Electronically delivered
May 31, 2019

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

RE: Project Numbers H5275104C, H275099C, H5275101C, H5275098C, H5275097C, H5275105C, H5275100C, H5275102C, H5275103C

Dear Administrator:

On May 10, 2019, an abbreviated standard survey was completed at your facility by the Minnesota Departments of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs. In addition, at the time of the May 10, 2019 abbreviated standard survey the Minnesota Department of Health completed an investigation of complaint number H5275104C, H275099C that were found to be substantiated.

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. Also, at the time of the May 10, 2019 abbreviated standard survey the Minnesota Department of Health completed an investigation of complaint numbers H5275101C, H5275098C, H5275097C, H5275105C, H5275100C, H5275102C, H5275103C, that was found to be unsubstantiated.

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(ies) 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 July 29, 2019.

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective July 29, 2019. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective July 29, 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:

- 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.

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 July 29, 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 July 29, 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.

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:

Elizabeth Silkey, Unit Supervisor
Mankato District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
12 Civic Center Plaza, Suite #2105
Mankato, MN 56001
Email: elizabeth.silkey@state.mn.us
Phone: 651-201-3784
Fax: (507) 344-2723

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 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 November 10, 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.

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
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 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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245275	A. BUILDING _____ B. WING _____	C 05/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDENBROOK OF EDINA	**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 On 5/6/19 through 5/10/19 an abbreviated survey was completed at your facility to conduct complaint investigations. Your facility was found not to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. The following complaints were found to be substantiated: H#5275104C with deficiency issued at F760 and H# 5275099C at F697. The following complaints were found to be unsubstantiated: H5275101C - Unsubstantiated H5275098C - Unsubstantiated H5275097C - Unsubstantiated H5275105C - Unsubstantiated H5275100C - Unsubstantiated H5275102C - Unsubstantiated H5275103C - Unsubstantiated 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 697	Pain Management	F 697		6/5/19

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

Electronically Signed | 06/06/2019

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245275	A. BUILDING _____ B. WING _____	C 05/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDENBROOK OF EDINA	**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 697 SS=G	Continued From page 1 CFR(s): 483.25(k) §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require 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 observation, interview and record review, the facility failed to ensure 2 of 3 residents (R9, R16) reviewed for pain, received pain medications in a timely manner. This resulted in actual harm for R9 who experienced severe pain when the facility did not administer his narcotic pain medication in a timely fashion resulting in R9 calling 911 and requiring hospitalization for pain control. The findings include: R9 was admitted to the facility at 3:00 p.m. on 12/8/18, with diagnosis of low back pain following a surgical procedure of L2-4 lateral fusion (lumbar vertebrae are fused together with bone and hardware into one solid unit) on 12/4/18. Physician orders dated 12/8/18, included orders for acetaminophen (a pain reliever) 650 milligrams (mg) every 4 hours as needed (PRN) pain (last given at hospital on 12/8/18, at 2:01 p.m.), Valium (a controlled substance with a calming effect) 2.5-5 mg every 6 hours PRN muscle spasms (last given at hospital on 12/8/18, at 10:22 a.m.), and oxycodone (a narcotic drug for moderate to severe pain control) 5-10 mg every 4 hours PRN pain (last given in hospital on 12/8/18, at 2:01 p.m.)	F 697	R9 and R16 have been discharged from the facility. Residents admitted to the facility are assessed for pain directly upon admission. If pain medication is needed prior to arrival of medication from pharmacy medication is removed from on site Omnicell. Residents triggering for long and short stay pain quality measures have been reassessed to ensure pain interventions are in place and effective. Plan of care updated as appropriate. Education provided to licensed staff on assessing and documenting pain upon admission. Licensed staff also received education on using Omnicell to obtain medications. New admissions will be audited weekly for four weeks then monthly for 2 months to ensure pain has been assessed and managed upon admission. IDT will review any pain concerns in daily clinical meeting and appropriate follow up completed. Audits will be reviewed monthly in QAPI. DON and/or designee are responsible for monitoring compliance. Completion date: 6/5/19	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245275	A. BUILDING _____ B. WING _____	C 05/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDENBROOK OF EDINA	**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 697	Continued From page 2 During interview on 5/6/19, at 2:47 p.m. R9 stated he started having pain in his back shortly after he arrived at facility, and requested medication to which staff told him it was too soon and he would have to wait. R9 then asked for some ice to be applied to his back. R9 indicated staff brought him a pillowcase of ice cubes without the ice contained in a plastic bag, and it started to melt right away getting his bed wet, but stated "it was better than nothing". R9 indicated he continued to complain of pain that afternoon and evening without any medication intervention. R9 stated the nurse told him there had been a "mix up" and his medications were not there yet. Around 11:00 p.m. R9 stated he finally received some medications but his pain was "out of control at that point". R9 stated he did not receive any relief from the pain medications he had received and around 2:00 a.m. on 12/9/18, he called 911 for lack of pain control. R9 further stated he was hospitalized for 3 days "just to get the pain under control". Review of December 2018, medication administration record (MAR), acetaminophen 500 mg, Valium 2.5 mg, and oxycodone 10 mg were administered at 11:06 p.m. (approximately 8 hours after R9 arrived at facility and 9 hours since previous administration of the medications). The nurse on duty no longer works for facility and was unable to be interviewed. During interview on 5/9/19, at 10:45 a.m. the director of nursing (DON) indicated Valium and oxycodone are medications available within the facility Omnicell (an automated medication dispensing system) and copy of scripts had been obtained prior to admission. DON verified there	F 697		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245275	A. BUILDING _____ B. WING _____	C 05/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDENBROOK OF EDINA	**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 697	Continued From page 3	F 697		

