Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

April 4, 2023

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

RE: CCN: 245218
Cycle Start Date: February 28, 2023

Dear Administrator:

On March 28, 2023, the Minnesota Department of Health, completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4384
Email: holly.zahler@state.mn.us

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

April 4, 2023

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

Re: Reinspection Results
Event ID: NUV612

Dear Administrator:

On March 28, 2023 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 February 28, 2023. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4384
Email: holly.zahler@state.mn.us

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March 13, 2023

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

RE: CCN: 245218
Cycle Start Date: February 28, 2023

Dear Administrator:

On February 28, 2023, a survey was completed at your facility by the Minnesota Department of Health, to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted 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.

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.

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.

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by an "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, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the 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 THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

If substantial compliance with the regulations is not verified by May 28, 2023 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by August 28, 2023 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

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,

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4384
Email: holly.zahler@state.mn.us

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March 13, 2023

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

Re: State Nursing Home Licensing Orders
Event ID: NUV611

Dear Administrator:

The above facility was surveyed on February 28, 2023 through February 28, 2023 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.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4384
Email: holly.zahler@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00770	A. BUILDING: _____ B. WING _____	C 02/28/2023

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) COMPLETE DATE
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 2/28/23, 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 order(s) (was/were) issued. Please indicate in your electronic plan of correction you have reviewed these orders and	2 000		

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2 000	Continued From page 1 identify the date when they will be completed. The following complaints were reviewed. H52188603C (MN00091131) with a licensing order issued at 0830. Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor's findings are the Suggested Method of Correction and Time Period for Correction. You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html The State licensing orders are delineated on the attached Minnesota 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	2 000		

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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		
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 observation, interview and document review, the facility failed to monitor and assess edema (swelling), failed to follow the care plan, and failed to ensure timely physician notification for 3 of 3 residents (R1, R2, R3) reviewed for edema management. Findings include: R1's face sheet dated 2/28/23, indicated R1 was	2 830	CORRECTED	3/20/23

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2 830	Continued From page 3 dependent on a ventilator, hypertension, and edema. R1's quarterly Minimum Data Set (MDS) dated 1/27/23, indicated he had no cognitive impairment and was administered diuretic medication. R1's physician orders included: -Lasix (diuretic medication) 60 milligrams (mg) one time a day for edema (start date 10/20/21, stop date 2/13/23). -Spironolactone (diuretic/blood pressure medication) 25 mg (start date 10/20/21, hold from 2/16/23 to 2/18/23). -Oxygen at 2 liters every evening shift for respiratory (start date 10/24/2019). -Weekly weights every Friday. Notify provider for weight over 140 pounds (lbs) (start date 1/5/23). R1's care plan dated 2/8/23, did not include a plan of care focus for edema and/or diuretic medication management. The care plan identified a focus for cardiovascular care which directed staff to administer medications through R1's feeding tube, obtain labs and vital signs as ordered. Nutritional care plan directed staff to monitor for weight stabilization, and address need to adjust nutritional support if needed. R1's weight record reviewed from 10/14/22 through 2/10/23, identified weight gains; it was not evident the weight gain was comprehensively assessed to differentiate nutritional gains versus fluid gain. Further not evident the 1/5/23 physician order was followed for obtaining the weekly weights and that the physician was notified of weights over 140 lbs. R1's weight record included the following entries: -10/14/22, 125.2 lbs. -11/11/22, 130.3 lbs.	2 830		

