Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
August 8, 2022

Administrator
St Anthony Health & Rehabilitation
3700 Foss Road Northeast
St Anthony, MN 55421

RE: CCN: 245267
Cycle Start Date: June 7, 2022

Dear Administrator:

On June 14, 2022, we notified you a remedy was imposed. On August 5, 2022 the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of July 29, 2022.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective June 29, 2022 be discontinued as of July 29, 2022. (42 CFR 488.417 (b))

However, as we notified you in our letter of June 14, 2022, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from June 7, 2022. This does not apply to or affect any previously imposed NATCEP loss.

The CMS Region V Office may notify you of their determination regarding any imposed remedies.

Feel free to contact me if you have questions.

Sincerely,

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Submitted
June 14, 2022

Administrator
St Anthony Health & Rehabilitation
3700 Foss Road Northeast
St Anthony, MN 55421

RE: CCN: 245267
Cycle Start Date: June 7, 2022

Dear Administrator:

On June 7, 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 **both substandard quality of care and 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 J) whereby corrections were required. The Statement of Deficiencies (CMS-2567) is being electronically delivered.

REMOVAL OF IMMEDIATE JEOPARDY

On June 7, 2022, the situation of immediate jeopardy to potential health and safety cited at F698 was removed. However, continued non-compliance remains at the lower scope and severity of D.

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:

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective June 29, 2022.

This Department is also 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.

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective June 29, 2022 (42 CFR 488.417 (b)). They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective June 29, 2022.

You should notify all Medicare/Medicaid residents admitted on, or after, this date of the restriction. The remedy must remain in effect until your facility has been determined to be in substantial compliance or your provider agreement is terminated. Please note that the denial of payment for new admissions includes Medicare/Medicaid beneficiaries enrolled in managed care plans. It is your obligation to inform managed care plans contracting with your facility of this denial of payment for new admissions.

SUBSTANDARD QUALITY OF CARE

Your facility's deficiencies with with one or more of the following: §483.10, Residents Rights, §483.12, Freedom from Abuse, Neglect, and Exploitation, §483.15, Quality of Life and §483.25, Quality of Care, 483.40 Behavioral Health Services, §483.45 Pharmacy Services, §483.70 Administration, or §483.80 Infection control has been determined to constitute substandard quality of care as defined at §488.301. Sections 1819(g)(5)(C) and 1919(g)(5)(C) of the Social Security Act and 42 CFR 488.325(h) require that the attending physician of each resident who was found to have received substandard quality of care, as well as the State board responsible for licensing the facility's administrator, be notified of the substandard quality of care. If you have not already provided the following information, you are required to provide to this agency within ten working days of your receipt of this letter the name and address of the attending physician of each resident found to have received substandard quality of care.

Please note that, in accordance with 42 CFR 488.325(g), your failure to provide this information timely will result in termination of participation in the Medicare and/or Medicaid program(s) or imposition of alternative remedies.

Federal law, as specified in the Act at Sections 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse assistant training programs offered by, or in, a facility which, within the previous two years, has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care. Therefore, St Anthony Health & Rehabilitation is prohibited from offering or conducting a Nurse Assistant Training / Competency Evaluation Programs (NATCEP) or Competency Evaluation Programs for two years effective June 7, 2022. This prohibition remains in effect for the specified period even though substantial compliance is attained. 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.

ELECTRONIC PLAN OF CORRECTION (ePOC)

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable plan of correction (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. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

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.

DEPARTMENT CONTACT

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

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

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for their 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 SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by December 7, 2022 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. 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.

