



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
April 4, 2021

Administrator
Regina Senior Living
1175 Nininger Road
Hastings, MN 55033

RE: CCN: 245254
Cycle Start Date: March 17, 2021

Dear Administrator:

On March 17, 2021, 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 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.

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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" tag), i.e., the plan of correction should be directed to:

Susan Frericks, Unit Supervisor
Metro D District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
PO Box 64990
St. Paul MN 55164-0900
Email: susan.frericks@state.mn.us
Mobile: (218) 368-4467

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 17, 2021 (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 17, 2021 (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/ltr/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.

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Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Douglas Larson", with a long horizontal flourish extending to the right.

Douglas Larson, Enforcement Specialist

Minnesota Department of Health

Licensing and Certification Program

Program Assurance Unit

Health Regulation Division

Telephone: 651-201-4118 Fax: 651-215-9697

Email: doug.larson@state.mn.us

cc: Licensing and Certification File

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

PRINTED: 04/27/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245254	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/17/2021
NAME OF PROVIDER OR SUPPLIER REGINA SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 1175 NININGER ROAD HASTINGS, MN 55033		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	<p>INITIAL COMMENTS</p> <p>On 3/16/21, and 3/17/21, a standard abbreviated survey was conducted at your facility. Your facility was found to be NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.</p> <p>The following complaints were found to be SUBSTANTIATED: H5254035C (MN00070876 and MN00070877), with a deficiency cited at F692.</p> <p>The following complaint was found to be UNSUBSTANTIATED: H5254034C (MN00070925)</p> <p>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.</p> <p>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.</p>	F 000			
F 692 SS=D	<p>Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3)</p> <p>§483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-</p>	F 692		4/23/21	

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

TITLE

(X6) DATE

Electronically Signed

04/14/2021

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 692	<p>Continued From page 1</p> <p>§483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;</p> <p>§483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;</p> <p>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to obtain accurate weights and document food and fluid intake for 3 of 3 residents (R1, R2, R3) reviewed for nutrition.</p> <p>Findings include:</p> <p>R1's Face Sheet dated 3/17/21, indicated diagnoses of dysphagia (swallowing difficulty), gastro-esophageal reflux disease (GERD), and vitamin deficiency.</p> <p>R1's Care Area Assessment (CAA) dated 12/4/20, indicated R1's weight had been trending down since admission which was likely related to increased nutritional needs, changes in meals and visitor restrictions with COVID. R1's CAA also indicated R1's intake had been 76-100%.</p> <p>R1 quarterly Minimum Data Set (MDS) dated 2/24/21, indicated moderate cognitive impairment. R1 had no significant weight loss in the last 6 months. R1 required supervision eating.</p>	F 692	<p>Disclaimer: Preparation, submission and implementation of the Plan of Correction does not constitute an admission of, or agreement with the facts and conclusions in the statement of deficiencies. This plan of correction is prepared and executed as a means to continuously improve the quality of care, to comply with all applicable state and federal regulatory requirements and it constitutes the facilities allegation of compliance.</p> <p>F692 R1, R2 and R3 were reweighed and the value entered into the electronic health record. Care Plans were reviewed and updated with interventions to address nutritional/hydration status.</p> <p>All residents will have their weights done in the morning before noon on their bath</p>		

