Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Submitted
June 1, 2022

Administrator
Heritage Manor
321 Northeast Sixth Street
Chisholm, MN 55719

RE: CCN: 245245
Cycle Start Date: May 19, 2022

Dear Administrator:

On May 19, 2022, survey was completed at your facility by the Minnesota Department 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.

Your facility was not in substantial compliance with the participation requirements and the conditions in your facility constituted **immediate jeopardy** to resident health or safety. This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted immediate jeopardy (Level K). The Statement of Deficiencies (CMS-2567) is being electronically delivered. Because corrective action wastaken prior to the survey, past non-compliance does not require a plan of correction (POC).

REMOVAL OF IMMEDIATE JEOPARDY

On May 9, 2022, the situation of immediate jeopardy to potential health and safety cited at F 808 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: The CMS Region V Office concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

This Department is recommending that CMS impose a civil money penalty (42 CFR 488.430 through 488.444). You will receive a formal notice from the CMS RO 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 $11,292; 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.

Therefore, your agency is prohibited from offering or conducting a Nurse Assistant Training/Competency Evaluation Programs or Competency Evaluation Programs for two years effective May 19, 2022. This prohibition is not subject to appeal. 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.

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 DENIAL OF PAYMENT

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:

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.

APPEAL RIGHTS NURSE AIDE TRAINING PROHIBITION

Pursuant to the Federal regulations at 42 CFR Sections 498.3(b)(13)(2) and 498.3(b)(15), a finding of substandard quality of care that leads to the loss of approval by a Skilled Nursing Facility (SNF) of its NATCEP is an initial determination. In accordance with 42 CFR part 489 a provider dissatisfied with an initial determination is entitled to an appeal. If you disagree with the findings of substandard quality of care which resulted in the conduct of an extended survey and the subsequent loss of approval to conduct or be a site for a NATCEP, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Department Appeals Board. Procedures governing this process are set out in Federal regulations at 42 CFR Section 498.40, et. Seq.

A written request for a hearing must be filed no later than 60 days from the date of receipt of this letter. Such a request may be made to the Centers for Medicare and Medicaid Services (formerly Health Care Financing Administration) at 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

A request for a hearing should identify the specific issues and the 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. You do not need to submit records or other documents with your hearing request. The Departmental Appeals Board (DAB) will issue instructions regarding the proper submittal of documents for the hearing. The DAB will also set the location for the hearing, which is likely to be in Minnesota or in Chicago, Illinois. You may be represented by counsel at a hearing at your own expense.

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

Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

Feel free to contact me if you have questions.

Sincerely,

Joanne Simon, Compliance Analyst
Minnesota Department of Health
Health Regulation Division
Telephone: 651-201-4161 Fax: 651-215-9697
Email: joanne.simon@state.mn.us

cc: Licensing and Certification File

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245245	A. BUILDING _____ B. WING _____	C 05/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE MANOR	321 NORTHEAST SIXTH STREET CHISHOLM, MN 55719

(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 5/18/22, through 5/19/22, an abbreviated survey was completed at your facility by the Minnesota Department of Health. Your facility was found IN compliance with the requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities. The survey resulted in an immediate jeopardy (IJ) to resident health and safety at F808. The IJ began on 5/6/22, at 12:00 p.m. when the facility failed to provide R1 a mechanical altered diet resulting in choking and repeated Heimlich maneuvers to dislodge the food. The director of nursing (DON) and the assistant director of nursing (ADON) were informed of the IJ on 5/19/22, at 12:13 p.m. The facility had implemented corrective action to prevent recurrence by 5/9/22, and F808 is being issued at past non-compliance. At the time of the abbreviated survey, onsite investigations were completed. The following complaint was found to be SUBSTANTIATED: H52451440C (MN83338) with a deficiency cited at F808 at past non-compliance. Although no plan of correction is required for a finding of past non-compliance, it is required the facility acknowledge receipt of the electronic documents.	F 000		
F 808 SS=K	Therapeutic Diet Prescribed by Physician CFR(s): 483.60(e)(1)(2) §483.60(e) Therapeutic Diets §483.60(e)(1) Therapeutic diets must be	F 808		