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,

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poepping@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245267	A. BUILDING _____ B. WING _____	C 06/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ANTHONY HEALTH & REHABILITATION	3700 FOSS ROAD NORTHEAST ST ANTHONY, MN 55421

(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 6/6/22, through 6/7/22, a standard abbreviated survey was completed at your facility by surveyors from the Minnesota Department of Health (MDH). The facility was found NOT to be in compliance with requirements of 42 CFR Part 483, Subpart B, the requirements for Long Term Care Facilities. The survey resulted in an immediate jeopardy (IJ) to resident health and safety. An IJ at F698 began on 4/30/22, when the facility failed to transport a resident (R1) to a dialysis appointment resulting in a missed dialysis treatment. Further the facility failed to monitor and assess for signs and symptoms of fluid overload, notify R1's physician, and coordinate care with R1's dialysis clinic. These failures resulted in R1 being sent to the emergency room (ER) for treatment which resulted in an admission to the intensive care unit (ICU) for an immediate dialysis treatment. The administrator and the director of nursing (DON) were notified of the IJ on 6/622, at 6:16 p.m. The IJ was removed on 6/7/22, at 2:29 p.m. The above findings constituted substandard quality of care, and an extended survey was conducted 6/7/22. At the time of the abbreviated survey, onsite investigations were completed and the following complaint was found to be substantiated : H52671206C (MN00083250) with deficiencies cited at F698. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's acceptance. Because you are	F 000		

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

Electronically Signed | 06/20/2022

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 000	Continued From page 1 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 on-site revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.	F 000		
F 698 SS=J	Dialysis CFR(s): 483.25(l) §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to provide transportation to two scheduled dialysis appointments for 1 of 2 residents (R1) who required dialysis for renal failure. Facility failed to notify the physician and coordinate care with the dialysis clinic. In addition, the facility failed to adequately monitor/assess for signs and symptoms of fluid overload which resulted in admission to the ICU related to fluid overload resulting in an immediate jeopardy (IJ). The IJ began on 4/30/22, when the facility failed to transport R1 to a dialysis appointment resulting in a missed dialysis treatment. The facility failed to notify R1's physician coordinate care with R1's dialysis clinic and failed to monitor and assess for signs and symptoms of fluid overload, these	F 698	1. R1 has been discharged from the facility. 2. R2 and any future residents admitted with outpatient dialysis could be considered at risk. All residents currently receiving dialysis residing in facility have had a full review of care plan with updates made to include monitoring and assessment for fluid overload. If assessment indicates MD and/or Dialysis unit will be contacted for further direction. 3. The measures and systemic changes put in place for R2 and any future residents include daily weights with parameters for those receiving dialysis	6/20/22

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F 698	Continued From page 2 failures resulted in R1 being sent to the emergency room (ER) for emergency treatment which resulted in admission to the intensive care unit (ICU) for an immediate dialysis treatment. The administrator and the director of nursing (DON) were notified of the IJ on 6/6/22, at 6:16 p.m. The IJ was removed on 6/7/22, at 2:29 p.m. However, non-compliance remained at the lower scope and severity of a D, which indicated no actual harm with potential for more than minimal harm that is not immediate jeopardy. Findings Include: R1's admission Minimum Data Set (MDS) on 4/22/22, indicated she was cognitively intact. R1's diagnosis list printed on 6/7/22, identified her diagnoses as acute kidney failure and chronic kidney disease stage 4. R1's orders printed on 6/7/22, indicated she was to receive dialysis on Tuesday, Thursday, and Sunday at Davita at Hennepin County Medical Center (HCMC) in Minneapolis. R1's baseline care plan did not include a dialysis plan of care with goals and interventions. On 5/3/22, at 4:38 p.m. R1's hospital ICU admission paperwork indicated R1 was being admitted to the ICU on 5/3/22 due to chronic hypoxemic hypercapnic respiratory failure, hypervolemia, pulmonary edema, and end stage renal disease (ESRD). It also indicates the respiratory failure was likely secondary to the hypervolemia from missing two dialysis sessions.	F 698	per instruction/orders from physician, dialysis center or RD recommendations. Care plan will include additional information for monitoring such as swelling, discomfort, headache, stomach boating, abdominal cramps, and shortness of breath, pulse and blood pressure changes. Policy and procedure review with updates as needed to reflect steps needing to be taken if dialysis does not occur for any reason. This includes notification of MD, POA, and Dialysis Unit in the event of notification to the MD and/or Dialysis unit, the facility will follow the MD and/or Dialysis unit recommendations. Assessment of the resident for signs and symptoms of fluid overload will occur every shift, medical record will be updated as appropriate. Daily weights have been added to the order set for those who receive outpatient dialysis. New outpatient dialysis residents will also have daily weights, unless ordered otherwise by provider. 4. Director of Nursing and/or designee have educated licensed staff as of 6/8/22 regarding appropriate dialysis protocol to include dialysis protocol which has been updated to include: notification of physician, coordination of care with dialysis, monitor/assessment of signs and symptoms of fluid overload in the event of missed or delayed dialysis. Any licensed staff not educated on 6/8/2022 will be/have been educated prior to their next working shift.	

