Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
January 18, 2023

Administrator
Mayo Clinic Health System - Lake City
500 West Grant Street
Lake City, MN 55041

RE: CCN: 245218
Cycle Start Date: November 4, 2022

Dear Administrator:

On December 2, 2022, we notified you a remedy was imposed. On December 22, 2022 the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of December 12, 2022.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective February 4, 2023 did not go into effect. (42 CFR 488.417 (b))

In our letter of November 29, 2022, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from February 4, 2023 due to denial of payment for new admissions. Since your facility attained substantial compliance on December 12, 2022, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, this does not apply to or affect any previously imposed NATCEP loss.

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

Feel free to contact me if you have questions.

Sincerely,

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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January 18, 2023

Administrator
Mayo Clinic Health System - Lake City
500 West Grant Street
Lake City, MN 55041

Re: Reinspection Results
Event ID: USHZ12 and Y5G612

Dear Administrator:

On December 20, 2022 and December 22, 2022 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the surveys completed on November 4, 2022 and November 22, 2022. At this time these correction orders were found corrected.

Please feel free to call me with any 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

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

December 2, 2022

Administrator
Mayo Clinic Health System - Lake City
500 West Grant Street
Lake City, MN 55041

RE: CCN: 245218
Cycle Start Date: November 4, 2022

Dear Administrator:

On November 29, 2022, we informed you that we may impose enforcement remedies.

On November 22, 2022, 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 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:

- Mandatory Denial of Payment for new Mediare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective February 4, 2023

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective February 4, 2023. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective February 4, 2023.

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

payment for new admissions.

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 February 4, 2023, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, Mayo Clinic Health System - Lake City will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from February 4, 2023. You will receive further information regarding this from the State agency. This prohibition is not subject to appeal. Further, this prohibition may be rescinded at a later date if your facility achieves substantial compliance prior to the effective date of denial of payment for new admissions. However, under Public Law 105-15, you may contact the State agency and request a waiver of this prohibition if certain criteria are met.

ELECTRONIC PLAN OF CORRECTION (ePOC)

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

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

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.

- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

DEPARTMENT CONTACT

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

Lisa Krebs, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Rochester District Office
18 Woodlake Drive, Rochester MN, 55904
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728

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 May 4, 2023 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at § 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) 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 Steven Delich, Program Representative at (312) 886-5216. Information may also be emailed to Steven.Delich@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:

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,

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

Electronically delivered
December 2, 2022

Administrator
Mayo Clinic Health System - Lake City
500 West Grant Street
Lake City, MN 55041

Re: State Nursing Home Licensing Orders
Event ID: Y5G611

Dear Administrator:

The above facility was surveyed on November 18, 2022 through November 22, 2022 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

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

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

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are

the 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:

Lisa Krebs, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Rochester District Office
18 Woodlake Drive, Rochester MN, 55904
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245218	A. BUILDING _____ B. WING _____	C 11/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAYO CLINIC HEALTH SYSTEM - LAKE CITY	500 WEST GRANT STREET LAKE CITY, MN 55041

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS On 11/18/22, 11/21/22, and 11/22/22, a standard abbreviated survey was conducted at your facility. Your facility was found to NOT be in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaints were found to be SUBSTANTIATED: H52185606C (MN88154) and (MN88157) with a deficiency cited at (F684). The following complaint was found to be SUBSTANTIATED: H52186060C (MN88620) however NO deficiencies were cited due to actions implemented by the facility prior to the survey. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	F 000		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive	F 684		12/12/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 12/06/2022

