



Protecting, Maintaining and Improving the Health of All Minnesota

Electronically delivered
August 4, 2022

Administrator
Lake Winona Manor
865 Mankato Avenue
Winona, MN 55987

RE: CCN: 245240
Cycle Start Date: July 27, 2022

Dear Administrator:

On July 27, 2022, 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 immediate jeopardy (Level J), as evidenced by the electronically delivered CMS-2567, whereby corrections are not required.

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).

REMOVAL OF IMMEDIATE JEOPARDY

On July 19, 2022, the situation of immediate jeopardy to potential health and safety cited at F600 was removed.

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 listed below to the CMS Region V Office for imposition: You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

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

SUBSTANDARD QUALITY OF CARE (SQC)

SQC was identified at your facility. Sections 1819(g)(5)(C) and § 1919(g)(5)(C) of the Social Security Act and 42 CFR 488.325(h) requires that the attending physician of each resident who was found to have received substandard quality of care, as well as the State board responsible for licensing the facility's administrator, be notified of the substandard quality of care. If you have not already provided the

following information, you are required to provide to this agency within ten working days of your receipt of this letter the name and address of the attending physician of each resident found to have received substandard quality of care.

Please note that, in accordance with 42 CFR 488.325(g), your failure to provide this information timely will result in termination of participation in the Medicare and/or Medicaid program(s) or imposition of alternative remedies.

Federal law, as specified in the Act at § 1819(f)(2)(B) and § 1919(f)(2)(B), prohibits approval of nurse assistant training programs offered by, or in, a facility which, within the previous two years, has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care. Therefore, Lake Winona Manor is prohibited from offering or conducting a Nurse Assistant Training / Competency Evaluation Programs (NATCEP) or Competency Evaluation Programs for two years effective July 27, 2022. This prohibition remains in effect for the specified period even though substantial compliance is attained. Under Public Law 105-15 (H. R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

DEPARTMENT CONTACT

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

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

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

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August 4, 2022

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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:

Tamika.Brown@cms.hhs.gov

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

**Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201
(202) 565-9462**

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Tamika Brown, Principal Program Representative by phone at (312) 353-1502 or by e-mail at Tamika.Brown@cms.hhs.gov.

INFORMAL DISPUTE RESOLUTION (IDR) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

**Nursing Home Informal Dispute Process
Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900**

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: https://mdhprovidercontent.web.health.state.mn.us/ltc_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's

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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,

A handwritten signature in black ink, appearing to read 'M. Poepping', with a stylized, cursive script.

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

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

PRINTED: 08/04/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245240	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/27/2022
NAME OF PROVIDER OR SUPPLIER LAKE WINONA MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 865 MANKATO AVENUE WINONA, MN 55987		
(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 7/26/22 and 7/27/22, a standard abbreviated survey was completed at your facility by the Minnesota Department of Health to determine compliance with requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities. Your facility was NOT in compliance. The following complaint: H52403382C (MN85280), was SUBSTANTIATED at F600 for PAST NON-COMPLIANCE IJ. Although the provider had implemented corrective action prior to survey, immediate jeopardy was sustained prior to the correction. NO plan of correction is required for a finding of past non-compliance. The facility is still required to acknowledge receipt of the electronic documents.	F 000	Past noncompliance: no plan of correction required.		
F 600 SS=J	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced	F 600			

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 600	<p>Continued From page 1</p> <p>by:</p> <p>Based on observation, interview and document review, the facility failed to operationalize their abuse prohibition policy to identify and protect a resident(s) following witnessed verbal and physical abuse by staff for 1 of 1 residents (R1) reviewed for staff to resident abuse allegations. This resulted in an immediate jeopardy (IJ) for R1 and potential to affect 12 of 35 residents with behaviors who resided on the Sugar Loaf unit.</p> <p>The IJ began on 7/16/22, when three staff members witnessed licensed practical nurse (LPN)-A covering R1's mouth to stop R1 from yelling, and made demeaning comments. LPN-A finished her shift on 7/16/22 and worked on 7/17/22 with R1 and other resident who were cognitively impaired with behaviors. The administrator, DON, and licensed social worker (LSW) were notified of the immediate jeopardy on 7/27/22, at 10:10 a.m. The facility implemented corrective action and the deficient practice was corrected on 7/19/22, prior to the survey and was issued at Past Noncompliance.</p> <p>Findings include</p> <p>Facility reported incident (FRI) submitted on 7/19/22, at 2:09 p.m. identified that on 7/16/22, at 9:00 a.m. R1 was screaming, licensed practical nurse (LPN)-A was getting frustrated. LPN-A put her hand on R1's mouth and told her, "To stop screaming there are other residents here not just her." R1 just kept on screaming. LPN-A then tried "slamming" R1's jaw to shut her mouth to try and make her stop screaming. NA-B told LPN-A that "it wasn't right of her to put hands on R1's face." The report indicated LPN-A made other comments during the day such as "3 days is too</p>	F 600	<p>Past noncompliance: no plan of correction required.</p>		