was no reason R9 should have had to wait for his pain medications.

R16 was admitted to facility on 5/1/19, around 4:30 p.m. with diagnosis of post total left knee replacement.

R16's physician orders included: morphine sulfate (a strong pain medicine that contains a narcotic used to manage severe pain) 15 mg every 12 hours for 3 days, then every bedtime for 4 days, and tramadol (a narcotic for moderate to severe pain) 50 mg 1-2 tablets every 6 hours PRN moderate pain. Scripts were sent to the facility with R16's orders at the time of the admission to facility.

R16's admission/readmit screener-V4 form dated 5/1/19, at 4:27 p.m. identified R16 had pain rated at "5" on a 1-10 pain scale from knee replacement.

Review of R16's May 2019, MAR identified R16 did not receive the scheduled morphine sulfate on 5/1/19, and did not have any tramadol PRN.

During interview on 5/9/19, at 8:45 a.m. DON stated morphine sulfate is available in the Omnicell and should have been administered evening of 5/1/19, as it was ordered every 12 hours starting on 5/1/19.

During interview on 5/10/19, at 12:00 p.m. registered nurse (RN)-A stated she had completed R16's admission paperwork on 5/1/19. RN-A stated upon review of MAR at this time, R16 should have received the scheduled morphine sulfate on the evening of 5/1/19 and she had "missed it" when entering the orders.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245275	A. BUILDING _____ B. WING _____	C 05/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDENBROOK OF EDINA	**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 697	Continued From page 4 RN-A further stated there is no system in place to double check orders entered by a nurse. RN-A further indicated she did not remember R16 having pain but was likely he had discomfort since he was post operative from knee surgery. The facility's policy titled, Automated Medication Dispensing System (AMDS) revised 10/31/16, included: facilities may use to access emergency medications, first dose, medically necessary medications and interim orders or routine medications. Medications removed from the AMDS must have a corresponding physician order.	F 697		
F 760 SS=G	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure physician orders were implemented, failed to notify the physician when doses were refused, and failed to identify lack of administration as a potentially significant medication error for 1 of 3 resident (R7) reviewed who was insulin dependent. This practice resulted in harm for R7 who required medical intervention and hospitalization when insulin was not administered in accordance with physician orders and provider was not updated. Findings include: R7's admission record dated 5/9/19, included diagnoses of type 1 diabetes mellitus (insulin	F 760	R7 has discharged from the facility. Medication administration record reviewed for residents in facility during the month of May for medications that were held by nursing to ensure orders were followed and MD/NP were updated appropriately. Education provided to licensed nurses that if medication is being held without an order the MD or NP must be updated for further orders. Point Click Care clinical dashboard will be monitored weekly for medications that were held. Medications that were held will be reviewed to ensure administration parameters were followed and MD/NP were updated per policy. Audits will be	6/5/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245275	A. BUILDING _____ B. WING _____	C 05/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDENBROOK OF EDINA	**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 760	Continued From page 5 dependent) and altered mental status. R7's quarterly Minimum Data Set (MDS) assessment dated 2/5/19, identified R7 with a Brief Interview for Mental Status (BIMS) score of 7, indicating severe cognitive impairment. The MDS did not identify any behaviors for R7. R7's current physician orders on 3/16/19, included: Humalog insulin (a short acting insulin)10 units subcutaneously three times per day with meals, hold Humalog insulin if blood glucose less than 100. Check blood glucose four times