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 684	Continued From page 1 assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on interview and document review the facility failed to monitor, comprehensively assess respiratory status changes, and ensure timely physician notification for 1 of 3 residents (R1) reviewed for hospitalizations Findings include: R1's after visit summary (AVS) dated 10/21/22, indicated R1's recent history of hospitalizations related pneumonia. The summary identified a hospitalization from 10/16/22 to 10/21/22, R1 was hospitalized with pneumonia likely caused by aspiration secondary to neuromuscular weakness and poor secretion clearance. R1 was discharged to the facility in stable condition and without supplemental oxygen usage. R1's admission record dated 11/22/22, identified the following diagnoses: dysphagia-oropharyngeal stage (difficulty swallowing), pneumonia, hypoosmolality and hyponatremia (electrolytes lower than normal which can result in dehydration), type 2 diabetes, and generalized muscle weakness. R1's admission Minimum Data Set (MDS), dated 10/27/22, indicated R1's cognition was intact and had complaints of difficulty or pain with swallowing. Further identified R1 did not require oxygen.	F 684	Submission of this Allegation of Compliance is not a legal admission that a deficiency exists or that this Statement of deficiencies was correctly cited and is also not to be construed as an admission against the Facility, Administrator, of any Employees, Agents or other individuals who draft or may be discussed in the Allegation of Compliance. In addition, preparation and submission of the Allegation of Compliance does not constitute an admission or an agreement of any kind by the Facility of the truth of any facts alleged or the correctness of any conclusions set forth in the Statement by the survey agency. Accordingly, the Facility has prepared and submitted this Allegation of Compliance solely because of the requirements under State and Federal law that mandate submission of an Allegation of Compliance within ten days of receipt of the Statement of Deficiencies as a condition of participation in Title 18 and Title 19 programs. The submission of this Allegation of Compliance within this timeframe should in no way be considered or construed as an agreement with allegations of noncompliance or admissions by the facility. This plan of correction is not to be construed as an admission by the facility or any of its agents that the survey agents	

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F 684	Continued From page 2 R1's care plan dated 10/21/22, indicated R1 had an activity of daily living (ADL) self-care performance deficit related to the diagnosis of pneumonia along with shortness of breath upon exertion. Further had dysphagia, required a dysphagia diet, and staff supervision during meals. Interventions included: observe for choking and signs and symptoms of aspiration, thin liquids, and follow speech therapy orders. An additional focus dated 10/30/22, indicated R1 was at risk for fluid electrolyte imbalance related to aspiration pneumonia, variable intake, and low sodium levels. Interventions to encourage to drink fluids of choice and obtain and monitor lab/diagnostics work as ordered. R1's admission MD Visit dated 10/24/22, R1 stated he felt good, no specific questions or concerns, no cough, shortness of breath or wheezing. R1 was alert and interactive, answered questions appropriately and appeared to be well nourished and hydrated. New order to schedule Ipratropium-Albuterol solution 0.5-2.5 mg/3 ml (milligrams/milliliter) to inhale orally twice a day. R1's progress notes on 10/29/22, at 2:48 p.m. R1 noted to have some trouble swallowing larger pills, stated they got stuck in his throat. Progress note indicated R1 was given Mucinex Insta Soothe Throat Lozenge. At 8:07 p.m. oxygen saturations (O2 sats) were 90% (normal 98-100%) on room air. R1 was administered a nebulizer treatment; the neb was effective, O2 sats increased to 96%. The head of the bed was elevated. At 10:34 p.m. R1 had anxiety related to breathing, pain, and trouble swallowing pills. At 10:59 p.m. R1 given a Mucinex Insta Soother Throat Lozenge for sore throat and was effective.	F 684	findings in this report are true or correct. The plan of correction is written for the purpose of compliance with the rules of participation for the Medicaid and Medicare programs. On 11/18, 11/21, and 11/22, MDH completed a standard abbreviated survey and noted the facility failed to monitor, comprehensively assess respiratory status changes, and ensure timely physician notification for 1 of 3 residents. Director of Nursing will review Change of Condition Notification policy and procedure. Facility will re-educate staff regarding the Change of Condition Notification policy and procedure. Physician will be notified timely regarding change of condition. Facility nursing staff will complete a Comprehensive Respiratory Evaluation progress note for any resident with a respiratory status baseline change and use evaluation data in reporting significant changes to physician. Facility will educate nursing staff on completing a Respiratory Evaluation progress note for any respiratory condition changes and report findings to Audits related to change of condition will be completed 5 times a week for 2 months to ensure compliance. Audits of change of condition notification to the physician will be conducted 5 times a week for 2 months to ensure compliance. Results of the audits will be reviewed at the Quality Assurance Committee for follow up and recommendations to ensure ongoing compliance and those solutions	

