

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

January 27, 2022

Administrator The Villa At Bryn Mawr 275 Penn Avenue North Minneapolis, MN 55405

RE: CCN: 245203

Cycle Start Date: January 5, 2022

Dear Administrator:

On January 18, 2022, we informed you that we may impose enforcement remedies.

On January 14, 2022, the Minnesota Department(s) of Health completed a survey and it has been determined that your facility is not in substantial compliance. The most serious deficiencies in your facility were found to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567, whereby corrections are required.

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 January 13, 2022.

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

The Villa At Bryn Mawr January 27, 2022 Page 2

This Department is also recommending that CMS impose a civil money penalty. You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

• Civil money penalty. (42 CFR 488.430 through 488.444)

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 January 13, 2022, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, The Villa At Bryn Mawr will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from January 13, 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.

The Villa At Bryn Mawr January 27, 2022 Page 3

• 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:

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 - 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 July 5, 2022 (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 § 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42

The Villa At Bryn Mawr January 27, 2022 Page 4 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)

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:

The Villa At Bryn Mawr January 27, 2022 Page 5

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

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

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04 8.html

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

Feel free to contact me if you have questions.

Sincerely,

Kamala Fiske-Downing

Minnesota Department of Health Licensing and Certification Program

Kumalu Fiske Downing

Program Assurance Unit Health Regulation Division

Telephone: (651) 201-4112 Fax: (651) 215-9697

Email: Kamala.Fiske-Downing@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Revised Letter

Electronically delivered

February 1, 2022

Administrator The Villa At Bryn Mawr 275 Penn Avenue North Minneapolis, MN 55405

RE: CCN: 245203

Cycle Start Date: January 5, 2022

This letter, sent on February 1, 2022, will replace the letter dated January 27, 2022. The effective date of the remedy of DDPNA, should be February 10, 2022.

Dear Administrator:

On January 18, 2022, we informed you that we may impose enforcement remedies.

On January 14, 2022, the Minnesota Department(s) of Health completed a survey and it has been determined that your facility is not in substantial compliance. The most serious deficiencies in your facility were found to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567, whereby corrections are required.

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

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

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

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Feel free to contact me if you have questions.

Sincerely,

Kamala Fiske-Downing

Minnesota Department of Health Licensing and Certification Program

Kumalu Fishe Downing

Program Assurance Unit Health Regulation Division

Telephone: (651) 201-4112 Fax: (651) 215-9697

Email: Kamala.Fiske-Downing@state.mn.us

PRINTED: 02/11/2022 FORM APPROVED OMB NO. 0938-0391

-	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245203	B. WING			C 01/14/2022	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	;ODE	<u> </u>	11/2022
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F 000 F 600 SS=D	survey was conduct was found to be No requirements of 42 Requirements for L. The following comp SUBSTANTIATED: deficiencies cited at the facility's plan of as your allegation of Departments accepenrolled in ePOC, yat the bottom of the form. Your electron be used as verificated Upon receipt of an onsite revisit of you validate that substant regulations has been free from Abuse at CFR(s): 483.12(a)(\$483.12 Freedom to Exploitation The resident has the reglect, misappropri	14/22, a standard abbreviated sted at your facility. Your facility. To in compliance with the CFR 483, Subpart B, Long Term Care Facilities. Idiatins were found to be the H5203206C (MN80075), with standard for the compliance upon the otance. Because you are your signature is not required the first page of the CMS-2567 ic submission of the POC will tion of compliance. In acceptable electronic POC, and in facility may be conducted to antial compliance with the en attained. Ind Neglect 1) From Abuse, Neglect, and the right to be free from abuse, oriation of resident property,	F 0	00			2/10/22
	includes but is not corporal punishme any physical or che	defined in this subpart. This limited to freedom from nt, involuntary seclusion and emical restraint not required to medical symptoms.					
L ABORATOR'	L Y DIRECTOR'S OR PROVIE	DER/SUPPLIER REPRESENTATIVE'S SIGI	NATURE	TITLE			(X6) DATE

Electronically Signed 02/04/2022

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that

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.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION NG	E SURVEY PLETED	
		245203	B. WING _			C 14/2022
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIF	•	,
THE VILI	_A AT BRYN MAWR			275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405		
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F 600	physical abuse, cor involuntary seclusic This REQUIREMEI by: Based on observar review, the facility f (R1) was free from of 1 staff (nurse aid failed to follow the R1 who had known behaviors escalate frustrated, and R1 necklace during the failed to keep R1 stabuse when R1 wa NA-A and NA-A wa Findings include: Review of the 1/10/State Agency (SA) was reported to have ripped her gold necklate Agency (SA) was reported to have ripped her gold necklace off. Nother thanks of the nurse on duty. It is investigation. Resystem. R1 had disosteoporosis, must anxiety disorder, bid depressive disorder. Review of the 1/14/to the SA identified schizophrenia, oster involved the schizophrenia involved the schizop	use verbal, mental, sexual, or poral punishment, or on; NT is not met as evidenced tion, interview, and document ailed to ensure 1 of 1 resident potential physical abuse by 1 le (NA)-A). The facility also care planned interventions for behaviors, when R1's d as staff reportedly became s chest was scratched and her incident. The facility also afe from potential further s interview in the presence of s not immediately suspended. We scratched R1's chest and eklace off R1's neck. Interview IR1 became upset and her arm. R1 reportedly then in the chest and ripped her IA-A reported the incident to NA-A was suspended pending 1 was placed on a "buddy agnoses of schizophrenia, cle weakness, cataracts, polar disorder, and major	F 60	F600: Free from abuse a R1 will remain free from a All residents are at risk foresidents CP was reviewed to ensure residents will reabuse All staff were re-educated Abuse Policy and Procedure for staff members of suspect staff were educated to not alleged victim interviews in of accused person. All standard on following car interventions when working behaviors. All reported incidents will the Interdisciplinary team suspension and interview each incident x 90 days the on going. A root cause are completed on all incidents incidents will also be reviewed at many completed of audit reserviewed at QAPI to determine the process of th	abuse r abuse. each ed for accuracy main free from l on facility ure for reporting s. Administrative facility Abuse suspending any ed abuse. All t conduct n the presence aff were also e planned ng with resident be reviewed by for gaps in the process after nen weekly and nalysis will be s. All reported ewed to ensure followed as it days and on sults will be	