daily. Basaglar insulin (a long acting insulin) 40 units subcutaneously in the morning. Review of R7's medication administration record (MAR) dated 3/18/19, identified R7's morning blood sugar level was 429 (70-110 is normal range) and blood sugar level at noon was 349. A "9" was documented in the Humalog insulin administration for both morning and lunch, as well as the morning Basaglar insulin indicating to see progress notes. Progress notes on 3/18/19, identified both morning and noon dose of Humalog and morning Basaglar insulin was held due to resident refusing to eat. Nurse Practitioner (NP) called and was verbally updated on R7's condition. R7 was evaluated at hospital per NP order and later returned with new order for Zofran (a medication to prevent nausea) 4 milligrams by mouth every 8 hours as needed for nausea. Review of R7's MAR dated 3/19/19, identified a morning blood glucose level of 425 and noon blood glucose level of 378. The morning Humalog insulin 10 units was administered, however the morning Basaglar insulin and noon Humalog insulin were documented as refused by	F 760	reviewed monthly at QAPI. DON and/or designee are responsible for monitoring compliance. Completion date: 6/5/19	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245275	A. BUILDING _____ B. WING _____	C 05/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDENBROOK OF EDINA	**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 760	Continued From page 6 R7. On the afternoon of 3/19/19, NP evaluated R7 and provided new orders: Hold Humalog 10 units three times per day until R7 starts oral intake, decrease Basaglar to 20 units daily until starts oral intake then may increase back to 40 units. Review of progress notes dated 3/20/19 at 2:51 a.m. identified R7's blood glucose level at supper was 528, she did not eat supper, and Humalog insulin was held per orders. Around 12:05 a.m. R7 was transferred to hospital with blood glucose reading of "HI" (indicative of blood glucose greater than 500). R7 was admitted with a diagnosis of diabetic ketoacidosis (a life-threatening condition when your body doesn't have enough insulin and blood glucose is too high for too long). During interview on 5/9/19, at 9:00 a.m. director of nursing (DON) stated she expect nurses to hold insulin only with a physician order and not eating is not a valid reason to withhold a long acting insulin. During interview on 5/10/19, at 4:00 p.m. NP stated R7 was a fragile and complicated diabetic having multiple adjustments in her insulin orders during March 2019. NP stated the facility had informed her of holding R7's insulin on 3/18/19, prompting her to give them further orders with a decreased dose. NP stated the Basaglar insulin should not have been held and would expect to be notified if R7 refused the medication. NP indicated this would have contributed to her being hospitalized with diabetic ketoacidosis.	F 760		

Electronically Delivered

May 31, 2019

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

Re: State Nursing Home Licensing Orders - Complaint Numbers H5275104C, H275099C, H5275101C, H5275098C, H5275097C, H5275105C, H5275100C, H5275102C, H5275103C

Dear Administrator:

A complaint investigation was completed on May 10, 2019. At the time of the investigation, the investigator assessed compliance with Minnesota Department of Health Nursing Home Rules. The investigator from the Minnesota Department of Health, Office of Health Facility Complaints, noted one or more violations of these rules. These state licensing orders are issued in accordance with Minnesota Statute section 144.653 and/or Minnesota Statute Section 144A.10. If, upon reinspection, it is found that the violations cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.

To assist in complying with the licensing order(s), a “suggested method of correction” has been added. This provision is being suggested as one method that you can follow to correct the cited violation. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the violation within the established time frame is required. The “suggested method of correction” is for your information and assistance only.