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 808	Continued From page 1 prescribed by the attending physician. §483.60(e)(2) The attending physician may delegate to a registered or licensed dietitian the task of prescribing a resident's diet, including a therapeutic diet, to the extent allowed by State law. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to provide a mechanical altered diet resulting in choking and repeated Heimlich maneuvers to dislodge the food for 1 of 3 residents (R1) reviewed. This resulted in an immediate jeopardy to R1. The immediate jeopardy began on 5/6/22, at 12:00 p.m. when R1 was served a grilled cheese sandwich. R1 had physician's orders to receive minced and moist food. The grilled cheese sandwich was cut up in small pieces and dipped into the soup. Two pieces of the grilled cheese sandwich got lodged in R1's throat. The Heimlich maneuver was performed several times to get the two pieces of the grilled cheese sandwich dislodged. The director of nursing (DON) and the assistant director of nursing (ADON) were informed of the IJ on 5/19/22, at 12:13 p.m. The facility had implemented corrective action to prevent recurrence by 5/9/22, therefore, this is issued at past non-compliance. Findings include: R1's Face Sheet dated 5/19/22, indicated R1's diagnoses included Parkinson's disease and dysphagia (difficulty swallowing). R1's quarterly Minimum Data Set (MDS) dated	F 808	Past noncompliance: no plan of correction required.	

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F 808	Continued From page 2 2/22/22, indicated R1 had moderately impaired cognition. R1 was independent with eating after set up from staff. R1 had coughing or choking during meals or when swallowing medications. R1's Physician's Orders dated 3/3/22, indicated R1 was to receive a minced and moist diet. A Speech Therapy Discharge Summary dated 3/14/22, indicated speech therapist (ST)-A recommended a minced and moist diet and mildly thickened liquids for R1. An Incident Report Summary indicated on 5/6/22, at 12:00 p.m. R1 was in the dining room eating lunch with her husband. R1's husband called for staff when he noticed that R1 was choking on a grilled cheese sandwich. The sandwich was cut up in small pieces and dipped into the soup. Two pieces of the grilled cheese sandwich got lodged in R1's throat. The Heimlich maneuver was performed to get the two pieces of the grilled cheese sandwich dislodged. After the two pieces were removed R1 was able to talk. On 5/18/22, at 10:50 a.m. dietary manager (DM)-A was interviewed and stated R1 received the wrong texture diet. DM-A stated the cook (C)-A stated she was told residents on minced and moist diets could have bread if it was soaked in soup. DM-A stated R1 was coughing and received the Heimlich maneuver. DM-A stated following R1's choking episode, she spoke with SP-A and received permission to change R1's diet to puree. DM-A stated each dietary staff received an education packet on the diets. DM-A stated C-A watched the Educare educational videos and received one-to-one education on 5/6/22. DM-A stated she audited every resident's	F 808		

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F 808	Continued From page 3 meal ticket to ensure their meal ticket matched their physician's order. DM-A stated R1's minced and moist diet should have been finely minced or chopped to the size of 4 millimeters (ml) by 4 mm as directed in the policy. DM-A stated NA-A cut the crust off R1's grilled cheese sandwich and cut the sandwich into small pieces. DM-A stated the sandwich should have been cut up finely and soaked in the soup by the dietary staff in the kitchen. On 5/18/22, at 12:13 p.m. C-A was interviewed and stated every time a grilled cheese sandwich and tomato soup had been on the menu, she served it to R1. C-A stated she did not serve residents on moist and minced diets any other breads, muffins or pancakes. C-A stated grilled cheese sandwich and tomato soup were on the menu a couple of times a month and R1 received it every time. C-A stated the staff serving in the dining room cut up the sandwich for R1. C-A stated R1 also received beef barley soup and tuna sandwich when it was on the menu, and the tuna sandwich was not minced because there was soup to dunk it in. C-A stated the tuna was minced, but the bread was not. C-A stated she watched the two videos and received one-on-one education from DM-A. C-A stated R1 was now on a puree diet. On 5/18/22, at 12:27 p.m. NA-A was interviewed and stated she had worked at the facility for 35 years. NA-A stated she had served R1 the grilled cheese sandwich. NA-A stated she was aware of R1's minced and moist diet. NA-A stated R1 had received other sandwiches in the past like tuna sandwiches. NA-A stated for residents on minced meat diets, she cut the crust off and cut the sandwich into smaller and narrower than bites	F 808		

