



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
February 19, 2025

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

RE: CCN: 245203
Cycle Start Date: January 14, 2025

Dear Administrator:

On February 4, 2025, we notified you a remedy was imposed. On February 14, 2025 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 February 14, 2025.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective April 14, 2025 did not go into effect. (42 CFR 488.417 (b))

In our letter of February 4, 2025, 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 April 14, 2025 due to denial of payment for new admissions. Since your facility attained substantial compliance on February 14, 2025, 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 Therefore, the NATCEP prohibition is rescinded.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 Location 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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February 19, 2025

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

Re: Reinspection Results
Event ID: MH2212

Dear Administrator:

On February 14, 2025 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on January 23, 2025. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

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

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
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February 4, 2025

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

RE: CCN: 245203
Cycle Start Date: January 14, 2025

Dear Administrator:

On January 22, 2025, we informed you that we may impose enforcement remedies.

On January 23, 2025, the Minnesota Department 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 location for imposition. The CMS location concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Mandatory Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective April 14, 2025

The CMS location will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective April 14, 2025. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective April 14, 2025.

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 CMS location may determine to impose other remedies such as a Civil Money Penalty.

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 \$12,924, 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 April 14, 2025, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, The Villas At Bryn Mawr Llc will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from April 14, 2025. 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.

397-6124 for specific information regarding a waiver for these programs from this Department.

ELECTRONIC PLAN OF CORRECTION (ePOC)

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable 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:

Terri Ament, Regional Operations Supervisor, Rapid Response
Health Regulation Division
Minnesota Department of Health
Duluth Technology Village
11 East Superior Street, Suite 290
Duluth, Minnesota 55802-2007
Email: teresa.ament@state.mn.us
Office: (218) 302-6151 Mobile: (218) 766-2720

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 14, 2025 (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 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:

Steven.Delich@cms.hhs.gov

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

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

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Steven Delich, Program Representative at (312) 886-5216. Information may also be emailed to Steven.Delich@cms.hhs.gov.

INFORMAL DISPUTE RESOLUTION (IDR)

In accordance with 42 CFR 488.331 and Minnesota Statute 144A.10 subd 15, 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: <https://forms.web.health.state.mn.us/form/NHDisputeResolution>

This request must be sent within the same ten calendar days you have for submitting an ePoC for the

The Villas At Bryn Mawr LLC

February 4, 2025

Page 5

cited deficiencies. 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.

A copy of the Department's informal dispute resolution policies is posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

In accordance with 42 CFR § 488.431 and Minnesota Statute 144A.10 subd 16, when a CMP subject to being collected and placed in an escrow account is imposed, you have one opportunity to question cited deficiencies through an Independent IDR process. You may also contest scope and severity assessments for deficiencies which resulted in a finding of SQC or immediate jeopardy. 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:

<https://forms.web.health.state.mn.us/form/NHDisputeResolution>

A facility may not use both IDR and independent IDR for the same deficiency citation(s) arising from the same survey unless the IDR process was completed prior to the imposition of the CMP. This request must be sent within ten calendar days of receipt of this offer. An incomplete Independent IDR process will not delay the effective date of any enforcement action.

Feel free to contact me if you have questions.

Sincerely,



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



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February 4, 2025

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

Re: State Nursing Home Licensing Orders
Event ID: MH2211

Dear Administrator:

The above facility was surveyed on January 22, 2025 through January 23, 2025 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 Suggested Method of Correction and the Time Period For Correction.

The Villas At Bryn Mawr LLC

February 4, 2025

Page 2

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:

Terri Ament, Regional Operations Supervisor, Rapid Response
Health Regulation Division
Minnesota Department of Health
Duluth Technology Village
11 East Superior Street, Suite 290
Duluth, Minnesota 55802-2007
Email: teresa.ament@state.mn.us
Office: (218) 302-6151 Mobile: (218) 766-2720

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

Please feel free to call me with any questions.



