DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
May 24, 2022

Administrator
Sleepy Eye Care Center
1105 3rd Avenue Southwest
Sleepy Eye, MN 56085

RE: CCN: 245225
Cycle Start Date: March 18, 2022

Dear Administrator:

On April 22, 2022, 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.

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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May 24, 2022

Administrator
Sleepy Eye Care Center
1105 3rd Avenue Southwest
Sleepy Eye, MN 56085

Re: Reinspection Results
Event ID: 8LWS12

Dear Administrator:

On April 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 survey completed on March 18, 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

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
March 29, 2022

Administrator
Sleepy Eye Care Center
1105 3rd Avenue Southwest
Sleepy Eye, MN 56085

RE: CCN: 245225
Cycle Start Date: March 18, 2022

Dear Administrator:

On March 18, 2022, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety, 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:

Elizabeth Silkey, Unit Supervisor
Mankato District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
12 Civic Center Plaza, Suite #2105
Mankato, Minnesota 56001
Email: elizabeth.silkey@state.mn.us
Office: (507) 344-2742 Mobile: (651) 368-3593

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 June 18, 2022 (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 September 18, 2022 (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,

Melissa Poepping, Health Program Representative Senior
Program Assurance | Licensing and Certification
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
	245225	A. BUILDING _____ B. WING _____	C 03/18/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SLEEPY EYE CARE CENTER	1105 3RD AVENUE SOUTHWEST SLEEPY EYE, MN 56085

(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 3/17/22 - 3/18/22, a standard abbreviated survey was conducted at your facility. Your facility was found to be NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaint was found to be SUBSTANTIATED: H5225041C (MN81887), with deficiency cited at F760. The following complaints were found to be UNSUBSTANTIATED: H5225039C (MN81244) and H5225040C (MN81079). 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 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review, the facility failed to ensure 1 of 3 residents (R3) reviewed for medication errors were free of	F 760	F760 The plan of correction is prepared and executed because it is required by the	4/4/22

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

Electronically Signed | 04/04/2022

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 760	Continued From page 1 a significant medication errors when staff did not administer coumadin (a blood thinner) as ordered by the provider. Findings include: R3's diagnosis report dated 3/18/22, indicated R3 was diagnosed with atherosclerotic heart disease (arteries become narrowed and hardened due to buildup of plaque in the artery wall), and atrial fibrillation (an irregular and often very rapid heart rhythm that can lead to blood clots in the heart). R3's admission Minimum Data Set assessment dated 2/25/22 , indicated R3 was receiving an anticoagulant (inhibits coagulation of the blood) and was cognitively intact. R3's admission care plan dated 2/22/22, indicated the resident was taking an anticoagulant and to complete labs and medications as ordered by the physician. R3's provider order for coumadin dated 2/25/22, directed nursing staff to administer coumadin 2.5 mg by mouth daily with an end date on the electronic order as 3/8/22 at 23:59 (11:59 p.m.). R3's provider order on 3/9/22, written on a Sleepy Eye Care Center untitled form, indicated no changes to coumadin dosage and repeat international normalized ratio (INR) (measured blood test to help manage people on coumadin therapy) in 2 weeks. This was noted by RN-B and undated. R3's March 2022 electronic medication administration record (EMAR) indicated R3 did not receive her coumadin dose 3/10, 3/11, 3/12, 3/13, 3/14, 3/15, 3/16.	F 760	provisions of the State and Federal regulations and not because the facility agrees with the allegations of deficiencies. Sleepy Eye Care Center maintains the alleged deficiencies do not individually or collectively jeopardize the health and safety of residents, nor are the of such character as to limit our capacity to render adequate care as prescribed by regulation. NH Correction of F760 related to medication error that was noted on 3/16/2021. Resident R3 did not receive her ordered Coumadin from 3/9/2022 till 3/15/2022. This resulted in a significant medication error. No harm to resident occurred. ER doctor was immediately called for orders upon finding medication error and MD ordered same dose of Coumadin to be given. Resident continues to receive Coumadin per MD order. Resident has discharged to a lower level of care per discharge plan at time of admission. All residents taking Coumadin have had their orders and labs reviewed following 3/16/2022 incident. No other errors were identified. Education on the facility Coumadin Policy was reviewed by Clinical Leadership – 3/16/22 -- On 3/16/2022 DON put out an immediate “review and sign” Coumadin policy review and appropriate checklist and flowsheets for nurses coming on shift of the facility. On 3/21/2022 DON had a licensed nursing meeting that reviewed the policies of medication administration	