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F 698	Continued From page 3 On 4/25/22, at 11:21 a.m. dietician (D)-A's progress note indicated no weight had been taken for R1 since admission on 4/22/22. R1's weight log did not have documented weights from her admission date, 4/22/22, through 4/27/22. The first facility documented weight for R1 was on 4/28/22, at 184.2 pounds (lbs) which was the dry weight (weight after excess fluid is removed because of dialysis) obtained at Davita Dialysis. On 4/30/22, at 2:23 p.m. licensed practical nurse (LPN)-A's progress note indicated R1 missed her dialysis appointment due to transportation issues. The transport service was contacted multiple times and informed LPN-A R1's ride was running approximately one hour late. R1 waited at the facility's front door for at least one more hour and transportation did not arrive. R1's record from between 4/30/22 to 5/3/22 was reviewed. The record lacked evidence of ongoing monitoring and assessment of fluid volume status. On 5/3/22, at 5:57 a.m. RN-A's progress note indicated R1 started having difficulty breathing. RN-A raised R1's head of the bed to promote better air exchange. R1 was encouraged by RN-A to use breathing techniques to reduce anxiety. R1 kept asking to either sit up in her wheelchair (w/c) for a few minutes and then back into bed interchangeably which had gone on throughout the night with little effect in helping relieve her symptoms. R1's anxiety rather increased causing panic and distress all night with a respiratory rate of 24 breathes per minute (standard respiratory rate for an adult is 12-20	F 698	Audits will be completed by DON and/or designee 3x/wk for 4 weeks, then weekly for 4 weeks through review of daily weights of dialysis resident. Nursing notes to be reviewed 3x/wk for 4 weeks, then weekly for 4 weeks for any signs and symptoms of fluid overload and will be audited to make sure medical provider is notified if these symptoms are noted. Knowledge audits of nursing staff will be completed by DON and/or designee 3x/wk x 4 wks on random shifts, then weekly x 4 weeks. Results of audits will be reviewed by DON or designee and the quality assurance committee to ensure compliance and to determine need for ongoing auditing.	

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F 698	Continued From page 4	F 698		

breathes per minute at rest.) RN-A spent most of the night calming and encouraging R1 to reduce stress and anxiety level. R1's doctor was to be updated during his visit on the unit later in the day regarding increased anxiety.

On 5/3/22, at 4:08 p.m. RN-B's progress note indicated R1's lung sounds were clear, shortness of breath (SOB) upon exertion, no noted cough, and on 3 liters of oxygen. R1 was on continuous oxygen.

On 5/3/22, at 5:20 p.m. LPN-B's progress note indicated a rapid antigen COVID-19 test was performed and came back negative. The test was performed due to an increase in SOB. R1's transportation arrived to transfer R1 to dialysis, but they were unable to accommodate her w/c and could not transfer her in time for her dialysis. R1's doctor sent her to the ER via non-urgent medical transport to receive her dialysis.

