



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
October 24, 2024

Administrator
St Francis Home
2400 St Francis Drive
Breckenridge, MN 56520

RE: CCN: 245265
Cycle Start Date: September 11, 2024

Dear Administrator:

On October 14, 2024, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in cursive script that reads 'Sarah Lane'.

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697
Email: sarah.lane@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
September 26, 2024

Administrator
St Francis Home
2400 St Francis Drive
Breckenridge, MN 56520

RE: CCN: 245265
Cycle Start Date: September 11, 2024

Dear Administrator:

On September 11, 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 a pattern of deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level E), 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:

LeAnn Huseth, RN, Unit Supervisor
Fergus Falls District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
2312 College Way
Fergus Falls, 56537
Email: leann.huseth@state.mn.us
Office: (218) 332-5140 Mobile: (218) 403-1100

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 December 11, 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 March 11, 2025 (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

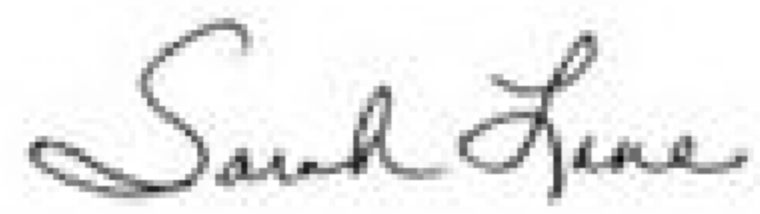
You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_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.

St Francis Home
September 26, 2024
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Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in cursive script that reads "Sarah Lane".

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697
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September 26, 2024

Administrator
St Francis Home
2400 St Francis Drive
Breckenridge, MN 56520

Re: Event ID: YJVE11

Dear Administrator:

The above facility survey was completed on September 11, 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,

A handwritten signature in cursive script that reads 'Sarah Lane'.

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697
Email: sarah.lane@state.mn.us

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

PRINTED: 10/14/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245265	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/11/2024
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NAME OF PROVIDER OR SUPPLIER ST FRANCIS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 ST FRANCIS DRIVE BRECKENRIDGE, MN 56520
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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	<p>INITIAL COMMENTS</p> <p>On 9/11/24, 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.</p> <p>The following complaint was reviewed. H52656960C (MN00105668) with a deficiency issued at F755.</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 755 SS=E	<p>Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)</p> <p>§483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving,</p>	F 755		9/30/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 10/03/2024
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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.

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F 755	<p>Continued From page 1</p> <p>dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review, the facility failed to ensure medications were administered according to the standard of practice for 8 of 13 residents (R1, R2, R4, R5, R7, R8, R9, R10) reviewed for medication administration.</p> <p>Findings include:</p> <p>R1's physician order summary dated 7/18/24, identified the following medications were ordered: Tylenol 325 milligrams (mg) by mouth give two tablets (650 mg) three times a day. Sucralfate give one gram by mouth two times a day.</p> <p>R2's physician order summary dated 8/15/24, identified the following medications were ordered: Calcium-Vitamin D 600-400 mg-unit by mouth</p>	F 755	<p>When the Director of Nursing was made aware of the deficient practice that the TMA was conducting during the med pass, the TMA was immediately provided education to correct the practice. TMA was also issued corrective action due to the deficient practice.</p> <p>Communication books, safety reports, incident reports and all resident progress notes were reviewed for medication errors or medication incidents relating to the deficient practice. Nothing noted.</p> <p>All licensed staff and TMAs were educated on the standards of practice for medication administration pass. This</p>	

