intended to prescribe. When interviewed on 10/10/22. at 5:03 p.m. NP-A stated she intended to increase the dose for Keppra and Dilantin on 5/13/22. NP-A stated it was her practice to first discontinue one dose, and then restart the new dose. NP-A stated she had discontinued Keppra and restarted a new dose. NP-A stated she discontinued Dilantin with the intention to restart it at a higher dose, but failed to restart it at the higher dose as intended. NP-A stated she would normally have caught that mistake during the next weekly visit, but R4 was hospitalized instead. R4 was seen by NP-A on 5/15/22, and the Dilantin was not restarted following that visit.			F 711			

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F 711	Continued From page 9 When interviewed on 10/10/22, at 3:10 p.m. pharmacist (PH)-A stated the Dilantin was discontinued on 5/13/22, and the 5/13/22, provider note indicated to check Dilantin levels on 5/24/22. The PH-A stated the order to check the levels would have been an indication for the facility that the resident should have still been taking the medication. PH-A stated after a medication was discontinued from R4's list, pharmacists would no longer review that medication. When interviewed on 10/10/12, at 3:40 p.m. PH-B stated she had notes about Keppra being followed up on by pharmacy and the provider, but there were no notes about Dilantin, nor why Dilantin was discontinued. When interviewed on 10/12/22, at 9:45 a.m. MD-A stated the medication prescribing error could have contributed to the seizures, and the facility would have sent a medication list to the hospital that did not include the Dilantin that was not restarted. MD-A stated the MD-B was not notified about changes to R4's seizures or medications, including discontinuation of Dilantin. MD-A stated if NP-A had written the specified medication dose change in her note, it may have been found upon review, and if there was no order to reflect the content of the note, there was no way for the facility to catch it. MD-A stated it was a situation where the provider discontinued an order and failed to replace the order, and failed to catch it on review. The Physician Services policy dated April 2013, indicated The resident's attending physician participates in monitoring changes in resident's medical status. It further indicated they physician			F 711			

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F 711	Continued From page 10 will perform timely medical assessments and prescribe an appropriate medical regimen.	F 711			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
October 25, 2022

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

Re: State Nursing Home Licensing Orders
Event ID: ZGP911

Dear Administrator:

The above facility was surveyed on October 10, 2022 through October 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 "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 Estates At Fridley Llc

October 25, 2022

Page 2

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:

Pete Cole, RN Unit Supervisor
Metro Team C District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: Peter.Cole@state.mn.us
Office/Mobile: (651) 249-1724

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

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 10/12/2022
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2 000	Initial Comments *****ATTENTION***** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 10/10/22 through 10/12/22, 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 plan of correction you have reviewed these orders and identify the date	2 000			

Minnesota Department of Health

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

Electronically Signed

TITLE

(X6) DATE

10/26/22

Minnesota Department of Health

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2 000	Continued From page 1 when they will be completed. The following complaint was found to be substantiated: H52014987C (MN85489), with a deficiency cited at 1295. and The following complaints were found to be unsubstantiated: H52014963C (MN87371) H52014986C (MN86307) H52014988C (MN86404) 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. 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	2 000			

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2 000	Continued From page 2 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 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			
21295	MN Rule 4658.0710 Subp. 3 B Admission Orders and Physician Evaluations Subp. 3. Frequency of physician evaluations. B. Except as provided in this item, all required physician visits must be made by the physician personally. At the option of the physician, required visits after the initial visit may alternate between personal visits by the physician and visits by a physician assistant or nurse practitioner according to parts 5600.2600 to 5600.2670 chapters 6330 and 6340, and Minnesota Statutes, sections 147.34 and 148.235. This MN Requirement is not met as evidenced	21295			10/28/22

