



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
March 13, 2024

Administrator
Avera Granite Falls Care Center
250 Jordan Drive
Granite Falls, MN 56241

RE: CCN: 245243
Cycle Start Date: February 29, 2024

Dear Administrator:

On February 29, 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 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

Avera Granite Falls Care Center

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the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

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

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

DEPARTMENT CONTACT

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

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

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction

Avera Granite Falls Care Center

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occurred sooner than the latest correction date on the ePoC.

FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

If substantial compliance with the regulations is not verified by May 29, 2024 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by August 29, 2024 (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/lrc_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.

Avera Granite Falls Care Center

March 13, 2024

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Sincerely,

A handwritten signature in black ink that reads "Kamala Fiske-Downing". The signature is written in a cursive style with a loop at the end of the last name.

Kamala Fiske-Downing

Minnesota Department of Health

Health Regulation Division

Telephone: (651) 201-4112

Email: Kamala.Fiske-Downing@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
March 13, 2024

Administrator
Avera Granite Falls Care Center
250 Jordan Drive
Granite Falls, MN 56241

Re: State Nursing Home Licensing Orders
Event ID: WMN411

Dear Administrator:

The above facility was surveyed on February 27, 2024 through February 29, 2024 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.

Avera Granite Falls Care Center

March 13, 2024

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PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

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

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

Please feel free to call me with any questions.

Sincerely,



Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
March 13, 2024

Administrator
Clara City Care Center
1012 North Division Street
Clara City, MN 56222

RE: CCN: 245573
Cycle Start Date: March 6, 2024

Dear Administrator:

On March 6, 2024, 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 widespread deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level F), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

ELECTRONIC PLAN OF CORRECTION (ePoC)

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- The date that each deficiency will be corrected.
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Clara City Care Center

March 13, 2024

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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:

Nicole Osterloh, RN, Unit Supervisor
Marshall District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
1400 East Lyon Street, Suite 102
Marshall, Minnesota 56258-2504
Email: nicole.osterloh@state.mn.us
Office: 507-476-4230
Mobile: (507) 251-6264 Mobile: (605) 881-6192

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.

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Clara City Care Center

March 13, 2024

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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 6, 2024 (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 6, 2024 (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.

Clara City Care Center

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Questions regarding all documents submitted as a response to the Life Safety Code deficiencies (those preceded by a "K" tag), i.e., the plan of correction, request for waivers, should be directed to:

Travis Z. Ahrens
State Fire Safety Supervisor
Health Care & Correctional Facilities
MN Department of Public Safety-Fire Marshal Division
445 Minnesota St., Suite 145
St. Paul, MN 55101
Email: travis.ahrens@state.mn.us
Web: www.sfm.dps.mn.gov
Cell: 1-507-308-4189

Feel free to contact me if you have questions.