On 5/3/22, at 8:46 p.m. RN-B's progress note indicated R1 was not able to go to her regular dialysis due to issue with transportation. R1 was taken by ambulance transport to the hospital for her dialysis treatment. RN-B received an update from the hospital, R1 was admitted to the ICU and had 3 kilograms (kg) of water removed.

On 5/5/22, LPN-B's typed statement indicated R1 missed her dialysis treatment on 4/30/22. R1 was set up with a new transport company for future dialysis treatments. On 5/3/22, at 9:15 a.m. the transportation company arrived on time but did not have w/c transport capability. The driver left and did not come back. LPN-B contacted the company and LPN-B was told R1 was a no-show, LPN-B explained to the transport

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F 698	Continued From page 5 company that was incorrect and that the driver had arrived however could not accommodate w/c. The transport company stated they could have someone back out with a w/c accessible vehicle in 1-3 hours. LPN-B contacted Davita Dialysis and informed them of the transportation situation, and they stated they could still do her dialysis treatment if R1 arrived by noon. LPN-B contacted transport at 11:45 a.m. and they stated they would not be able to provide w/c accessible transportation. (The statement indicated there was not communication with the dialysis company when R1's transportation did not arrive) R1's MD saw her the same day on 5/3/22, and gave orders for R1 to be sent to the ER because she could not miss her dialysis. Non-emergent transport came and took R1 to HCMC. R1 was admitted to the ICU. LPN-B stated she spoke to someone at Davita Dialysis to see what they would recommend if the facility was unable to provide transport for R1 going forward and she advised R1 would need to be sent to the emergency room. R1's admitting diagnosis to the hospital was, "volume overload." R2 R2's annual MDS on 5/20/22, indicated she was cognitively intact R2's diagnosis list printed on 6/7/22, indicated her diagnoses were end stage renal disease (ESRD) and dependence on renal dialysis. R2's orders printed on 6/7/22, indicated she was to receive dialysis on Tuesday, Thursday, and Saturday at Davita Dialysis University R2's care plan did not address emergency protocols related to dialysis and did not identify	F 698		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245267	A. BUILDING _____ B. WING _____	C 06/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ANTHONY HEALTH & REHABILITATION	3700 FOSS ROAD NORTHEAST ST ANTHONY, MN 55421

(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 698	Continued From page 6 R2's risk or plan of care for fluid overload. R2's weight record was reviewed between 2/17/22 to 6/5/22. Although the record included R2's dialysis "run" records that identified R2's "dry" weight R2's record indicated R2's weight had not been obtained by the facility between dialysis days. R2's record lacked evidence of monitoring and assessments for hypervolemia (fluid volume overload) including but not limited to weight monitoring, intake and output (if applicable), edema monitoring, and respiratory function. R2's weight log reviewed back to 2/17/22, only contained dry weights provided by Davita Dialysis, the facility was not obtaining weights. R2's care plan did not include monitoring R2 for fluid overload. During an interview on 6/6/22, at 10:33 a.m. R1's medical doctor (MD) who stated he was aware of transportation problems at the facility. MD stated the facility did not notify him of R1's missed dialysis treatment on 4/30/22. MD stated he was notified on 5/3/22, of the missed dialysis treatments on 4/30/22 and 5/3/22, and he ordered for R1 to be sent to the hospital for her dialysis treatment. MD stated neither he, nor his triage line, were notified of R1's change in condition (COC) which occurred early in the morning on 5/3/22. During an interview on 6/6/22, at 11:30 a.m. interviewed LPN-A who indicated 4/30/22 was a hectic day. R1's appointment for dialysis was at around 9:00 a.m. and typically the health unit coordinator (HUC) sets up appointments and	F 698		