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F 684	Continued From page 3 R1's progress notes on 10/30/22, at 11:34 a.m. identified family member (FM)-A requested to see the charge nurse as she thought R1 was getting pneumonia again. R1's O2 sats were 92% to 96% on room air, lungs sounds were diminished but clear. Blood pressure 106/51, pulse 88, respiratory rate 18 even and unlabored though R1 stated he was short of breath. No changes in mental status. The note indicated R1 would be seen by the physician on 10/31/22. At 10:30 p.m. R1 was anxious all shift he was worried about his blood pressure of 84/43. R1 had a headache earlier in the shift and was restless. R1's progress note on 10/31/22, at 4:41 a.m. indicated R1 was given Ipratropium-Albuterol nebulizer for shortness of breath and wheezing, at 5:07 a.m. noted to be effective, O2 sats 93% on room air. R1's Occupational Therapy (OT) note dated 10/31/22, at 11:19 a.m. indicated R1's 02 sats were between 82%-88% with pursed lip breathing. R1 was returned to room, nurse informed, and physician was waiting outside room for meeting with R1. R1 was left in care of nurse with pulse oximeter on and O2 sats in the 80's. R1's progress note dated 10/31/22, at 12:48 p.m. included R1 had diminished lung sounds, Respiratory rate of 20 even and unlabored, R1 was coughing and wheezing, encouraged deep breathing. At 1:52 p.m. R1's oxygen saturations were 90% on room air, head of bed elevated, encouraged deep breathing. The note also included R1 was seen by provider today for low oxygen and low blood pressure. R1's record did not include a physician visit note	F 684	are sustained. Deficiency to be corrected 12/12/2022. Director of Nursing or designee will be responsible to ensure compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 684	Continued From page 4 on 10/31/22 and was not evident R1 was ever evaluated by the physician. Review of R1's blood pressures obtained on 10/31/22 identified R1's blood pressure was not within normal ranges of 120/80: -at 10:14 am: blood pressure was 89/44 -at 11:20 am: blood pressure was 81/31 -at 12:48 pm: blood pressure was 81/31 R1's progress note dated 10/31/22, at 5:27 p.m. Identified R1 was started on oxygen 2 liters per minute (lpm) related to O2 sats of 83% on room air. Even though R1 continued to have hypotension (low blood pressure) on 10/31/22 with low oxygen saturations that required supplemental oxygen the physician was not notified of the ongoing low blood pressures and change in respiratory status. Further, R1's respiratory status and vital signs were not continuously monitored and assessed after 12:48 p.m. R1's progress note dated 10/31/22, identified R1's physician was not notified and/or sent to the hospital for further evaluation until 10:35 p.m. when R1's blood pressure had decreased to 70/32 and further deterioration of respiratory status. R1's progress note dated 10/31/22, 10:35 p.m. R1's blood pressure was 70/32, pulse was 99, oxygen saturations 95% via nasal canula, respiratory rate 24 with use of accessory muscles. Note indicated R1 was transferred to the emergency room. During a phone interview on 11/22/22, at 10:30 a.m. hospital social worker (HSW)-A indicated R1 was admitted from the emergency department	F 684		

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	245218	A. BUILDING _____ B. WING _____	C 11/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAYO CLINIC HEALTH SYSTEM - LAKE CITY	500 WEST GRANT STREET LAKE CITY, MN 55041

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F 684	Continued From page 5 with hypotension to our ICU on 11/1/22, with acute hypoxic (low oxygen saturations) respiratory failure. During a phone interview on 11/22/22, at 2:03 p.m. LPN-B stated, she worked on 10/30/22, from 7:00 p.m. until 11:00 p.m. LPN-B verified she was the nurse that was responsible for R1 that shift. LPN-B reported we were pushing fluids because R1 was not drinking and had dark urine. LPN-B indicated R1 was doing ok that evening, however his blood pressure was a little low. LPN-B reviewed R1's record, LPN-B verified on 10/30/22, R1's blood pressure that was recorded was 84/43. During an interview on 11/22/22, at 12:35 p.m. registered nurse (RN)-A stated on 10/31/22, she had worked on 10/31/22 during the day shift. RN-A explained R1 was supposed to be seen by the physician for an acute visit related low blood pressure and respiratory changes. RN-A reported on 10/31/22, R1 had another change in condition when his blood pressure was lower (81/31) and required supplemental oxygen to keep his O2 levels above 90%. RN-A reported R1 had been seen by the physician; she had been in R1's room during the evaluation. RN-A recalled a discussion between the physician and R1 about getting a chest X-ray and labs. RN-A indicated the physician left the room without leaving any new orders and/or directives. RN-A indicated during her shift on 10/31/22, R1's O2 sats would drop if he did not have oxygen on. RN-A stated she did not follow up with physician to see if he had any new orders or treatments for R1's blood pressure and respiratory status. During a phone interview on 11/22/22, at 12:55	F 684		