AND DIAN OF CODDECTION INDESTRUCTION NUMBER.		TIPLE CONSTRUCTION ING		3) DATE SURVEY COMPLETED		
		245203	B. WING			C 01/14/2022
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F 600	suspended immedia conducted, and supto the resident's need DON, R1 reportedly herself, because shand wanted to get hinterviewed by the such anged her story's cratch herself. The reported to be unsualso unsubstantiate investigation. R1 was ystem for cares. It and was not to be a stated she felt safe had been updated. R1's care plan and the time of the incidentified: 1) An emailed state from NA-A identified NA-A reported she advised her she ne proceeded to change her. In the process, her so she could ro got mad and said s scream at NA-A anattempted to scratch away. R1 reported then scratched herseneck. R1 told NA-A administrator and to NA-A reported that 2) A hand written states.	ched my neck". NA-A was ately. A skin assessment was perficial scratches were noted ck. When interview by the vistated she "scratched he was frustrated with [NA-A] her fired". R1 had been surveyor and reportedly and stated she did not be facility concluded abuse was abstantiated by the SA and was do by the facility based on their as placed on the "buddy NA-A was an agency pool staff allowed back at the facility. R1. R1's care plan and physician The facility also determined policies had been followed at lent. The facility also determined policies had been followed at lent. The facility also determined policies had been followed at lent. The facility also determined policies had been followed at lent. The facility also determined policies had been followed at lent. The facility also determined policies had been followed at lent. The facility also determined policies had been followed at lent. The facility also determined policies had been followed at lent. The facility also determined policies had been followed at lent. The facility also determined policies had been followed at lent. The facility also determined policies had been followed at lent. The facility also determined policies had been followed at lent. The facility also determined policies had been followed at lent. The facility also determined policies had been followed at lent. The facility also determined policies had been followed at lent. The facility also determined policies had been followed at lent. The facility also determined policies had been followed at lent. The facility also determined policies had been followed at lent. The facility also determined policies had been followed at lent. The facility also determined policies had been followed at lent.				

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	PROVIDER OR SUPPLIER _A AT BRYN MAWR			STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	, , ,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 600	LPN-A went into R1 NA-A scratched her her neck. NA-A spotener own chain off howas mad because is. There was no indica R1 in the presence was also no mentio the comments NA-A identifying R1 told hie to the administra NA-A had abused had 3) A skin assessmenoted R1 had "selfnot allow her to meapproximated them with redness. There came to the determined been self-inflicted winvestigation. 4) An interview docuthat day on 1/10/22 by the DON. R1 was her, NA-A was "irritated herself and pulled on NA-A had done it." There was no indicated the them with redness. There is a self-inflicted winvestigation. 4) An interview docuthat day on 1/10/22 by the DON. R1 was her, NA-A was "irritated herself and pulled on NA-A had done it." There was no indicated the investigation or reduced with the investigation of the investig	R1 scratched her during care. 's room with NA-A. R1 stated 'neck and broke her chain off ke and stated R1 had broken er neck. R1 then stated NA-A she was unable to turn her. ation why LPN-A interviewed of her potential abuser. There in NA-A had reported to LPN-A emailed to the administrator her she was knowingly going to tor and tell the administrator er. In documented by LPN-A who inflicted scratches". R1 would assure the scratches but she to be 2 to 3 inches in length e was no mention how LPN-A ination R1's scratches had without performing an aumented as conducted later, at an unknown time with R1 is noted to have reported to ating her" so she scratched on her necklace and told her she did not hurt or scratch eation the facility had performed ation to include other staff who other residents NA-A had ewed the pool staff agency to a similar complaints made	F 6			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA

	ND DLAN OF CORRECTION IDENTIFICATION NUMBER			G		COMPLETED	
		245203	B. WING		01	C / 14/2022	
	PROVIDER OR SUPPLIER	I		STREET ADDRESS, CITY, STATE, ZIP COI 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405		, 1 1 , 2 0 2 2	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 600	a.m., with R1 about came into her room working by herself in the middle of the unable to turn herself both became frustrichest and broke he bright red, vertical sone inch long in the became visibly upsigned colored, chain She stated it cost heremarked she "courubber key chain". I about not being able wearing her belove she did not scratch myself?. R1 denied it meant so much to following day about NA-A no longer wowould be notified. Fadministrator "only facility]". Interview on 1/13/2 practical nurse (LP round midnight, nurout of R1's room saher arm. LPN-A state on NA-A's arm and told LPN-A that NA couldn't turn hersel attempted to change the incident, NA-A's chest and broke R1	rvation on 1/13/22 at 9:36 It the incident identified NA-A In "so angry" because she was and had to change R1's brief Inight on 1/9/22. R1 was elf in bed and NA-A and R1 ated. NA-A scratched R1's er necklace. R1 revealed a scratch that was approximately emiddle of her chest. R1 et when she took her broken, necklace out of her drawer. Her over \$500.00 and she Idn't go out in public wearing a R1 made repeated statements He to leave the facility without d necklace. R1 further stated herself, "Why would I scratch I breaking her own necklace as to her. R1 told the DON the He the incident and was told rked at the facility and the SA R1 also stated she felt the cared about protecting [the 2 at 10:12 a.m., with licensed N)-A identified on 1/9/22, at rsing assistant (NA)-A came aying R1 had scratched her on ted she did not see a scratch went directly to R1's room. R1 -A became upset because R1 f onto her side when NA-A He R1's brief. R1 said during somehow scratched R1 on her I's necklace. NA-A denied the R1 scratched herself and					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		245203	B. WING			C / 14/2022	
	PROVIDER OR SUPPLIER		:	STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	, ,		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F 600	had not not believed necklace in her op a long time and parassessment, R1 had chest but she did in forgotten to notify the nursing of the allegoccurred. Interview on 1/13/2 registered nurse (Fibelieve that R1 wonecklace in her op "precious to her" a was broken. R1's 8/16/21, annuidentified staff perfithat time without R1 was noted to be inhallucinations or debehaviors to herse refusal of cares, but behaviors noted. R1's Care Area As triggered for cognitation above and mood. In osteoporosis (weathe spine, cataract disorder, schizophextensive assistant and out of bed. R1's current, undared.	klace, but LPN-A stated she ed R1 would break her own inion. R1 had the necklace for id \$600.00 for it. Upon ad a large, red scratch on her not measure it. LPN-A had the Administrator or director of ged abuse at the time it. 22 at 10:46 a.m., with RN)-B identified RN-B did not uld have broken her own inion. R1's necklace was not she had been upset that it. It's participation. R1's memory tact, and she had no elusions. She had no physical of or others reported and no ut did have some verbal sessment identified she tive loss, behaviors as reported R1 had diagnoses of kened bones), inflammation of s, and glaucoma, bipolar renia, and anxiety. R1 required ce of 1 staff while in bed and ce of 2 staff with transfers in ted care plan indicated R1	F 600				
	mental health diag	ptoms associated with her noses like ruminating/rambling ing up past negative events,					