Sincerely,



Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us

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

PRINTED: 03/26/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245243	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/29/2024
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NAME OF PROVIDER OR SUPPLIER avera granite falls care center	STREET ADDRESS, CITY, STATE, ZIP CODE 250 JORDAN DRIVE GRANITE FALLS, MN 56241
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(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
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F 000	INITIAL COMMENTS On 2/27/24 and 2/29/24, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaint was reviewed: H52431167C (MN00094243), H52431168C (MN00094061), and H52431169C (MN00091194) with incidental findings cited at F684 and F773. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	F 000		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on interview and document review the	F 684	Citation Quality of Care F684 SSD	3/21/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 03/21/2024
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245243	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/29/2024
NAME OF PROVIDER OR SUPPLIER avera granite falls care center		STREET ADDRESS, CITY, STATE, ZIP CODE 250 JORDAN DRIVE GRANITE FALLS, MN 56241		
(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 684	<p>Continued From page 1</p> <p>facility failed to comprehensively assess and monitor for fluid overload for 1 of 1 resident (R7) who had a diagnosis of congestive heart failure.</p> <p>Findings include:</p> <p>R7's face sheet identified diagnosis of chronic systolic congestive heart failure (CHF), high blood pressure, history of pacemaker insertion, and open-heart surgery.</p> <p>R7's significant change Minimum Data Set (MDS) dated 12/7/23, indicated an intact cognition; weight was 169 lbs and received diuretics.</p> <p>R7's cardiovascular status care plan dated 9/14/23, identified R1 had a potential for alteration in health status and condition related to diagnoses that included congestive heart failure and lower extremity edema. Interventions included only the following: R1 did not want any significant workup done, when using blood pressure cuff use light royal blue cuff due to the size of his upper extremity, and cardiac device check as need.</p> <p>R7's care sheet (abbreviated care plan used by nursing assistants (NAs)) directed staff R7 required daily weights.</p> <p>R7's physician orders included: -Daily weights (dated 11/21/23), -Lasix (diuretic medication) 40 milligrams by mouth once day (start date 9/15/23, stop date of 12/26/23) -Lasix 60 mg by mouth twice daily for four days and then recheck labs, basic metabolic panel (BMP), to monitor kidney functions dated 12/26/23.</p>	F 684	<p>Policy and Procedure developed on Change of Condition/Assessment and Monitoring on 3/2024 and emailed out to staff on 3/20/2024. Education provided in Huddles and Meeting scheduled to review and provide education on continued monitoring after change of condition scheduled on March 27th, 2024, for all licensed staff.</p> <p>Measures of Success</p> <ol style="list-style-type: none"> 1. All follow up on medication changes will be placed on Calendar after entering new orders in the EMAR to ensure medication is followed up on in appropriate time frame. 2. Daily update sent out to staff on change of condition and/or medication changes. 3. CNA Care Sheets and Care Plan updated to reflect changes in monitoring. 4. Additional assessments added to the worklist as appropriate. 5. Audits initiated by DON regarding follow up on Labs initiated on 3/11/2024. 6. Weekly audits on skin checks to ensure edema is being monitored, ongoing. 7. Provide education ongoing to new licensed personnel. <p>Audits and compliance will be reviewed in QA monthly x 12 months to ensure quality of care.</p>	

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

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NAME OF PROVIDER OR SUPPLIER avera granite falls care center		STREET ADDRESS, CITY, STATE, ZIP CODE 250 JORDAN DRIVE GRANITE FALLS, MN 56241		
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F 684	<p>Continued From page 2</p> <p>R7's nursing progress note dated 12/26/23, indicated physician was updated regarding weight increase. Note indicated physician gave new orders for Lasix 60 mg twice daily for 4 days, recheck BMP, and continue to monitor.</p> <p>R7's record identified labs were drawn as ordered on 12/29/23, and were within normal limits. The record did not identify the physician had acknowledged or followed up and/or new orders given.</p> <p>R7's progress notes and/or physician order did not give instruction on continuation of the diuretic doses after the lab was drawn.</p> <p>R7's December 2023 and January 2024 medication administration records (MAR) identified the physician order for 60 mg of Lasix and identified R7 was administered Lasix as ordered on 12/26/23 (afternoon only), 12/27/23, 12/28/23, 12/29/23, and on 12/30/23 (morning only). The MAR indicated R7 did not receive Lasix between 12/30/23 (afternoon dose) and January 15, 20234 (afternoon dose).</p> <p>In review of R7's record between 12/25/23 through 1/15/24, there was no indication R7 was routinely assessed and monitored for signs/symptoms of fluid overload including but not limited analysis of weight gains, edema, and respiratory status.</p> <p>R7's weights were reviewed between 12/25/23 through 1/16/24, identified weights were not obtained per physician order on 12 days which included 12/29/23, 12/30/23, 12/31/23, 1/2/24, 1/3/24, 1/5/24, 1/6/24, 1/7/24, 1/8/24, 1/10/24,</p>	F 684		