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F 698	Continued From page 7	F 698		

transportation. LPN-A indicated on 4/30/22, 30 minutes after the scheduled pickup time R1 was still sitting at the facility front door, her ride had not arrived. LPN-A called the transport company and they told her they were running late but her transportation would arrive soon. LPN-A stated another 30 minutes passed and the transport still had not shown up, she called the company again who said they did not have a w/c accessible vehicle to pick up R1. Eventually it was lunch time and R1's ride still had not arrived, LPN-A took R1 back to the unit to eat lunch. She did vital signs before R1 ate and she was stable. LPN-A stated it felt like a "war" trying to get the company to pick up R1 for her dialysis treatment and it had happened multiple times in the past. LPN-A stated she did not contact R1's MD to notify him of the missed dialysis treatment. LPN-A stated she did not contact Davita Dialysis to notify them R1 would miss her dialysis. LPN-A stated she continued to monitor R1 throughout the remainder of her shift. LPN-A stated she should have contacted the MD and Davita Dialysis.

During an interview on 6/6/22, at 12:23 p.m. RN-A indicated he had worked the overnight shift of 5/2/22 and was R1's nurse. RN-A stated R1 was having anxiety, but it had nothing to do with SOB (shortness of breath). RN-A stated R1's vital signs were normal; she was on oxygen as well. RN-A stated he did deep breathing with R1 and it went well. RN-A stated R1 did not want to be left by herself but did not feel it required a call to the MD. RN-A stated he did not check R1's weight or check for edema. RN-A stated he was not aware of R1's missed dialysis treatment on 4/30/22. RN-A stated he knew the MD was coming to the facility later in the day so he passed onto the

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F 698	Continued From page 8 oncoming morning nurse to let him know R1 may benefit from an as needed (PRN) medication to help R1's anxiety. During an interview on 6/6/22, at 2:20 p.m. Davita Dialysis administrator (DDA) stated she knew R1's facility was having issues getting transportation for R1. DDA stated Davita was not notified R1 would be missing her appointment on 4/30/22. DDA stated on 5/3/22, the facility did contact Davita to inform them of issues with transportation for R1. DDA stated eventually Davita had to reach out to the facility because R1 was a no-show for her appointment. DDA stated in general if a patient misses one treatment they would try and reschedule preferably on the following day. DDA stated under normal circumstances Davita would contact the police for a wellness check if a patient missed a dialysis treatment and were unable to be contacted, but since R1 was a resident at a skilled nursing facility (SNF) they would typically reach out after a 2nd dialysis appointment was missed. DDA stated on 5/3/22, the facility contacted Davita and wanted to know what they were supposed to do if a resident misses their dialysis appointment, Davita advised the facility to call them to try and reschedule or have her sent to the ER. DDA stated R1 was in a SNF and was under the direct care of nursing and providers and it was the responsibility of the facility for the safety and care before and after dialysis treatment, transportation was the facility's responsibility. During an interview on 6/6/2022, at 3:30 p.m. director of Nursing (DON) stated LPN-A should have contacted the MD and Davita Dialysis on 4/30/22. DON stated when a resident returns to the facility after dialysis they are returned with a	F 698		

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F 698	Continued From page 9	F 698		

report and those reports would let them know if more fluid was taken off than usual during the treatment. DON stated fluid restrictions would be in the orders if there were some, but she did not believe it was done frequently. DON stated she did not see fluid restrictions in the orders or care plans for R1 and R2. DON stated they do not do weights for their dialysis residents, rather they follow the dry weights provided to them by Davita after returning from their treatment. The facility did do daily weights with patients in the transitional care unit (TCU) but not in their long-term care. DON stated if something were to be abnormal with a resident then they would check their weight, she did not think it was necessary for daily weights if they are at a steady baseline weight and the MD would give an order for daily weights if clinically indicated. DON stated she did talk to RN-A and LPN-A after the incident. DON stated LPN-A recognized her error. The DON stated RN-A did not seem to equate SOB to fluid overload rather to anxiety. DON stated RN-A should have contacted the on-call doctor on 5/3/22, notifying them of the COC. DON stated dialysis should always be contacted with a COC, missed dialysis treatments, and guidance but the on-call doctor should be contacted first. DON stated she feels R1's situation occurred largely because staff did not recognize how serious it was for someone to miss dialysis and the seriousness of fluid overload. DON stated after R1's hospitalization they started education for the staff which included in-person education on how to respond to missed dialysis treatment and an online training through HealthcareAcademy.com addressing chronic kidney disease which included signs and symptoms of fluid overload and dialysis. The online education was required to be completed by