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F 755	<p>Continued From page 2</p> <p>daily. CertaVite Senior multivitamin by mouth daily. Cranberry 500 mg by mouth daily. Dalfampridine Extended Release 12 hour give 10 mg by mouth twice a day. Eliquis 2.5 mg by mouth twice a day. Famotidine 20 mg by mouth daily. Gabapentin 600 mg by mouth three times a day. Iron 325 mg by mouth daily every Monday, Wednesday, Friday. Lasix 20 mg by mouth daily every Monday, Wednesday, Friday. Losartan Potassium-Hydrochlorothiazide 100-12.5 mg by mouth daily. Metformin Extended Release 500 mg give two tabs (1000 mg) by mouth daily. Potassium Chloride Extended Release 10 milliequivalent (meq) by mouth daily every Tuesday, Wednesday, Thursday, Saturday, Sunday. Seroquel 50 mg by mouth twice daily. Tizanidine 4 mg by mouth daily. Toprol Extended Release 25 mg; Give 50 mg daily.</p> <p>R3's physician order summary dated 8/15/24, identified the following medications were ordered: Gabapentin 100 mg by mouth three times a day. Systane Ultra ophthalmic solution 0.4-0.3%; Instill 1 drop in both eyes three times a day.</p> <p>R4's physician order summary dated 9/5/24, identified the following medications were ordered: Benefiber powder; Give 3 teaspoons (tsp) by mouth daily.</p> <p>R5's physician order summary dated 8/28/24, identified the following medications were ordered: Cholestyramine powder 4 grams (gm) by mouth in the morning for loose stools mix with 4-8 ounce orange juice- given at least one hour post other meds. Allopurinol 100 mg by mouth daily. Apixaban 2.5 mg by mouth twice daily. Aspirin 81 mg by mouth daily. Bumex 1 mg by mouth twice daily. Cipro 500 mg by mouth twice</p>	F 755	<p>included the Dos and Don'ts of the medication administration process and error prevention. All licensed staff and TMAs signed an understanding of this education. Copies of the document Do's and Don'ts of the medication administration process will be placed in each medication cart for staff review as needed.</p> <p>Nursing supervisors will conduct weekly audits on medication administration passes ensuring standards of practice are being followed. Audit findings will be displayed as a PDSA (Plan, Do, Study, Act) report. The PDSA report will be reviewed at the quarterly QAPI meetings. Audits will continue until at least 3 consecutive quarters of compliance have been demonstrated.</p>	

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F 755	<p>Continued From page 3</p> <p>daily. Ferrous Sulfate 325 mg by mouth daily. Gabapentin 600 mg by mouth four times daily. Hydralazine 25 mg by mouth twice daily. Lexapro 20 mg by mouth daily. Losartan 50 mg by mouth daily. Metoprolol 75 mg by mouth twice daily. Multivitamin 1 tab by mouth daily. Rosuvastatin 5 mg by mouth in the morning. Vitamin C 500 mg by mouth twice daily.</p> <p>R6's physician order summary dated 9/10/24, identified the following medications were ordered: Letrozole 2.5 mg by mouth daily in the afternoon.</p> <p>R7's physician order summary dated 9/10/24, identified the following medications were ordered: Tylenol 1000 mg by mouth three times a day.</p> <p>R8's physician order summary dated 8/15/24, identified the following medications were ordered: Tylenol Extra Strength 500 mg; Give 1000 mg by mouth three times a day.</p> <p>R9's physician order summary dated 9/4/24, identified the following medications were ordered: Tramadol 50 mg; Give 25 mg by mouth three times a day. Tylenol 1000 mg by mouth three times a day.</p> <p>R10's physician order summary dated 8/15/24, identified the following medications were ordered: Tylenol 1000 mg by mouth three times a day. Buspirone 30 mg by mouth twice daily.</p> <p>R11's physician order summary dated 9/10/24, identified the following medications were ordered: Cosopt ophthalmic solution 22.3-6.8 mg/milliliter (ml); Instill one drop in right eye three times a day.</p>	F 755		