Minnesota Department of Health

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21295	Continued From page 3 by: Based on interview and document review, the facility failed to ensure the provider performed a comprehensive review of medications at each provider visit for 1 of 1 residents (R4) reviewed for provider visits. The facility failure to ensure the attending physician provided a comprehensive review of R4's medications resulted in R4 not receiving orders for and being administered Dilantin (anti-seizure medication) for a period of 6 months which resulted in harm when R4 experienced breakthrough seizures at the facility and was hospitalized for seizures. Findings include: R4's quarterly Minimum Data Set (MDS) dated 9/30/22 indicated R4 was severely cognitively impaired. The MDS further indicated R4 required the assistance of two staff for bed mobility, transfers, dressing, and toileting, and required the assistance of one staff for personal hygiene needs and feeding because he required tube feeding. The MDS indicated R4 was not able to walk. R4's Diagnosis Report dated 10/10/22, indicated diagnoses of convulsions, epilepsy, and brain damage due to lack of oxygen. R4's care plan reviewed 10/10/22, lacked any mention of seizures and lacked interventions for seizure management. R4's provider progress note dated 5/10/22, by nurse practitioner (NP)-A indicated R4 was seen for suspected seizures and indicated R4 was prescribed Dilantin (a medication used to prevent and treat seizures) 100 milligrams (mg) twice daily (BID) and was also prescribed Keppra (a	21295	Corrected		

Minnesota Department of Health

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21295	Continued From page 4 medication used to prevent and treat seizures) 2000 mg BID. The progress note from NP-A on 5/10/22, indicated the Keppra and Dilantin levels were subtherapeutic (below the recommended levels) and doses were adjusted, but did not indicate the new doses prescribed. The 5/10/22, progress note also indicated labs and medications were reviewed during the visit. Review of provider orders revealed there were no Dilantin orders after 5/13/22. R4's lab report dated 5/10/22, indicated R4's Dilantin level was 6.2 micrograms/milliliter (mcg/mL) with a normal range between 10 mcg/ml - 20 mcg/ml and R4's Keppra level was 11.1 mcg/mL with a normal range between 6.0-46.0 mcg/ml. R4's provider progress note dated 5/13/22, by NP-A indicated R4's lab results dated 5/10/22, indicated both the Dilantin and Keppra levels were subtherapeutic. The 5/13/22, progress note indicated NP-A made doses adjustments that day and indicated labs for both Dilantin and Keppra be rechecked on 5/24/22. The progress note further indicated, "Both Keppra and Dilantin are low, making dose changes today. Such a dramatic decrease in his Keppra level that I wonder if medication is being administered properly." The progress note further indicated tube feeding times were changed so that Dilantin would be administered on an empty stomach. R4 was admitted to the hospital on 5/19/22 for aspiration pneumonia. There was no documentation from the facility of communication to the hospital the Keppra and Dilantin doses were scheduled to be checked on 5/24/22. R4's Provider Orders Summary for Keppra (levetiracetam) were as follows:	21295			

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE ESTATES AT FRIDLEY LLC

**5700 EAST RIVER ROAD
FRIDLEY, MN 55432**

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21295	Continued From page 5 "3/25/22 - 4/29/22 500 mg/5 ml, administer 20 mL BID" There was no dose ordered for 4/30/22. "5/1/22 - 5/13/22 500 mg/ 5 mL, administer 1500 ml BID or 15 mL" "5/13/22 - 5/24/22 500 mg/5 mL, administer 1750 mg BID or 17.5 mL " "6/15/22 - 8/13/22, 100 mg/mL, administer 2000 mg, or 20 mL BID" "8/13/22 - 8/30/22, 100 mg/mL, administer 20 mL every morning and bedtime" "8/31/22 - 10/5/22, 100 mg/mL, administer 25 mL BID" "10/6/22 - current, 100 mg/mL, administer 25 mL BID" R4's April Medication Administration Record indicated there was no Keppra administered 4/29/22, in the evening, nor any dose on the morning or evening of 4/30/22. The Keppra order expired 4/29/22, at 3:29 p.m. and was restarted 5/1/22, in the morning. R4's lab report dated 5/10/22, indicated R4's Keppra level of 11.1 mcg/ml, and the dose was increased on 5/13/22. R4's Provider Orders Summary for Dilantin (phenytoin) were as follows: "3/25/22 - 3/28/22 100 mg/4 mL, administer 200 mg or 8 mL at bedtime" "3/28/22 - 4/8/22 100 mg/4 mL, administer 100 mg or 4 mL twice a day and 200 mg or 8 mL at bedtime" "4/9/22 - 4/29/22 100 mg/4 mL, administer 100 mg or 4 mL twice a day and 200 mg or 8 mL daily" "4/29/22 - 5/13/22 100 mg/4 mL, administer 200 mg or 8 mL TID."	21295		