The State licensing orders are delineated on the Minnesota Department of Health order form. The Minnesota Department of Health is documenting the state licensing 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 number and the corresponding text of 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 that are in violation of the state statute after the statement, "This Rule is not met as evidenced by." Following investigator's findings are the Suggested Method of Correction and the

Time Period For Correction.

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.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

When all licensing orders are corrected, the form should be signed and returned electronically to:

Elizabeth Silkey, Unit Supervisor
Mankato District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
12 Civic Center Plaza, Suite #2105
Mankato, MN 56001
Email: elizabeth.silkey@state.mn.us
Phone: 651-201-3784 Fax: (507) 344-2723

You may request a hearing on any assessments that result from non-compliance with these licensing orders by providing a written request to the Department within 15 days of receipt of a notice of assessment for non-compliance.

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.

Sincerely,

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

SVQN NH Orders EPOC

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00740	A. BUILDING: _____ B. WING _____	C 05/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDENBROOK OF EDINA	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) COMPLETE DATE
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 5/6 through 5/10/19, a survey was conducted to investigate complaints. Complaints # H5275104C and # H5275099C were substantiated and a correction order was issued at MN Rule 4658.0520 Subd. 1. Please indicate in your electronic plan of correction that you have reviewed these orders, and identify the date when	2 000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00740	A. BUILDING: _____ B. WING _____	C 05/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDENBROOK OF EDINA	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) COMPLETE DATE
2 000	Continued From page 1 they will be corrected.	2 000		
2 830	MN Rule 4658.0520 Subp. 1 Adequate and Proper Nursing Care; General Subpart 1. Care in general. A resident must receive nursing care and treatment, personal and custodial care, and supervision based on individual needs and preferences as identified in the comprehensive resident assessment and plan of care as described in parts 4658.0400 and 4658.0405. A nursing home resident must be out of bed as much as possible unless there is a written order from the attending physician that the resident must remain in bed or the resident prefers to remain in bed. This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure 2 of 3 residents (R9, R16) reviewed for pain, received pain medications in a timely manner. This resulted in actual harm for R9 who experienced severe pain when the facility did not administer his narcotic pain medication in a timely fashion resulting in R9 calling 911 and requiring hospitalization for pain control. The findings include: R9 was admitted to the facility at 3:00 p.m. on 12/8/18, with diagnosis of low back pain following a surgical procedure of L2-4 lateral fusion (lumbar vertebrae are fused together with bone and hardware into one solid unit) on 12/4/18.	2 830	Acknowledged	6/5/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00740	A. BUILDING: _____ B. WING _____	C 05/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDENBROOK OF EDINA	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) COMPLETE DATE
2 830	Continued From page 2 Physician orders dated 12/8/18, included orders for acetaminophen (a pain reliever) 650 milligrams (mg) every 4 hours as needed (PRN) pain (last given at hospital on 12/8/18, at 2:01 p.m.), Valium (a controlled substance with a calming effect) 2.5-5 mg every 6 hours PRN muscle spasms (last given at hospital on 12/8/18, at 10:22 a.m.), and oxycodone (a narcotic drug for moderate to severe pain control) 5-10 mg every 4 hours PRN pain (last given in hospital on 12/8/18, at 2:01 p.m.) During interview on 5/6/19, at 2:47 p.m. R9 stated he started having pain in his back shortly after he arrived at facility, and requested medication to which staff told him it was too soon and he would have to wait. R9 then asked for some ice to be applied to his back. R9 indicated staff brought him a pillowcase of ice cubes without the ice contained in a plastic bag, and it started to melt right away getting his bed wet, but stated "it was better than nothing". R9 indicated he continued to complain of pain that afternoon and evening without any medication intervention. R9 stated the nurse told him there had been a "mix up" and his medications were not there yet. Around 11:00 p.m. R9 stated he finally received some medications but his pain was "out of control at that point". R9 stated he did not receive any relief from the pain medications he had received and around 2:00 a.m. on 12/9/18, he called 911 for lack of pain control. R9 further stated he was hospitalized for 3 days "just to get the pain under control". Review of December 2018, medication administration record (MAR), acetaminophen 500 mg, Valium 2.5 mg, and oxycodone 10 mg were administered at 11:06 p.m. (approximately 8 hours after R9 arrived at facility and 9 hours since	2 830		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00740	A. BUILDING: _____ B. WING _____	C 05/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDENBROOK OF EDINA	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) COMPLETE DATE
2 830	Continued From page 3	2 830		

previous administration of the medications). The nurse on duty no longer works for facility and was unable to be interviewed.