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F 808	Continued From page 4 sized pieces, so it could be stabbed with a fork and dunked in the soup. NA-A stated she reminded R1 to dunk the sandwich in the soup and dunked some of the pieces for her. NA-A stated she did not want to put the sandwich pieces in the soup because it may have been too much for R1. NA-A stated there were gray areas in the diets, and she had had brought up concerns with ST-A. NA-A stated she had reported to ST-A that R1 may be forgetting to swallow and take a drink in between bites. NA-A stated she thought she was doing the right thing by dunking the sandwich into the soup. NA-A stated she received education following R1's choking episode which included videos to watch, and she received one-on-one education. NA-A drew a picture of the size of the pieces she cut the sandwich into. The picture measured 1 centimeter (cm) x 0.5 cm. The measurements were verified by the director of nursing (DON). On 5/18/22, at 12:54 p.m. registered nurse (RN)-A stated she was in the dining room when R1 was choking. RN-A stated R1 appeared nervous and could not talk. RN-A stated R1 received the Heimlich maneuver, and one piece of sandwich came out. RN-A stated R1 still appeared to not be getting any air, and she received the Heimlich maneuver again, and another piece of sandwich came out. RN-A stated the pieces of sandwich were soggy and red like the tomato soup. RN-A stated the pieces of sandwich that were expelled were larger than 1 cm x 0.5 cm. RN-A stated they were a little wider, maybe about 1 cm x 1 cm. RN-A stated following the choking episode, R1 was relieved, and did not have any breathing issues after removed the pieces of sandwich were expelled. RN-A stated R1's lung sounds had been checked for	F 808		

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F 808	Continued From page 5 symptoms of aspiration and had been clear. RN-A stated staff have been retained on diets and will be going through specific training for each resident. All staff received individualized training. On 5/18/22, at 1:06 p.m. ST-A was interviewed and stated R1's diet had been downgraded to puree after the choking incident, and she would remain on a puree diet with mildly thickened liquids. R1's swallowing function remained the same from the previous evaluation in March 2022. ST-A stated the minced and moist level diet was just above the puree level. The food was to be minced small to fit through the tines of a fork, and minced and moist diets should be prepared in the kitchen. ST-A stated R1 receiving a grilled cheese sandwich was a mistake, and R1 should not have gotten a grilled cheese sandwich at all. ST-A stated food cut into 1 cm x 0.5 cm pieces were too big for a minced and moist diet. ST-A stated residents on minced and moist diets should not get sandwiches at all, they should not receive breads of any kind. ST-A further stated it was not safe for R1 to get a grilled cheese sandwich and dunk the pieces in tomato soup. ST-A stated the International Dysphagia Diet Standardization Initiative (IDDSI) Texture Modification Diet was started at the facility in the fall of 2019. All staff at the time attended in-service. ST-A stated newly hired staff learn about the diets from other staff. On 5/18/22, at 1:34 p.m. licensed practical nurse (LPN)-A stated she did the Heimlich maneuver on R1. LPN-A stated R1 was not getting any air and it was apparent R1's airway was blocked. LPN-A stated she did the Heimlich maneuver twice at the table and got one piece of sandwich out. LPN-A stated they moved R1 to a private area and she	F 808		