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F 684	Continued From page 6 p.m. licensed practical nurse (LPN)-A stated she came to work at 6:30 p.m. on 10/31/22, stated she was the charge nurse that evening. LPN-A explained at around 9:45 p.m. LPN-B reported R1's blood pressure was really low and that he was requesting to be sent to the ED. LPN-A then assessed R1 and verified his blood pressure was extremely low. She called the physician and R1 was transferred to the hospital. During an interview on 11/22/22, at 9:37 a.m. director of nursing (DON) reviewed R1's record. DON explained R1's progress note dated 10/31/22, indicated he had a change of condition when his O2 sats dropped to 83% and required oxygen. DON stated, the moment R1's oxygen levels were at 83% a full comprehensive assessment with a full set of vital signs should have been completed. The physician should have been called immediately or R1 should have been transferred to the hospital for further evaluation. During an interview on 10/22/22, at 2:47 p.m. DON stated, she could not find any physician notes or evidence R1 was seen by a physician on 10/31/22. DON was unable to articulate why R1 was not seen on 10/31/22. Ebeneezer Policy /Procedure Series, titled, "Change in condition/Notification," revised 10/6/22, indicated Attending physician/NP, or physician on-call, is to be immediately contacted (not by voicemail) of residents change in condition/health status based on a comprehensive assessment. 1. Between reasonable business and typical wakeful hours 7 days a week. Attending physicians/NP or the on-call is to be contacted of all health status changes immediately. After hours the attending	F 684		

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F 684	Continued From page 7 physician pr physician on-call should be contacted of a change in condition immediately. This may include but is not limited to: "An injury that has the potential for physical intervention "Abnormal lab values "Acute symptoms "Temperature of 101 degrees or lower if indicated "Change in vital signs "Shortness of breath unrelieved by interventions "Significant oxygen saturation level change	F 684		

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2 000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 11/18/22, 11/21/22 and 11/22/22, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found NOT in compliance with the MN State Licensure. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date	2 000		

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2 000	Continued From page 1 when they will be completed. The following complaints were found to be SUBSTANTIATED: H52185606C (MN88154,MN88157) and H52186060C (MN88620) with licensing order issued at 0830. The Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction. You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available a<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	2 000		

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2 000	Continued From page 2 is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.	2 000		
2 830	MN Rule 4658.0520 Subp. 1 Adequate and Proper Nursing Care; General Subpart 1. Care in general. A resident must receive nursing care and treatment, personal and custodial care, and supervision based on individual needs and preferences as identified in the comprehensive resident assessment and plan of care as described in parts 4658.0400 and 4658.0405. A nursing home resident must be out of bed as much as possible unless there is a written order from the attending physician that the resident must remain in bed or the resident prefers to remain in bed. This MN Requirement is not met as evidenced by: Based on interview and document review the facility failed to monitor, comprehensively assess respiratory status changes, and ensure timely physician notification for 1 of 3 residents (R1) reviewed for hospitalizations Findings include: R1's after visit summary (AVS) dated 10/21/22,	2 830	CORRECTED	12/12/22

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2 830	Continued From page 3 indicated R1's recent history of hospitalizations related pneumonia. The summary identified a hospitalization from 10/16/22 to 10/21/22, R1 was hospitalized with pneumonia likely caused by aspiration secondary to neuromuscular weakness and poor secretion clearance. R1 was discharged to the facility in stable condition and without supplemental oxygen usage. R1's admission record dated 11/22/22, identified the following diagnoses: dysphagia-oropharyngeal stage (difficulty swallowing), pneumonia, hypoosmolality and hyponatremia (electrolytes lower than normal which can result in dehydration), type 2 diabetes, and generalized muscle weakness. R1's admission Minimum Data Set (MDS), dated 10/27/22, indicated R1's cognition was intact and had complaints of difficulty or pain with swallowing. Further identified R1 did not require oxygen. R1's care plan dated 10/21/22, indicated R1 had an activity of daily living (ADL) self-care performance deficit related to the diagnosis of pneumonia along with shortness of breath upon exertion. Further had dysphagia, required a dysphagia diet, and staff supervision during meals. Interventions included: observe for choking and signs and symptoms of aspiration, thin liquids, and follow speech therapy orders. An additional focus dated 10/30/22, indicated R1 was at risk for fluid electrolyte imbalance related to aspiration pneumonia, variable intake, and low sodium levels. Interventions to encourage to drink fluids of choice and obtain and monitor lab/diagnostics work as ordered. R1's admission MD Visit dated 10/24/22, R1	2 830		