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F 698	Continued From page 10	F 698		

nursing staff by 5/23/22. DON provided a copy of three reminders which were sent to the staff to complete the training by 5/23/22. DON stated LPN-B contacted Davita Dialysis to ask them what they wanted them to do if someone missed dialysis again and they told her to send them to the ER if they miss a run.

On 6/6/22, at 4:07 p.m. interviewed RN-C who stated she had not received any training regarding dialysis or fluid overload after 4/30/22. RN-C stated weights for dialysis patients should be performed daily.

On 6/6/22, at 4:18 p.m. interviewed LPN-C who stated he had not received any training regarding dialysis or fluid overload after 4/30/22. LPN-C stated their policy was to do weights and vital signs before they leave for dialysis and after they return as well. LPN-C stated they do not track input and output as far as he knows for dialysis residents.

On 6/6/22, at 4:24 p.m. interviewed LPN-D who stated the facility did daily weights for dialysis residents. LPN-D was only able to identify edema and weight as concerning signs and symptoms of fluid overload. LPN-D stated they do track input and output for patients on dialysis and it was in the computer, he stated he would not know where to find it in the computer. LPN-D had not had any training regarding dialysis or fluid overload after 4/30/22.

Healthcare Academy online training completion log, provided by the DON on 6/6/22, indicated only 9 out of the 23 LPNs and RNs listed on the staff phone roster and training completion log had completed the training. The due date for

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F 698	Continued From page 11 completion of the training was 5/23/22. The facility Dialysis Communication and Site Monitoring policy, last reviewed on 10/24/21, indicated the facility will assist with transportation to offsite dialysis centers. The policy did not address missed dialysis appointments or how to respond and communicate missed dialysis appointments. The facility Weight Monitoring policy, last reviewed on 10/24/21, indicated newly admitted residents were to be weighed weekly for 4 weeks. The policy did not address dialysis. The IJ was removed on 6/7/22, at 2:29 p.m. when the facility implemented corrective action including updating weight and dialysis policies on 6/7/22. Care plan updates for R2 on 6/7/22. Obtaining baseline weight and vital signs for R2 on 6/7/22. Education for nursing staff including dialysis protocol, notification of physician, coordination of care with dialysis, and monitor/assessment of signs and symptoms of fluid overload; the majority of education was completed on 6/6/22 and 6/7/22 with a plan to continue education for staff prior to the start of their next shift. Obtaining daily weights for dialysis residents and notify provider of a 3lb or more weight gain. Audits will be conducted by the DON and/or designee daily through daily weights of dialysis residents starting on 6/7/22. Knowledge check audits to be completed by the DON and/or designee 3 times per week on random shifts	F 698		

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
June 14, 2022

Administrator
St Anthony Health & Rehabilitation
3700 Foss Road Northeast
St Anthony, MN 55421

Re: Event ID: K3B011

Dear Administrator:

The above facility survey was completed on June 7, 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,

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poepping@state.mn.us

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	00522	A. BUILDING: _____ B. WING _____	06/07/2022

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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 6/6/22 and 6/7/22, 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 SUBSTANTIATED: H52671206C (MN00083250)	2 000		

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2 000	Continued From page 1 The Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction. You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at <https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html> The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY.	2 000		

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2 000	Continued From page 2 THIS WILL APPEAR ON EACH PAGE.	2 000		