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2 830	Continued From page 4 -12/16/22, 139.9 lbs. -1/13/23, 138.7 lbs. -1/29/23, 141.0 lbs. -2/10/23, 142.6 lbs. R1's record reviewed from 1/8/23 through 2/25/23, did not identify continuous ongoing monitoring for signs and symptoms of fluid overload and/or edema. R1's progress note dated 2/8/23, indicated R1 was placed on 3 liters of oxygen because R1's oxygen saturations were ranging from 87-89% (normal is above 90%) on 2 liters. R1 denied shortness of breath, lungs were clear, and respirations were 27 with no accessory muscle use. R1's progress note dated 2/9/23, indicated R1's oxygen saturations were 92% on 3 liters of oxygen. Respirations were 26 with no use of accessory muscles, and no shortness of breath. The note did not include mention of lung sounds. R1's progress note dated 2/12/23, at 10:33 a.m., identified R1 had right hand pitting edema of 3+ (using index finger and pressing skin down holding down and takes more than 3 seconds to rebound) of left hand and 2 plus in left hand. Assessment included lung sounds included crackles in left lobe. Weight is up to 144 pounds from 142.6 pounds on 2/12/23. R1's eInteract Change in Condition Evaluation (tool used to notify physician of change in condition) dated 2/13/23 identified R1 required oxygen to be increased to 3 liters per minute (LPM) and had a weight increase; the change had started on 2/8/23. Further indicated R1 had wheezing that was more extensive and less	2 830		

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2 830	Continued From page 5 responsive to treatment than usual. R1's nursing home physician visit dated 2/13/23, indicated R1 was seen for an acute visit for edematous left hand. The note also indicated R1 had crackles in the left lobe. The physician ordered labs to evaluate for possible heart failure and a chest X-ray. The physician placed order to increase Lasix to 80 mg for 5 days and directed staff to monitor and notify senior service team provider if symptoms fail to improve or worsen. R1's progress notes dated 2/13/23, indicated R1's oxygen had been increased to 3 liters per minute to keep R1's oxygen levels above 90% and at 6:09 p.m. new orders had been received to increase Lasix medication and obtain a chest x-ray. R1's progress note dated 2/14/22, included R1's X-ray findings that identified, "There are worsening perihilar infiltrates suggesting worsening pulmonary edema. No definite effusions". R1's record reviewed between 2/13/23 to 2/20/23 did not identify consistent ongoing monitoring and assessment of the effectiveness of increase in diuretic medications. R1's record identified a physician order dated 2/16/23 to increase weight monitoring from weekly to three times a week. R1's weight record identified the following: -2/17/23, 145.1 lbs. -2/20/23, 145.0 lbs. -2/22/23, 140.2 lbs. -2/24/23, 140.3 lbs. -2/27/23, 141.2 lbs. R2's R2's face sheet dated 2/28/23, included	2 830		

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2 830	Continued From page 6 diagnoses of atherosclerotic heart disease and hypertension. R2's admission MDS dated 1/27/23, indicated he had no cognitive impairment and was administered diuretic medication. R2's hospital after visit summary (AVS) dated 2/15/23, indicated R2 currently had edema in her legs and was ordered Hydrochlorothiazide 12.5 milligrams (mg) for edema. The AVS indicated R2 discharged to the facility on 2/15/23 R2's facility physician orders included: - Hydrochlorothiazide 12.5 mg daily for leg edema (start date 2/15/23) -Weight at admission everyday times 3 days every day shift for start on day 2 for two days (start date 2/15/23) -Weekly weights every Friday (start date 2/15/23) R2's care plan last reviewed on 2/27/23, included plan of care related cardiovascular disease related to hypertension. The care plan directed staff to monitor and document any edema and notify MD. In addition, directed to take blood pressures per orders, give medications and monitor for side effects, and obtain labs as ordered. R2's nutritional care plan directed staff to monitor R2's weight. R2's progress note dated 2/15/23, identified R2 had 2+ pitting edema in both of her legs and feet. R2's admission physician visit dated 2/16/23, identified the Hydrochlorothiazide order. Additionally, physical exam indicated R2 had swelling present (note did not identify location or extent of swelling).	2 830		