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

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

PRINTED: 02/14/2025
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245203 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 01/23/2025 |
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|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| NAME OF PROVIDER OR SUPPLIER THE VILLAS AT BRYN MAWR LLC | STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
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| F 000 | <p>INITIAL COMMENTS</p> <p>On 1/22/25 through 1/23/25, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.</p> <p>The following complaint was reviewed:</p> <p>H52034201C (MN00109582) with a deficiency issued at F755.</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required 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.</p> <p>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.</p> | F 000 | | |
| F 755 SS=D | <p>Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)</p> <p>§483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures</p> | F 755 | | 2/14/25 |

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

TITLE

(X6) DATE

Electronically Signed

02/05/2025

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.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245203 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 01/23/2025 |
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| F 755 | <p>Continued From page 1</p> <p>that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure a pain medication was re-ordered timely to prevent pain for 1 of 3 residents (R1) reviewed for pharmacy services.</p> <p>Findings include:</p> <p>R1's Admission Record dated 1/29/24 indicated R1's diagnoses included diabetic neuropathy, pain in left foot and post-traumatic stress disorder.</p> <p>R1's quarterly Minimum Data Set (MDS) dated 1/29/24, indicated R1 had alteration in comfort related to left toe amputation, required pain medication as ordered by the provider, and had intact cognition.</p> | F 755 | <p>Immediate Corrective Action: ¿¿</p> <p>R1's prescription for Belbuca was received on 1/2/25. R1's MAR has been reviewed for the past month and resident has not missed a dose of Belbuca except for being at the hospital on 1/7/25.</p> <p>Other Residents Identified: All residents who are on controlled substances have the potential to be affected. An audit has been completed for all residents receiving scheduled controlled substances for the past 30 days to ensure they have not missed any scheduled doses.</p> <p>¿</p> | |

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| F 755 | <p>Continued From page 2</p> <p>R1's care plan dated 1/29/24, indicated R1 had left foot pain due to amputation with staff intervention to provide pain medication as ordered by the provider, document on effectiveness of pain medication and encourage R1 to verbalize discomfort.</p> <p>R1's Provider Order dated 1/29/24 indicated to monitor for pain daily, every shift.</p> <p>R1's Provider Order dated 10/1/24 included Belbuca Buccal Film (Buprenorphine HCL, a strong opioid pain medication used to manage severe and persistent pain) 300 micrograms (mcg) with indication to place and dissolve 300 mcg buccally (between the gums and the inner lining of the mouth and cheek) two times a day for pain.</p> <p>On 1/1/25 at 9:27 a.m. R1's progress note indicated Belbuca 300 mcg was not available, and the medication was reordered.</p> <p>R1's Medication Administration Record (MAR) dated 1/1/25 through 1/2/25 indicated R1 had not received Belbuca 300 mcg two times a day where a "9" was coded meaning "other/see nurses notes" for the morning administration and "6" coded on 1/1/25 indicating R1 was hospitalized in the evening.</p> <p>On 1/1/25 at 2:23 p.m. a progress note indicated the triage nurse was called and a new script for R1 Belbuca 300 mcg was going to be sent to the pharmacy.</p> <p>R1's medical record lacked evidence staff followed-up with the pharmacy on the lack of</p> | F 755 | <p>Process changes: √</p> <p>The facility policy Controlled Substance Prescriptions was reviewed and remains current.</p> <p>Pain team (RMA) will now follow all residents at the facility and will be responsible for sending new prescriptions to the pharmacy for controlled substances effective 1/24/25.</p> <p>Corrective Action as it applies to others: √√</p> <p>Education started for all nurses for re-ordering controlled substances in a timely manner (medication cards with orange stickers mean a new script is needed, ensuring to re-order medications when there is a 5-7 day supply left, utilizing the med bank, ect).</p> <p>Education completed with nursing management about checking the pharmacy portal daily to check for any controlled substances need a new prescription.</p> <p>√√</p> <p>Recurrence will be prevented by: √√</p> <p>Weekly audits completed for 5 residents who receive scheduled controlled substances to ensure controlled medications have been ordered timely and that they have not missed a dose of their medication.</p> <p>Weekly audits will be completed weekly x4 weeks and 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.</p> <p>√√</p> | |