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F 760	Continued From page 2 A physician telephone order sheet dated 3/16/22, at 8:00 p.m. indicated to give Coumadin dosage of what was previously ordered before (Coumadin 2.5 mg) for tonight and follow-up tomorrow on coumadin order and prothrombin time (way of measuring how long it takes blood to form a clot) (PT)/INR draw and signed by registered nurse (RN)-A A Sleepy Eye Care Center form untitled indicated a message to R3's physician on 3/16/22, at 11:00 p.m. with description including medication transcription error noted on coumadin on 3/9/22. R3 has not received coumadin 3/9, 3/10, 3/11, 3/12, 3/13, 3/14 and 3/15. Received 2.5 mg coumadin on 3/16 as call made to emergency department and order received to administer one time 2.5 mg coumadin dose and notify R3's physician in the morning. Response received 3/17/22 at 4:15 p.m., via fax with order for Coumadin 4 mg by mouth on 3/17 and 3/18 then coumadin 2.5 mg daily and to recheck INR test in 1 week. R3's March EMAR indicated resident received Coumadin 2.5 mg on 3/16/22, and 4 mg tablet on 3/17/22. R3's 3/18/22 dose was due at 6:00 p.m. A "Medication Error" form dated 3/16/22, at 10:52 p.m., indicated Coumadin 2.5 mg was discontinued on 3/9/22 and has not received coumadin 3/9, 3/10, 3/11, 3/12, 3/13, 3/14 and 3/15. Received written order on March 9, 2022 that indicated no changes to coumadin dosage and to recheck INR in 2 weeks. Immediate action included R3 has had elevated blood pressure and no bleeding. Registered nurse (RN)-A called emergency department and received an order to	F 760	and the step by step method of transcribing Coumadin orders and medication orders and the need for second nurse to review orders for accuracy. Coumadin log book has been updated and nursing documentation expectations have been reviewed. QAPI Action Plan started 3/16/2022. Audits of residents who receive Coumadin will be conducted to ensure they are free from significant medication errors. Audits will be conducted weekly for 12 weeks. Results of audits will be reviewed by QAPI committee and committee's recommendations will be followed. DON or Designee responsible for compliance. Facility alleges compliance as of 4/6/2022.	

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F 760	Continued From page 3 give coumadin 2.5 mg tonight and follow-up tomorrow with R3's physician to find out coumadin dose and when INR should be drawn. No injuries were observed at the time of incident. A progress note dated 3/16/22, at 8:00 p.m., indicated R3 had a medication error on 3/16/22, and at 8:00 p.m. notification of the incident was made to the executive director/administrator, director of nursing (DON) and R3's physician on 3/16/22, at 7:00 p.m. A progress note dated 3/16/22, at 11:06 p.m., by RN-A indicated medication transcription error noted on coumadin on 3/9/22. Resident has not received coumadin 3/9, 3/10, 3/11, 3/12, 3/13, 3/14 and 3/15. Faxed MD regarding medication error and when next INR should be. During interview on 3/18/22 at 11:30 a.m., the director of nursing (DON) indicated they have a "Coumadin Checklist" which is the step by step process for all coumadin orders and includes the order process, notification to families with change of medication, documentation of medication change and placing it on the 24 hour nursing report. Review of the "Coumadin Checklist", undated, included, place new orders in computer. Put end date of coumadin on day before next lab draw. If new to coumadin, flag resident in computer. Have second nurse verify order. Order medication from pharmacy. Be sure doctor has ordered next INR draw. If not, get order for next draw. Fill out the coumadin order worksheet, fill out lab slip for next INR draw. Add date of next INR to calendar.	F 760		