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2 830	Continued From page 4 stated he felt good, no specific questions or concerns, no cough, shortness of breath or wheezing. R1 was alert and interactive, answered questions appropriately and appeared to be well nourished and hydrated. New order to schedule Ipratropium-Albuterol solution 0.5-2.5 mg/3 ml (milligrams/milliliter) to inhale orally twice a day. R1's progress notes on 10/29/22, at 2:48 p.m. R1 noted to have some trouble swallowing larger pills, stated they got stuck in his throat. Progress note indicated R1 was given Mucinex Insta Soothe Throat Lozenge. At 8:07 p.m. oxygen saturations (O2 sats) were 90% (normal 98-100%) on room air. R1 was administered a nebulizer treatment; the neb was effective, O2 sats increased to 96%. The head of the bed was elevated. At 10:34 p.m. R1 had anxiety related to breathing, pain, and trouble swallowing pills. At 10:59 p.m. R1 given a Mucinex Insta Soother Throat Lozenge for sore throat and was effective. R1's progress notes on 10/30/22, at 11:34 a.m. identified family member (FM)-A requested to see the charge nurse as she thought R1 was getting pneumonia again. R1's O2 sats were 92% to 96% on room air, lungs sounds were diminished but clear. Blood pressure 106/51, pulse 88, respiratory rate 18 even and unlabored though R1 stated he was short of breath. No changes in mental status. The note indicated R1 would be seen by the physician on 10/31/22. At 10:30 p.m. R1 was anxious all shift he was worried about his blood pressure of 84/43. R1 had a headache earlier in the shift and was restless. R1's progress note on 10/31/22, at 4:41 a.m. indicated R1 was given Ipratropium-Albuterol nebulizer for shortness of breath and wheezing, at 5:07 a.m. noted to be effective, O2 sats 93%	2 830		

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2 830	Continued From page 5 on room air. R1's Occupational Therapy (OT) note dated 10/31/22, at 11:19 a.m. indicated R1's 02 sats were between 82%-88% with pursed lip breathing. R1 was returned to room, nurse informed, and physician was waiting outside room for meeting with R1. R1 was left in care of nurse with pulse oximeter on and O2 sats in the 80's. R1's progress note dated 10/31/22, at 12:48 p.m. included R1 had diminished lung sounds, Respiratory rate of 20 even and unlabored, R1 was coughing and wheezing, encouraged deep breathing. At 1:52 p.m. R1's oxygen saturations were 90% on room air, head of bed elevated, encouraged deep breathing. The note also included R1 was seen by provider today for low oxygen and low blood pressure. R1's record did not include a physician visit note on 10/31/22 and was not evident R1 was ever evaluated by the physician. Review of R1's blood pressures obtained on 10/31/22 identified R1's blood pressure was not within normal ranges of 120/80: -at 10:14 am: blood pressure was 89/44 -at 11:20 am: blood pressure was 81/31 -at 12:48 pm: blood pressure was 81/31 R1's progress note dated 10/31/22, at 5:27 p.m. Identified R1 was started on oxygen 2 liters per minute (lpm) related to O2 sats of 83% on room air. Even though R1 continued to have hypotension (low blood pressure) on 10/31/22 with low oxygen saturations that required supplemental oxygen the physician was not notified of the ongoing low	2 830		

