



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
November 25, 2024

Administrator
Guardian Angels Health & Rehab Center
1500 East Third Avenue
Hibbing, MN 55746

RE: CCN: 245239
Cycle Start Date: November 12, 2024

Dear Administrator:

On November 12, 2024, 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 actual harm that was not immediate jeopardy (Level G),

The Statement of Deficiencies (CMS-2567) is being electronically delivered. Because corrective action was taken prior to the survey, past non-compliance does not require a plan of correction (POC).

REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy(ies) listed below to the CMS location for imposition. The CMS location concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Civil money penalty, (42 CFR 488.430 through 488.444).

You will receive a formal notice from the CMS location only if CMS agrees with our recommendation.

NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than \$12,924; has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

The CMS location may notify you of their determination regarding any imposed remedies.

DEPARTMENT CONTACT

An equal opportunity employer.

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

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

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

APPEAL RIGHTS

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at <https://dab.efile.hhs.gov> no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request shall be submitted electronically to:

Steven.Delich@cms.hhs.gov

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

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

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

INFORMAL DISPUTE RESOLUTION (IDR)

In accordance with 42 CFR 488.331 and Minnesota Statute 144A.10 subd 15, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to: <https://forms.web.health.state.mn.us/form/NHDisputeResolution>

This request must be sent within the same ten calendar days you have for submitting an ePoC for the cited deficiencies. Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

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

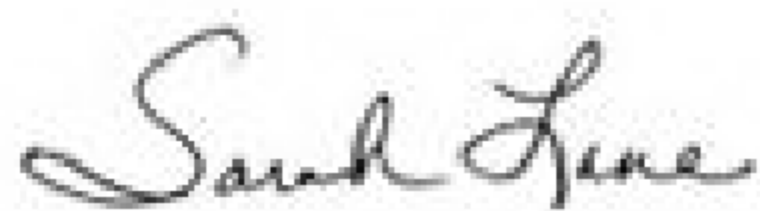
INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

In accordance with 42 CFR § 488.431 and Minnesota Statute 144A.10 subd 16, when a CMP subject to being collected and placed in an escrow account is imposed, you have one opportunity to question cited deficiencies through an Independent IDR process. You may also contest scope and severity assessments for deficiencies which resulted in a finding of SQC or immediate jeopardy. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to: <https://forms.web.health.state.mn.us/form/NHDisputeResolution>

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

Feel free to contact me if you have questions.

Sincerely,



Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697
Email: sarah.lane@state.mn.us

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

PRINTED: 11/25/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245239	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/12/2024
NAME OF PROVIDER OR SUPPLIER GUARDIAN ANGELS HEALTH & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1500 EAST THIRD AVENUE HIBBING, MN 55746		
(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	<p>INITIAL COMMENTS</p> <p>On 11/12/24, a standard abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was found IN compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.</p> <p>The following complaint was reviewed: H52391151C (MN00108057) with a deficiency cited at F697 at PAST NON-COMPLIANCE.</p> <p>The facility is enrolled in ePOC, therefore a signature is not required at the bottom of the first page of the CMS-2567 form. Although no plan of correction is required, the facility must acknowledge receipt of the electronic documents.</p>	F 000	Past noncompliance: no plan of correction required.	
F 697 SS=G	<p>Pain Management CFR(s): 483.25(k)</p> <p>§483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure pain management was provided according to the residents' goals and preferences for 1 of 3 residents (R1) reviewed for pain management. This deficient practice caused actual harm for R1, who experienced unmanaged severe pain, disturbed sleep and needed two doses of his narcotic medication to receive pain control. The facility implemented immediate corrective action, prior to the survey and was issued at past non-compliance.</p>	F 697	Past noncompliance: no plan of correction required.	

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

TITLE

(X6) DATE

Electronically Signed

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 697	<p>Continued From page 1</p> <p>Findings include:</p> <p>R1's Face Sheet dated 10/15/24, identified R1 had diagnoses of chronic pain syndrome.</p> <p>R1's admission Minimum Data Set (MDS) dated 10/21/24 indicated R1 was cognitively intact, had pain, and used as needed pain medications.</p> <p>R1's care plan dated 10/24/24 indicated R1 was at risk for pain, and directed staff to administer medications as ordered. Non-pharmacological interventions were identified to apply cold or heat to area of R1's pain or offer to repositioning.</p> <p>R1's Provider Orders dated 10/15/24 indicated orders for hydrocodone-acetaminophen (narcotic pain medication) 10-325 milligrams (mg) one tablet to be given as needed every six hours for pain.</p> <p>R1's electronic Medication Administration Record (eMAR) dated 10/25/24 through 11/11/24, since admission, R1 received pain medication at least once daily, and all but one day he had a dose between 3:00 p.m. and 9:30 p.m. He only received two doses of hydrocodone-acetaminophen 10-325 mg at 9:59 a.m. and 11:12 p.m. on 11/3/24.</p> <p>R1's call light log for 11/3/24 indicated R1 put his call light on at 6:11 p.m., 7:10 p.m., 7:36 p.m., 8:30 p.m., 8:43 p.m., 10:16 p.m., and 11:08 p.m.</p> <p>On 11/12/24 at 9:21 a.m., R1 stated on the evening of 11/3/24, it took the nurse five hours to bring him his pain medications. He had left sided flank pain (from a previous kidney donation</p>	F 697		