During interview on 5/9/19, at 10:45 a.m. the director of nursing (DON) indicated Valium and oxycodone are medications available within the facility Omnicell (an automated medication dispensing system) and copy of scripts had been obtained prior to admission. DON verified there was no reason R9 should have had to wait for his pain medications.

R16 was admitted to facility on 5/1/19, around 4:30 p.m. with diagnosis of post total left knee replacement.

R16's physician orders included: morphine sulfate (a strong pain medicine that contains a narcotic used to manage severe pain) 15 mg every 12 hours for 3 days, then every bedtime for 4 days, and tramadol (a narcotic for moderate to severe pain) 50 mg 1-2 tablets every 6 hours PRN moderate pain. Scripts were sent to the facility with R16's orders at the time of the admission to facility.

R16's admission/readmit screener-V4 form dated 5/1/19, at 4:27 p.m. identified R16 had pain rated at "5" on a 1-10 pain scale from knee replacement.

Review of R16's May 2019, MAR identified R16 did not receive the scheduled morphine sulfate on 5/1/19, and did not have any tramadol PRN.

During interview on 5/9/19, at 8:45 a.m. DON stated morphine sulfate is available in the Omnicell and should have been administered evening of 5/1/19, as it was ordered every 12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00740	A. BUILDING: _____ B. WING _____	C 05/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDENBROOK OF EDINA	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) COMPLETE DATE
2 830	Continued From page 4 hours starting on 5/1/19. During interview on 5/10/19, at 12:00 p.m. registered nurse (RN)-A stated she had completed R16's admission paperwork on 5/1/19. RN-A stated upon review of MAR at this time, R16 should have received the scheduled morphine sulfate on the evening of 5/1/19 and she had "missed it" when entering the orders. RN-A further stated there is no system in place to double check orders entered by a nurse. RN-A further indicated she did not remember R16 having pain but was likely he had discomfort since he was post operative from knee surgery. The facility's policy titled, Automated Medication Dispensing System (AMDS) revised 10/31/16, included: facilities may use to access emergency medications, first dose, medically necessary medications and interim orders or routine medications. Medications removed from the AMDS must have a corresponding physician order. SUGGESTED METHOD OF CORRECTION: The administrator, director of nursing (DON) or designee could review, revise policies and procedures regarding comprehensive assessment and monitoring of resident's pain and pain management. Facility staff could be educated on these policies and procedures. The administrator, DON or designee could develop a monitoring system to ensure ongoing compliance. TIME PERIOD FOR CORRECTION: Twenty One (21) days.	2 830		
21545	MN Rule 4658.1320 A.B.C Medication Errors	21545		6/5/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00740	A. BUILDING: _____ B. WING _____	C 05/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDENBROOK OF EDINA	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) COMPLETE DATE
21545	Continued From page 5 A nursing home must ensure that: A. Its medication error rate is less than five percent as described in the Interpretive Guidelines for Code of Federal Regulations, title 42, section 483.25 (m), found in Appendix P of the State Operations Manual, Guidance to Surveyors for Long-Term Care Facilities, which is incorporated by reference in part 4658.1315. For purposes of this part, a medication error means: (1) a discrepancy between what was prescribed and what medications are actually administered to residents in the nursing home; or (2) the administration of expired medications. B. It is free of any significant medication error. A significant medication error is: (1) an error which causes the resident discomfort or jeopardizes the resident's health or safety; or (2) medication from a category that usually requires the medication in the resident's blood to be titrated to a specific blood level and a single medication error could alter that level and precipitate a reoccurrence of symptoms or toxicity. All medications are administered as prescribed. An incident report or medication error report must be filed for any medication error that occurs. Any significant medication errors or resident reactions must be reported to the physician or the physician's designee and the resident or the resident's legal guardian or designated representative and an explanation must be made in the resident's clinical record. C. All medications are administered as prescribed. An incident report or medication error report must be filed for any medication error that occurs. Any significant medication errors or resident reactions must be reported to the physician or the physician's designee and the	21545		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00740	A. BUILDING: _____ B. WING _____	C 05/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDENBROOK OF EDINA	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) COMPLETE DATE