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F 808	Continued From page 6 did the Heimlich maneuver three to four more times. LPN-A stated one more piece of sandwich came up and R1 was then able to breathe. LPN-A stated the pieces of sandwich were approximately 2.5 to 3 cm x 1.5 cm and appeared to have been dipped in the tomato soup. LPN-A stated the pieces of sandwich were not even soft and bite-sized, let alone minced and moist. On 5/18/22, at 2:05 p.m. R1 was in her room she shared with her husband (R2) and family member (FM)-A. R2 stated R1 received a grilled cheese sandwich and tomato soup, and R1 must have taken too big of a bite and the nurses had to do the Heimlich maneuver. R2 stated he was scared. R1 did not remember the choking episode. On 5/18/22, at 2:30 p.m. the DON was interviewed. The DON stated R1's choking episode was a careless event which could have been avoided. The DON stated staff were human and made errors. The DON stated interventions had been put into place to correct the error. The DON stated R1 should not have received a grilled cheese sandwich. The DON stated audits were put in place starting at breakfast the next day, education on diets for all staff were initiated that night. The DON stated administration came in on the weekend to train staff prior to their shift, and a memo on diets was put out for every shift to pass on. The DON stated on Monday 5/9/22, more staff received education. The DON stated an order for R1 to be monitored for aspiration for 72 hours was put into place. All staff who had worked a shift had been educated. 10 staff on leave would receive the education via mail of which was mailed out today, 5/18/22. The DON stated as of this time and date, 72 of 82 dietary,	F 808		

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F 808	Continued From page 7 activity, and nursing staff had received education. The facility's International Dysphagia Diet Standardization Initiative (IDDSI) Texture Modification Diet policy reviewed and amended on 11/2/20, indicated the minced and moist diet was defined as food of which needed a minimal amount of chewing and were soft and moist with sauce to hold it together and no separating with thin liquids. The food could be eaten with a fork or spoon. Lumps were easy to squash with the tongue. The food was not firm, chewy or sticky. Food size pieces were less than or equal to 4 millimeters (mm) by 4 mm and be able to fit between the tines of a fork. The food was to be soft tender lumps less than 1.5 cm that only require minimal chewing. Bread must be pre-gelled or soaked bread. Residents would need a ST evaluation to approve regular bread, sandwiches, pancakes, waffles etc. The IJ was removed on 5/9/22, when C-A and NA-A received dining, nutrition and food safety training modules, and received one-on-one re-education on diets. On 5/6/22, nursing, dietary and activity managers provided re-education to their staff immediately after the incident. Training and education continued prior to each department shift through the weekend of 5/7/22, and 5/8/22. Dietary manager (DM)-A will be placing International Dysphagia Diet Standardization Initiative (IDDSI) Texture Modified Diet posters in the kitchen and the dining room for staff to reference. DM-A reviewed all residents' meal tickets and care plans. R1 was moved to an eating assistance table to receive direct supervision during meals. DM-A provided the night shift a list of residents' diets in the event a resident wanted a snack during the night. Diet	F 808		

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F 808	Continued From page 8 changes were updated and placed on the snack cart for the activity staff when passing daily snacks. ST-A downgraded R1's diet to puree. R1's room was gone through to ensure R1 did not have any foods that would cause further choking. Audits were being completed for breakfast lunch and supper to ensure the meal tickets and care plan match the diet that is on the resident's tray. This is issued at past non-compliance.	F 808		

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
June 1, 2022

Administrator
Heritage Manor
321 Northeast Sixth Street
Chisholm, MN 55719

Re: Event ID: B8SC11

Dear Administrator:

The above facility survey was completed on May 19, 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,

Joanne Simon, Compliance Analyst
Minnesota Department of Health
Health Regulation Division
Telephone: 651-201-4161 Fax: 651-215-9697
Email: joanne.simon@state.mn.us

cc: Licensing and Certification File

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00904	A. BUILDING: _____ B. WING _____	C 05/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE MANOR	321 NORTHEAST SIXTH STREET CHISHOLM, MN 55719

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 5/18/22, through 5/19/22, a complaint 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. The following complaint was found to be	2 000		

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2 000	Continued From page 1 SUBSTANTIATED: H52451440C (MN83338), however, no licensing orders were issued. The Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. 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.	2 000		