Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
April 2, 2024

Administrator
Kittson Healthcare
1010 South Birch
Hallock, MN 56728

RE: CCN: 245247
Cycle Start Date: March 18, 2024

Dear Administrator:

On March 18, 2024, a survey was completed at your facility by the Minnesota Departments 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

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:

Susie Haben, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Midtown Square
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us
Office: (320) 223-7356 Mobile: (651) 230-2334

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

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

VERIFICATION OF SUBSTANTIAL COMPLIANCE

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

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

occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

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

If substantial compliance with the regulations is not verified by June 18, 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 18, 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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245247	A. BUILDING _____ B. WING _____	C 03/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KITTSON HEALTHCARE	1010 SOUTH BIRCH HALLOCK, MN 56728

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS On 3/14/24, 3/15/24, and 3/18/24, 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: H52471800C (MN00101528) with no deficiency issued. As a result of the investigation a deficiency was issued at F658. 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 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure residents received	F 658	F658 1. N/a. Resident deceased as of 3/6/24.	4/24/24

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

Electronically Signed | 04/05/2024

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 658	Continued From page 1 treatment and services, in accordance with professional standards of quality, when 1 of 1 resident's (R1) physician-prescribed medication taper order was not implemented. Findings include: R1's quarterly Minimum Data Set (MDS) dated 2/13/24, identified he was moderately cognitively impaired. Diagnoses included cancer, Parkinson's disease, and diabetes mellitus (DM). R1 received scheduled and as needed (PRN) analgesics (pain medication) that consisted of opioid(s) (used to treat acute pain). R1's pain was identified as mild, occurred rarely or not at all, and rarely or not at all impacted his sleep or day to day activities. R1's face sheet identified the following diagnoses: malignant neoplasm of prostate (prostate cancer), stage III chronic kidney disease, benign prostatic hyperplasia (BPH) (enlarged prostate) with lower urinary tract symptoms, low back pain, dementia, urinary tract infection, and poor urinary stream. R1's physician orders dated 3/6/24, identified the following order: Tramadol (opioid) 25 mg (milligrams) three times a day (TID) in the AM (morning), MID (midday), and PM (evening) for low back pain. Started on 11/3/23 and ended 3/2/24. R1's care plan, last revised 3/4/24, identified R1 had an Alteration in Health Care status related to Parkinson's, adult failure to thrive, weakness, lower back pain, polyosteoarthritis (a condition that causes pain, swelling, and stiffness in four or more joints), BPH, prostate cancer, and poor	F 658	2. Care plans will be audited for all individuals with pain and/or scheduled pain medications to ensure it is included on the care plan by 4/12/2024. 3. Update policy to reflect inclusion of pain on the care plan for individuals with pain and/or scheduled pain medications. DON or designee will audit care plan on admission, quarterly, and with any significant change by 4/12/2024. 4. The audits will be submitted to the Director of Patient/Resident Safety for monthly review at the Risk Management and QAPI meetings starting 4/15/2024. Provider Orders: 1. N/a. Resident deceased as of 3/6/24. 2. As of 4/19/24, all recent drug regimen reviews have been audited for completeness and implementation of orders. Provider will be contacted if clarification of orders is needed. 3. Facility developed a new communication guideline with appropriate communication method and expectations for response to ensure emergent, acute, and routine resident concerns are managed appropriately. Providers were involved in the creation of this guideline. LTC staff will be educated on the above on 4/24/24. 4. DON or designee conducts an audit of all new drug regiment reviews and is current as of 4/19/2024.	

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F 658	Continued From page 2	F 658		

urinary stream. One of the four goals was for R1's pain to be "controlled to mild range" with an intervention for Tramadol related to chronic pain, especially back pain.

R1's February 2024 electronic medication administration record (EMAR), directed staff to administer Tramadol 25mg TID in the AM, MID, and PM for low back pain. This was administered from 2/1/24, through 2/17/24's MID dose, and then 2/21/24 MID dose through 2/28/24. From 2/17/24's evening shift dose through 2/21/24's morning dose R1 was hospitalized for sepsis related to a urinary track infection (UTI).

A progress note, dated 2/10/24 at 2:15 p.m., identified R1 complained of pain from urinary retention. His urinary retention symptoms appeared to have progressed and thus he expressed increased complaints of pain/discomfort.