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F 760	Continued From page 4 During observation and interview on 3/18/22, at 12:15 p.m., R3 was sitting in her private room in her wheelchair working on upper arm strength with bands. R3 indicated she was made aware of the medication error when it was discovered. R3 stated she wasn't very vigilant and usually knows exactly what medications she is receiving. R3 indicated she was admitted to the facility with an order for coumadin. R3 denied any effects or harm from not receiving her coumadin medication and stated "no harm no foul". During interview on 3/18/22, at 1:03 p.m., licensed practical nurse (LPN)-A indicated the facility process includes putting an end date with the time of 11:59 p.m. on the coumadin medication on the EMAR the night before the INR lab test is drawn. Once the INR test is completed, the charge nurse is responsible to fax the results to the provider and get new orders for coumadin dosage and next INR lab draw and enter them into the EMAR. LPN-A indicated the charge nurse has a book with a sheet completed by the night shift weekly that includes residents who are getting labs drawn that week which includes when physician is contacted and orders received that day which the charge nurse is responsible to complete. LPN-A added if the nurse receiving the order does not put a new order in for coumadin, the staff nurse will no longer see coumadin administration as due as it falls off the EMAR because the end date of the order has passed. LPN-A stated to prevent errors, the health unit coordinator (HUC) puts in a nursing order in call capitol letters stating "BE AWARE PT IS ON COUMADIN", but indicated the health unit coordinator (HUC) is new and probably wasn't aware it needed to be put in the EMAR. The evening nurse receives notification	F 760		

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F 760	Continued From page 5	F 760		

the resident is on coumadin and is responsible to follow-up if a coumadin order isn't present on the EMAR. LPN-A further added they have missed a few orders over the past few years

During interview on 3/18/22, at 1:15 p.m. nursing assistant (NA)-A indicated the "BE AWARE PT IS ON COUMADIN order was not on the electronic medication administration record (EMAR) for R3. NA-A indicated she was hired as a HUC in November and had training by multiple people but just found out yesterday from a charge nurse, she is responsible for adding the banner in the electronic medication administration record (EMAR).

During interview on 3/18/22, at 1:40 p.m. LPN-B indicated when an INR is completed, the results are reviewed by the charge nurse and then faxed (telephone transmission of printed material) to the resident's physician, who complete the dosing and Fax back orders, which the charge nurse enters into the EMAR and adds end date of night prior to the next INR test. LPN-A indicated all residents on coumadin should have an order message that pops up and alerts the nurse around 5:00 p.m., that the resident is on coumadin. LPN-B indicated whoever acknowledges the alert is responsible to ensure the coumadin order and dose is in the EMAR. If it is not in the EMAR, we then notify the charge nurse to investigate why the order to administer coumadin is not present. LPN-B indicated with this incident a Fax was received, but an order was not placed in the EMAR and there was no alert message indicating the resident is on coumadin so the system failed on both ends.

During interview on 3/18/21 at 1: 50 p.m. the

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F 760	Continued From page 6	F 760		

director or nursing (DON) indicated she is aware R3 had missed doses of coumadin and added R3 has had no outcomes related to the error. Education is planned for Monday, 3/21/22. The DON indicated there is a "coumadin book" that is has a flow sheet used to track PT/INR lab draws, results and orders in. A "lab sheet" is completed by night shift prior to Wednesday morning lab draws and is kept in the book. The charge nurse is responsible for completing this sheet. Once orders are received, the charge nurse reviews it and if a coumadin dosage changes, the pharmacy is notified. The charge nurse then signs off on the order, puts on a flow sheet when next INR is due and gives to the HUC to place order in the EMAR. Once order is in the EMAR, 2 nurses are required to sign off on the paper order after verification. The DON indicated the process should be 3 steps so things don't get missed. The DON indicated during her investigation it was discovered RN-B thought the day charge nurse put the order in and but also added she thought it was a standing order that stayed in the computer. The DON indicated RN-B didn't realize she had to reactivate or enter the coumadin order because the facility puts the end date as the INR date. RN-B only works on an as needed basis and followed the process to "what she thought it was, but did not follow our protocols."