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F 692	Continued From page 2 R1's care plan dated 2/25/21, indicated need for nutrition interventions due to weight loss. Staff were directed to monitor weight and intake per facility protocol. R1's care plan also indicated the need for nutrition interventions due to refusal of meals at mealtimes. Staff are to monitor intake per facility protocol. R1's weight recorded indicated the following: 11/10/20, 138 pounds (lb) 11/14/20, 145.2 lb 11/17/20, 150.4 lb 11/21/20, 123.2 lb 11/24/20, 146.8 lb 12/4/20, 125.7 lb 12/8/20, 146 lb 12/15/20, 141.5 lb 12/22/20, 104.4 lb 12/29/20, 149.6 lb 1/1/21, 120.2 lb 1/5/21, 147.8 lb 1/8/21, 133.7 lb 1/12/21, 139.5 lb 1/26/21, 125 lb 1/29/21, 152.4 lb 2/2/21, 139.2 lb 2/16/21, 139.6 lb 2/23/21, 144.5 lb 3/2/21, 127.9 lb 3/5/21, 137.2 lb 3/9/21, 143.2 lb 3/12/21, 116.6 lb 3/17/21, 145.5 lb During an observation on 3/16/21, at 2:46 p.m. nursing assistant (NA)-B used an EZ-stand lift that had a scale connected to get R1's weight. R1's weight was 143 lbs.	F 692	days on the same scale. All weights will be recorded and reviewed by the nurse and a reweigh will be done if the value flags out of range for the weight. Nursing staff educated to record intakes on R2 and R3 at every meal. Nurses educated to review intake records and report if resident's intakes are decreased to dietician and provider. R1 receives all her nutrition through tube feedings, all her feedings are recorded in electronic medical record and reviewed by dietician for any changes needed to formula or amount of feeding. All other residents will have their intakes recorded during their ARD assessment dates. Nursing will review and report any resident having a decrease in intakes to the dietician and provider. Nursing will record intakes for meals in the electronic medical record during each residents ARD dates. All Intakes and weights will be reviewed weekly x 4 weeks by the IDT team to ensure compliance then a random sample of residents will be reviewed weekly by the IDT team to ensure ongoing compliance x 3 months. Results of monitoring shall be reported at the facility Quality Council meeting with ongoing frequency and duration to be determined through analysis and review of results. Weight Monitoring and Documentation Policy No. POL_CS0904 was reviewed		

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F 692	Continued From page 3 During an interview on 3/16/21, at 10:30 a.m. family member (FM)-B stated she had been updated that R1 lost a significant amount of weight since he could not eat enough orally to maintain his weight. Additionally, R1 needed a procedure done but the doctor would not do it since R1 had allegedly lost weight and his intake was not meeting his needs. Since R1 did not want a tube feeding he was referred to hospice. During an interview on 3/16/21, at 10:39 a.m. NA-A stated R1 appeared to have recently lost a significant amount of weight therefore R1 was referred to hospice. During an interview on 3/16/21, at 11:01 a.m. licensed practical nurse (LPN)-A stated she believed R1 had lost weight but she not sure of the exact amount due to the inaccuracy of the scales. LPN-A further stated it was hard to believe R1's weight went from 144 lbs to 127 lbs, to 137 lbs to 143.2 lbs to 116.6 lbs in the past month. LPN-A stated R1's weight difference was likely related to scale error. Additionally, stated since R1 was not on a diuretic it would be hard for him to have such weight fluctuations. During an interview on 3/16/21, at 11:26 a.m. registered dietitian (RD)-A stated the facility had scale issues. She did not believe R1's most recent weight of 116.6 lbs was accurate since a weight three days prior was 143.2 lbs and four days prior to that of 147 lbs. RD-A stated there was no way R1 lost almost 26 pounds in such a short time frame. Over the past three months RD-A thought R1's baseline weight was between 130-140lb. RD-A stated R1's weights were all over and had been for other residents as well.	F 692	and change made to the procedure #4 to state "Scales are to be zeroed out prior to weighing a resident". Nutrition Risk Assessment Policy No. POL_CS0903 was reviewed and remains current. Person responsible: DON and or Designee All staff will be educated in weights, intakes and reporting, to be completed by 4/23/21.		

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F 692	Continued From page 4 On 3/16/21, at 11:50 a.m. RD-A stated accurate weights would make it easier to complete an accurate nutritional assessment. During an interview on 3/16/21, at 3:00 p.m. social services (SS)-A stated R1 was referred to hospice as he had a weight loss, did not want a tube feeding, and his poor oral intake would not meet the needs for wound healing after the surgery so R1 was referred to hospice. During an interview on 3/17/21, at 10:47 a.m. RN-C reported they have had issues with the scale which likely caused the weight differences. During an interview on 3/17/21, at 11:24 a.m. RD-D stated there had been a challenge to obtain accurate weights which made it hard to assess a resident's weight and nutritional status. RD-D also stated although there had been many outliers, she believed R1's weight had stabilized at approximately 140 lbs with no significant weight loss since November 2020. During an interview on 3/17/21, at 1:06 p.m. FM-E stated he was informed that R1 had lost maybe 20 lb in the past three or four months which had been a sustainable weight loss to point of concern. FM-E had explored hospice since R1 did not want a tube feeding and the doctor would not do a needed procedure since R1's intake was not meeting his needs. During an interview on 3/17/21, at 2:04 p.m. the director of nursing (DON) verified the facility had a problem obtaining accurate weights and was not exactly sure why. It was the DON's expectation that accurate weights were obtained	F 692			