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SLIPPLIER/CLIA

	OF DEFICIENCIES OF CORRECTION				COMPLETED	
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	PROVIDER OR SUPPLIER	I		STREET ADDRESS, CITY, STATE, ZIP O 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405		714/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
F 600	easily irritated and phone in her room. others were jealous physically aggressi objects, ripping pay upset or manic relait was not noted he managed with her attreatened or tried when manic and har related to not eating pieces of food to "othad made calls to allegations of abus a history of retractifindings were noted unclear if that portion reviewed for accurate."	was known to scream on the R1 had a history of feeling of her. R1 could become we (hitting, grabbing, throwing per off walls) at others when ated to her bipolar disorder, but r bipolar was not well medication regimen. R1 had to throw herself on floor also ad made previous statements g or potentially eating large shoke resulting in death". R1 per towards others and later had ng those statements. Those in January of 2019. It was on of the care plan had been acy in 2021 to identify if those atrolled with medications or	F 60	0		
	stated she assisted 1/10/22, after the a RN-A noted R1 had and some "darknessaid occurred where she had difficulty to Interview on 1/13/2 identified she often "sweet and easy" if how she prefers that NA-A was rude necklace when NA brief on 1/9/22. R1 approximately two	2 at 10:59 a.m., with RN-A I the DON to assess R1 on buse allegation was reported. d a red scratch on her chest ss" around her neck that R1 n NA-A became irritated when arning R1 during cares. 2 at 11:15 a.m., with NA-B worked with R1 who was staff follow R1's directions on ngs to be done. R1 told NA-B e to her and broke her -A attempted to change R1's bought her necklace years ago for over \$500.00. ved" her necklace and				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		245203	B. WING				C 14/2022
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	ODE	, J.,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD	BE	(X5) COMPLETION DATE
F 600	believe R1 would be Interview on 1/13/2 identified the facility of 1/9/22, resulting station 2. R1 put he and wanted her brie roll herself onto her an assist of 1 staff was unable to. NAmyself", which upse NA-A's arm and repherself" so she left assistance. When I R1's room, R1 was had scratched her onecklace. NA-A had and broke her own working until the enwas not immediated investigation. Interview on 1/13/2 identified R1 report scratched her ches when she became on 1/9/22. The DON reportedly "changes scratched herself a fired or get in troub DON had been awa to be present during allegations, or why immediately suspense.	age 7 ad behaviors, NA-B did not reak her own necklace. 2 at 3:51 p.m., with NA-A was "short staffed" the night in NA-A working alone on er call light on after midnight ef changed. NA-A told R1 to side, however, R1 required member for bed mobility and A told R1 "I can't do it by et R1. R1 then scratched portedly "began scratching R1's room to get LPN-A for LPN-A and NA-A returned to upset and told LPN-A, NA-A on her chest and broke her diargued R1 scratched herself necklace. NA-A continued and of her shift at 7:00 a.m. and by suspended pending an 2 at 10:04 a.m., with the DON ed to her that NA-A had the and broke her necklace frustrated with R1 during cares N stated R1 later had didn't want NA-A to get le. There was no mention if the are LPN-A had allowed NA-A grant R1's interview related to the NA_A had not been anded and sent home. 8/17, Abuse, Neglect, atment and Misappropriation by policy identified physical	F 6	00			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	<u>, </u>	1 1/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 607 SS=D	resident. The policy individual acting de necessarily intende the resident. The postaff accused of allowould be immediate for the protection of upon receiving a readministrator and of the delivery of appropsychosocial care a ensure the safety a and roommate if appropriate to remove the reside the abuse from the instruction from the were to assess and affected and intervible affected to determinediate interven SA "as indicated". If abuse and caregive therapeutic error renoted a report was hours of the initial of that did not result in also to be reported was no mention the revised the policy a current federal requirement federal requirement (CFR(s): 483.12(b)).	ul infliction of injury to a defined willful as the liberately, not that they do to inflict injury or harm on olicy further indicated that any eged abuse against a resident ely removed from the facility of the resident. Immediately port of alleged abuse, the or designee was to coordinate opriate medical and/or and attention. Staff were to not well-being of the resident oplicable, and other residents obtail to be affected. Staff were lent alleged to have caused situation and wait for further administrator if possible. Staff Interview the resident ew other residents who may raine injury and identify tions. Staff were to notify the fan injury was inexplicable, er neglect substantiated, or a sulted in an injury, the policy to be made to the SA within 24 indings. Allegations of abuse in serious bodily injury were no later than 24 hours. There is facility had reviewed and/or innually to ensure it met uirements.	F 60			2/10/22

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	FIPLE CONSTRUCTION NG	COM	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405		
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F 607	neglect, and exploit misappropriation of \$483.12(b)(2) Estal to investigate any s \$483.12(b)(3) Incluparagraph \$483.95 This REQUIREMENT by: Based on observative review, the facility for policies were follow revised annually for resident (R1) was part of 1 staff (nurse a failed to ensure R1 further abuse when presence of NA-A a immediately suspense Findings include: Review of the 1/10/State Agency (SA) was reported to have ripped her gold necessive with NA-A identified scratched NA-A on scratched herself of own necklace off. Not the nurse on duty. It is uspended pending the report failed to immediately. R1 was reported to no scratched pending the report failed to immediately. R1 was reported to no scratched pending the report failed to immediately. R1 was reported to no scratched pending the report failed to immediately. R1 was reported to no scratched pending the report failed to immediately. R1 was reported to no scratched pending the report failed to immediately. R1 was reported to no scratched pending the report failed to immediately. R1 was reported to no scratched pending the report failed to immediately. R1 was reported to no scratched pending the report failed to immediately. R1 was reported to no scratched pending the report failed to immediately. R1 was reported to no scratched pending the report failed to immediately. R1 was reported to no scratched pending the report failed to immediately. R1 was reported to no scratched pending the report failed to immediately. R1 was reported to no scratched pending the report failed to immediately. R1 was reported to no scratched pending the report failed to immediately. R1 was reported to no scratched pending the report failed to immediately.	bit and prevent abuse, ation of residents and resident property, Dish policies and procedures uch allegations, and de training as required at AT is not met as evidenced ion, interview, and document alled to ensure facility abuse ed and updated and/or accuracy, when 1 of 1 otentially physically abused by ide (NA)-A). The facility also was safe from potential R1 was interviewed in the and when NA-A was not inded pending investigation. 22 at 12:51 p.m. report to the on 1/9/21 at midnight, NA-A was cratched R1's chest and klace off R1's neck. Interview R1 became upset and her arm. R1 reportedly then in the chest and ripped her lA-A reported the incident to lA-A was noted to have been in the investigation, although mention if this occurred is placed on a "buddy system".	F 6	F607: Develop/implement abuse policies R1 will remain free from abuse All residents are at risk for abuse All staff were re-educated on fac Abuse Policy and Procedure for Vulnerable Adult Incidents. All stateducated to not conduct alleged interviews in the presence of acceperson. Administrative team was re-educated on facility Abuse Po Procedure for immediately suspeany staff members of suspected Abuse policy was reviewed on 1/15/22. Education will be comple 2/10/2022 All reported incidents will be reviet Interdisciplinary team for gap suspension and interview procese each incident x 90 days then were on going. All reported incidents be reviewed to ensure resident of were followed as it relates to ber 90 days and on going. Results of results will be reviewed at QAPI determine compliance	e ility reporting aff were victim cused is licy and ending abuse. Eted by execute by execute by execute and will also are plans aviors x faudit	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED	
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405			
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F 607	to the SA identified schizophrenia, osted depression. R1 repression. R1 repression and scrate suspended immediated immediated and suppersed to the resident's new DON, R1 reportedly herself, because shand wanted to get hinterviewed by the such anged her story's scratch herself. The reported to be unsuralso unsubstantiate investigation. R1 was system for cares. It and was not to be a stated she felt safe had been updated. R1's care plan and the time of the incidentified: 1) An emailed state from NA-A identified: 1) An emailed state from NA-A reported she advised her she ne proceeded to chang her. In the process, her so she could rogot mad and said s scream at NA-A anattempted to scrate	22 at 6:48 p.m., 5 day report R1 had diagnoses of oporosis, and major orted NA-A "grabbed my ched my neck". NA-A was ately. A skin assessment was perficial scratches were noted ck. When interview by the or stated she "scratched he was frustrated with [NA-A] her fired". R1 had been surveyor and reportedly or and stated she did not he facility concluded abuse was obstantiated by the SA and was of by the facility based on their has placed on the "buddy NA-A was an agency pool staff fullowed back at the facility. R1 or R1's care plan and physician The facility also determined policies had been followed at	F 60	07			

