



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
May 9, 2019

Administrator
Edenbrook Of Edina
6200 Xerxes Avenue South
Richfield, MN 55423

RE: Project Number H5275094 and H5275095C

Dear Administrator:

On March 18, 2019, we informed you that the following enforcement remedy was being imposed:

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective May 13, 2019.

This department also recommended that CMS impose a civil money penalty on March 18, 2019 and March 20, 2019. You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

- Civil money penalty. (42 CFR 488.430 through 488.444)

This was based on the deficiencies cited by this Department for abbreviated standard surveys completed on February 22, 2019 and March 8, 2019. The most serious deficiencies were found to be isolated deficiencies that constituted actual harm that was not immediate jeopardy (Level G) whereby corrections were required.

On April 10, 2019, the Minnesota Department of Health completed a Post Certification Revisit (PCR) to verify that your facility had achieved and maintained compliance with federal certification deficiencies issued pursuant to an abbreviated standard survey, completed on February 22, 2019. Based on our visit, we have determined that your facility has corrected the deficiencies.

In addition, on April 10, 2019, the Minnesota Department of Health, completed a PCR by review of your plan of correction to verify that your facility had achieved and maintained compliance with federal certification deficiencies issued pursuant to an abbreviated standard survey, completed on March 8, 2019. Based on our visit, we have determined that your facility has corrected the deficiencies.

As a result of the revisit findings, this Department recommended to the CMS Region V Office the following action related to the imposed remedy:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective May 13,

Edenbrook Of Edina

May 9, 2019

Page 2

2019 be rescinded effective April 2, 2019. (42 CFR 488.417 (a))

In addition, this Department recommended to the CMS Region V Office the following actions related to the recommended remedy:

- Civil money penalty. (42 CFR 488.430 through 488.444)

The CMS Region V Office will notify you of their determination regarding the imposed remedies and appeal rights.

In our letter of March 13, 2019, in accordance with Federal law, as specified in the Act at Section 1819(f)(2)(B)(iii)(I)(b) and 1919(f)(2)(B)(iii)(I)(b), your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from May 13, 2019, due to denial of payment for new admissions. Since your facility attained substantial compliance on April 2, 2019, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Feel free to contact me if you have questions.

Sincerely,



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

cc: Licensing and Certification File



Protecting, Maintaining and Improving the Health of All Minnesotans

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March 18, 2019

Administrator
Edenbrook Of Edina
6200 Xerxes Avenue South
Richfield, MN 55423

RE: Project Number H5275094

Dear Administrator:

On February 22, 2019, an abbreviated standard survey was completed at your facility by the Minnesota Departments of Health and Public Safety to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs. This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted actual harm that was not immediate jeopardy (Level G), as evidenced by the electronically delivered CMS-2567, whereby significant corrections are required.

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 May 13, 2019.

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective May 13, 2019. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective May 13, 2019.

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.

This Department is also recommending that CMS impose a civil money penalty. You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

- Civil money penalty. (42 CFR 488.430 through 488.444)

NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than \$10,483; has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

If you have not achieved substantial compliance by May 13, 2019, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, Edenbrook Of Edina will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from May 13, 2019. You will receive further information regarding this from the State agency. This prohibition is not subject to appeal. Further, this prohibition remains in effect for the specified period even though selected remedies may be rescinded at a later date if your facility attains substantial compliance. However, under Public Law 105-15, you may contact the State agency and request a waiver of this prohibition if certain criteria are met.

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.

Edenbrook Of Edina

March 18, 2019

Page 3

DEPARTMENT CONTACT

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

**Susie Haben, Unit Supervisor
Metro A Survey Team
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: susie.haben@state.mn.us
Phone: (651) 201-3794 Fax: (651) 215-9697**

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 August 22, 2019 (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.

Edenbrook Of Edina

March 18, 2019

Page 4

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

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.

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

Edenbrook Of Edina

March 18, 2019

Page 5

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: http://www.health.state.mn.us/divs/fpc/profinfo/ltc/ltc_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: <http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm>

Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

Feel free to contact me if you have questions.