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2 830	Continued From page 7 R2's weight summary dated 2/28/23, indicated R2's weight had increased 9.1 pounds in 7 days. -2/16/23=205.4 -2/17/23=209.8 -2/24/23=214.6 R2's record review from 2/15/23-2/28/23 indicated no evidence of ongoing monitoring or assessment of R2's edema. Further lacked evidence of physician notification of the sudden weight gain since admission. During an observation and interview on 2/28/23, at 3:29 p.m., R2 was in her room; both of her lower legs were swollen. Licensed practical nurse (LPN)-A reported R2's legs were edematous. LPN-A measured R2's legs with a tape measure; she reported R2's right ankle measured 12.5 centimeters (cm) round and left ankle measured 13 cm round. LPN-A did not check for extent of pitting. LPN-A explained she was unaware of a policy to notify physician of weight changes, however, would usually notify the physician of weight increases of 5 lbs. or above. R3 R3's face sheet dated 2/28/23, indicated diagnoses of chronic congestive heart failure, chronic kidney disease stage 4, and hypertension. R3's quarterly MDS dated 1/05/23, indicated he had no cognitive impairment and was administered diuretic medication. R3's nursing home physician visit dated 1/11/23, indicated he had been seen for status left leg below the knee amputation with delayed healing. Exam indicated no edema.	2 830		

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2 830	Continued From page 8 R3's care plan dated 1/16/23, indicated focus of cardiovascular care, goal to remain free from signs and symptoms of hypertension, interventions included monitor and document any edema or weight gain. Notify MD as needed. Facility standing orders dated 6/16/21, for congestive heart failure directed staff to call providers with weight gain over 2.5 pounds in 24 hours or above 5 pounds from admission weight. R3's physician orders included -Lasix 40 mg every day for edema (start date 8/27/22) -Low stretch compression wraps before getting out of bed (start date 2/23/23) -Weekly weights (start date 8/26/22) R3's weight summary dated 2/28/23, identified R3's weekly weights were not obtained per physician order. Additionally identified between 1/29/23 and 2/28/23, R3 had a 10.7 pound weight gain. -1/26/23=209.2 -1/29/23=209.2 -2/12/23=209.6 -2/26/23=218.9 -2/28/23=219.9 In Review of R3's record between 1/29/23 and 2/28/23, it was not evident edema was monitored and/or assessed and the physician was not notified per the physician standing orders. During an observation and interview on 2/28/23, at 3:45 p.m. R3 sat in his wheelchair with his feet down. R3 had a compression wrap on his right leg. R3 indicated staff were inconsistent putting his leg wrap on, some staff did it and some did not do it at all. R3 stated his leg had recently	2 830		

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	00770	A. BUILDING: _____ B. WING _____	C 02/28/2023

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2 830	Continued From page 9 increased in size, was more swollen, and was harder than normal. Family member (FM)-A was present and stated she agreed with R3. FM-A expressed she was concerned with R3's worsening edema. During an interview on 2/28/23, at 1:17 p.m., registered nurse (RN)-A stated weights were typically completed on bath day. RN-A indicated nursing did not monitor and evaluate weights because dietary staff were doing that. RN-A did not specify who in dietary was doing the monitoring. During an interview on 2/28/23, at 2:00 p.m., director of nursing (DON) stated, edema was not currently being monitored for residents in the facility but should be done in active patient charting (APC.) DON stated if a resident had a medication change and/or was being diuresed the residents' weights should be monitored more closely. DON stated the nurse manager should be charting in the APC related to resident edema. DON reviewed R1, R2, and R3's records; DON indicated there not documentation for edema monitoring in the resident records. DON stated the provider had not been notified of the weight gains in R1, R2 or R3 in a timely manner but should have been. The weight gains for the three residents were concerning because of cardiac disease diagnoses. DON indicated if there was a 3-pound weight gain or a weight change specified by the physician, the physician should be notified. Facility policy, Weight and Height policy, revised 10/21, included residents are weighed on admission and monthly unless otherwise ordered by nursing or attending physician to monitor the residents' condition.	2 830		

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2 830	Continued From page 10 SUGGESTED METHOD OF CORRECTION: The director of nursing or designee, could review all residents with edema, to assure they are receiving ongoing monitoring and assessment of the edema along with the necessary treatment/services to promote improvement. The director of nursing or designee, could conduct random audits of the delivery of care; review nursing assessments; to ensure appropriate care and services are implemented and reduce the risk of edema not being cared for properly. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	2 830		