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NAME OF PROVIDER OR SUPPLIER avera granite falls care center		STREET ADDRESS, CITY, STATE, ZIP CODE 250 JORDAN DRIVE GRANITE FALLS, MN 56241		
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F 684	<p>Continued From page 3</p> <p>1/11/24, and 1/14/24 Further identified R7 had a 17 pound (lbs.) weight gain between 1/1/24 and 1/16/24.</p> <p>12/25/23- 179.0 lbs 12/26/23- 179.8 lbs 12/27/23- 179.0 lbs 12/28/23- 177.0 lbs 1/1/24- 173.0 lbs 1/4/24- 173.0 lbs 1/9/24- 183.6 lbs 1/12/24- 178.1 lbs 1/13/24- 183.6 lbs 1/15/24- 183.6 lbs 1/16/24- 190.0 lbs</p> <p>R7's nursing progress note dated 1/15/24, registered nurse (RN)-A discovered no Lasix order since 12/30/23, R7 had increased shortness of breath, increased weight and edema. RN-A notified physician assistant (PA)-A, orders received to restart Lasix 60 mg by mouth twice daily.</p> <p>R7's nursing progress note dated 1/16/24, identified R7 was sent to the emergency department (ED), for increased edema, increased shortness of breath, and increase in weight of 7 pounds over night. Although the progress note dated 1/16/24, indicated R7 had an increase in edema, the degree of increase could not be ascertained as it was not evident of ongoing edema monitoring/assessment.</p> <p>R7's ED note dated 1/16/24, identified R7 had 4+ pitting edema from his feet to his knees and mild non pitting edema to his thighs ED sent R7 back to the facility with the following orders: 1. Continue to perform daily weights, 2. Continue Lasix 60 mg twice daily,</p>	F 684		

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NAME OF PROVIDER OR SUPPLIER avera granite falls care center		STREET ADDRESS, CITY, STATE, ZIP CODE 250 JORDAN DRIVE GRANITE FALLS, MN 56241		
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F 684	<p>Continued From page 4</p> <p>3. Follow up with provider as previously directed</p> <p>4. if R7 develops new symptoms of shortness of breath, difficulty breathing, increased cough, chest pain or lower extremity discomfort; please have R7 re-evaluated.</p> <p>R7's weight record was reviewed from 1/16/24 through 2/27/24. The record identified there were 20 of 42 days, R7's weights were not obtained according to physician orders. Weights were not recorded on: 1/19/24, 1/20/24, 1/23/24, 1/27/24, 1/28/24, 2/3/24 through 2/5/24, 2/10/24 through 2/13/24, 2/17/24, 2/18/24, 2/19/24, 2/22/24, 2/24/24, 2/25/24, 2/26/24, and 2/27/24.</p> <p>After R7 returned from the hospital on 1/16/24, in review of the record post hospitalization it was not evident assessments and monitoring were completed to ascertain the effectiveness of the prescribed treatment for fluid overload.</p> <p>R7's physician visit for 1/23/24, included "he has had trouble with lower extremity edema. It was found that the was not getting his Lasix as prescribed and had quite a bit of edema and weight gain. We now have him back on his regimen of Lasix 60 mg twice daily and his weight is back down to baseline around 174 lbs. He is not complaining of shortness of breath. His edema is improved."</p> <p>During interview on 2/29/24 at 5:07 p.m., registered nurse (RN)-A stated she had taken the order on 12/26/23 for the Lasix and lab was drawn 12/29/23. RN-A does not remember following up with the PA-A about the labs. RN-A indicated she was not aware R7 had a weight gain and/or had increase in edema until she was</p>	F 684		