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245203 B. WING 01	C	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	/14/2022	
275 PENN AVENUE NORTH		
THE VILLA AT BRYN MAWR MINNEAPOLIS, MN 55405		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE	
F 607 Continued From page 11 then scratched herself and cut the chain from her neck. R1 told NA-A she was going to lie to the administrator and tell her NA-A "did this to me" so NA-A reported that to the nurse. 2) A hand written statement by licensed practical nurse (LPN)-A that noted NA-A came out of R1's room and reported R1 scratched her during care. LPN-A went into R1's room with NA-A. R1 stated NA-A scratched her neck and broke her chain off her neck. NA-A spoke and stated R1 had broken her own chain off her neck. R1 then stated NA-A was mad because she was unable to turn her. There was no indication why LPN-A interviewed R1 in the presence of her potential abuser. There was also no mention NA-A had reported to LPN-A the comments NA-A emailed to the administrator identifying R1 told her she was knowingly going to lie to the administrator and tell the administrator NA-A had abused her. 3) A skin assessment documented by LPN-A who noted R1 had "self-inflicted scratches". R1 would not allow her to measure the scratches but she approximated them to be 2 to 3 inches in length with redness. There was no mention how LPN-A came to the determination R1's scratches had been self-inflicted without performing an investigation. 4) An interview documented as conducted later that day on 1/10/22, at an unknown time with R1 by the DON. R1 was noted to have reported to her, NA-A was "irritating her" so she scratched herself and pulled on her necklace and told her NA-A had done it. "She did not hurt or scratch me. I feel safe". There was no indication the facility had performed a thorough investigation to include other staff who worked with NA-A, other residents NA-A had worked with, interviewed the pool staff agency to see if NA-A had any smillar complaints made		

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	245203		B. WING			C 14/2022
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F 607	mention why NA-A work after the invest deemed there had NA-A to R1. Interview and obse a.m., with R1 about came into her room working by herself in the middle of the unable to turn herse both became frustrichest and broke he bright red, vertical sone inch long in the became visibly ups gold-colored, chain She stated it cost he remarked she "courubber key chain". I about not being able wearing her belove she did not scratch myself?. R1 denied it meant so much to following day about NA-A no longer wow would be notified. Fadministrator "only facility]". Interview on 1/13/2 practical nurse (LP) round midnight, nur out of R1's room saher arm. LPN-A sta	_	F 607			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
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F 607	couldn't turn hersel attempted to chang the incident, NA-As chest and broke Raccusations, saying broke her own nechad not not believe necklace in her opia long time and paiassessment, R1 hachest but she did n forgotten to notify the nursing of the allegoccurred. Interview on 1/13/2 registered nurse (F believe that R1 wornecklace in her opi	age 13 -A became upset because R1 f onto her side when NA-A ge R1's brief. R1 said during somehow scratched R1 on her l's necklace. NA-A denied the g R1 scratched herself and klace, but LPN-A stated she d R1 would break her own nion. R1 had the necklace for d \$600.00 for it. Upon ad a large, red scratch on her ot measure it. LPN-A had he Administrator or director of ed abuse at the time it 2 at 10:46 a.m., with kN)-B identified RN-B did not uld have broken her own nion. R1's necklace was nd she had been upset that it	F 60	7		
	R1's 8/16/21, annual Minimum Data Set (MDS) identified staff performed R1's cognitive test at that time without R1's participation. R1's memory was noted to be intact, and she had no hallucinations or delusions. She had no physical behaviors to herself or others reported and no refusal of cares, but did have some verbal behaviors noted. R1's Care Area Assessment identified she triggered for cognitive loss, behaviors as reported above and mood. R1 had diagnoses of osteoporosis (weakened bones), inflammation of the spine, cataracts, and glaucoma, bipolar disorder, schizophrenia, and anxiety. R1 required extensive assistance of 1 staff while in bed and extensive assistance of 2 staff with transfers in					

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F 607	showed some symple mental health diagrabout topics, bringing refusing medication easily irritated and phone in her room. others were jealous physically aggressing objects, ripping papurpset or manic relait was not noted her managed with her rathreatened or tried when manic and harelated to not eating pieces of food to "chad made calls to allegations of abuse a history of retracting findings were noted unclear if that portion reviewed for accurate behaviors were converted when assisted 1/10/22, after the a RN-A noted R1 had and some "darkness said occurred when she had difficulty turn literview on 1/13/2 identified she often	ed care plan indicated R1 otoms associated with her noses like ruminating/rambling ng up past negative events, as and cares at times, was was known to scream on the R1 had a history of feeling of her. R1 could become we (hitting, grabbing, throwing per off walls) at others when ted to her bipolar disorder, but ar bipolar was not well medication regimen. R1 had to throw herself on floor also ad made previous statements g or potentially eating large hoke resulting in death". R1 of 11 previously. R1 made to those statements. Those is to in January of 2019. It was on of the care plan had been acy in 2021 to identify if those attrolled with medications or	F 6)7		