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| F 755 | <p>Continued From page 3</p> <p>Belbuca 300 mcg supply, or updated R1's provider, from 12/30/24 through 1/1/25.</p> <p>On 1/1/25 at 9:13 p.m. a progress note indicated R1 was sent to the hospital per her request and the provider and the family were notified.</p> <p>On 1/1/25 at 6:50 p.m. a hospital emergency department (ED) note indicated R1 was seen for withdrawal. The note further indicated Belbuca 300 mcg was last given to R1 at the ED at 7:48 p.m. R1 was discharged back to the facility on 1/1/25 at 10:50 p.m.</p> <p>R1's medical record lacked evidence about what time she returned to the facility from the ED. On 1/22/25 at 3:10 p.m. LPN-A stated R1 came back from the hospital around 11:30 p.m. with no prescription refill.</p> <p>On 1/2/25 at 9:02 a.m. a progress note indicated Belbuca 300 mcg was not given, medication in order per pharmacy and will be delivered tonight.</p> <p>On 1/22/25 at 3:10 p.m. a licensed practical nurse (LPN)-A stated he called the triage nurse who was to notify the provider to send R1's new medication script to the pharmacy on 1/1/25 around 2:00 p.m. He did not call the pharmacy to follow up on the status of the medication.</p> <p>On 1/22/25 at 3:37 p.m. LPN-C stated he could not find Belbuca 300 mcg to give to R1 on 1/2/25 in the morning. He called the pharmacy who said the medication would be delivered at night on 1/2/25.</p> <p>On 1/23/25 at 1:25 p.m. LPN-B stated he was not given any report on R1's medication status on</p> | F 755 | Corrections will be monitored by: 22 DON/Designee | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245203 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 01/23/2025 |
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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 | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
| F 755 | <p>Continued From page 4</p> <p>1/1/25 morning. He could not find Belbuca 300 mcg to give to R1. The pharmacy had called to let him know R1 needed a new script from the provider for her Belbuca 300 mcg. He told LPN-A who was to follow up with the provider.</p> <p>On 1/23/25 at 9:54 a.m. the pharmacist (P)-A stated pharmacy services were available seven days a week, with weekdays until 5:30 p.m. and weekends until 2:30 p.m. Medications requiring reorder processes were marked with a red sticker identifying when it should be reordered. This allowed the pharmacy adequate time to process and dispense the medication. Belbuca 300 mcg order was reviewed, and R1 needed new script from the provider. The medication was not filled because they were waiting for a new script. On 1/2/25 at 11: 44 a.m., a script was received from nurse practitioner (NP)-A, and the medication was processed and dispensed to the facility at 7:30 p.m.</p> <p>On 1/23/25 at 10:47 a.m. NP-A stated he had no record of the staff calling to request a new script for R1 until 1/2/25. He was not notified when R1 was sent to the hospital, and never really understood what happened. He expected staff to call three or four days before a resident ran low on pain medication to ensure a safe administration of medication without unnecessary interruptions.</p> <p>On 1/23/25 at 12:28 p.m. R1 stated on 1/1/25 at 6:00 p.m. she called 911 because she was having withdrawal symptoms because she had not had her Belbuca 300 mcg. The nursing staff were not doing anything when she told them a day before about running low on her medication. She was shaking, and it was horrible.</p> | F 755 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245203 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 01/23/2025 |
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| F 755 | <p>Continued From page 5</p> <p>On 1/23/25 at 4:10 p.m. the director of nursing (DON) stated nursing staff should reorder controlled medications when a five to seven supply remained to avoid resident's missing doses. Staff should follow up with the pharmacy to make sure they received a new script from the provider, and document it in the progress note.</p> <p>The facility policy Controlled Substance Prescriptions dated 8/19 directed staff to contact the prescriber for direction when delivery of a medication will be delayed, or the medication is not, or will not be available.</p> <p>The facility policy Receiving Controlled Substances dated 4/18 directed controlled substances are reordered when a 5-7 supply remains to allow an appropriate time for transmittal of the required written prescription to the pharmacist and to assure an adequate supply is on hand.</p> | F 755 | | |

Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00175 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 01/23/2025 |
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| 2 000 | <p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 1/22/25 through 1/23/25, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing orders were issued. Please indicate in your electronic plan of correction you have reviewed these orders</p> | 2 000 | | |
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Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

02/05/25

Minnesota Department of Health

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| 2 000 | <p>Continued From page 1</p> <p>and identify the date when they will be completed.</p> <p>The following complaint was reviewed:</p> <p>H52034201C (MN00109582) with a licensing order issued at 4658.1325 Subp. 1</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction.</p> <p>You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at <https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html> The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is</p> | 2 000 | | |

Minnesota Department of Health

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| 2 000 | Continued From page 2 not required at the bottom of the first page of state form. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. | 2 000 | | |
| 21550 | MN Rule 4658.1325 Subp. 1 Adminiatration of Medications; Pharmacy Serv. Subpart 1. Pharmacy services. A nursing home must arrange for the provision of pharmacy services. This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure a pain medication was re-ordered timely to prevent pain for 1 of 3 residents (R1) reviewed for pharmacy services. Findings include: R1's Admission Record dated 1/29/24 indicated R1's diagnoses included diabetic neuropathy, pain in left foot and post-traumatic stress disorder. R1's quarterly Minimum Data Set (MDS) dated 1/29/24, indicated R1 had alteration in comfort related to left toe amputation, required pain medication as ordered by the provider, and had intact cognition. R1's care plan dated 1/29/24, indicated R1 had | 21550 | corrected | 2/14/25 |

Minnesota Department of Health

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| 21550 | <p>Continued From page 3</p> <p>left foot pain due to amputation with staff intervention to provide pain medication as ordered by the provider, document on effectiveness of pain medication and encourage R1 to verbalize discomfort.</p> <p>R1's Provider Order dated 1/29/24 indicated to monitor for pain daily, every shift.</p> <p>R1's Provider Order dated 10/1/24 included Belbuca Buccal Film (Buprenorphine HCL, a strong opioid pain medication used to manage severe and persistent pain) 300 micrograms (mcg) with indication to place and dissolve 300 mcg buccally (between the gums and the inner lining of the mouth and cheek) two times a day for pain.</p> <p>On 1/1/25 at 9:27 a.m. R1's progress note indicated Belbuca 300 mcg was not available, and the medication was reordered.</p> <p>R1's Medication Administration Record (MAR) dated 1/1/25 through 1/2/25 indicated R1 had not received Belbuca 300 mcg two times a day where a "9" was coded meaning "other/see nurses notes" for the morning administration and "6" coded on 1/1/25 indicating R1 was hospitalized in the evening.</p> <p>On 1/1/25 at 2:23 p.m. a progress note indicated the triage nurse was called and a new script for R1 Belbuca 300 mcg was going to be sent to the pharmacy.</p> <p>R1's medical record lacked evidence staff followed-up with the pharmacy on the lack of Belbuca 300 mcg supply, or updated R1's provider, from 12/30/24 through 1/1/25.</p> | 21550 | | |