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F 692	<p>Continued From page 5 and if a weight was off, a reweigh should be completed.</p> <p>NUTRITION MONITORING:</p> <p>R1's intake record was requested 3/17/21, but not provided.</p> <p>During an observation on 3/16/21, at 2:33 p.m. R1 had partially drank pop, an empty electrolyte drink, partially eaten large bag of fruit snacks and half eaten jumbo cookie next to his bed.</p> <p>During an observation on 3/17/21, at 9:26 a.m. R1 laid in his bed. There was a tray that had an unopened carton of milk, covered apple juice, covered orange juice, a plastic container filled with watermelon, covered and a jumbo muffin.</p> <p>During an observation on 3/17/21, at 10:47 a.m. LPN-A removed R1's breakfast tray which had crumbs of jumbo muffin otherwise it appeared R1 did not touch his eggs, hot cereal, watermelon, orange juice, or milk.</p> <p>On 3/17/21, at 12:01 p.m. FM-B had been outside R1's bedroom window. R1 was eating a burrito. In front of R1 he had 2 burritos, large pop, a punch, a finished can of V8 juice, partially eaten cookie, a 4 pack of muffins with 3 missing and a half a bag of beef jerky. FM-B stated she brought R1 some food from Taco Bell and usually ate the food she brought in. When asked, R1 appeared to enjoy the food his mom brought in.</p> <p>During an interview on 3/17/21, at 9:45 a.m. dietary aide (DA)-A stated the dietary department used to monitor food and fluid intake at meals but do not anymore. Dietary stopped monitoring</p>	F 692			

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F 692	<p>Continued From page 6</p> <p>intakes when residents stopped eating in the dining room. DA-A stated it would be too hard for dietary to monitor intakes since residents eat in their room and when dietary received the trays it would be too hard to know whose tray was whose.</p> <p>During an interview on 3/17/21, at 9:50 a.m. nursing assistant (NA)-A stated dietary was responsible to document food and fluid intake.</p> <p>During an interview on 3/17/21, at 10:03 a.m. RN-B stated nursing aides were the ones who document intake. Additionally, RN-B thought R1 ate well and ate around 50-75% of his meals.</p> <p>During an interview on 3/17/21, at 10:08 a.m. NA-C stated nursing was responsible to document intake of meals. Additionally, reported R1 usually ate around 50% of the food provided from the facility and about 75-100% of the food his family brought in.</p> <p>During an interview on 3/17/21, at 10:33 a.m. RN-A reported she had not been sure of the process to document food and fluid intake but would find out. When asked, RN-A was not able to find R1's intake documentation at meals. Additionally, RN-A stated she was told he did not eat well.</p> <p>During an interview on 3/17/21, at 10:39 a.m. RN-C stated R1 ate well what his family brought in but did not eat well of what the facility provided unless it was something he liked. Further, if R1 liked something from the facility R1 would eat both the entire tray from the facility and the food from his family.</p>	F 692		

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F 692	<p>Continued From page 7</p> <p>During an interview on 3/17/21, at 11:07 a.m. RN-A stated the facility had not tracked the intakes of residents since they started to eat meals in their room. Prior to COVID dietary documented residents' intake when they ate in the dining room.</p> <p>R2's face sheet printed 3/17/21, indicated R2 had diagnoses that included multiple sclerosis (MS), dysphagia (difficulty swallowing), functional quadriplegia (complete inability to move), and disturbance of salivary secretion.</p> <p>R2's quarterly Minimum Data Set (MDS) dated 1/12/21, indicated R2 had severe cognitive impairment and was totally dependent for all activities of daily living (ADLs). R2 received 51% or more total calories by feeding tube.</p> <p>R2's care plan dated 11/21/20, indicated nutrition status would be maintained until 2/21/21, and R2's weight would remain stable at 145 lbs +/- 5 lbs.</p> <p>Vital records printed on 3/17/21, listed R2's weights as follows: 11/12/20, 157.1 lbs 1/1/21, 145.1 lbs 1/28/21, 161.7 lbs 2/4/21, 163 lbs 2/11/21 167 lbs 2/18/21, 165.5 lbs 2/25/21, 176 lbs 3/4/21, 173 lbs 3/11/21, 173 lbs</p> <p>R2's Progress Note (PN) dated 1/13/21, indicated R2's weight loss was possibly due to a recent</p>	F 692			