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NAME OF PROVIDER OR SUPPLIER THE ESTATES AT FRIDLEY LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 5700 EAST RIVER ROAD FRIDLEY, MN 55432		
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21295	Continued From page 6 R4's provider orders dated 5/13/22, indicated R4's Dilantin dose of 100 mg/4 mL, administer 200 mg or 8 mL TID was discontinued by NP-A and no further orders for Diltatin were documented. R4's lab report dated 5/10/22, indicated R4's Dilantin level was 6.2 mcg/mL. There were no additional orders for Dilantin after 5/13/22. R4's provider orders dated 5/13/22, indicated R4's Keppra dose of 15 ml twice daily (BID) was discontinued and a new order was placed for Keppra 17.5 ml BID. R4's provider progress note by NP-A dated 5/15/22, indicated the provider visit was for review of R4's labs and the NP-A reviewed R4's medications, including Dilantin. The progress notes included R4's history of Dilantin levels and dosing. The NP-A indicated the assessment and plan included, "Subtherapeutic Keppra level, subtherapeutic phenytoin [Dilantin] level, and also adjustments were made." The note did not indicate the new order for Dilantin. The NP-A further stated in the note, "Labs reviewed and Dilantin remains subtherapeutic and Keppra is WAY down." R4's provider progress note by medical doctor (MD)-C dated 5/16/22, instructed facility staff to fax Keppra and Dilantin lab results to R4's neurologist. There is no evidence in the medical record the levels were faxed to the neurologist. The note indicated medications were reviewed. There was no new order for Dilantin after this visit. R4's nursing progress note dated 5/19/22, indicated R4 was hospitalized on 5/19/22, for	21295			

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21295	Continued From page 7 aspiration pneumonia and the medication list was faxed to the hospital. R4's hospital Discharge Instructions summary and orders dated 6/15/22, indicated Keppra was prescribed at 20 mL BID. There was no mention of Dilantin nor a new order for Dilantin. R4's provider progress note by medical doctor (MD)-C dated 6/27/22, the first provider visit twelve days after hospital discharge, indicated prior lab levels for Keppra and Dilantin. The provider note further indicated medications were reviewed. The progress note indicated, "Dose changes made to seizure meds," and mentioned only Keppra. The progress note further indicated labs were reviewed. R4's provider progress note by NP-A dated 7/1/22, indicated dose changes made to seizure meds, Keppra. There was no mention of Dilantin. The progress noted indicated that on 6/17/22, R4 had constant myoclonic movements of entire body (seizures characterized by brief, jerking spasms of muscles). Further, the progress noted indicated past labs for Dilantin and Keppra levels, and stated medications had been reviewed. There was no new order for Dilantin after this visit. R4's provider progress note by NP-A dated 7/19/22, indicated dose changes made to seizure med, Keppra. Past lab levels of Dilantin and Keppra were reviewed. The progress note indicated medications were reviewed. There was no new order for Dilantin. R4's nursing progress note dated 8/17//22, at 11:36 p.m. indicated R4's feeding tube was discovered out of placement at 10:35 p.m. and	21295			

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21295	Continued From page 8 R4 left to the emergency room at 11:48 p.m to replace the G-tube. R4's hospital Discharge Summary dated 8/23/22, at 10:09 a.m. indicated R4 was admitted on 8/18/22, following accidental removal of G-tube. The hospital discharge note included a list of medications, including an antibiotic, amoxicillin-clavulanate to treat the coccyx wound infection. Dilantin was not listed in the discharge medications. R4's nursing progress note dated 8/23/22, at 4:08 p.m was a note about therapeutic recreation. The medical record lacked a nursing admitting note after hospitalization discharge on 8/23/22. R4's provider progress note by NP-A dated 8/23/22, indicated there were no dose changes of Keppra while R4 was hospitalized for gastrostomy tube (G-tube) (surgically placed device used to give direct access to the stomach for supplemental feeding) replacement, tachycardia, and a coccyx wound infection from 8/18/22, to 8/23/22. The provider progress note reviewed past labs for Dilantin and Keppra, and in the note, NP-A stated medications were reviewed. NP-A stated in her note "Current medications include Augmentin for 14 days." R4's provider orders lacked evidence NP-A ordered Augmentin for that period of time. R4's hospital Discharge Summary dated 9/6/22, indicated R4 was admitted to the hospital on 9/2/22, and discharged 9/6/22. R4's admitting diagnosis was status epilepticus (seizures lasting longer than five minutes, or having more than one seizure within a five minutes period of time without returning to a normal level of	21295			