During interview on 3/18/22, at 1:58 p.m. RN-C indicated I was working the shift when the error was discovered. RN-C noticed a bottle of coumadin in the medication cart drawer for R3 and investigated why R3 was not receiving coumadin. RN-C discovered she had been taking coumadin and likely should still be. RN-A notified RN-C, charge nurse, who investigated and realized the order was never placed on the

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F 760	Continued From page 7	F 760		

EMAR after 3/9/22 lab draw so contacted the ER and received one time order for coumadin and faxed R3's physician, the family and administration staff to notify of the medication error. RN-C indicated there was no "pop up" message for R3 indicating she was taking coumadin, that RN-C has seen on other residents. RN-C indicated R3's INR was 1.9 prior to missed doses of coumadin and was 1.0 yesterday, so it did effect her clotting time, but she is fine and has not had any ill effects from the missed dosages.

Review of the "Coumadin Book" indicated R3 had a "Coumadin Order Worksheet" present that included date of 2/25/22, 2.5 mg Coumadin order daily with today's INR 1.9. No changes to coumadin order and next INR date is 3/9/22. There was no entry for 3/9/22. Entry date for 3/17/22 included today's INR 1.0 with new coumadin order of 4.0 mg for 3/17 and 3/18/22 then Coumadin 2.5 mg all other days with next INR date of 3/23/22. Also present in the "Coumadin Book" was the "Coumadin Checklist".

During interview on 3/18/22, at 2:25 p.m. RN-B indicated she worked the 3-11 shift on 3/9/22 and received report from LPN-C, "which was minimal." RN-B asked if coumadin orders were completed and LPN-C said it just came in. RN-B indicated she was unaware the facility policy was placing an end date on coumadin dose when INR was drawn and has been a traveler all over the United States and has never seen a process with the coumadin dose being discontinued with an INR draw. RN-B indicated she did see the coumadin order for R3 and said no change to coumadin dose so assumed the coumadin order remained on the EMAR. RN-B added she noted

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	245225	A. BUILDING _____ B. WING _____	C 03/18/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SLEEPY EYE CARE CENTER	1105 3RD AVENUE SOUTHWEST SLEEPY EYE, MN 56085

(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 760	Continued From page 8	F 760		

the order, and filled out the next lab request and stated "my name is on that thing so I made the mistake." RN-B further indicated the facility process for coumadin was never explained to her at this facility. RN-B indicated she is part of the "Volunteers of America" float pool but only works at this facility periodically.

During interview on 3/18/22, at 2:43 p.m. the DON indicated the pool staff shadow an RN or LPN and if charge nurse, they shadow the charge person for their training. If float staff do not work for awhile, they would be requested to job shadow an hour or two prior to the start of their shift. The DON indicated RN-B had worked rarely since January when the DON started at the facility and are required to work 16 hours per month. The DON added the HUC was hired prior to her start date, so is unsure what type of training was received. The DON was unaware of the coumadin alert placed in the EMAR and indicated "I'm finding out some of these things the longer I am here." Upon request of competency training and education for RN-B and NA-A, one was received for nurses orientation for RN-B on 7/14/2020 that did not include topic, but had RN-B listed as on duty on attendance record. No other records were received.

A policy on medication administration and coumadin was requested. The "Coumadin Worksheet" was received.

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
March 29, 2022

Administrator
Sleepy Eye Care Center
1105 3rd Avenue Southwest
Sleepy Eye, MN 56085

Re: State Nursing Home Licensing Orders
Event ID: 8LWS11

Dear Administrator:

The above facility was surveyed on March 17, 2022 through March 18, 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:

Elizabeth Silkey, Unit Supervisor
Mankato District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
12 Civic Center Plaza, Suite #2105
Mankato, Minnesota 56001
Email: elizabeth.silkey@state.mn.us
Office: (507) 344-2742 Mobile: (651) 368-3593

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

Please note it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call me with any questions.