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

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FORM APPROVED
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NAME OF PROVIDER OR SUPPLIER AVERA GRANITE FALLS CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 250 JORDAN DRIVE GRANITE FALLS, MN 56241		
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F 684	<p>Continued From page 5</p> <p>reviewing R7's record and identified noone had followed up on the labs. She completed an assessment of R7 and notified PA-A of the change, PA-A gave the order to restart the Lasix 60 mg twice daily by mouth. RN-A was unable to articulate how often residents were monitored for fluid overload.</p> <p>During interview on 2/29/24 3:12 p.m., PA-A stated the routine for labs was the results came to her first and she made recommendations/orders. PA-A would then have the recommendations/orders faxed to the facility. PA-A was not able to find communication between her and the facility. It was her expectation that her orders and labs were followed up on immediately when the facility receives them to verify any new orders. When residents do not get their scheduled diuretics they could go into fluid over load causing increased shortness of breath, decreased oxygen saturations, increased weight, lethargy and edema. PA-A stated facility staff should have been assessing R7 regularly.</p> <p>During an interview on 2/29/24 at director of nursing (DON), it was her expectation that labs were followed up on immediately when they were received, even after hours as they have after hours physician support. DON also stated facility staff do assessments on admission and with the residents Minimum Data Sets. DON also stated that staff do an assessment if the resident seems to be having a change in condition.</p> <p>Policy for change of condition or monitoring for was asked for but not received. Policy for LTC Baseline/Comprehensive Care Plans- system standard policy, dated 6/5/2023, was received</p>	F 684		

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F 684	Continued From page 6	F 684			
F 773 SS=D	<p>Lab Srvc's Physician Order/Notify of Results CFR(s): 483.50(a)(2)(i)(ii)</p> <p>§483.50(a)(2) The facility must-</p> <p>(i) Provide or obtain laboratory services only when ordered by a physician; physician assistant; nurse practitioner or clinical nurse specialist in accordance with State law, including scope of practice laws.</p> <p>(ii) Promptly notify the ordering physician, physician assistant, nurse practitioner, or clinical nurse specialist of laboratory results that fall outside of clinical reference ranges in accordance with facility policies and procedures for notification of a practitioner or per the ordering physician's orders.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on document review and interview the facility failed to ensure that laboratory test were followed by provider timely for 1 of 1 (R7) resident for reporting of lab results.</p> <p>Finding include:</p> <p>R7's face sheet identified diagnosis of chronic systolic congestive heart failure (CHF), high blood pressure, history of pacemaker insertion, and open-heart surgery.</p> <p>R7's significant change Minimum Data Set (MDS) dated 12/7/23, indicated an intact cognition; weight was 169 lbs and received diuretics.</p> <p>R7's physician orders included: -Lasix (diuretic medication) 40 milligrams by</p>	F 773	<p>F773 Lab Services Physician Order/Notify of Results Policy and Procedure developed on Change of Condition/Assessment and monitoring on 3/2024. Policy emailed out to all licensed staff on 3/20/2024. Education provided in Huddles and Licensed staff meeting scheduled 3/27/2024 to review and provide education on monitoring after change of condition scheduled on March 27th, 2024. Measures of Success Lab is booked and placed on Calendar, notify PCP or Avel E-Care with abnormal findings that could cause potential harm. Critical lab values are reported by Lab immediately If Labs are related medication dosing,</p>	3/21/24	

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F 773	<p>Continued From page 7</p> <p>mouth once day (start date 9/15/23, stop date of 12/26/23) -Lasix 60 mg by mouth twice daily for four days and then recheck labs, basic metabolic panel (BMP), to monitor kidney functions dated 12/26/23.</p> <p>R7's nursing progress note dated 12/26/23, indicated physician was updated regarding weight increase. Note indicated physician gave new orders for Lasix 60 mg twice daily for 4 days, recheck BMP, and continue to monitor.</p> <p>R7's progress notes and/or physician order did not give instruction on continuation of the diuretic doses after the lab was drawn.</p> <p>R7's lab report dated 12/29/23, indicated lab work completed 12/29/23. In review of R7's record it was not evident the lab results were acknowledged or followed up on by the physician.</p> <p>R7's nursing progress note dated 1/15/24, registered nurse (RN)-A discovered no Lasix order since 12/30/23, R7 had increased shortness of breath, increased weight and edema. RN-A notified physician assistant (PA)-A, orders received to restart Lasix 60 mg by mouth twice daily.</p> <p>R7's nursing progress note dated 1/16/24, identified R7 was sent to the emergency department (ED), for increased edema, increased shortness of breath and increase in weight of 7 pounds over night and a total of 17 pounds since 1/1/24.</p> <p>R7's physician assistant (PA)-A progress note dated 1/23/24, indicated R7 went without Lasix as</p>	F 773	<p>PCP will be notified immediately for further dosing instructions. Provider will be notified if lab is normal, abnormal or critical to determine further interventions for medication management.</p> <p>Audits initiated by DON on 3/11/2025, Audits done weekly by DON/RN include the following information.</p> <ol style="list-style-type: none"> 1. Resident Name 2. Labs Drawn 3. Date MD/PA Reviewed 4. Further follow up needed Y/N 5. Follow up Completed Y/N <p>Audits to be reviewed and compliance will be reviewed in QA monthly x 12 months.</p>	