Sincerely,



Kamala Fiske-Downing
Licensing and Certification Program
Minnesota Department of Health
P.O. Box 64900
St. Paul, MN 55164-0900
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us

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

PRINTED: 06/25/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245275	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/22/2019
NAME OF PROVIDER OR SUPPLIER EDENBROOK OF EDINA			STREET ADDRESS, CITY, STATE, ZIP CODE 6200 XERXES AVENUE SOUTH RICHFIELD, MN 55423		
(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 An abbreviated standard survey was conducted February 15, 19, and 22, 2019, to investigate complaint H5275094C. Edenbrook of Edina is not in compliance with 42 CFR Part 483, subpart B, requirements for Long Term Care Facilities. H5275094C was substantiated at F689. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's 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 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 689 SS=G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to identify and consistently implement interventions to prevent falls and/or injury when intoxicated for 1 of 3 (R1) residents	F 689	F689 R1 discharged from the facility on 2/18/19.	4/2/19	

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

TITLE

(X6) DATE
03/21/2019

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 689	<p>Continued From page 1</p> <p>reviewed for accidents. R1 sustained harm when she fell and required emergency services for a laceration when intoxicated.</p> <p>Findings Include:</p> <p>R1's admission record dated 5/22/2018, identified diagnoses of, acute cystitis without hematuria, Colles' fracture of right radius, hypertension, insomnia, unspecified alcohol abuse...Fall on same level from slipping, tripping, and stumbling without subsequent striking against an object, major depressive disorder, recurrent..."</p> <p>R1's Care Plan printed 2/11/19, revealed, "I HAVE AN ALTERATION IN SAFETY RELATED TO MY CO MORBIDITIES AS EVIDENCED BY HISTORY OF FALLS. MY CO MORBIDITIES ARE CLOSED COLLES FRACTURE RIGHT RADIUS FALL, ACUTE CYSTITIS WITHOUT HEMATURIA, UTI, INSOMNIA DUE TO STRESS, ALCOHOL ABUSE...The resident is resistive to care r/t [related to] drinking. Resident is at a high fall risk when drinking." Care Plan Interventions listed as:</p> <ul style="list-style-type: none"> -Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. Date Initiated: 06/04/2018 -Encourage and educate resident on waiting for clear paths are made prior to proceeding Date Initiated: 09/05/2018, Revision on: 09/10/2018 - ER Visit Date Initiated: 01/11/2019 - Follow facility fall protocol. Date Initiated: 06/04/2018 -Gripper socks. Date Initiated: 12/31/2018 -Check resident for alcohol/medication each time 	F 689	<p>Residents records reviewed for active substance abuse concerns that could affect their safety or the safety of other residents. At this time no active substance abuse concerns are noted. Falls since 3/1/19 have been reviewed to ensure plan of care was updated with new intervention related to falls.</p> <p>Education provided to nurses on the process for managing and monitoring of resident under the influence of alcohol. Nurse will assess and document current situation and clinical status of resident including but not limited to cognition, vital signs, steadiness with mobility, and coordination. Increased supervision of resident will be provided based on nursing assessment. Interventions and supervision provided while resident is under the influence of alcohol will be documented in progress notes. Physician and resident's responsible party will be made aware of resident's condition. Education also provided regarding at the time of fall the plan of care needs to be updated with a new intervention to protect the resident from further incidents.</p> <p>Incident reports, care plans, and progress notes related to incidents will be audited weekly for four weeks then monthly times 2 months to ensure resident assessment and interventions have been documented as educated in progress notes and care plans. Audits will be reviewed monthly with QAPI Committee.</p> <p>DON and/or designee are responsible for</p>		

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F 689	<p>Continued From page 2</p> <p>she returns from outings, See MAR (medication administration record). Date Initiated: 01/13/2019</p> <p>- PT (physical therapy) evaluate and treat as ordered or PRN (as needed). Date Initiated: 06/04/2018</p> <p>- Re-educate of risks of falls while using alcohol while on medications, PRN (as needed) Date Initiated: 10/18/2018</p> <p>- The resident needs a safe environment with: even floors free from spills and/or clutter. Date Initiated: 10/02/2018, Revision on: 10/03/2018.</p> <p>R1's Care Plan lacked evidence for interventions to implement to reduce falls when found to be intoxicated and at high risk of falling. Facility Fall Reduction Policy addresses, "...4. If the fall is not witnessed or the resident hit his/her head, initiate neurological checks based on the Neurological Status Evaluation. 5. Evaluate/assess resident for injury....7. Document in the clinical record summary of the fall including, but not limited to, assessment, intervention and resident response. 8. Immediate intervention will be added to the plan of care and communicated to caregivers." In the same policy under the heading SYSTEMS FOR QUALITY ASSURANCE, indicated "...2. Resident with falls will be reviewed at Risk Management Committee meetings to identify root cause, effectiveness of interventions, and to make care plan revisions as appropriate..."</p> <p>R1's Kardex Report printed 2/22/19, identified R1 as primarily independent with activities of daily living with a notation under DRESSING/GROOMING/HYGIENE indicating, "Resident needs limited extensive assistance with transfers, bed mobility, dressing, grooming, toileting while under the influence of alcohol."</p>	F 689	monitoring compliance.		

