Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

May 27, 2025

Administrator
Martin Luther Care Center
1401 East 100th Street
Bloomington, MN 55425

RE: CCN: 245272
Cycle Start Date: April 3, 2025
Event ID: Z47W11

Dear Administrator

On April 3, 2025, a survey was completed at your facility by the Minnesota Department of Health to investigate a complaint 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. The investigation resulted in no deficiencies being issued.

At the time of the investigation, the investigator also assessed compliance with Minnesota Department of Health Nursing Home Rules. The investigator from the Minnesota Department of Health, found no violations of these rules promulgated under Minnesota Statute section 144.653 and/or Minnesota Statute section 144A.10.

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. Electronically attached is your copy of the Federal Form CMS-2567 stating that no violations were noted at the time of this investigation.

Please contact me if you have any questions.

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
	245272	A. BUILDING _____ B. WING _____	C 01/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARTIN LUTHER CARE CENTER	1401 EAST 100TH STREET BLOOMINGTON, MN 55425

(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 1/2/25, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaints were reviewed. H52723562C (MN00109070) F880 Deficient practice was identified related to incidental finding. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	F 000		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program.	F 880		1/31/25

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

Electronically Signed | 01/23/2025

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 880	Continued From page 1 The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and	F 880		

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F 880	Continued From page 2 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observations and interviews, the facility failed to wear proper personal protective equipment for residents who were on droplet precautions for one of ten residents (R8) reviewed for personal protective equipment and precautions. Findings include: Observation on 1/2/25 at 4:11 p.m. showed R8 had a contact, droplet, and eye protection sign on the door. The sign indicated when entering R8's room, you should have clean hands, follow the droplet precautions by wearing a mask, eye protection if splashed/sprayed, gown, gloves, mask, and eye protection. Nursing assistant (NA)-A was observed walking into R8's room with a surgical mask, and reusable gown, no eye protection, or gloves. At 4:13 p.m., NA-A came out of R8's room and removed his gown but did not change his mask or wash his hands.	F 880	Director of Nursing and Infection Preventionist reviewed infection control signage facility wide for individuals on various precautions. Signage was simplified for staff to utilize when entering patient rooms who are on precautions. All staff at Martin Luther Care Center will be re-educated on our inflection control policy and procedure, as well as proper PPE use. Staff will be educated on the different types of precautions and what PPE is needed for each, including droplet precautions as addressed in the statement of deficiencies report. Staff will be educated on the new signage around the building and what to look for when entering patients' room who are on precautions. Audits will be completed three times a week for six weeks to ensure staff are	

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F 880	Continued From page 3 R8's Face sheet printed on 1/2/25 indicated R8 was admitted to the facility on 8/5/22 with a primary diagnosis of moderate protein-calorie malnutrition. R8's additional diagnoses included cold autoimmune hemolytic anemia and symptoms and signs involving cognitive functions and awareness. R8's brief interview for mental status (BIMS) assessment dated 12/12/24 indicated R8 had a score of 15, which indicated R8 was cognitively intact. R8's progress note dated 1/2/25 indicated R8 had an episode of vomiting in the morning and had claimed that her stomach had been upset from the night before. R8 had been feeling nauseous and weak. R8's vitals had been within her baseline. R8's COVID test was negative. R8's special instructions in her banner printed 1/2/25 indicated R8 had droplet and contact precautions for gastrointestinal symptoms. During an interview on 1/2/25 at 12:35 p.m., NA-C stated the contact, droplet, and eye protection sign on a resident's door means you should wear a N95 mask, face shields, googles, a gown, and gloves. During an interview on 1/2/25 at 12:56 p.m., NA-D stated for contact and droplet precautions you must wear a gown and gloves on when entering and you would take them off immediately before exiting the resident's room. NA-D stated he was not using an N95 mask when entering contact and droplet precaution rooms because the facility did not have any.	F 880	using proper PPE when entering resident rooms with precautions. Audits will be reviewed quarterly by the Quality Assurance Performance Improvement (QAPI) Committee to ensure compliance. The Director of Nursing or designee is responsible for compliance.	

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F 880	Continued From page 4 During an interview on 1/2/25 at 1:22 p.m. registered nurse (RN)-B stated she would expect any person who entered a resident's room who had contact and/or droplet precautions would wear a N95 mask, gown, and gloves. During an interview on 1/2/25 at 1:37 p.m., RN-C stated if a resident has droplet precautions, staff should wear a N95 mask and eye protection. For contact precautions, staff should wear a gown, gloves, and mask. RN-C stated she will sometimes wear eye protection when caring for a resident who is on contact precautions. During an interview on 1/2/25 at 4:15 p.m., RN-D stated R8 was vomiting in the morning and had felt weak. RN-D stated he thought it could be norovirus. RN-D stated he would expect masks to be changed and eye wear to be worn when going into R8's room. During an interview on 1/2/25 at 4:21 p.m., NA-A stated he did not know R8 was on any precautions. NA-A stated he did not know R8 had any precautions or why she was on those precautions. During an interview on 1/2/25 at 4:25 p.m. the infection preventionist (IP) stated if someone was going into a room with any precautions on it, then they would need to follow the sign. IP stated the facility's first COVID 19 positive resident was on 12/30/24. IP stated the facility has the norovirus running "rampant" throughout the facility. During an interview on 1/2/25 at 4:35 p.m., the director of nursing (DON) stated all staff and visitors should follow the PPE sign on the resident's doors. In COVID 19 rooms, N95 masks	F 880		