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21295	Continued From page 9 consciousness between episodes). The Discharge Summary indicated, "His seizures are usually twitching of the R [right] arm. At baseline he is non-verbal but he can track with his eyes." The report further indicated R4 had been in the emergency room a few days prior to this admission after R4 had been found on the floor. R4's hospital note dated 10/4/22, indicated R4 was admitted for, "Recurrent seizure likely due to low levels of your seizure medicine in your blood." The hospital noted included a note from the epileptologist from the Minnesota Epilepsy Group who stated, ""Prior AEDs [anti-epilepsy drugs] include phenytoin which was discontinued in April 2022 for unclear reasons." The hospital Discharge Summary dated 10/6/22, indicated, "You were in the hospital for recurrent seizures likely due to low levels of your seizure medicine in your blood." R4 was admitted 10/3/22, and discharged 10/6/22, for breakthrough generalized tonic clonic seizures (a type of seizure that involves a loss of consciousness and violent muscle contractions). When interviewed on 10/10/22, at 10:11 a.m. family member (FM)-A stated R4 had been in the hospital due to missed doses of seizure medications. When interviewed at 10/10/22, at 2:53 p.m. the director of nursing (DON) stated she called NP-A and NP-A stated she intended to restart Dilantin but had not. The DON further stated MD-B (R4's neurologist) inquired about Dilantin on 8/30/22, but there was no follow-up to that inquire by the facility. Additionally, the DON stated the NP-A had not indicated in her note what dose she intended to prescribe.	21295			

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21295	Continued From page 10 When interviewed on 10/10/22. at 5:03 p.m. NP-A stated she intended to increase the dose for Keppra and Dilantin on 5/13/22. NP-A stated it was her practice to first discontinue one dose, and then restart the new dose. NP-A stated she had discontinued Keppra and restarted a new dose. NP-A stated she discontinued Dilantin with the intention to restart it at a higher dose, but failed to restart it at the higher dose as intended. NP-A stated she would normally have caught that mistake during the next weekly visit, but R4 was hospitalized instead. R4 was seen by NP-A on 5/15/22, and the Dilantin was not restarted following that visit. When interviewed on 10/10/22, at 3:10 p.m. pharmacist (PH)-A stated the Dilantin was discontinued on 5/13/22, and the 5/13/22, provider note indicated to check Dilantin levels on 5/24/22. The PH-A stated the order to check the levels would have been an indication for the facility that the resident should have still been taking the medication. PH-A stated after a medication was discontinued from R4's list, pharmacists would no longer review that medication. When interviewed on 10/10/12, at 3:40 p.m. PH-B stated she had notes about Keppra being followed up on by pharmacy and the provider, but there were no notes about Dilantin, nor why Dilantin was discontinued. When interviewed on 10/12/22, at 9:45 a.m. MD-A stated the medication prescribing error could have contributed to the seizures, and the facility would have sent a medication list to the hospital that did not include the Dilantin that was not restarted. MD-A stated the MD-B was not	21295			

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21295	Continued From page 11 notified about changes to R4's seizures or medications, including discontinuation of Dilantin. MD-A stated if NP-A had written the specified medication dose change in her note, it may have been found upon review, and if there was no order to reflect the content of the note, there was no way for the facility to catch it. MD-A stated it was a situation where the provider discontinued an order and failed to replace the order, and failed to catch it on review. The Physician Services policy dated April 2013, indicated The resident's attending physician participates in monitoring changes in resident's medical status. It further indicated they physician will perform timely medical assessments and prescribe an appropriate medical regimen. SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee could review and revise policies and procedures related to the required physician visits. The DON or designee could develop a system to educate staff and develop a monitoring system to ensure residents receive physician visits that include medication reviews and reviews of hospital records. The DON or designee could develop an audit system to ensure orders from provider notes are entered into the electronic medical record. TIME PERIOD FOR CORRECTION: Twenty One (21) days	21295			