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F 692	<p>Continued From page 8</p> <p>positive COVID-19 infection and feeding tube complications, but registered dietitian (RD)-H indicated R2 was within a normal weight range.</p> <p>Dietary Observation Report dated 1/13/21, indicated R2's ideal body weight was 63 kg (138.6 lbs) and caloric intake range was 1260 to 1575 calories. (RD)-H requested weekly weight to be recorded for R2.</p> <p>R2's PN dated 2/10/21, (RD)-G noted indicated weight gain possibly due to fluid retention. R2 remained in a normal weight range.</p> <p>R2's Physician Order Form dated 2/17/21 to 3/17/21, did not indicate any medications ordered to address abnormal retaining of fluid or medications with a known and/or common side effect(s) for weight gain.</p> <p>R2's PN dated 3/9/21, indicated (RD)-A was aware of significant weight gain but that R2 remained within a normal weight range. However, (RD)-A sent recommendation to provider to decrease R2's calories by 75 per day for a total intake of 1500.</p> <p>R2's (PN dated 3/15/21, indicated nurse practitioner (NP)-F approved order for 75 calorie per day reduction.</p> <p>Physicial Order Report dated 2/17/21 to 3/17/21, indicated order on 3/16/21, to continue tube feeding rate at 75ml/hr until 1 liter bag emptied after approximately 13-14 hours, a decrease from 14 hours.</p> <p>During an interview on 3/17/21, at 11:23 am, (RD)-D stated R2's tube feeding was recently</p>	F 692			

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F 692	<p>Continued From page 9</p> <p>decreased due to excessive weight gain. (RD)-D acknowledged lack of consistant and accurate weights being a challenge. (RD)-D stated residents should be weighed at least monthly and more often if there were concerns such as excess weight loss or gain. (RD)-D indicated the facility recently replaced one of two scales.</p> <p>R3's face sheet printed 3/17/21, indicated R3 had diagnoses that included hemiparesis (severe or complete paralysis to one-side of the body), dementia with behavioral disturbance, and gastro-esophageal reflux (stomach acid backs up into the esophogus [tube connecting the throat to the stomach]).</p> <p>R3's quarterly Minimum Data Set (MDS) dated 1/19/21, indicated R3 had poor appetite or overeating and was tired or had little energy nearly every day. R3 required supervision for eating. R3's BIM score was 12.</p> <p>R3's care plan dated 2/11/21, indicated R3 had no natural teeth and was at risk for malnutrition. Also indicated R3 would maintain a weight of 170 lbs +/- 5 lbs. R3 requested ground meats and apple Ensure during med pass. R3 was to be offered snacks three times per day and R3's intake and weight would be monitored per facility protocol.</p> <p>R3's Physician Order Report dated 2/17/21, to 3/17/21, indicated on 7/29/20, the nurse practitioner (NP)-F ordered a daily weight to be completed during morning medication pass. Although R3 had no natural teeth or dentures, ordered R3 to remain on a regular textured diet.</p>	F 692			

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

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FORM APPROVED
OMB NO. 0938-0391

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F 692	<p>Continued From page 10</p> <p>R3's vitals report printed 3/17/21, lisedet weights as follows:</p> <p>1/5/21, 179.6 lbs 1/10/21, 167 lbs 1/18/21, 172.5 lbs 1/21/21, 166.7 lbs 1/23/21, 165.7 lbs 1/29/21, 167.5 lbs 2/5/21, 157.8 lbs 2/7/21, 172.8 lbs 2/8/21, 172.2 lbs 2/12/21, 149 lbs 2/14/21, 169.6 lbs 2/21/21, 165.4 lbs 2/22/21, 166.9 lbs 2/24/21, 157 lbs 2/26/21, 169.2 lbs 2/28/21, 170.4 lbs 3/1/21, 159 lbs 3/2/21, 160.4 lbs 3/3/21, 159 lbs 3/4/21, 158.8 lbs 3/5/21, 165 lbs 3/6/21, 160 lbs 3/7/21, 165.7 lbs 3/8/21, 165 lbs 3/16/21, 162.7 lbs</p> <p>R3's (PN) dated 1/28/21, indicated a significant weight loss, however, (RD)-G would wait for a current weight before futher assessment. (RD)-G indicated meal intakes may have been inadequate and put R3 on the Nutrition High Risk List to monitor.</p> <p>R3's (PN) dated 2/24/21, indicated (RD)-H noted significant weight loss over 30 days and R3 requested more supplements. (RD)-H emailed supervisor and lead dietician regarding request.</p>	F 692			