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING			(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG		N SHOULD BI	
F 607	that NA-A was rude necklace when NA-brief on 1/9/22. R1 approximately two NA-B stated R1 "lo although R1 has habelieve R1 would b Interview on 1/13/2 identified the facility of 1/9/22, resulting station 2. R1 put he and wanted her brieroll herself onto her an assist of 1 staff was unable to. NA-myself", which upse NA-A's arm and repherself" so she left assistance. When IR1's room, R1 was had scratched her onecklace. NA-A had and broke her own working until the er	ngs to be done. R1 told NA-B at to her and broke her A attempted to change R1's bought her necklace years ago for over \$500.00. Ved" her necklace and ad behaviors, NA-B did not reak her own necklace. 2 at 3:51 p.m., with NA-A y was "short staffed" the night in NA-A working alone on er call light on after midnight ef changed. NA-A told R1 to r side, however, R1 required member for bed mobility and A told R1 "I can't do it by et R1. R1 then scratched portedly "began scratching R1's room to get LPN-A for LPN-A and NA-A returned to upset and told LPN-A, NA-A on her chest and broke her d argued R1 scratched herself necklace. NA-A continued and of her shift at 7:00 a.m. and by suspended pending an	F6	507		
	identified R1 report scratched her ches when she became on 1/9/22. The DOI reportedly "change scratched herself a fired or get in troub DON had been awa	2 at 10:04 a.m., with the DON ed to her that NA-A had t and broke her necklace frustrated with R1 during cares N stated R1 later had d her story" and said she nd didn't want NA-A to get le. There was no mention if the are LPN-A had allowed NA-A g R1's interview related to the				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245203	B. WING			C / 14/2022
	PROVIDER OR SUPPLIER _A AT BRYN MAWR			STREET ADDRESS, CITY, STATE, ZIP COI 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405		,
(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 CORR ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 607	Review of the 11/28 Exploitation, Mistres of Resident Propert abuse was the willfuresident. The policy individual acting denecessarily intende the resident. The postaff accused of allewould be immediate for the protection of upon receiving a readministrator and of the delivery of appropsychosocial care a ensure the safety a and roommate if appropsychosocial care are sure the safety and roommate if appropsychosocial care are sure the safety and roommate if appropsychosocial care are ensure the safety and roommate if appropsychosocial care are ensure the safety and roommate if appropsychosocial care are ensure the safety and roommate if appropsychosocial care are ensure the safety and roommate if appropriate and roommate if appropriate and affected and interviews A "as indicated". It abuse and caregive therapeutic error renoted a report was hours of the initial fithat did not result in also to be reported was no mention the	NA_A had not been inded and sent home. 8/17, Abuse, Neglect, atment and Misappropriation by policy identified physical all infliction of injury to a redefined willful as the liberately, not that they do to inflict injury or harm on policy further indicated that any eged abuse against a resident ely removed from the facility of the resident. Immediately port of alleged abuse, the redefined was to coordinate opriate medical and/or and attention. Staff were to and well-being of the resident eplicable, and other resident sitial to be affected. Staff were ent alleged to have caused situation and wait for further administrator if possible. Staff interview the resident ew other residents who may mine injury and identify tions. Staff were to notify the fan injury was inexplicable, er neglect substantiated, or a sulted in an injury, the policy to be made to the SA within 24 indings. Allegations of abuse in serious bodily injury were no later than 24 hours. There is facility had reviewed and/or innually to ensure it met	F 6	07		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	LE CONSTRUCTION ()	(X3) DATE SURVEY COMPLETED	
		245203	B. WING		C 01/14/2022
	PROVIDER OR SUPPLIER		:	STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	
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F 609 F 609 SS=D		d Violations	F 609 F 609		2/10/22
	involving abuse, ne mistreatment, inclu source and misapp are reported immed hours after the alled that cause the alled serious bodily injurithe events that cau abuse and do not reported the administrator of officials (including the adult protective serior jurisdiction in local source and source	are that all alleged violations eglect, exploitation or ding injuries of unknown propriation of resident property, diately, but not later than 2 gation is made, if the events gation involve abuse or result in y, or not later than 24 hours if use the allegation do not involve esult in serious bodily injury, to f the facility and to other to the State Survey Agency and evices where state law provides ing-term care facilities) in tate law through established			
	designated represe accordance with St Survey Agency, wit incident, and if the appropriate correct This REQUIREMED by: Based on interview failed to ensure an resident abuse was to the State Agency	ort the results of all e administrator or his or her entative and to other officials in tate law, including to the State hin 5 working days of the alleged violation is verified ive action must be taken. NT is not met as evidenced v and record review, the facility alleged violation of staff to s reported no later than 2 hours y (SA) for 1 of 1 residents (R1) legation of physical abuse.		F609: Failure to Report Alleged Viola of Abuse Incident involving R1 was reported to state agency on 1/10//2022 All residents are at risk for abuse and neglect	the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	LE CONSTRUCTION	COM	(X3) DATE SURVEY COMPLETED		
		245203	B. WING			C 01/14/2022	
	PROVIDER OR SUPPLIER		:	STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405			
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F 609	State Agency (SA) was reported to have ripped her gold new with NA-A identified scratched NA-A on scratched herself of own necklace off. In the nurse on duty. It is uspended pending placed on a "buddy schizophrenia, oster cataracts, anxiety of major depressive dwhy the allegation with the SA identified schizophrenia, oster depression. R1 reported immediate conducted, and suppended immediate interviewed by the stand wanted to get interviewed by the stand wanted to be unsualso unsubstantiate investigation. R1 we system for cares. It and was not to be a stated she felt safe	ge 18 22 at 12:51 p.m. report to the on 1/9/21 at midnight, NA-A we scratched R1's chest and klace off R1's neck. Interview IR1 became upset and her arm. R1 reportedly then in the chest and ripped her IA-A reported the incident to NA-A was noted to have been in the investigation. R1 was system". R1 had diagnoses of reported, bipolar disorder, and isorder, bipolar disorder, and isorder. There was mention was not reported within 2 hrs. 22 at 6:48 p.m., 5 day report R1 had diagnoses of reported NA-A "grabbed my ched my neck". NA-A was ately. A skin assessment was perficial scratches were noted ck. When interview by the yestated she "scratched ne was frustrated with [NA-A] her fired". R1 had been surveyor and reportedly and stated she did not be facility concluded abuse was abstantiated by the SA and was and by the facility based on their as placed on the "buddy NA-A was an agency pool staff allowed back at the facility. R1. R1's care plan and physician The facility also determined	F 609	All staff were re-educated that pabuse needs to be reported to agency within 2 hours. Abuse pprocedure was reviewed on 1/1 All reported incidents will be rewithin 24 hours to ensure timely to state agency x 90 days and a Audit results will be reviewed at ensure compliance	the state policy and 5/22 viewed y reporting on going.		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245203	B. WING			C / 14/2022	
	PROVIDER OR SUPPLIER _A AT BRYN MAWR			STREET ADDRESS, CITY, STATE, ZIP COE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405			
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F 609	the time of the incide the investigation the failed to report the about a required. Review of the facilitidentified: 1) An emailed state from NA-A identified: NA-A reported she advised her she ne proceeded to changher. In the process, her so she could rogot mad and said s scream at NA-A an attempted to scrate away. R1 reported then scratched hers neck. R1 told NA-A administrator and to NA-A reported that 2) A hand written st nurse (LPN)-A that room and reported LPN-A went into R1 NA-A scratched her neck. NA-A spoker own chain off her was mad because and the comments NA-A identifying R1 told file to the administrator NA-A had abused from the comments NA-A had abused from the c	policies had been followed at dent. There was no mention in de facility had identified staff allegation to the SA within 2 by investigation documents are ment on 1/10/22 at 1:51 p.m., d R1 had put on her call light. Went into R1's room. R1 eded incontinent care so she ge her. While trying to change and NA-A had asked her to help all better (in bed). R1 reportedly he could not and began to destarted "fighting me". R1 beth NA-A's face so NA-A turned by scratched NA-A's arm and self and cut the chain from her ashe was going to lie to the dell her NA-A "did this to me" so to the nurse. The stated her during care. It's room with NA-A. R1 stated are neck and broke her chain off oke and stated R1 had broken der neck. R1 then stated NA-A she was unable to turn her. There was unable to turn her. There was unable to turn her. There was knowingly going to ator and tell the administrator ner she was knowingly going to ator and tell the administrator and tell the administrator.	F 609				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405		114/2022
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F 609	not allow her to me approximated them with redness. There came to the determ been self-inflicted vinvestigation. 4) An interview dood that day on 1/10/22 by the DON. R1 was her, NA-A was "irritherself and pulled on NA-A had done it." me. I feel safe". There was no indicathorough investig worked with NA-A, worked with, intervisee if NA-A had an against her previous documentation or mention why NA-A work after the investeemed there had NA-A to R1.	inflicted scratches". R1 would easure the scratches but she in to be 2 to 3 inches in length e was no mention how LPN-A mination R1's scratches had without performing an sumented as conducted later 2, at an unknown time with R1 as noted to have reported to eating her" so she scratched on her necklace and told her She did not hurt or scratch eation the facility had performed eation to include other staff who other residents NA-A had sewed the pool staff agency to be y similar complaints made easily or any other ecord review. There is also no was not allowed to return for stigation, if the facility had been no potential abuse by	F 60	9		
	a.m., with R1 about came into her room working by herself in the middle of the unable to turn hers both became frustrichest and broke her bright red, vertical sone inch long in the became visibly upsigold-colored, chain	rvation on 1/13/22 at 9:36 It the incident identified NA-A In "so angry" because she was and had to change R1's brief Inight on 1/9/22. R1 was Inight on 1/9/22. R1 was Inight on NA-A and R1 Inited. NA-A scratched R1's Initer necklace. R1 revealed a Initer scratch that was approximately Initer when she took her broken, In necklace out of her drawer. Inter over \$500.00 and she				