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F 755	<p>Continued From page 4</p> <p>R12's physician order summary dated 8/28/24, identified the following medications were ordered: Artificial tears ophthalmic solution instill one drop in both eyes three times daily.</p> <p>R13's physician order summary dated 9/4/24, identified the following medications were ordered: Ferrous Sulfate 325 mg by mouth twice daily.</p> <p>During an observation on 9/11/24 at 11:57 a.m., trained medication aide (TMA) stood by the medication cart outside of R1's room. TMA unlocked the cabinet in R1's room, removed Tylenol 325 mg two tabs and Sucralfate one tab and placed medications in a plastic medication cup. TMA locked the cabinet and pushed the cart down the hall and returned the cart near the nurses station. The following were observed on top of the medication cart: -Plastic glass with a white powder substance covering one quarter of the bottom of the glass. -Silver/white colored packet of a powder substance.</p> <p>TMA took plastic glass, the white powder substance, an empty plastic glass, silver/white colored packet and the medications in the plastic medication cup to the dining room. TMA set medication cup with the medications in it on the table in front of R1. R1 took the medications and placed the medication cup down on the table. TMA took the empty medication cup and threw the cup in the garbage by the kitchenette area. TMA entered kitchenette, poured a red colored juice into the glass with the white powder substance, poured orange juice into the empty glass, walked over to R4 and set the glass of red juice on table in front of R4. TMA picked up a straw, stirred the juice and walked over to another</p>	F 755		

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F 755	<p>Continued From page 5</p> <p>table and set the orange juice on the table in front of R5. TMA opened the silver/white colored packet of the powder substance and poured into the orange juice. TMA stirred the juice with a straw and exited the dining room. TMA did not observe R4 or R5 drink the juice in front of them.</p> <p>At 12:04 p.m., TMA walked to the medication cart, filled a glass of water, unlocked the cart and removed a plastic medication cup from the top drawer with an unknown number of medications in it. TMA walked to the conference room and gave R2 the medications in the cup. R2 took the medications and handed the cup back to TMA. TMA returned to the cart, signed out the medications on the computer and signed out Gabapentin in the controlled medication book for R2. TMA proceeded to push the cart to R6's room, unlocked the medication cupboard in R6's room, walked to the bathroom, put on two pairs of gloves, removed Letrozole 2.5 mg from cupboard, placed into plastic medication cup and gave to R6. TMA returned to the cart, sanitized hands and removed two plastic medication cups from the top of the cart. TMA wrote names on the cup and proceeded to R7's medication cupboard, removed Tylenol 500 mg two tabs, placed in cup and left the cup on top of medication cart. TMA moved the cart to the other side of the hall and opened R8's medication cupboard. TMA removed Tylenol 500 mg two tabs, placed in the other cup and placed the cup on the top of the cart. TMA brought cart up to main nurses station, crushed R7's medications, placed R8's medication cup in the top drawer of the cart. At the time, another plastic medication cup with an unknown number of medications in it was observed to be in the top drawer of the medication cart. TMA brought crushed medications in chocolate pudding to R7,</p>	F 755		

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F 755	<p>Continued From page 6</p> <p>R7 took the medications and TMA returned to the cart and sanitized hands. TMA signed out R7's medications on the computer, unlocked the cart, removed R8's medications and delivered to R8 in the dining room. R8 took the medications, TMA returned to the medication cart and signed out R8's medications on the computer.</p> <p>At 12:21 p.m., TMA pushed the cart to R3's room, removed Systane eye drops from R3's medication cupboard and administered the eye drops. TMA then removed Gabapentin 100 mg from the locked drawer on the cart, signed Gabapentin out of the controlled medication book, locked the medication cart, obtained a glass of water and gave medications to R3. TMA returned the cart near the nurses station and went to the other hallway to a different medication cart. TMA removed artificial tears from R12's medication cupboard, entered R12's room, put on gloves and administered eye drops to R12. TMA removed gloves, locked R12's medication cupboard and signed out medication on the computer. TMA proceeded to R13's medication cupboard, removed one iron pill and gave to R13 sitting in the hall. TMA returned to the medication cart and sanitized hands. TMA pushed the medication cart to R9's room, took a plastic medication cup and wrote R9's name on it. TMA removed half a tab of Tramadol from the locked medication drawer, placed in medication cup, signed medication out of controlled medication book, removed Tylenol 500 mg two tabs from R9's medication cupboard, locked the cupboard and placed cup in the top drawer of the cart. TMA pushed the cart to R10's room, unlocked the medication cupboard, placed Tylenol 500 mg two tabs in a plastic medication cup, wrote R10's name on the cup and placed the cup in the top drawer of the cart next to the other</p>	F 755		