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F 600	<p>Continued From page 2</p> <p>long listening to her [R1], I need to put myself in a psychiatric hospital" Report identified that police were contacted and came to the facility on 7/19/22. LPN-A was removed from the schedule pending the investigation.</p> <p>R1's Face Sheet indicated R1's primary diagnosis was Alzheimer's disease with other diagnoses that included generalized anxiety disorder (GAD), and major depressive disorder (MDD).</p> <p>R1's quarterly, minimum data set (MDS), dated 7/21/22, identified R1 had severe cognitive impairment and other behaviors not directed towards others that occurred daily which included screaming and disruptive sounds. R1 required supervision with eating and extensive assist of 2 with transfers and extensive assist of 1 with all other activities of daily living (ADL)'s.</p> <p>R1's care plan dated 3/23/22, indicated that R1 behaviors related to MDD, GAD and major neurocognitive disorder due to Alzheimer's disease with behavioral disturbance. R1's behaviors were manifested by excessive loud yelling for help, irritability with staff, swearing and verbalizing to staff, "don't you be rough," even before they start to help her. Crying, holding her hand over her mouth, hitting her mouth when yelling out, physical aggression attempting to hit out at staff assisting her, restiveness with cares, and refusal to change clothing even when soiled. Goal: Staff will be able to redirect R1 when agitated and yelling out and she will not become flushed with shortness of breath due to agitation. R1's care plan identified multiple appropriate person-centered interventions to manage R1's behaviors. R1's care plan did not identify R1's risk for abuse.</p>			F 600			

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F 600	<p>Continued From page 3</p> <p>R1's Physician notes, dated 6/20/22, included R1 continues to have multiple adverse behaviors, primarily attention seeking, she enjoys having 1 on 1 attention. She spends a lot of time in her chair by the nurse's desk and continues to be quite confused.</p> <p>R1's medical record did not have an entry for 7/16/22, for the incident between LPN-A and R1.</p> <p>R1's psychiatric note dated 7/18/22, identified that R1's anxiety with periods of yelling out when not by staff, but her periods of yelling out have been easier to redirect. The behavior charting identified her behaviors are more when some staff work versus other staff. Her pain reports have improved with the use of tramadol. No changes made at this time.</p> <p>During an observation on 7/26/22, at 4:26 p.m. R1 was seated in a recliner inside the nurse's station was seated next to the clinical manager (CM) who was sitting at her computer. R1 was smiling and talking with CM. At 4:28 p.m. R1 very loudly yelled, "help me!", when CM asked what she needed help with R1 wanted to call her husband and CM stated shall we call family member (FM)-A, CM gave R1 the phone and there was no answer. R1 started yelling then put her hand over her mouth several times in a rapid succession (normal behavior). CM redirected R1 using appropriate interventions which calmed R1.</p> <p>During an interview on 7/26/22, at 1:34 p.m. NA-B stated she worked the day shift with LPN-A on 7/16/22. NA-B stated R1 had yelling behaviors, which meant she had to go to the bathroom or wanted something, and sometimes it took awhile</p>			F 600			

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F 600	<p>Continued From page 4</p> <p>to figure out what she wanted. Because it was the weekend the charge nurse who usually did 1:1 with NA-B was not there, so R1 was yelling. NA-B indicated around 9:00 a.m. she had just taken R1 to the bathroom and was going to put R1 in the recliner. LPN-A came to assist with transfer and as R1 continued to yell LPN-A put her hand over R1's mouth. LPN-A told R1 "there are other residents here not just you." R1 kept on screaming, LPN-A put her hand under her mouth to close her mouth, R1 still screamed. LPN-A then poked R1 in the head and said, "you need to use your brain that is what controls your mouth."</p> <p>During an interview on 7/26/22, at 3:17 p.m. with NA-A, she stated she worked on 7/16/22 and was training in NA-C. NA-A indicated at 9:00 she saw LPN-A use her hand to cover R1's mouth, followed by LPN-A telling R1 that her brain was not breaking while tapping her finger on R1's forehead. NA-A had never seen LPN-A respond like that to another resident. NA-A explained on 7/17/22. R1 was screaming, LPN-A told us (NA-B, NA-E, and NA-C), after working with R1 she "would have to check herself into a psych ward."</p> <p>During an interview on 7/26/22, at 3:28 p.m. NA-C stated she worked on 7/16/22 and R1 was screaming a lot that morning. NA-C observed LPN-A put her hand under R1's chin to close her mouth. LPN-A then started tapping R1's forehead and said, ""this isn't broken and don't act like its broken." R1 kept screaming and looked upset.</p> <p>During a phone interview on 7/26/22, at 4:03 p.m. LPN-A verified she worked 7/16/22 and 7/17/22 on the Sugarloaf unit during the day shift and had worked with R1. LPN-A stated, on 7/16/22 R1 was screaming. LPN-A stated when you try and</p>	F 600			