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F 689	<p>Continued From page 3</p> <p>Progress note dated 1/28/19, at 8:11 p.m. revealed, "Resident intoxicated, meds held, BP [blood pressure] 105/59. Did not go to store on this shift, but did have alcohol in the bed."</p> <p>Progress notes lacked evidence interventions were implemented to reduce potential fall.</p> <p>Progress note dated 1/28/19, at 9:45 p.m. revealed, "Resident sustained a fall with head injury on 1/28/2019 at 2045 [8:45 p.m.]. Per primary nurse resident was intoxicated at time of fall, one empty bottle of vodka was found in resident's room. Writer suggested ice application to resident's head injury, writer asked resident if she had drank alcohol and resident responded 'Yes, I had four bottles of vodka...'. writer asked resident if she went out on the evening of 1/28/2019 to buy alcohol and resident responded 'Yes', asked resident if she informed nursing staff that she was going outside of the facility and she responded "No", per resident she was checked at the front desk and on the unit when she returned, but primary nurse and NAR denied checking resident because they were not aware that resident went outside of the facility. Writer called resident's daughter and her son-in-law tried talking her into going to the hospital but resident refused stating 'I just want to go to sleep, I'm not going to the hospital'. Primary nurse updated to provide frequent monitoring, update TCP, and oncoming shift to continue frequent monitoring. Fall assessment to be completed."</p> <p>Progress notes lacked evidence frequent monitoring was implemented.</p> <p>Progress Note dated 1/28/19, at 23:32 [11:32</p>	F 689			

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F 689	<p>Continued From page 4</p> <p>p.m.] revealed, "Resident fell 2nd time. Unwitnessed. Laceration to back of head. Vitals and neuros taken. 911 called."</p> <p>Progress note dated 1/29/2019, at 2:50 a.m. revealed, "Resident came back from ER at 0240 [2:40 a.m.] on a wheel chair. She had 2 stitches at the back of the head. Will continue to monitor."</p> <p>No changes were identified in the Care Plan following falls on 1/28/19.</p> <p>Progress notes dated 2/9/19, at 11:33 p.m. "Resident suspected by her primary nurse to be intoxicated, so primary nurse notified writer. Before writer responded to resident's room primary nurse saw resident getting out of bed attempting to walk but was very unsteady, so primary nurse assisted resident with walking to the bathroom. Writer suggested that resident be monitored at the nurses station to prevent her from attempting to self transfer d/t [do to] her unsteady gait. Resident was compliant with writer's suggestion temporarily but soon started insisting on going back to her room to lay down. Resident was assisted back to her room but not left alone as writer and primary nurse suspected that she would attempt self transfer and fall AEB previous hx. Writer briefly monitored resident while she laid in bed, later assigned an aid to continue monitoring resident and to assist her with transfer as needed. Writer also instructed NARs to rotate monitoring resident until resident is sober and safe to self transfer. Intervention was effective as resident did not self transfer and fall. Oncoming shift updated to continue intervention.</p> <p>During an interview on 2/22/19, at 8:54 a.m.</p>	F 689			

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F 689	<p>Continued From page 5</p> <p>nursing assistant (NA)-A indicated R1 would require 15 minute checks if found to be intoxicated. NA-A also stated the facility fall protocol is to inform the charge nurse and they would communicate a plan.</p> <p>On 2/22/19, at 9:04 a.m. registered nurse (RN)-A indicated a protocol to check R1's person for alcohol when returning from an independent community outing, adding if R1 was found to be intoxicated RN-A would report up the chain, update the doctor, hold medications, check level of consciousness and implement safety checks every 15 minutes. Additionally, if a fall was unwitnessed, RN-A stated he would start neurological checks.</p> <p>The director of nursing (DON) was interviewed on 2/22/19, at 11:17 a.m. She stated when R1 was intoxicated they "would provide safety, make sure her environment is clear, and try to make sure she is seated, because she likes to walk around. We would try to figure out where she got it [alcohol], and where it is. Also would notify her physician of her current state. We had a couple different supervisions for [R1], one was hourly, but during the cold snap, we did 15 minute checks to make sure she wasn't getting out." DON went on to indicate the facility completed hourly checks when R1 was intoxicated and the documentation for those checks would be in the medication administration record [MAR]. The DON looked in record during interview and stated she did not see the hourly checks, just the checks to search for alcohol, adding "they were unsure where she she was hiding alcohol, because they would check her and not find anything, and then later they would find something." She continued by revealing the MAR listed checks every 2 hours</p>	F 689			