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2 830	Continued From page 6 blood pressures and change in respiratory status. Further, R1's respiratory status and vital signs were not continuously monitored and assessed after 12:48 p.m. R1's progress note dated 10/31/22, identified R1's physician was not notified and/or sent to the hospital for further evaluation until 10:35 p.m. when R1's blood pressure had decreased to 70/32 and further deterioration of respiratory status. R1's progress note dated 10/31/22, 10:35 p.m. R1's blood pressure was 70/32, pulse was 99, oxygen saturations 95% via nasal canula, respiratory rate 24 with use of accessory muscles. Note indicated R1 was transferred to the emergency room. During a phone interview on 11/22/22, at 10:30 a.m. hospital social worker (HSW)-A indicated R1 was admitted from the emergency department with hypotension to our ICU on 11/1/22, with acute hypoxic (low oxygen saturations) respiratory failure. During a phone interview on 11/22/22, at 2:03 p.m. LPN-B stated, she worked on 10/30/22, from 7:00 p.m. until 11:00 p.m. LPN-B verified she was the nurse that was responsible for R1 that shift. LPN-B reported we were pushing fluids because R1 was not drinking and had dark urine. LPN-B indicated R1 was doing ok that evening, however his blood pressure was a little low. LPN-B reviewed R1's record, LPN-B verified on 10/30/22, R1's blood pressure that was recorded was 84/43. During an interview on 11/22/22, at 12:35 p.m. registered nurse (RN)-A stated on 10/31/22, she had worked on 10/31/22 during the day shift. RN-A explained R1 was supposed to be seen by	2 830		

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2 830	Continued From page 7 the physician for an acute visit related low blood pressure and respiratory changes. RN-A reported on 10/31/22, R1 had another change in condition when his blood pressure was lower (81/31) and required supplemental oxygen to keep his O2 levels above 90%. RN-A reported R1 had been seen by the physician; she had been in R1's room during the evaluation. RN-A recalled a discussion between the physician and R1 about getting a chest X-ray and labs. RN-A indicated the physician left the room without leaving any new orders and/or directives. RN-A indicated during her shift on 10/31/22, R1's O2 sats would drop if he did not have oxygen on. RN-A stated she did not follow up with physician to see if he had any new orders or treatments for R1's blood pressure and respiratory status. During a phone interview on 11/22/22, at 12:55 p.m. licensed practical nurse (LPN)-A stated she came to work at 6:30 p.m. on 10/31/22, stated she was the charge nurse that evening. LPN-A explained at around 9:45 p.m. LPN-B reported R1's blood pressure was really low and that he was requesting to be sent to the ED. LPN-A then assessed R1 and verified his blood pressure was extremely low. She called the physician and R1 was transferred to the hospital. During an interview on 11/22/22, at 9:37 a.m. director of nursing (DON) reviewed R1's record. DON explained R1's progress note dated 10/31/22, indicated he had a change of condition when his O2 sats dropped to 83% and required oxygen. DON stated, the moment R1's oxygen levels were at 83% a full comprehensive assessment with a full set of vital signs should have been completed. The physician should have been called immediately or R1 should have been transferred to the hospital for further evaluation.	2 830		

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2 830	Continued From page 8 During an interview on 10/22/22, at 2:47 p.m. DON stated, she could not find any physician notes or evidence R1 was seen by a physician on 10/31/22. DON was unable to articulate why R1 was not seen on 10/31/22. Ebeneezer Policy /Procedure Series, titled, "Change in condition/Notification," revised 10/6/22, indicated Attending physician/NP, or physician on-call, is to be immediately contacted (not by voicemail) of residents change in condition/health status based on a comprehensive assessment. 1. Between reasonable business and typical wakeful hours 7 days a week. Attending physicians/NP or the on-call is to be contacted of all health status changes immediately. After hours the attending physician pr physician on-call should be contacted of a change in condition immediately. This may include but is not limited to: "An injury that has the potential for physical intervention "Abnormal lab values "Acute symptoms "Temperature of 101 degrees or lower if indicated "Change in vital signs "Shortness of breath unrelieved by interventions "Significant oxygen saturation level change Suggested Method of Correction: The Directior of Nursing or designee could review policies and procedures, train staff, and implement measures to assure residents are receiving the necessary services to prevent or improve areas from occuring. The director of nursing or designee, could conduct random audits of the delivery of care; to ensure appropriate care and services are	2 830		

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MAYO CLINIC HEALTH SYSTEM - LAKE CITY	500 WEST GRANT STREET LAKE CITY, MN 55041

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 830	Continued From page 9 implemented; to better ensure implementation of treatment. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	2 830		