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F 000	INITIAL COMMENTS On 2/28/23 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. The following complaints were reviewed. H52188603C (MN00091131) with a deficiency issued at F684 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 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 observation, interview and document	F 684	Submission of this Allegation of	3/20/23

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

Electronically Signed | 03/17/2023

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

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F 684	Continued From page 1 review, the facility failed to monitor and assess edema (swelling), failed to follow the care plan, and failed to ensure timely physician notification for 3 of 3 residents (R1, R2, R3) reviewed for edema management. Findings include: R1's face sheet dated 2/28/23, indicated R1 was dependent on a ventilator, hypertension, and edema. R1's quarterly Minimum Data Set (MDS) dated 1/27/23, indicated he had no cognitive impairment and was administered diuretic medication. R1's physician orders included: -Lasix (diuretic medication) 60 milligrams (mg) one time a day for edema (start date 10/20/21, stop date 2/13/23). -Spironolactone (diuretic/blood pressure medication) 25 mg (start date 10/20/21, hold from 2/16/23 to 2/18/23). -Oxygen at 2 liters every evening shift for respiratory (start date 10/24/2019). -Weekly weights every Friday. Notify provider for weight over 140 pounds (lbs) (start date 1/5/23). R1's care plan dated 2/8/23, did not include a plan of care focus for edema and/or diuretic medication management. The care plan identified a focus for cardiovascular care which directed staff to administer medications through R1's feeding tube, obtain labs and vital signs as ordered. Nutritional care plan directed staff to monitor for weight stabilization, and address need to adjust nutritional support if needed. R1's weight record reviewed from 10/14/22	F 684	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 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 2/28/2023, MDH completed a standard abbreviated survey and noted	

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F 684	Continued From page 2 through 2/10/23, identified weight gains; it was not evident the weight gain was comprehensively assessed to differentiate nutritional gains versus fluid gain. Further not evident the 1/5/23 physician order was followed for obtaining the weekly weights and that the physician was notified of weights over 140 lbs. R1's weight record included the following entries: -10/14/22, 125.2 lbs. -11/11/22, 130.3 lbs. -12/16/22, 139.9 lbs. -1/13/23, 138.7 lbs. -1/29/23, 141.0 lbs. -2/10/23, 142.6 lbs. R1's record reviewed from 1/8/23 through 2/25/23, did not identify continuous ongoing monitoring for signs and symptoms of fluid overload and/or edema. R1's progress note dated 2/8/23, indicated R1 was placed on 3 liters of oxygen because R1's oxygen saturations were ranging from 87-89% (normal is above 90%) on 2 liters. R1 denied shortness of breath, lungs were clear, and respirations were 27 with no accessory muscle use. R1's progress note dated 2/9/23, indicated R1's oxygen saturations were 92% on 3 liters of oxygen. Respirations were 26 with no use of accessory muscles, and no shortness of breath. The note did not include mention of lung sounds. R1's progress note dated 2/12/23, at 10:33 a.m., identified R1 had right hand pitting edema of 3+ (using index finger and pressing skin down holding down and takes more than 3 seconds to rebound) of left hand and 2 plus in left hand.	F 684	the facility failed to monitor and assess edema (swelling), failed to follow the care plan, and failed to ensure timely physician notification for 3 of 3 residents. Staff caring for R1 were re-educated on resident orders for weights and when to call the provider for weight gains. A summary of the resident's edema was completed on 3/3/2023. The plan of care was updated on 3/3/2023 and the provider was updated on resident current status on 3/3/2023. The provider was updated on R2's edema to bilateral legs and ankles on 3/1/2023. New orders were received and implemented. Staff caring for R2 were updated on the new order for daily weights and compression therapy to lower extremities. On 3/1/2023, hospice discontinued vital signs and weights for comfort. An edema summary was completed on 3/7/2023. Resident has no current edema. Residents who have edema/fluid overload will be monitored daily, have their edema summarized weekly and weights will be reviewed weekly by the interdisciplinary team. Staff were re-educated on how to assess edema and signs/symptoms of fluid overload. The provider will be updated as needed with concerns in weight gains/losses and for changes in edema. Residents that have dosage changes in diuretics will have their weight monitored for 3 days follow the medication change. Provider will be updated with concerns in weight changes or edema status. Director of Nursing or designee will	