Melissa Poepping, Health Program Representative Senior
Program Assurance | Licensing and Certification
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
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SLEEPY EYE CARE CENTER	1105 3RD AVENUE SOUTHWEST SLEEPY EYE, MN 56085

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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 3/17/22 - 3/18/22, 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 when they will be completed.	2 000		

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2 000	Continued From page 1 The following complaint was found to be SUBSTANTIATED: H5225041C (MN81887) with a licensing order issued at 4658.1320. The following complaints were found to be UNSUBSTANTIATED: H5225039C (MN81244) and H5225040C (MN81079). The Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction. You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at <https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html> The State licensing orders are delineated on the attached Minnesota 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	2 000		

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2 000	Continued From page 2 the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.	2 000		
21545	MN Rule 4658.1320 A.B.C Medication Errors A nursing home must ensure that: A. Its medication error rate is less than five percent as described in the Interpretive Guidelines for Code of Federal Regulations, title 42, section 483.25 (m), found in Appendix P of the State Operations Manual, Guidance to Surveyors for Long-Term Care Facilities, which is incorporated by reference in part 4658.1315. For purposes of this part, a medication error means: (1) a discrepancy between what was prescribed and what medications are actually administered to residents in the nursing home; or (2) the administration of expired medications. B. It is free of any significant medication error. A significant medication error is: (1) an error which causes the resident discomfort or jeopardizes the resident's health or safety; or (2) medication from a category that usually requires the medication in the resident's blood to be titrated to a specific blood level and a single medication error could alter that level and precipitate a reoccurrence of symptoms or toxicity. All medications are administered as prescribed. An incident report or medication	21545		4/4/22

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21545	Continued From page 3 error report must be filed for any medication error that occurs. Any significant medication errors or resident reactions must be reported to the physician or the physician's designee and the resident or the resident's legal guardian or designated representative and an explanation must be made in the resident's clinical record. C. All medications are administered as prescribed. An incident report or medication error report must be filed for any medication error that occurs. Any significant medication errors or resident reactions must be reported to the physician or the physician's designee and the resident or the resident's legal guardian or designated representative and an explanation must be made in the resident's clinical record. This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to ensure 1 of 3 residents (R3) reviewed for medication errors were free of a significant medication errors when staff did not administer coumadin (a blood thinner) as ordered by the provider. Findings include: R3's diagnosis report dated 3/18/22, indicated R3 was diagnosed with atherosclerotic heart disease (arteries become narrowed and hardened due to buildup of plaque in the artery wall), and atrial fibrillation (an irregular and often very rapid heart rhythm that can lead to blood clots in the heart). R3's admission Minimum Data Set assessment dated 2/25/22 , indicated R3 was receiving an anticoagulant (inhibits coagulation of the blood)	21545	F760 The plan of correction is prepared and executed because it is required by the provisions of the State and Federal regulations and not because the facility agrees with the allegations of deficiencies. Sleepy Eye Care Center maintains the alleged deficiencies do not individually or collectively jeopardize the health and safety of residents, nor are the of such character as to limit our capacity to render adequate care as prescribed by regulation. NH Correction of F760 related to medication error that was noted on 3/16/2021. Resident R3 did not receive her ordered Coumadin from 3/9/2022 till 3/15/2022. This resulted in a significant medication	