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_	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405		/ 1 1 / LULL	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 609	rubber key chain". I about not being abl wearing her belove she did not scratch myself?. R1 denied it meant so much to following day about NA-A no longer wow would be notified. F administrator "only facility]". Interview on 1/13/2 practical nurse (LPI round midnight, nur out of R1's room saher arm. LPN-A sta on NA-A's arm and told LPN-A that NA-couldn't turn hersel attempted to chang the incident, NA-A schest and broke R1 accusations, saying broke her own neck had not not believe necklace in her opin a long time and pai assessment, R1 had chest but she did not forgotten to notify the nursing of the alleg occurred. Interview on 1/13/2 identified R1 report	Idn't go out in public wearing a R1 made repeated statements e to leave the facility without d necklace. R1 further stated herself, "Why would I scratch breaking her own necklace as her. R1 told the DON the the incident and was told red at the facility and the SA R1 also stated she felt the cared about protecting [the cared about protecting R1 had scratched her on the side when NA-A e R1's brief. R1 said during somehow scratched R1 on her care care care the cared she decay and the protection of the cared scratch on her of measure it. LPN-A stated she decay and the cared scratch on her of the cared abuse at the time it	F 6	09			
		t and broke her necklace frustrated with R1 during cares					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	FIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
		245203	B. WING		01	C 01/14/2022	
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD		/ 14/2022	
THE VII I	_A AT BRYN MAWR			275 PENN AVENUE NORTH			
				MINNEAPOLIS, MN 55405			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRE ((EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 609	reportedly "changed scratched herself a fired or get in troubl DON had identified was not reported with being made or took time to correct the construction of Review of the 11/28 Exploitation, Mistres of Resident Propert notify the SA "as incinexplicable, abuse substantiated, or a an injury, the policy made to the SA with findings. Allegations serious bodily injury later than 24 hours. facility had reviewed	N stated R1 later had dher story" and said she and didn't want NA-A to get le. There was no mention if the or been aware the incident within 2 hours of the allegation a systemic approach at that	F6	09			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered January 27, 2022

Administrator The Villa At Bryn Mawr 275 Penn Avenue North Minneapolis, MN 55405

Re: State Nursing Home Licensing Orders

Event ID: H7S311

Dear Administrator:

The above facility was surveyed on January 13, 2022 through January 14, 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 <u>only a suggestion</u> 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 Villa At Bryn Mawr January 27, 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 note it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call me with any questions.

Sincerely,

Kamala Fiske-Downing

Minnesota Department of Health

Kamala Fiske Downing

Licensing and Certification Program

The Villa At Bryn Mawr January 27, 2022 Page 3

Program Assurance Unit Health Regulation Division

Telephone: (651) 201-4112 Fax: (651) 215-9697

Email: Kamala.Fiske-Downing@state.mn.us

PRINTED: 02/11/2022 FORM APPROVED

(X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					B) DATE SURVEY COMPLETED	
00175		B. WING		C 01/14/2022		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE VIL	THE VILLA AT BRYN MAWR MINNEA			******		
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2 000	Initial Comments		2 000			
	*****	NTION*****				
	NH LICENSING	CORRECTION ORDER				
	144A.10, this correct pursuant to a surve found that the deficing herein are not corrected shall with a schedule of the Minnesota Department of the Minnesota Department of the Minnesota MN Rumber and MN Rumber and MN Rumber and mumber and mum	nether a violation has been				
	that may result from orders provided tha the Department witl	hearing on any assessments non-compliance with these tawritten request is made to nin 15 days of receipt of a nt for non-compliance.				
	conducted at your f Minnesota Departm facility was found N State Licensure. Pla plan of correction yo	TS: 14/22, a complaint survey was acility by surveyors from the tent of Health (MDH). Your OT in compliance with the MN ease indicate in your electronic ou have reviewed these orders a when they will be completed.				