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F 684	Continued From page 3 Assessment included lung sounds included crackles in left lobe. Weight is up to 144 pounds from 142.6 pounds on 2/12/23. R1's eInteract Change in Condition Evaluation (tool used to notify physician of change in condition) dated 2/13/23 identified R1 required oxygen to be increased to 3 liters per minute (LPM) and had a weight increase; the change had started on 2/8/23. Further indicated R1 had wheezing that was more extensive and less responsive to treatment than usual. R1's nursing home physician visit dated 2/13/23, indicated R1 was seen for an acute visit for edematous left hand. The note also indicated R1 had crackles in the left lobe. The physician ordered labs to evaluate for possible heart failure and a chest X-ray. The physician placed order to increase Lasix to 80 mg for 5 days and directed staff to monitor and notify senior service team provider if symptoms fail to improve or worsen. R1's progress notes dated 2/13/23, indicated R1's oxygen had been increased to 3 liters per minute to keep R1's oxygen levels above 90% and at 6:09 p.m. new orders had been received to increase Lasix medication and obtain a chest x-ray. R1's progress note dated 2/14/22, included R1's X-ray findings that identified, "There are worsening perihilar infiltrates suggesting worsening pulmonary edema. No definite effusions". R1's record reviewed between 2/13/23 to 2/20/23 did not identify consistent ongoing monitoring and assessment of the effectiveness of increase in	F 684	complete random audits. 3 random chart reviews of those on diuretics will be completed weekly for 2 weeks. Then 1 random chart review will be completed weekly for 2 months to ensure ongoing compliance. Audits will be brought to QAPI for review and recommendations for ongoing monitoring. Deficiency to be corrected 3/20/2023. Director of Nursing or designee will be responsible to ensure compliance.	

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F 684	Continued From page 4 diuretic medications. R1's record identified a physician order dated 2/16/23 to increase weight monitoring from weekly to three times a week. R1's weight record identified the following: -2/17/23, 145.1 lbs. -2/20/23, 145.0 lbs. -2/22/23, 140.2 lbs. -2/24/23, 140.3 lbs. -2/27/23, 141.2 lbs. R2's R2's face sheet dated 2/28/23, included diagnoses of atherosclerotic heart disease and hypertension. R2's admission MDS dated 1/27/23, indicated he had no cognitive impairment and was administered diuretic medication. R2's hospital after visit summary (AVS) dated 2/15/23, indicated R2 currently had edema in her legs and was ordered Hydrochlorothiazide 12.5 milligrams (mg) for edema. The AVS indicated R2 discharged to the facility on 2/15/23 R2's facility physician orders included: - Hydrochlorothiazide 12.5 mg daily for leg edema (start date 2/15/23) -Weight at admission everyday times 3 days every day shift for start on day 2 for two days (start date 2/15/23) -Weekly weights every Friday (start date 2/15/23) R2's care plan last reviewed on 2/27/23, included plan of care related cardiovascular disease related to hypertension. The care plan directed staff to monitor and document any edema and notify MD. In addition, directed to take blood pressures per orders, give medications and	F 684		