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F 773	<p>Continued From page 8</p> <p>prescribed and had "quite a bit of edema and weight gain. He is not complaining of shortness of breath and his edema has improved." PA-A note indicated extremities with 1+ edema bilaterally.</p> <p>During interview on 2/29/24 at 5:07 p.m., RN-A stated she took the order for Lasix on 12/26/23 and followed the procedure for putting the order in the electronic health record. RN-A stated she put an end date on the Lasix order to stop after 4 days per the physician order. RN-A indicated she remembered the lab was completed, however, did not get any follow-up orders to resume the lasix and did not follow up on the lab orders until 1/15/24 during a chart review. RN-A made PA-A aware of missing Lasix order and received order to resume the order for Lasix 60 mg by mouth twice daily. RN-A stated that the labs should have been followed up on immediately upon receipt by licensed nursing staff.</p> <p>During an interview on 2/29/24 at 3:12 p.m., PA-A stated lab results show up in her work que before the facility gets them, she reviews them, then writes recommendations/orders that are faxed to the facility. PA-A stated that she remembers seeing the labs around R7's 1/2/24 but could not recall that the facility contacting her about resuming the Lasix. It was her expectation the facility follows through with her on labs and orders. PA-A stated the facility was usually very thorough with their labs and orders. When residents do not get their scheduled diuretics they could go into fluid over load causing increased shortness of breath, decreased oxygen saturations, increased weight, lethargy and edema. PA-A stated facility staff should have been assessing R7 regularly.</p>	F 773		

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F 773	Continued From page 9 During an interview on 2/29/24 at 3:45 p.m., director of nursing (DON) stated that it was her expectation that labs and orders get followed up on immediately by nursing. Policy for lab work follow up and change of condition asked for but not received.	F 773		

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NAME OF PROVIDER OR SUPPLIER AVERA GRANITE FALLS CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 250 JORDAN DRIVE GRANITE FALLS, MN 56241
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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 2/27/24 and 2/29/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT IN compliance with the MN State Licensure.</p> <p>The following complaint was reviewed:</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 03/21/24
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2 000	Continued From page 1 H52431167C (MN00094243), H52431168C (MN00094061), and H52431169C (MN00091194), with a licensing order issued at (0830).	2 000		
2 830	<p>MN Rule 4658.0520 Subp. 1 Adequate and Proper Nursing Care; General</p> <p>Subpart 1. Care in general. A resident must receive nursing care and treatment, personal and custodial care, and supervision based on individual needs and preferences as identified in the comprehensive resident assessment and plan of care as described in parts 4658.0400 and 4658.0405. A nursing home resident must be out of bed as much as possible unless there is a written order from the attending physician that the resident must remain in bed or the resident prefers to remain in bed.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review the facility failed to comprehensively assess and monitor for fluid overload for 1 of 1 resident (R7) who had a diagnosis of congestive heart failure.</p> <p>Findings include:</p> <p>R7's face sheet identified diagnosis of chronic systolic congestive heart failure (CHF), high blood pressure, history of pacemaker insertion, and open-heart surgery.</p> <p>R7's significant change Minimum Data Set (MDS) dated 12/7/23, indicated an intact cognition;</p>	2 830	CORRECTED	3/21/24