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F 755	<p>Continued From page 7</p> <p>cups. TMA pushed the cart to R11's room, unlocked medication cupboard, gave R11 Buspar 15 mg, Tylenol 500 mg (two tabs), Cosopt eye drops, proceeded to lock the cupboard and pushed the cart to the nurses station. TMA removed R9's and R10's cups from the top drawer of the cart, stacked the cups on top of each other and administered the medications to R10 in the dining room. TMA walked to the other dining room and gave R9 the other cup of medications that had her name on it. TMA returned to the cart, sanitized hands and signed medications out of the computer for R9 and R10. TMA walked to the other medication cart, unlocked the cart, removed a plastic cup from the top drawer with an unknown number of medications, locked the cart, brought the cup to the dining room and administered the medications to R5.</p> <p>During an interview on 9/11/24 at 2:16 p.m., TMA stated medications were to be administered according to the five rights; right resident, right medication, right route, right time, right dose and to confirm the medications against the computer orders. TMA stated she attempted to give the residents their medications while in their room however sometimes she did not see them until they were in the dining room and would bring the medications to them there. TMA verified the facility expectations were to sign out medications once given. TMA confirmed she prepared medications in advance and placed them in the top drawer of the medication cart. TMA stated sometimes a resident did not want the medications right away while they were eating or she would put the medications in the drawer of the medication cart until she knew where the resident was.</p>	F 755		

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

PRINTED: 10/14/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245265	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/11/2024
NAME OF PROVIDER OR SUPPLIER ST FRANCIS HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 2400 ST FRANCIS DRIVE BRECKENRIDGE, MN 56520		
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F 755	<p>Continued From page 8</p> <p>During an interview on 9/11/24 at 2:05 p.m., registered nurse (RN) stated she checked medications three times against the computer orders and ensured the five rights of medication administration were followed before giving a resident medications. RN verified controlled medications were to be signed out of the book only after the resident had received the medication. RN confirmed the facility expectations were to prepare only one resident medications at a time to limit the chance of medication errors.</p> <p>During an interview on 9/11/24 at 2:38 p.m., facility pharmacy consultant (PC) verified the expectation was medications would be prepared and administered to a resident at that time and not prepared ahead of time. PC stated preparing medications ahead of time and administering them later increased the risk for a medication error.</p> <p>During an interview on 9/11/24 at 3:10 p.m., director of nursing (DON) verified expectations of staff were to prepare medications for residents one at a time to prevent medication errors. DON confirmed the facility policy stated medications were not to be prepared ahead of time.</p> <p>Review of the Skills: Medication Administration -General Guidelines policy undated, directed authorized staff to ensure medications were administered as prescribed in accordance with the five rights of medication administration. The policy indicated for staff to take steps to eliminate interruptions and distractions during medication preparation. The policy also directed staff to prepare medications for one patient at a time and</p>	F 755		

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F 755	Continued From page 9 to stay with the resident until the resident took each medication completely. Review of the Reconciliation of Controlled Substances policy revised 3/24, identified all controlled substances would be documented in the controlled substance ledger immediately after being administered to the resident.	F 755		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00818	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/11/2024
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NAME OF PROVIDER OR SUPPLIER ST FRANCIS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 ST FRANCIS DRIVE BRECKENRIDGE, MN 56520
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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 9/11/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was IN compliance with the MN State Licensure.</p> <p>The following complaint was reviewed during the survey.</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 10/03/24
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00818	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/11/2024
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2 000	<p>Continued From page 1</p> <p>H52656960C (MN00105668).</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software.</p> <p>The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.</p>	2 000		