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21545	Continued From page 4 and was cognitively intact. R3's admission care plan dated 2/22/22, indicated the resident was taking an anticoagulant and to complete labs and medications as ordered by the physician. R3's provider order for coumadin dated 2/25/22, directed nursing staff to administer coumadin 2.5 mg by mouth daily with an end date on the electronic order as 3/8/22 at 23:59 (11:59 p.m.). R3's provider order on 3/9/22, written on a Sleepy Eye Care Center untitled form, indicated no changes to coumadin dosage and repeat international normalized ratio (INR) (measured blood test to help manage people on coumadin therapy) in 2 weeks. This was noted by RN-B and undated. R3's March 2022 electronic medication administration record (EMAR) indicated R3 did not receive her coumadin dose 3/10, 3/11, 3/12, 3/13, 3/14, 3/15, 3/16. A physician telephone order sheet dated 3/16/22, at 8:00 p.m. indicated to give Coumadin dosage of what was previously ordered before (Coumadin 2.5 mg) for tonight and follow-up tomorrow on coumadin order and prothrombin time (way of measuring how long it takes blood to form a clot) (PT)/INR draw and signed by registered nurse (RN)-A A Sleepy Eye Care Center form untitled indicated a message to R3's physician on 3/16/22, at 11:00 p.m. with description including medication transcription error noted on coumadin on 3/9/22. R3 has not received coumadin 3/9, 3/10, 3/11, 3/12, 3/13, 3/14 and 3/15. Received 2.5 mg coumadin on 3/16 as call made to emergency	21545	error. No harm to resident occurred. ER doctor was immediately called for orders upon finding medication error and MD ordered same dose of Coumadin to be given. Resident continues to receive Coumadin per MD order. Resident has discharged to a lower level of care per discharge plan at time of admission. All residents taking Coumadin have had their orders and labs reviewed following 3/16/2022 incident. No other errors were identified. Education on the facility Coumadin Policy was reviewed by Clinical Leadership – 3/16/22 -- On 3/16/2022 DON put out an immediate “review and sign” Coumadin policy review and appropriate checklist and flowsheets for nurses coming on shift of the facility. On 3/21/2022 DON had a licensed nursing meeting that reviewed the policies of medication administration and the step by step method of transcribing Coumadin orders and medication orders and the need for second nurse to review orders for accuracy. Coumadin log book has been updated and nursing documentation expectations have been reviewed. QAPI Action Plan started 3/16/2022. Audits of residents who receive Coumadin will be conducted to ensure they are free from significant medication errors. Audits will be conducted weekly for 12 weeks. Results of audits will be reviewed by QAPI committee and committee’s recommendations will be followed. DON or Designee responsible for compliance.	

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21545	Continued From page 5 department and order received to administer one time 2.5 mg coumadin dose and notify R3's physician in the morning. Response received 3/17/22 at 4:15 p.m., via fax with order for Coumadin 4 mg by mouth on 3/17 and 3/18 then coumadin 2.5 mg daily and to recheck INR test in 1 week. R3's March EMAR indicated resident received Coumadin 2.5 mg on 3/16/22, and 4 mg tablet on 3/17/22. R3's 3/18/22 dose was due at 6:00 p.m. A "Medication Error" form dated 3/16/22, at 10:52 p.m., indicated Coumadin 2.5 mg was discontinued on 3/9/22 and has not received coumadin 3/9, 3/10, 3/11, 3/12, 3/13, 3/14 and 3/15. Received written order on March 9, 2022 that indicated no changes to coumadin dosage and to recheck INR in 2 weeks. Immediate action included R3 has had elevated blood pressure and no bleeding. Registered nurse (RN)-A called emergency department and received an order to give coumadin 2.5 mg tonight and follow-up tomorrow with R3's physician to find out coumadin dose and when INR should be drawn. No injuries were observed at the time of incident. A progress note dated 3/16/22, at 8:00 p.m., indicated R3 had a medication error on 3/16/22, and at 8:00 p.m. notification of the incident was made to the executive director/administrator, director of nursing (DON) and R3's physician on 3/16/22, at 7:00 p.m. A progress note dated 3/16/22, at 11:06 p.m., by RN-A indicated medication transcription error noted on coumadin on 3/9/22. Resident has not received coumadin 3/9, 3/10, 3/11, 3/12, 3/13, 3/14 and 3/15. Faxed MD regarding medication error and when next INR should be.	21545	Facility alleges compliance as of 4/6/2022.	