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F 684	Continued From page 5 monitor for side effects, and obtain labs as ordered. R2's nutritional care plan directed staff to monitor R2's weight. R2's progress note dated 2/15/23, identified R2 had 2+ pitting edema in both of her legs and feet. R2's admission physician visit dated 2/16/23, identified the Hydrochlorothiazide order. Additionally, physical exam indicated R2 had swelling present (note did not identify location or extent of swelling). R2's weight summary dated 2/28/23, indicated R2's weight had increased 9.1 pounds in 7 days. -2/16/23=205.4 -2/17/23=209.8 -2/24/23=214.6 R2's record review from 2/15/23-2/28/23 indicated no evidence of ongoing monitoring or assessment of R2's edema. Further lacked evidence of physician notification of the sudden weight gain since admission. During an observation and interview on 2/28/23, at 3:29 p.m., R2 was in her room; both of her lower legs were swollen. Licensed practical nurse (LPN)-A reported R2's legs were edematous. LPN-A measured R2's legs with a tape measure; she reported R2's right ankle measured 12.5 centimeters (cm) round and left ankle measured 13 cm round. LPN-A did not check for extent of pitting. LPN-A explained she was unaware of a policy to notify physician of weight changes, however, would usually notify the physician of weight increases of 5 lbs. or above. R3	F 684		

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F 684	Continued From page 6 R3's face sheet dated 2/28/23, indicated diagnoses of chronic congestive heart failure, chronic kidney disease stage 4, and hypertension. R3's quarterly MDS dated 1/05/23, indicated he had no cognitive impairment and was administered diuretic medication. R3's nursing home physician visit dated 1/11/23, indicated he had been seen for status left leg below the knee amputation with delayed healing. Exam indicated no edema. R3's care plan dated 1/16/23, indicated focus of cardiovascular care, goal to remain free from signs and symptoms of hypertension, interventions included monitor and document any edema or weight gain. Notify MD as needed. Facility standing orders dated 6/16/21, for congestive heart failure directed staff to call providers with weight gain over 2.5 pounds in 24 hours or above 5 pounds from admission weight. R3's physician orders included -Lasix 40 mg every day for edema (start date 8/27/22) -Low stretch compression wraps before getting out of bed (start date 2/23/23) -Weekly weights (start date 8/26/22) R3's weight summary dated 2/28/23, identified R3's weekly weights were not obtained per physician order. Additionally identified between 1/29/23 and 2/28/23, R3 had a 10.7 pound weight gain. -1/26/23=209.2 -1/29/23=209.2	F 684		

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F 684	Continued From page 7 -2/12/23=209.6 -2/26/23=218.9 -2/28/23=219.9 In Review of R3's record between 1/29/23 and 2/28/23, it was not evident edema was monitored and/or assessed and the physician was not notified per the physician standing orders. During an observation and interview on 2/28/23, at 3:45 p.m. R3 sat in his wheelchair with his feet down. R3 had a compression wrap on his right leg. R3 indicated staff were inconsistent putting his leg wrap on, some staff did it and some did not do it at all. R3 stated his leg had recently increased in size, was more swollen, and was harder than normal. Family member (FM)-A was present and stated she agreed with R3. FM-A expressed she was concerned with R3's worsening edema. During an interview on 2/28/23, at 1:17 p.m., registered nurse (RN)-A stated weights were typically completed on bath day. RN-A indicated nursing did not monitor and evaluate weights because dietary staff were doing that. RN-A did not specify who in dietary was doing the monitoring. During an interview on 2/28/23, at 2:00 p.m., director of nursing (DON) stated, edema was not currently being monitored for residents in the facility but should be done in active patient charting (APC.) DON stated if a resident had a medication change and/or was being diuresed the residents' weights should be monitored more closely. DON stated the nurse manager should be charting in the APC related to resident edema. DON reviewed R1, R2, and R3's records; DON	F 684		

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F 684	Continued From page 8 indicated there not documentation for edema monitoring in the resident records. DON stated the provider had not been notified of the weight gains in R1, R2 or R3 in a timely manner but should have been. The weight gains for the three residents were concerning because of cardiac disease diagnoses. DON indicated if there was a 3-pound weight gain or a weight change specified by the physician, the physician should be notified. Facility policy, Weight and Height policy, revised 10/21, included residents are weighed on admission and monthly unless otherwise ordered by nursing or attending physician to monitor the residents' condition.	F 684		