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

02/04/22 **Electronically Signed**

TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	00175		B. WING		01/1	4/2022
	PROVIDER OR SUPPLIER	275 PENN	DRESS, CITY, S I AVENUE NO OLIS, MN 5			
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	SUBSTANTIATED: a related licensing of the State Licensing Federal software. The assigned to Minnes Nursing Homes. The appears in the far-lettag." The state state listed in the "Summictory column and replace the correction order the findings which a statute after the state as evidence by." For the state of the state	plaint was found to be H5203206C (MN80075), with order issued at 1980. The ent of Health is documenting Correction Orders using fag numbers have been tota state statutes/rules for the assigned tag number eft column entitled "ID Prefix tute/rule out of compliance is tary Statement of Deficiencies" tes the "To Comply" portion of the This column also includes the in violation of the state tement, "This Rule is not met following the surveyor's findings Method of Correction and trection.				
	receipt of State lice the Minnesota Department of Hear you electronically. is necessary for State lice the word "CO available for text. You electronic State lice heading completion be corrected prior to the Minnesota Department of Hear you electronic State lice heading completion be corrected prior to the Minnesota Department of State lice heading completion be corrected prior to the Minnesota Department of State lice heading completion be corrected prior to the Minnesota Department of State lice heading completion be corrected prior to the Minnesota Department of State lice heading completion be corrected prior to the Minnesota Department of State lice heading completion be corrected prior to the Minnesota Department of State lice heading completion be corrected prior to the Minnesota Department of State lice heading to the Minnesota Department of Minnesota Department	participate in the electronic nsure orders consistent with artment of Health in 14-01, available at state.mn.us/facilities/regulatio_1.html The State licensing ed on the attached Minnesota lth orders being submitted to Although no plan of correction ate Statutes/Rules, please RRECTED" in the box ou must then indicate in the ensure process, under the date, the date your orders will be electronically submitting to artment of Health. The facility and therefore a signature is pottom of the first page of				

6899

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		1 ' '			DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION IDENTIFICAT		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
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		00175	B. WIIVG		01/14	4/2022
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0// 15	CLIMMA DV CTA	TEMENT OF DEFICIENCIES	-		ON	()(5)
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21980	Maltreatment of Vu Subd. 3. Timing of reporter who has revulnerable adult is lor who has knowled has sustained a phreasonably explained information to the of individual is a vulneraborter is not required.	of report. (a) A mandated eason to believe that a being or has been maltreated, dge that a vulnerable adult ysical injury which is not ed shall immediately report the sommon entry point. If an erable adult solely because mitted to a facility, a mandated ired to report suspected e individual that occurred prior	21980			2/10/22
	another facility and believe the vulneral previous facility; or (2) the reporter k that the individual is in section 626.5572 (b) A person not provisions of this s as described above (c) Nothing in this known or suspected knows or has reason been made to the c (d) Nothing in this reporter from also reason to believe the 626.5572, subdivisi (5), occurred must subdivision. If the stime believes that a	as admitted to the facility from the reporter has reason to ble adult was maltreated in the knows or has reason to believe a vulnerable adult as defined 2, subdivision 21, clause (4). required to report under the ection may voluntarily report as section requires a report of dimaltreatment, if the reporter on to know that a report has common entry point. It is section shall preclude a reporting to a law enforcement are porter who knows or has not an error under section on 17, paragraph (c), clause make a report under this reporter or a facility, at any un investigation by a lead ne or should determine that				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				ATE SURVEY OMPLETED	
				С			
		00175	B. WING		01/1	4/2022	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
THE VIL	LA AT BRYN MAWR		AVENUE NO OLIS, MN 5				
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PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	COMPLETE DATE	
21980	Continued From pa	ge 3	21980				
	the criteria under set 17, paragraph (c), of facility may provided directly to the lead a how the event mee 626.5572, subdivisi (5). The lead agent information when mee the report under sufficient and the report under sufficient and the resident abuse was hours, to the State Annual Provided This MN Requirements.	vas not neglect according to ection 626.5572, subdivision clause (5), the reporter or to the common entry point or agency information explaining ts the criteria under section on 17, paragraph (c), clause acy shall consider this making an initial disposition of bidivision 9c. ent is not met as evidenced and record review, the facility alleged violation of staff to be reported no later than 2 Agency (SA) for 1 of 1 reported allegations of		corrected			
	Findings include:						
	State Agency (SA) was reported to have ripped her gold neck with NA-A identified scratched NA-A on scratched herself of own necklace off. Not the nurse on duty. It is suspended pending placed on a "buddy schizophrenia, oste cataracts, anxiety do major depressive downy the allegation with the suspended pending placed on a "buddy schizophrenia, oste cataracts, anxiety downy the allegation with the suspended pending placed on a "buddy schizophrenia, oste cataracts, anxiety downy the allegation with the suspended pending placed p	22 at 12:51 p.m. report to the on 1/9/21 at midnight, NA-A we scratched R1's chest and klace off R1's neck. Interview IR1 became upset and her arm. R1 reportedly then in the chest and ripped her IA-A reported the incident to NA-A was noted to have been if the investigation. R1 was system". R1 had diagnoses of oporosis, muscle weakness, isorder, bipolar disorder, and isorder. There was mention was not reported within 2 hrs.					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA				TE SURVEY MPLETED	
			7. BOLDING.		С		
	00175		B. WING		01/14/2022		
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
THE VII	LA AT BRYN MAWR	275 PENN	AVENUE N	ORTH			
	LAAI DIIIIN WAWII	MINNEAP	OLIS, MN 5	5405			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
21980	Continued From pa	ge 4	21980				
	schizophrenia, ostedepression. R1 repnecklace and scrate suspended immediconducted, and supto the resident's ned DON, R1 reportedly herself, because shand wanted to get hinterviewed by the such anged her story's cratch herself. The reported to be unsualso unsubstantiate investigation. R1 was system for cares. If and was not to be a stated she felt safe had been updated. R1's care plan and the time of the investigation the	R1 had diagnoses of coporosis, and major corted NA-A "grabbed my ched my neck". NA-A was ately. A skin assessment was perficial scratches were noted ck. When interview by the y stated she "scratched ne was frustrated with [NA-A] ner fired". R1 had been surveyor and reportedly and stated she did not be facility concluded abuse was obstantiated by the SA and was not by the facility based on their as placed on the "buddy NA-A was an agency pool staff allowed back at the facility. R1 and R1's care plan and physician The facility also determined policies had been followed at dent. There was no mention in the facility had identified staff allegation to the SA within 2					
	Review of the facility investigation documents identified: 1) An emailed statement on 1/10/22 at 1:51 p.m., from NA-A identified R1 had put on her call light. NA-A reported she went into R1's room. R1 advised her she needed incontinent care so she proceeded to change her. While trying to change her. In the process, NA-A had asked her to help her so she could roll better (in bed). R1 reportedly got mad and said she could not and began to scream at NA-A and started "fighting me". R1 attempted to scratch NA-A's face so NA-A turned away. R1 reportedly scratched NA-A's arm and then scratched herself and cut the chain from her						