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21545	Continued From page 6 During interview on 3/18/22 at 11:30 a.m., the director of nursing (DON) indicated they have a "Coumadin Checklist" which is the step by step process for all coumadin orders and includes the order process, notification to families with change of medication, documentation of medication change and placing it on the 24 hour nursing report. Review of the "Coumadin Checklist", undated, included, place new orders in computer. Put end date of coumadin on day before next lab draw. If new to coumadin, flag resident in computer. Have second nurse verify order. Order medication from pharmacy. Be sure doctor has ordered next INR draw. If not, get order for next draw. Fill out the coumadin order worksheet, fill out lab slip for next INR draw. Add date of next INR to calendar. During observation and interview on 3/18/22, at 12:15 p.m., R3 was sitting in her private room in her wheelchair working on upper arm strength with bands. R3 indicated she was made aware of the medication error when it was discovered. R3 stated she wasn't very vigilant and usually knows exactly what medications she is receiving. R3 indicated she was admitted to the facility with an order for coumadin. R3 denied any effects or harm from not receiving her coumadin medication and stated "no harm no foul". During interview on 3/18/22, at 1:03 p.m., licensed practical nurse (LPN)-A indicated the facility process includes putting an end date with the time of 11:59 p.m. on the coumadin medication on the EMAR the night before the INR lab test is drawn. Once the INR test is completed, the charge nurse is responsible to fax	21545		

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21545	Continued From page 7	21545		

the results to the provider and get new orders for coumadin dosage and next INR lab draw and enter them into the EMAR. LPN-A indicated the charge nurse has a book with a sheet completed by the night shift weekly that includes residents who are getting labs drawn that week which includes when physician is contacted and orders received that day which the charge nurse is responsible to complete. LPN-A added if the nurse receiving the order does not put a new order in for coumadin, the staff nurse will no longer see coumadin administration as due as it falls off the EMAR because the end date of the order has passed. LPN-A stated to prevent errors, the health unit coordinator (HUC) puts in a nursing order in call capitol letters stating "BE AWARE PT IS ON COUMADIN", but indicated the health unit coordinator (HUC) is new and probably wasn't aware it needed to be put in the EMAR. The evening nurse receives notification the resident is on coumadin and is responsible to follow-up if a coumadin order isn't present on the EMAR. LPN-A further added they have missed a few orders over the past few years

During interview on 3/18/22, at 1:15 p.m. nursing assistant (NA)-A indicated the "BE AWARE PT IS ON COUMADIN order was not on the electronic medication administration record (EMAR) for R3. NA-A indicated she was hired as a HUC in November and had training by multiple people but just found out yesterday from a charge nurse, she is responsible for adding the banner in the electronic medication administration record (EMAR).

During interview on 3/18/22, at 1:40 p.m. LPN-B indicated when an INR is completed, the results are reviewed by the charge nurse and then faxed (telephone transmission of printed material) to the

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21545	Continued From page 8 resident's physician, who complete the dosing and Fax back orders, which the charge nurse enters into the EMAR and adds end date of night prior to the next INR test. LPN-A indicated all residents on coumadin should have an order message that pops up and alerts the nurse around 5:00 p.m., that the resident is on coumadin. LPN-B indicated whoever acknowledges the alert is responsible to ensure the coumadin order and dose is in the EMAR. If it is not in the EMAR, we then notify the charge nurse to investigate why the order to administer coumadin is not present. LPN-B indicated with this incident a Fax was received, but an order was not placed in the EMAR and there was no alert message indicating the resident is on coumadin so the system failed on both ends. During interview on 3/18/21 at 1: 50 p.m. the director or nursing (DON) indicated she is aware R3 had missed doses of coumadin and added R3 has had no outcomes related to the error. Education is planned for Monday, 3/21/22. The DON indicated there is a "coumadin book" that is has a flow sheet used to track PT/INR lab draws, results and orders in. A "lab sheet" is completed by night shift prior to Wednesday morning lab draws and is kept in the book. The charge nurse is responsible for completing this sheet. Once orders are received, the charge nurse reviews it and if a coumadin dosage changes, the pharmacy is notified. The charge nurse then signs off on the order, puts on a flow sheet when next INR is due and gives to the HUC to place order in the EMAR. Once order is in the EMAR, 2 nurses are required to sign off on the paper order after verification. The DON indicated the process should be 3 steps so things don't get missed. The DON indicated during her investigation it was discovered RN-B thought the day charge nurse	21545		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00776	A. BUILDING: _____ B. WING _____	C 03/18/2022