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F 600	<p>Continued From page 5</p> <p>ask R1 what she needs she will tell you she doesn't know. When you offer 1:1, like the Price is Right or a snack, she doesn't want these. LPN-A did not remember assisting with R1 to the recliner or placing her hand over R1's mouth or tapping her head. LPN-A indicated she had worked on 7/17/22, on the sugar loaf unit.</p> <p>During an interview on 7/26/22, at 1:05 p.m. with administrator and DON, indicated they had received an email on 7/19/22, from NA-B that reported the allegations of abuse between LPN-A and R1. Upon investigation they substantiated the verbal and physical abuse allegation that occurred on 7/16/22, at 9:00 am. They reviewed camera footage and completed staff interviews that confirmed the event. This camera footage revealed that LPN-A touched R1 three separate times, first tapped R1 on the head, then is seen putting her hand over R1's mouth, lastly LPN-A was seen pushing upwards on R1's chin, and R1 swung out at LPN-A. Administrator stated, they realize this was reported late and have given the witnesses verbal coaching and education. They implemented facility wide mandatory education on abuse and abuse reporting starting on 7/19/22. DON stated, LPN-A was immediately suspended on 7/19/22, and was terminated on 7/21/22, due to the substantiation of resident abuse. LPN-A was also reported to the board of nursing yesterday.</p> <p>The facility policy, "Vulnerable Adult Abuse Prevention Plan," reviewed/revised 7/2022, identified a purpose that our facility has established and shall enforce an ongoing abuse prevention plan. The facility has a designated a team to review all complaints/concerns involving a resident who is suspected of, or has been</p>	F 600			

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F 600	<p>Continued From page 6</p> <p>abused or neglected, or has sustained a physical injury which is not reasonably explained. The team or designated members of the team will complete a thorough investigation of these cases and assure appropriate prevention action. Section V. Reporting Procedure. A. Upon discovery of the vulnerable adult situation, staff are required to notify the charge nurse and administrator on call immediately of the situation. The notified party will act to ensure the safety of the residents and that the vulnerable adult policy is being followed.</p> <p>The past noncompliance immediate jeopardy began on 7/16/22. The immediate jeopardy was removed, and the deficient practice corrected by 7/19/22, after the facility implemented a systemic plan that included the following actions:</p> <ul style="list-style-type: none"> -Review of the facility investigation dated 7/19/22 identified LPN-A was immediately suspended on 7/19/22. -Review of R1's progress notes 7/16/22 to 7/26/22 identified monitoring/assessing for R1's behaviors for any changes as a result of the abuse. -NA-A, NA-B, and NA-C's personal files identified on 7/19/22 they were provided with comprehensive training on identification of abuse and abuse reporting procedures. -Facility developed training plan on 7/19/22 which included definitions of abuse, abuse reporting, review of abuse policy, and competency test that staff had to complete. The training was implemented on 7/19/22 with continuation for all staff to complete prior to the start of their next shift. -During staff interviews on 7/26/22, between 1:05 p.m. and 5:15 p.m. identified all direct care staff NA-A, NA-B, NA-C, TMA-A, LPN-B, and RN-A 	F 600			

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F 600	Continued From page 7 were able to articulate what constituted abuse and the facility's abuse reporting policy and procedure. -LPN-A's personal record notation identified she was terminated on 7/21/22 and reported to the Board of Nursing on 7/25/22.	F 600			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
August 4, 2022

Administrator
Lake Winona Manor
865 Mankato Avenue
Winona, MN 55987

Re: Event ID: R9KU11

Dear Administrator:

The above facility survey was completed on July 27, 2022 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 black ink, appearing to read 'M. Poepping'.

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

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER LAKE WINONA MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 865 MANKATO AVENUE WINONA, MN 55987		
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2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>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 7/26/22 and 7/27/22, an abbreviated survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found IN compliance with the MN State Licensure.</p>	2 000			

Minnesota Department of Health

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

Electronically Signed

TITLE

(X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00701	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/27/2022
NAME OF PROVIDER OR SUPPLIER LAKE WINONA MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 865 MANKATO AVENUE WINONA, MN 55987		
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2 000	<p>Continued From page 1</p> <p>The following complaint: H52403382C (MN85280) was SUBSTANTIATED</p> <p>The 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			