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2 830	<p>Continued From page 2</p> <p>weight was 169 lbs and received diuretics.</p> <p>R7's cardiovascular status care plan dated 9/14/23, identified R1 had a potential for alteration in health status and condition related to diagnoses that included congestive heart failure and lower extremity edema. Interventions included only the following: R1 did not want any significant workup done, when using blood pressure cuff use light royal blue cuff due to the size of his upper extremity, and cardiac device check as need.</p> <p>R7's care sheet (abbreviated care plan used by nursing assistants (NAs)) directed staff R7 required daily weights.</p> <p>R7's physician orders included: -Daily weights (dated 11/21/23), -Lasix (diuretic medication) 40 milligrams by mouth once day (start date 9/15/23, stop date of 12/26/23) -Lasix 60 mg by mouth twice daily for four days and then recheck labs, basic metabolic panel (BMP), to monitor kidney functions dated 12/26/23.</p> <p>R7's nursing progress note dated 12/26/23, indicated physician was updated regarding weight increase. Note indicated physician gave new orders for Lasix 60 mg twice daily for 4 days, recheck BMP, and continue to monitor.</p> <p>R7's record identified labs were drawn as ordered on 12/29/23, and were within normal limits. The record did not identify the physician had acknowledged or followed up and/or new orders given.</p> <p>R7's progress notes and/or physician order did</p>	2 830		