Minnesota Department of Health

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| 21550 | <p>Continued From page 4</p> <p>On 1/1/25 at 9:13 p.m. a progress note indicated R1 was sent to the hospital per her request and the provider and the family were notified.</p> <p>On 1/1/25 at 6:50 p.m. a hospital emergency department (ED) note indicated R1 was seen for withdrawal. The note further indicated Belbuca 300 mcg was last given to R1 at the ED at 7:48 p.m. R1 was discharged back to the facility on 1/1/25 at 10:50 p.m.</p> <p>R1's medical record lacked evidence about what time she returned to the facility from the ED. On 1/22/25 at 3:10 p.m. LPN-A stated R1 came back from the hospital around 11:30 p.m. with no prescription refill.</p> <p>On 1/2/25 at 9:02 a.m. a progress note indicated Belbuca 300 mcg was not given, medication in order per pharmacy and will be delivered tonight.</p> <p>On 1/22/25 at 3:10 p.m. a licensed practical nurse (LPN)-A stated he called the triage nurse who was to notify the provider to send R1's new medication script to the pharmacy on 1/1/25 around 2:00 p.m. He did not call the pharmacy to follow up on the status of the medication.</p> <p>On 1/22/25 at 3:37 p.m. LPN-C stated he could not find Belbuca 300 mcg to give to R1 on 1/2/25 in the morning. He called the pharmacy who said the medication would be delivered at night on 1/2/25.</p> <p>On 1/23/25 at 1:25 p.m. LPN-B stated he was not given any report on R1's medication status on 1/1/25 morning. He could not find Belbuca 300 mcg to give to R1. The pharmacy had called to let him know R1 needed a new script from the provider for her Belbuca 300 mcg. He told LPN-A</p> | 21550 | | |

Minnesota Department of Health

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| 21550 | <p>Continued From page 5</p> <p>who was to follow up with the provider.</p> <p>On 1/23/25 at 9:54 a.m. the pharmacist (P)-A stated pharmacy services were available seven days a week, with weekdays until 5:30 p.m. and weekends until 2:30 p.m. Medications requiring reorder processes were marked with a red sticker identifying when it should be reordered. This allowed the pharmacy adequate time to process and dispense the medication. Belbuca 300 mcg order was reviewed, and R1 needed new script from the provider. The medication was not filled because they were waiting for a new script. On 1/2/25 at 11: 44 a.m., a script was received from nurse practitioner (NP)-A, and the medication was processed and dispensed to the facility at 7:30 p.m.</p> <p>On 1/23/25 at 10:47 a.m. NP-A stated he had no record of the staff calling to request a new script for R1 until 1/2/25. He was not notified when R1 was sent to the hospital, and never really understood what happened. He expected staff to call three or four days before a resident ran low on pain medication to ensure a safe administration of medication without unnecessary interruptions.</p> <p>On 1/23/25 at 12:28 p.m. R1 stated on 1/1/25 at 6:00 p.m. she called 911 because she was having withdrawal symptoms because she had not had her Belbuca 300 mcg. The nursing staff were not doing anything when she told them a day before about running low on her medication. She was shaking, and it was horrible.</p> <p>On 1/23/25 at 4:10 p.m. the director of nursing (DON) stated nursing staff should reorder controlled medications when a five to seven supply remained to avoid resident's missing</p> | 21550 | | |

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| 21550 | <p>Continued From page 6</p> <p>doses. Staff should follow up with the pharmacy to make sure they received a new script from the provider, and document it in the progress note.</p> <p>The facility policy Controlled Substance Prescriptions dated 8/19 directed staff to contact the prescriber for direction when delivery of a medication will be delayed, or the medication is not, or will not be available.</p> <p>The facility policy Receiving Controlled Substances dated 4/18 directed controlled substances are reordered when a 5-7 supply remains to allow an appropriate time for transmittal of the required written prescription to the pharmacist and to assure an adequate supply is on hand.</p> <p>SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee could review and revise policies and procedures for pharmacy services, and how medication is ordered, transcribed, delivered and dispensed by the pharmacy. The director of nursing or designee could develop a system to educate staff about pharmacy services and the disposition of the medication. The quality assurance committee could monitor to ensure compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty One (21) days</p> | 21550 | | |