Minnesota Department of Health

STATE FORM 6899 H7S311 If continuation sheet 5 of 9

Minnesota Department of Health		1				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
						`
00175		B. WING		01/14/2022		
		00175			<u> </u>	4/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
		275 PENN	AVENUE NO	ORTH		
THE VIL	LA AT BRYN MAWR		OLIS, MN 5			
	OLIMANA DV OTA		-			0.5
(X4) ID PREFIX		TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRIES		DATE
				DEFICIENCY)		
01000	Osatians al Fusas as	F	01000			
21980	Continued From pa	ge 5	21980			
	neck, R1 told NA-A	she was going to lie to the				
		ell her NA-A "did this to me" so				
	NA-A reported that					
		atement by licensed practical				
		noted NA-A came out of R1's				
		R1 scratched her during care.				
		's room with NA-A. R1 stated				
		neck and broke her chain off				
		ke and stated R1 had broken				
		er neck. R1 then stated NA-A				
		she was unable to turn her.				
		ation why LPN-A interviewed				
		of her potential abuser. There				
		n NA-A had reported to LPN-A				
		A emailed to the administrator				
		ner she was knowingly going to				
		ttor and tell the administrator				
	NA-A had abused h					
		ent documented by LPN-A who				
		inflicted scratches". R1 would				
		asure the scratches but she				
		to be 2 to 3 inches in length				
		e was no mention how LPN-A				
		ination R1's scratches had				
		vithout performing an				
	investigation.	ntilout performing arr				
		umented as conducted later				
		, at an unknown time with R1				
		s noted to have reported to				
		ating her" so she scratched				
		on her necklace and told her				
		She did not hurt or scratch				
	me. I feel safe".	one did not hurt or scratch				
		ation the facility had performed				
		ation to include other staff who				
		other residents NA-A had				
		ewed the pool staff agency to				
		y similar complaints made				
	against her previou					
	documentation or re	ecord review. There is also no				

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STATE FORM 6899 H7S311 If continuation sheet 6 of 9

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Minnesota Department of Health

AND FLAN OF CORRECTION IDENTIFICATION NOWIBER. A. BUILDING:	DATE SURVEY COMPLETED	
00175 B. WING 01/14/2	/0000	
00175 B. WING 01/14/2	2022	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		
THE VILLA AT BRYN MAWR 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
21980 Continued From page 6 mention why NA-A was not allowed to return for work after the investigation, if the facility had deemed there had been no potential abuse by NA-A to R1. Interview and observation on 1/13/22 at 9:36 a.m., with R1 about the incident identified NA-A came into her room "so angry" because she was working by herself and had to change R1's brief in the middle of the night on 1/9/22. R1 was unable to turn herself in bed and NA-A and R1 both became frustrated. NA-A scratched R1's chest and broke her necklace. R1 revealed a bright red, vertical scratch that was approximately one inch long in the middle of her chest. R1 became visibly upset when she took her broken, gold-colored, chain necklace out of her drawer. She stated it cost her over \$500.00 and she remarked she "couldn't go ut in public wearing a rubber key chain". R1 made repeated statements about not being able to leave the facility without wearing her beloved necklace. R1 further stated she did not scratch herself, "Why would I scratch myself?. R1 denied breaking her own necklace as it meant so much to her. R1 told the DON the following day about the incident and was told NA-A no longer worked at the facility and the SA would be notified. R1 also stated she felt the administrator "only cared about protecting [the facility]". Interview on 1/13/22 at 10:12 a.m., with licensed practical nurse (LPN)-A identified on 1/9/22, at round midnight, nursing assistant (NA)-A came out of R1's room saying R1 had scratched her on her arm. LPN-A stated she did not see a scratch on NA-A's arm and went directly to R1's room. R1 told LPN-A that NA-A became upset because R1 couldn't turn herself onto he rside when NA-A		

Minnesota Department of Health

STATE FORM 6899 H7S311 If continuation sheet 7 of 9

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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		00175	B. WING		01/14/2022	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
THE VIL	LA AT BRYN MAWR		OLIS, MN 5			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
21980	the incident, NA-As chest and broke Raccusations, saying broke her own nech had not not believe necklace in her opi a long time and pai assessment, R1 had chest but she did n forgotten to notify the nursing of the alleg occurred. Interview on 1/13/2 identified R1 report scratched her ches when she became on 1/9/22. The DOI reportedly "change scratched herself a fired or get in troub DON had identified was not reported when she became on 1/9/22. The DOI reportedly "change scratched herself a fired or get in troub DON had identified was not reported when grade or took time to correct the description of Resident Proper notify the SA "as incinexplicable, abuse substantiated, or a an injury, the policy made to the SA with findings. Allegation serious bodily injury later than 24 hours facility had reviewe	somehow scratched R1 on her I's necklace. NA-A denied the gR1 scratched herself and klace, but LPN-A stated she dR1 would break her own nion. R1 had the necklace for d \$600.00 for it. Upon ad a large, red scratch on her ot measure it. LPN-A had he Administrator or director of ed abuse at the time it 2 at 10:04 a.m., with the DON red to her that NA-A had at and broke her necklace frustrated with R1 during cares N stated R1 later had dher story" and said she and didn't want NA-A to get le. There was no mention if the lor been aware the incident ithin 2 hours of the allegation a systemic approach at that	21980			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
	20.22.		A. BOILDING.	A. BUILDING.		С	
		00175	B. WING			4/2022	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
THE VIL	LA AT BRYN MAWR		AVENUE NO OLIS, MN 5				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
21980	Continued From pa	ge 8	21980				
	administrator or despolicies or procedur of all allegations of appropriate timefrat re-educate staff to and audit all complaneglect for a set pe audits should be broperformance Improdetermine the need compliance.	HOD OF CORRECTION: The signee could develop/revise res to ensure timely reporting abuse or neglect are within mes. The facility should the policies and procedures, aints of alleged abuse or riod of time. The results of the ought to the Quality Assurance vement (QAPI) committee to for further monitoring or					

6899