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F 692	<p>Continued From page 11</p> <p>No orders for increased supplements on Physician Order Report dated 2/17/21-3/17/21.</p> <p>During an interview on 3/16/21, from 1:52 p.m. to 2:28 p.m. R3 noted a recent decrease in calories. R3 stated weight was 166 lbs last week and 150 lbs currently. R3 was concerned about the rapid weight loss. Although the hoyer lift was uncomfortable, R3 allowed them to use it and never refused. R3 stated no weight had been done this day. R3 admitted there are food options but since R3 didn't have any teeth or dentures it had to be pureed.</p> <p>During an interview on 3/16/21, at 2:35 p.m. R3's nurse, (LPN)-B stated NA's recorded resident vitals and weights on paper and gave it to the nurses to enter. Nurses reviewed information and would investigate further if a significant change was detected.</p> <p>During an interview on 3/17/21, at 11:15 a.m. RD-D stated prior to COVID the dietary department tracked resident's intake. RD-D stated that there was only one intake record taken for R1 in the past month. RD-D reported it was hard to assess residents' intakes without documentation and relied on what staff told her.</p> <p>During an interview on 3/17/21 at 11:23 a.m. (RD)-D acknowledged lack of consistant and accurate weights being a challenge. (RD)-D stated residents should be weighed at least monthly and more often if there were concerns such as excess weight loss or gain. (RD)-D indicated the facility recently replaced one of two scales.</p> <p>During an interview on 3/17/21, at 12:00 p.m.</p>	F 692			

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F 692	<p>Continued From page 12</p> <p>(RD)-D stated R3 was high risk and should have been maintaining weight. (RD)-D confirmed weights have been at or below goal weight and R3 was not on a calorie reducing diet. During an interview on 3/17/21 at 3:05 p.m. (HUC)-J confirmed R3 had an appointment with dental services.</p> <p>During an interview on 3/17/21, at approximately 2:10 p.m. the DON verified the facility had not taken intake of food and fluids at meals. The DON stated since COVID residents had been eating in their room which made tracking intakes difficult. Additionally, the DON stated the facility planned to develop a system to track intakes. Further, it was her expectation for staff to monitor what a resident ate. The DON stated she planned to start a quality improvement related to the issue of not tracking residents' intakes.</p> <p>The facility Nutrition Risk Assessment policy undated, indicated a comprehensive assessment would include current food and fluid intake.</p> <p>The facility Weight Monitoring and Documentation policy undated, indicated all residents are weighed upon admission and at least monthly thereafter. To assure accurate weights, residents should be weighted on the same scale, at the same time of day and with similar clothing/equipment. Licensed nursing staff is to verify the accuracy if the weight changes. Re-weighs are recommended for residents with a five-pound weight change. Residents with weight changes are to be assessed and findings/interventions documented in a timely manner.</p>	F 692			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
April 4, 2021

Administrator
Regina Senior Living
1175 Nininger Road
Hastings, MN 55033

Re: Event ID: HOLZ11

Dear Administrator:

The above facility survey was completed on March 17, 2021 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

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

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Douglas Larson'.

Douglas Larson, Enforcement Specialist
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: 651-201-4118 Fax: 651-215-9697
Email: doug.larson@state.mn.us

cc: Licensing and Certification File

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00100	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/17/2021
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2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 3/16/21, and 3/17/21, a standard abbreviated survey was conducted at your facility. Your facility was found to be NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.</p> <p>The following complaints were found to be</p>	2 000		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

04/14/21

Minnesota Department of Health

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2 000	<p>Continued From page 1</p> <p>SUBSTANTIATED: H5254035C (MN00070876 and MN00070877), with a deficiency cited at F692, however, NO licensing orders were issued.</p> <p>The following complaint was found to be UNSUBSTANTIATED: H5254034C (MN00070925)</p> <p>The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.</p>	2 000		