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F 880	Continued From page 5 should be worn. During an interview on 1/2/25 at 4:40 p.m., the administrator stated all staff and visitors need to follow the precaution signs on a resident's door. The facility's Transmission/Isolation Precautions policy indicated the equipment necessary to carry out precautions or isolations are gowns, goggles/face shields, mask, gloves, and performing hand hygiene.	F 880		

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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 1/2/25, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing order(s) were issued. Please indicate in your electronic plan of correction you have reviewed these orders and	2 000		

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2 000	Continued From page 1 identify the date when they will be completed. The following complaints were reviewed. H52723562C (MN00109070) with a licensing order issued at (1385). 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	2 000		

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2 000	Continued From page 2 state form. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.	2 000		
21385	MN Rule 4658.0800 Subp. 3 Infection Control; Staff assistance Subp. 3. Staff assistance with infection control. Personnel must be assigned to assist with the infection control program, based on the needs of the residents and nursing home, to implement the policies and procedures of the infection control program. This MN Requirement is not met as evidenced by: Based on observations and interviews, the facility failed to wear proper personal protective equipment for residents who were on droplet precautions for one of ten residents (R8) reviewed for personal protective equipment and precautions. Findings include: Observation on 1/2/25 at 4:11 p.m. showed R8 had a contact, droplet, and eye protection sign on the door. The sign indicated when entering R8's room, you should have clean hands, follow the droplet precautions by wearing a mask, eye protection if splashed/sprayed, gown, gloves, mask, and eye protection. Nursing assistant (NA)-A was observed walking into R8's room with a surgical mask, and reusable gown, no eye	21385	Corrected.	1/31/25

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21385	Continued From page 3 protection, or gloves. At 4:13 p.m., NA-A came out of R8's room and removed his gown but did not change his mask or wash his hands. R8's Face sheet printed on 1/2/25 indicated R8 was admitted to the facility on 8/5/22 with a primary diagnosis of moderate protein-calorie malnutrition. R8's additional diagnoses included cold autoimmune hemolytic anemia and symptoms and signs involving cognitive functions and awareness. R8's brief interview for mental status (BIMS) assessment dated 12/12/24 indicated R8 had a score of 15, which indicated R8 was cognitively intact. R8's progress note dated 1/2/25 indicated R8 had an episode of vomiting in the morning and had claimed that her stomach had been upset from the night before. R8 had been feeling nauseous and weak. R8's vitals had been within her baseline. R8's COVID test was negative. R8's special instructions in her banner printed 1/2/25 indicated R8 had droplet and contact precautions for gastrointestinal symptoms. During an interview on 1/2/25 at 12:35 p.m., NA-C stated the contact, droplet, and eye protection sign on a resident's door means you should wear a N95 mask, face shields, googles, a gown, and gloves. During an interview on 1/2/25 at 12:56 p.m., NA-D stated for contact and droplet precautions you must wear a gown and gloves on when entering and you would take them off immediately before exiting the resident's room. NA-D stated he was not using an N95 mask when entering	21385		

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21385	Continued From page 4 contact and droplet precaution rooms because the facility did not have any. During an interview on 1/2/25 at 1:22 p.m. registered nurse (RN)-B stated she would expect any person who entered a resident's room who had contact and/or droplet precautions would wear a N95 mask, gown, and gloves. During an interview on 1/2/25 at 1:37 p.m., RN-C stated if a resident has droplet precautions, staff should wear a N95 mask and eye protection. For contact precautions, staff should wear a gown, gloves, and mask. RN-C stated she will sometimes wear eye protection when caring for a resident who is on contact precautions. During an interview on 1/2/25 at 4:15 p.m., RN-D stated R8 was vomiting in the morning and had felt weak. RN-D stated he thought it could be norovirus. RN-D stated he would expect masks to be changed and eye wear to be worn when going into R8's room. During an interview on 1/2/25 at 4:21 p.m., NA-A stated he did not know R8 was on any precautions. NA-A stated he did not know R8 had any precautions or why she was on those precautions. During an interview on 1/2/25 at 4:25 p.m. the infection preventionist (IP) stated if someone was going into a room with any precautions on it, then they would need to follow the sign. IP stated the facility's first COVID 19 positive resident was on 12/30/24. IP stated the facility has the norovirus running "rampant" throughout the facility. During an interview on 1/2/25 at 4:35 p.m., the director of nursing (DON) stated all staff and	21385		

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21385	Continued From page 5 visitors should follow the PPE sign on the resident's doors. In COVID 19 rooms, N95 masks should be worn. During an interview on 1/2/25 at 4:40 p.m., the administrator stated all staff and visitors need to follow the precaution signs on a resident's door. The facility's Transmission/Isolation Precautions policy indicated the equipment necessary to carry out precautions or isolations are gowns, goggles/face shields, mask, gloves, and performing hand hygiene. SUGGESTED METHOD OF CORRECTION: The Director of Nursing or designated person to determine how the deficiency occurred, review policies and procedures, revise as necessary, educated staff on revisions, and monitor to ensure compliance. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	21385		