21545	Continued From page 6 resident or the resident's legal guardian or designated representative and an explanation must be made in the resident's clinical record. This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure physician orders were implemented, failed to notify the physician when doses were refused, and failed to identify lack of administration as a potentially significant medication error for 1 of 3 resident (R7) reviewed who was insulin dependent. This practice resulted in harm for R7 who required medical intervention and hospitalization when insulin was not administered in accordance with physician orders and provider was not updated. Findings include: R7's admission record dated 5/9/19, included diagnoses of type 1 diabetes mellitus (insulin dependent) and altered mental status. R7's quarterly Minimum Data Set (MDS) assessment dated 2/5/19, identified R7 with a Brief Interview for Mental Status (BIMS) score of 7, indicating severe cognitive impairment. The MDS did not identify any behaviors for R7. R7's current physician orders on 3/16/19, included: Humalog insulin (a short acting insulin)10 units subcutaneously three times per day with meals, hold Humalog insulin if blood glucose less than 100. Check blood glucose four times daily. Basaglar insulin (a long acting insulin) 40 units subcutaneously in the morning.	21545	Acknowledged	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00740	A. BUILDING: _____ B. WING _____	C 05/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDENBROOK OF EDINA	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) COMPLETE DATE
21545	Continued From page 7 Review of R7's medication administration record (MAR) dated 3/18/19, identified R7's morning blood sugar level was 429 (70-110 is normal range) and blood sugar level at noon was 349. A "9" was documented in the Humalog insulin administration for both morning and lunch, as well as the morning Basaglar insulin indicating to see progress notes. Progress notes on 3/18/19, identified both morning and noon dose of Humalog and morning Basaglar insulin was held due to resident refusing to eat. Nurse Practitioner (NP) called and was verbally updated on R7's condition. R7 was evaluated at hospital per NP order and later returned with new order for Zofran (a medication to prevent nausea) 4 milligrams by mouth every 8 hours as needed for nausea. Review of R7's MAR dated 3/19/19, identified a morning blood glucose level of 425 and noon blood glucose level of 378. The morning Humalog insulin 10 units was administered, however the morning Basaglar insulin and noon Humalog insulin were documented as refused by R7. On the afternoon of 3/19/19, NP evaluated R7 and provided new orders: Hold Humalog 10 units three times per day until R7 starts oral intake, decrease Basaglar to 20 units daily until starts oral intake then may increase back to 40 units. Review of progress notes dated 3/20/19 at 2:51 a.m. identified R7's blood glucose level at supper was 528, she did not eat supper, and Humalog insulin was held per orders. Around 12:05 a.m. R7 was transferred to hospital with blood glucose reading of "HI" (indicative of blood glucose greater than 500). R7 was admitted with a diagnosis of diabetic ketoacidosis (a life-threatening condition when your body doesn't	21545		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00740	A. BUILDING: _____ B. WING _____	C 05/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDENBROOK OF EDINA	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) COMPLETE DATE
21545	Continued From page 8 have enough insulin and blood glucose is too high for too long). During interview on 5/9/19, at 9:00 a.m. director of nursing (DON) stated she expect nurses to hold insulin only with a physician order and not eating is not a valid reason to withhold a long acting insulin. During interview on 5/10/19, at 4:00 p.m. NP stated R7 was a fragile and complicated diabetic having multiple adjustments in her insulin orders during March 2019. NP stated the facility had informed her of holding R7's insulin on 3/18/19, prompting her to give them further orders with a decreased dose. NP stated the Basaglar insulin should not have been held and would expect to be notified if R7 refused the medication. NP indicated this would have contributed to her being hospitalized with diabetic ketoacidosis. SUGGESTED METHOD OF CORRECTION: The administrator, director of nursing (DON) or designee could review, revise policies and procedures regarding adminsitration of medication, including not administering physican prescribed medication and appropriate follow up. Facility staff could be educated on these policies and procedures. The administrator, DON or designee could develop a monitoring system to ensure ongoing compliance. TIME PERIOD FOR CORRECTION: Twenty One (21) days.	21545		