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NAME OF PROVIDER OR SUPPLIER EDENBROOK OF EDINA			STREET ADDRESS, CITY, STATE, ZIP CODE 6200 XERXES AVENUE SOUTH RICHFIELD, MN 55423		
(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 689	<p>Continued From page 6</p> <p>after an outing to make sure she didn't hide anything but there should be a period of 15 minute checks, and a period of hourly checks for the 28th. DON stated R1's normal routine was to "come along in her walker, tell the nurse she was leaving and ordered a cab." R1 would typically go to target, drug store, etc. They asked when she would return. She would sign out and they knew she left with a cab. Then (upon R1's return) she would come and sign in, say she was back and then go to her room. When asked directly about January 28th intoxication, DON stated they should have started hourly checks when they first identified she was intoxicated and documented those is the MAR. When asked about "frequent monitoring" and what level of supervision is this considered, and is that supervision documented anywhere? DON said, she would expect 1:1 monitoring, and that she believed that was the normal practice based on how the nurses talk to each other. DON added she would go back and look for more documentation and will ask the nurses what was going on January 28th.</p> <p>On 2/22/19, at 1:00 p.m. the DON followed up to communicate she could not find charting for January 28th. RN-B was introduced as the charge nurse on shift during the time of R1's falls. RN-B was interviewed and she stated that she did not get a call about the alcohol being found, she was not contacted after the first fall on 1/28/19, at 8:45 p.m.. It was reported that R1 fell and RN-B stated she was working on another floor and went down to see what was going on. R1 had a little bit of bleeding on the tip back of her head. RN-B instructed them to put ice on it to prevent swelling. R1 told her she went out and drank. RN-B stated she was still pretty new to the facility at that time and did not know the history of</p>	F 689			

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

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F 689	Continued From page 7 R1 but knew that she drank and then typically slept it off. She stated that she told nursing to hold meds, and called the primary. She further instructed for R1 to be watched closely with "frequent monitoring" which meant that staff should stay close to the door to be able to peek in and monitor R1. However, frequent monitoring did not occur. RN-B went on to reveal, after going back to her floor to pass medications, she got another call about R1 having another fall. At that point, RN stated, "They called the daughter and son in law, and then tried again to get her to go to hospital [she refused the 1st time], and said you [R1] really need to go in because you [R1] hit your head. She still said no, but I said I would call 911 and not accept no, then at least someone could come look at her, and then she could decide to go or not." Regarding an incident where R1 was intoxicated on 2/9/19, and R1 was provided 1:1 monitoring to prevent a fall, RN-B stated that she was the charge nurse and did not have to be on a specific floor so she was able to supervise explaining that when she was got the call [R1] had attempted to transfer and and was intoxicated, I went and sat with her for a bit. At that time I knew if [R1] is left alone, she gets up, tries to go to bathroom, etc. So that prompted me to ask her to go to the desk with me while I charted, and asked her about her past to distract her. She finally wanted to get back to her room, and so I went with her and stayed with her a while in her room. We don't have 1:1 so I had to think how to keep an eye on her. I called the other floors, and asked if an aide could come down and stay with her since that floor was a little bit lighter. I told the aide to stay in her room. The aide stayed with [R1] and assisted her if she tried to get out of bed." RN-B was asked about protocols the facility has, she stated she was trained on all	F 689			

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F 689	Continued From page 8 protocols, including fall protocol at orientation. RN-B stated she believed she also was in contact with the assistant director of nursing (ADON) on January 28th and ended by stating, "she was not aware how bad [R1] could get from drinking, and said that when she fell the second time on 1/28, she felt awful and knew that they could not let it happen again."	F 689			



Protecting, Maintaining and Improving the Health of All Minnesotans

March 13, 2019

Administrator
Edenbrook Of Edina
6200 Xerxes Avenue South
Richfield, MN 55423

RE: Project Number H5275094C

Dear Administrator

On February 22, 2019, an abbreviated standard survey was completed at your facility by the Minnesota Department of Health to investigate complaint number H5275094C to determine if your facility was in 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 note it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Feel free to contact me if you have questions

Sincerely,

A handwritten signature in black ink that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing
Licensing and Certification Program
Minnesota Department of Health
P.O. Box 64900
St. Paul, MN 55164-0900
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00740	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2019
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NAME OF PROVIDER OR SUPPLIER EDENBROOK OF EDINA	STREET ADDRESS, CITY, STATE, ZIP CODE 6200 XERXES AVENUE SOUTH RICHFIELD, MN 55423
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2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: A complaint investigation was conducted to investigate complaint #H5275094C. As a result the following correction orders are issued. The facility has agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health informational Bulletin 14-01, available at</p>	2 000		

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

Electronically Signed

TITLE

(X6) DATE
03/21/19

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00740	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2019
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2 000	Continued From page 1 http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the work "corrected" in the box available for text. 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.	2 000		