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2 830	<p>Continued From page 3</p> <p>not give instruction on continuation of the diuretic doses after the lab was drawn.</p> <p>R7's December 2023 and January 2024 medication administration records (MAR) identified the physician order for 60 mg of Lasix and identified R7 was administered Lasix as ordered on 12/26/23 (afternoon only), 12/27/23, 12/28/23, 12/29/23, and on 12/30/23 (morning only). The MAR indicated R7 did not receive Lasix between 12/30/23 (afternoon dose) and January 15, 20234 (afternoon dose).</p> <p>In review of R7's record between 12/25/23 through 1/15/24, there was no indication R7 was routinely assessed and monitored for signs/symptoms of fluid overload including but not limited analysis of weight gains, edema, and respiratory status.</p> <p>R7's weights were reviewed between 12/25/23 through 1/16/24, identified weights were not obtained per physician order on 12 days which included 12/29/23, 12/30/23, 12/31/23, 1/2/24, 1/3/24, 1/5/24, 1/6/24, 1/7/24, 1/8/24, 1/10/24, 1/11/24, and 1/14/24 Further identified R7 had a 17 pound (lbs.) weight gain between 1/1/24 and 1/16/24.</p> <p>12/25/23- 179.0 lbs 12/26/23- 179.8 lbs 12/27/23- 179.0 lbs 12/28/23- 177.0 lbs 1/1/24- 173.0 lbs 1/4/24- 173.0 lbs 1/9/24- 183.6 lbs 1/12/24- 178.1 lbs 1/13/24- 183.6 lbs 1/15/24- 183.6 lbs 1/16/24- 190.0 lbs</p>	2 830		
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2 830	<p>Continued From page 4</p> <p>R7's nursing progress note dated 1/15/24, registered nurse (RN)-A discovered no Lasix order since 12/30/23, R7 had increased shortness of breath, increased weight and edema. RN-A notified physician assistant (PA)-A, orders received to restart Lasix 60 mg by mouth twice daily.</p> <p>R7's nursing progress note dated 1/16/24, identified R7 was sent to the emergency department (ED), for increased edema, increased shortness of breath, and increase in weight of 7 pounds over night. Although the progress note dated 1/16/24, indicated R7 had an increase in edema, the degree of increase could not be ascertained as it was not evident of ongoing edema monitoring/assessment.</p> <p>R7's ED note dated 1/16/24, identified R7 had 4+ pitting edema from his feet to his knees and mild non pitting edema to his thighs ED sent R7 back to the facility with the following orders:</p> <ol style="list-style-type: none"> 1. Continue to perform daily weights, 2. Continue Lasix 60 mg twice daily, 3. Follow up with provider as previously directed 4. if R7 develops new symptoms of shortness of breath, difficulty breathing, increased cough, chest pain or lower extremity discomfort; please have R7 re-evaluated. <p>R7's weight record was reviewed from 1/16/24 through 2/27/24. The record identified there were 20 of 42 days, R7's weights were not obtained according to physician orders. Weights were not recorded on: 1/19/24, 1/20/24, 1/23/24, 1/27/24, 1/28/24, 2/3/24 through 2/5/24, 2/10/24 through 2/13/24, 2/17/24, 2/18/24, 2/19/24, 2/22/24, 2/24/24, 2/25/24, 2/26/24, and 2/27/24.</p>	2 830		
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2 830	<p>Continued From page 5</p> <p>After R7 returned from the hospital on 1/16/24, in review of the record post hospitalization it was not evident assessments and monitoring were completed to ascertain the effectiveness of the prescribed treatment for fluid overload.</p> <p>R7's physician visit for 1/23/24, included "he has had trouble with lower extremity edema. It was found that the was not getting his Lasix as prescribed and had quite a bit of edema and weight gain. We now have him back on his regimen of Lasix 60 mg twice daily and his weight is back down to baseline around 174 lbs. He is not complaining of shortness of breath. His edema is improved."</p> <p>During interview on 2/29/24 at 5:07 p.m., registered nurse (RN)-A stated she had taken the order on 12/26/23 for the Lasix and lab was drawn 12/29/23. RN-A does not remember following up with the PA-A about the labs. RN-A indicated she was not aware R7 had a weight gain and/or had increase in edema until she was reviewing R7's record and identified noone had followed up on the labs. She completed an assessment of R7 and notified PA-A of the change, PA-A gave the order to restart the Lasix 60 mg twice daily by mouth. RN-A was unable to articulate how often residents were monitored for fluid overload.</p> <p>During interview on 2/29/24 3:12 p.m., PA-A stated the routine for labs was the results came to her first and she made recommendations/orders. PA-A would then have the recommendations/orders faxed to the facility. PA-A was not able to find communication between her and the facility. It was her expectation that her orders and labs were followed up on immediately when the facility</p>	2 830		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00725	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/29/2024
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NAME OF PROVIDER OR SUPPLIER AVERA GRANITE FALLS CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 250 JORDAN DRIVE GRANITE FALLS, MN 56241
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 830	<p>Continued From page 6</p> <p>receives them to verify any new orders. When residents do not get their scheduled diuretics they could go into fluid over load causing increased shortness of breath, decreased oxygen saturations, increased weight, lethargy and edema. PA-A stated facility staff should have been assessing R7 regularly.</p> <p>During an interview on 2/29/24 at director of nursing (DON), it was her expectation that labs were followed up on immediately when they were received, even after hours as they have after hours physician support. DON also stated facility staff do assessments on admission and with the residents Minimum Data Sets. DON also stated that staff do an assessment if the resident seems to be having a change in condition.</p> <p>Policy for change of condition or monitoring for was asked for but not received. Policy for LTC Baseline/Comprehensive Care Plans- system standard policy, dated 6/5/2023, was received and reviewed Assessment for MDS policy was received and reviewed.</p> <p>SUGGESTED METHOD OF CORRECTION: The director of nursing or designee, could review all residents with edema, to assure they are receiving ongoing monitoring and assessment of the edema along with the necessary treatment/services to promote improvement. The director of nursing or designee, could conduct random audits of the delivery of care; review nursing assessments; to ensure appropriate care and services are implemented and reduce the risk of edema not being cared for properly.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	2 830		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00725	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/29/2024
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