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21545	Continued From page 9 put the order in and but also added she thought it was a standing order that stayed in the computer. The DON indicated RN-B didn't realize she had to reactivate or enter the coumadin order because the facility puts the end date as the INR date. RN-B only works on an as needed basis and followed the process to "what she thought it was, but did not follow our protocols." During interview on 3/18/22, at 1:58 p.m. RN-C indicated I was working the shift when the error was discovered. RN-C noticed a bottle of coumadin in the medication cart drawer for R3 and investigated why R3 was not receiving coumadin. RN-C discovered she had been taking coumadin and likely should still be. RN-A notified RN-C, charge nurse, who investigated and realized the order was never placed on the EMAR after 3/9/22 lab draw so contacted the ER and received one time order for coumadin and faxed R3's physician, the family and administration staff to notify of the medication error. RN-C indicated there was no "pop up" message for R3 indicating she was taking coumadin, that RN-C has seen on other residents. RN-C indicated R3's INR was 1.9 prior to missed doses of coumadin and was 1.0 yesterday, so it did effect her clotting time, but she is fine and has not had any ill effects from the missed dosages. Review of the "Coumadin Book" indicated R3 had a "Coumadin Order Worksheet" present that included date of 2/25/22, 2.5 mg Coumadin order daily with today's INR 1.9. No changes to coumadin order and next INR date is 3/9/22. There was no entry for 3/9/22. Entry date for 3/17/22 included today's INR 1.0 with new coumadin order of 4.0 mg for 3/17 and 3/18/22 then Coumadin 2.5 mg all other days with next	21545		

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21545	Continued From page 10 INR date of 3/23/22. Also present in the "Coumadin Book" was the "Coumadin Checklist". During interview on 3/18/22, at 2:25 p.m. RN-B indicated she worked the 3-11 shift on 3/9/22 and received report from LPN-C, "which was minimal." RN-B asked if coumadin orders were completed and LPN-C said it just came in. RN-B indicated she was unaware the facility policy was placing an end date on coumadin dose when INR was drawn and has been a traveler all over the United States and has never seen a process with the coumadin dose being discontinued with an INR draw. RN-B indicated she did see the coumadin order for R3 and said no change to coumadin dose so assumed the coumadin order remained on the EMAR. RN-B added she noted the order, and filled out the next lab request and stated "my name is on that thing so I made the mistake." RN-B further indicated the facility process for coumadin was never explained to her at this facility. RN-B indicated she is part of the "Volunteers of America" float pool but only works at this facility periodically. During interview on 3/18/22, at 2:43 p.m. the DON indicated the pool staff shadow an RN or LPN and if charge nurse, they shadow the charge person for their training. If float staff do not work for awhile, they would be requested to job shadow an hour or two prior to the start of their shift. The DON indicated RN-B had worked rarely since January when the DON started at the facility and are required to work 16 hours per month. The DON added the HUC was hired prior to her start date, so is unsure what type of training was received. The DON was unaware of the coumadin alert placed in the EMAR and indicated "I'm finding out some of these things the longer I am here." Upon request of competency	21545		

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21545	Continued From page 11 training and education for RN-B and NA-A, one was received for nurses orientation for RN-B on 7/14/2020 that did not include topic, but had RN-B listed as on duty on attendance record. No other records were received. A policy on medication administration and coumadin was requested. The "Coumadin Worksheet" was received. SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee could review and revise policies and procedures related to medication administration and errors. The DON or designee could educate staff to ensure medications are correctly administered as ordered by physician. The DON or designee could perform audits, and results of any audits could be taken to the QAPI committee to determine compliance or the need for continued monitoring. TIME PERIOD FOR CORRECTION: Twenty One (21) days	21545		