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F 697	<p>Continued From page 2</p> <p>surgery), and put his call light on to ask for pain medication. Nursing assistant (NA)-A answered his call light, and told him she was going to let the nurse know he was requesting pain medication. The pain continued to get worse and worse, it felt like someone was ripping my left side open, it was "off the charts" and was at a 13/10 pain level (a pain scale from 0 to 10 describes pain intensity; 0 meaning no pain, 1-3 meaning mild pain, 4-6 meaning moderate pain, and 7-10 meaning severe pain). He couldn't sleep because of the pain, so he kept putting on the call light, and everyone kept saying they had told the nurse. He kept pushing the call light until a nurse came in during the night and gave him pain medications. It took him until the morning of 11/4/24 to get his pain managed, he did not sleep well that night.</p> <p>On 11/12/24 at 10:23 a.m., RN-A stated on 11/3/24 at around 11:00 p.m., R1 had his call light on and she had answered it. R1 told her he had been waiting for his pain medications for over five hours. He told her he had asked for a pain pill around 6:00 p.m. and still hadn't received any medication. R1 told her his pain was "off the charts" and terrible. He rated his pain a 13/10 and he was upset. She gave him his pain medication around 11:05 p.m. The next morning around 6:00 a.m. she went to check on him again, he was still having pain of 10/10, so she gave him another dose of pain medication.</p> <p>On 11/12/24 at 10:54 a.m., NA-A stated on the evening of 11/3/24 she took care of R1. She went into his room three different times that evening due to answer his call light. The first time he asked for pain medications, and she went and told licensed practical nurse (LPN)-A. LPN-A</p>	F 697		

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F 697	<p>Continued From page 3</p> <p>stated, "Ok." The second time NA-A went into R1's room, he stated he had been waiting an hour and a half for his pain medication. She told him the nurse had been told, and should be coming in with his pain meds soon. The third time she answered his call light, R1 told her he was still waiting for his pain medication, and it had been over two hours. She told him again LPN-A should be coming soon. She only told LPN-A the first time R1 requested pain medication, and did not go and tell LPN-A the other two times she had answered the call light.</p> <p>On 11/12/24 at 11:21 a.m., LPN-B stated on the evening of 11/3/24 he had answered R1's call light twice. The first time he answered R1's call light was between 7:00 p.m. and 8:00 p.m. R1 told him he needed a pain pill, and had already requested pain medication, but still hadn't received it. R1 was upset that he was still waiting. He went and told LPN-A R1 was requesting pain medication, and she stated she had to look to see if R1 could have anything yet.</p> <p>On 11/12/24 at 12:34 p.m., the director of nursing (DON) stated staff should follow provider orders and the care plans when a resident need or requested anything.</p> <p>On 11/12/24 at 12:53 p.m., R1's medical provider stated if R1 was having high pain levels and his pain was not under control, even though the pain was not life threatening, he would have concerns with the affect the pain could have on R1's quality of life.</p> <p>On 11/12/24 at 1:43 p.m., LPN-A stated she couldn't remember if anyone told her R1 needed pain medications on 11/3/24. Someone could</p>	F 697		

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F 697	<p>Continued From page 4</p> <p>have told her R1 needed pain medications, but she might not have heard them because she was busy.</p> <p>Although two separate individuals communicated to LPN-A that R1 request pain medication, he did not received it until five hours later. He identified his pain continued to get and worse, it felt like someone was ripping his left side open, and his pain was "off the charts" rating it a 13/10 pain level scale. Also, R1 had to take two doses of his narcotic pain medication which he had not done historically to get his pain under control on 11/3 to 11/4/24.</p> <p>The facility policy Pain Management dated 11/6/24 directed the facility will provide care and services that will recognize and manage resident's pain to support his or her highest practicable level of well-being.</p> <p>The deficient practice was corrected on 11/6/24, after the facility implemented a plan that included the following actions: Facility investigation was coordinated with interviews of staff and residents on unit. Pain management policy was reviewed on 11/6/24. Staff was educated on the pain management policy and expectations if a resident was in pain on 11/6/24. Audits monitoring pain management practices started on 11/6/24. LPN-A was provided education for pain management, resident rights, and customer service. The corrective actions were verified through observation, interviews and document review.</p>	F 697		



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Electronically delivered

November 25, 2024

Administrator
Guardian Angels Health & Rehab Center
1500 East Third Avenue
Hibbing, MN 55746

Re: Event ID: Q2T911

Dear Administrator:

The above facility survey was completed on November 12, 2024 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

Electronically posted is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in cursive script that reads 'Sarah Lane'.

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697
Email: sarah.lane@state.mn.us

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00858	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/12/2024
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NAME OF PROVIDER OR SUPPLIER GUARDIAN ANGELS HEALTH & REHAB CENTI	STREET ADDRESS, CITY, STATE, ZIP CODE 1500 EAST THIRD AVENUE HIBBING, MN 55746
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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 11/12/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was IN compliance with the MN State Licensure</p> <p>The following complaints were reviewed during the survey:</p>	2 000		
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00858	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/12/2024
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2 000	<p>Continued From page 1</p> <p>H52391151C (MN00108057)</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software.</p> <p>The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.</p>	2 000		