R1's Pharmacist Drug Regimen Review Observation, dated 2/1/24, completed by pharmacy consultant (PC), identified the director of nursing (DON) requested a medication review as R1 experienced urinary retention. R1 already received Tamsulosin (relaxes muscles of the prostate and bladder opening to improve urination) and Finasteride (used to decrease the prostate size) for BPH with LUTS (lower urinary tract symptoms). Tramadol was started in November for chronic back pain. As Tramadol was a medication that potentially contributed to urinary retention (<5%), the PC recommended a tramadol frequency taper "(example: TID to BID [twice daily], then QD [every day]) to see if it improves his urinary retention, while monitoring for signs and symptoms of increased pain." The

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F 658	Continued From page 3 form identified a "Run Date" from the electronic medical record system on 2/7/24 at 11:48 a.m., by the DON. The forms Physician response identified on 2/11/24 at 10:48 a.m., medical doctor (MD)-B ordered a tramadol decrease from TID to BID and to monitor for pain and urinary retention. Additionally hand-written on the form was a notation that read, "2/12/24 Myrbetriq (relaxes muscles of the urinary bladder reducing bladder spasms) 25mg PO started by Dr. Surdy" and "[received] this form 2/15/24 in mailbox. [MD-B] order not addressed - still has occasional pain on tramadol 25mg TID. Will address next rounds." During an interview on 3/18/24 at 1:03 p.m., pharmacy consult (PC) confirmed R1's prostate cancer potentially contributed to his urinary retention, along with being administered tramadol. PC indicated she recommended a trial reduction of R1's scheduled tramadol from TID to BID; however, this recommendation was not followed through for an unknown reason. During a telephone interview on 3/18/24 at 3:09 p.m., MD-A stated MD-B worked the week of 2/1/24 when the pharmacy consultation was made to wean R1 off tramadol. MD-A stated he wrote an order for Myrbetriq after MD-B addressed the pharmacy recommendation to trial a dosage reduction for the tramadol. MD-A stated he expected MD-B's tramadol taper order, and his Myrbetriq order, to both be acted upon. During a telephone interview on 3/18/24 at 3:35 p.m., MD-B stated she received the pharmacy recommendations, dated 2/1/24, that requested a reduction in tramadol to help avoid urinary retention. She explained it was her understanding	F 658		

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F 658	Continued From page 4 she had up to two weeks to respond and return the signed order back to the facility. She verified she signed the order on 2/11/24, to decrease the tramadol dose and placed the document into a mail pouch. After that, she was off for two weeks and was unsure how or when the form was returned to the facility. MD-B was unaware the order was not processed; however, expected the order to have been completed as ordered. She confirmed R1 remained on the tramadol TID. During an interview on 3/1/24 at 3:45 p.m., the DON verified MD-B signed the pharmacy recommendation order to decrease the tramadol to help prevent urinary retention. She stated she and staff knew he experienced chronic pain. She explained that sometimes the recommendations were placed on hold to be addressed later. She stated MD-B held onto the document until 2/15/24, which was a glitch in the system. She expected pharmacy review forms to be returned to her "much sooner." She identified there was communication sent to MD-A which brought about a battle between pain and symptoms. The DON stated MD-A prescribed Myrbetriq for R1's urinary retention and now R1's pain was occasionally present but controlled. A facility policy Medication and Treatments Review by Physician, dated 2/2009, directed medications and treatments were expected to be reviewed every 30, 60, and 90 days after admission. The DON or care coordinators, and the attending physician were expected to review these at the time of the medical doctor visit to determine the continuance or discontinuance of medications and treatments.	F 658		

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April 2, 2024

Administrator
Kittson Healthcare
1010 South Birch
Hallock, MN 56728

Re: Event ID: KNHD11

Dear Administrator:

The above facility survey was completed on March 18, 2024 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

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

Please feel free to call me with any questions.

Sincerely,

Kamala Fiske-Downing

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

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	00321	A. BUILDING: _____ B. WING _____	C 03/18/2024

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2 000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 3/14/24, 3/15/24, and 3/18/24, a complaint survey was conducted at your facility by a surveyor from the Minnesota Department of Health (MDH). Your facility was in compliance with the MN State Licensure The following complaint was reviewed during the	2 000		

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2 000	Continued From page 1 survey: H52471800C (MN00101528) 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		