



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically delivered  
August 2, 2022

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

RE: CCN: 245275  
Cycle Start Date: April 14, 2022

Dear Administrator:

On May 19, 2022, we notified you a remedy was imposed. On August 1, 2022 the Minnesota Department(s) of Health and Public Safety completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of July 27, 2022.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective July 2, 2022 be discontinued as of July 27, 2022. (42 CFR 488.417 (b))

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

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

Feel free to contact me if you have questions.

Sincerely,

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

Kamala Fiske-Downing  
Minnesota Department of Health  
Licensing and Certification Program  
Health Regulation Division  
Telephone: (651) 201-4112 Fax: (651) 215-9697  
Email: [Kamala.Fiske-Downing@state.mn.us](mailto:Kamala.Fiske-Downing@state.mn.us)

Edenbrook Of Edina

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Administrator  
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6200 Xerxes Avenue South  
Minneapolis, MN 55423

Re: Reinspection Results  
Event ID: JMRE12

Dear Administrator:

On May 23, 2022 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on April 14, 2022. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

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

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Licensing and Certification Program  
Health Regulation Division  
Telephone: (651) 201-4112 Fax: (651) 215-9697  
Email: [Kamala.Fiske-Downing@state.mn.us](mailto:Kamala.Fiske-Downing@state.mn.us)

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

PRINTED: 05/23/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245275</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/14/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>EDENBROOK OF EDINA</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6200 XERXES AVENUE SOUTH</b> <b>MINNEAPOLIS, MN 55423</b>		
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F 000	INITIAL COMMENTS  On 4/14/22, a standard abbreviated survey was conducted at your facility. Your facility was found to be NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.  The following complaint was found to be SUBSTANTIATED:  H5275197C (MN82378), with a deficiency cited at F580 & F684.  The following complaints were found to be UNSUBSTANTIATED: H5275196C (MN82476), H5275198C (MN82412), & H52758199C (MN82648).  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 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)  §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-	F 580			5/13/22

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

TITLE

(X6) DATE

Electronically Signed

04/26/2022

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 580	<p>Continued From page 1</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various</p>	F 580			

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F 580	<p>Continued From page 2</p> <p>locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review, the facility failed to notify a resident's primary care physician of a change in condition for 1 of 2 residents (R2) reviewed for falls. R2 had a fall with subsequent fractures.</p> <p>Findings include:</p> <p>R2's care plan initiated on 5/17/21, noted R2 required contact guard assist of one with a sliding board to transfer. The care plan further noted R2 was a high fall risk due to decreased mobility and weakness.</p> <p>R2's quarterly Minimum Data Set (MDS) dated 3/19/22, noted R2 had mildly impaired cognition and required the extensive assistance of two people to transfer to and from surfaces. R2's MDS noted his diagnoses included: incomplete quadriplegia (weakness or paralysis of all four limbs), adult failure to thrive and polyneuropathy (malfunction of peripheral nerves throughout the body).</p> <p>Licensed practical nurse (LPN)-A progress note on 3/30/22, indicated R2 was found on the floor in his bedroom, assessed resident for injuries, neuros (sik) intact, vital signs taken included temperature, blood pressure, pulse, respiration and oxygen saturation. Resident able to move extremities without any difficulty and assisted back to bed. Resident denied pain. Interventions included put bed in lowest position, call light in</p>	F 580	<p>R2 was sent to ED for evaluation and treatment of fracture on 04/04/2022. LPN-A was re-educated on process and expectation of notifying provider of any noted changes in condition. All residents have the potential to be affected by this deficient practice. Licensed nursing staff will be re-educated on facility's Change in Condition Policy and Procedure. Random audits of resident records will be reviewed to ensure providers have been notified timely of identified changes in condition. Director of Nursing or Designee will conduct audits weekly for 4 weeks, then monthly for 1 month and provide education PRN to staff. Audit results will be reviewed by QAPI Committee for further recommendations. DON/Designee will be responsible for compliance.</p>		

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F 580	<p>Continued From page 3</p> <p>place, reminded R2 to ask for assistance with transfers.</p> <p>A physician note in the EMR from an onsite medical doctor (MD)-A visit dated 4/1/22, noted R2 had increased pelvis pain in the past week and did not think it was his bladder. R2 had "some component left hip pain given spasm and pain with left hip PROM (Passive range of motion)." MD-A ordered an Xray of R2's pelvis and bilateral hips, diagnosis left to right hip pain with spinal cord injury.</p> <p>An Xray report in the EMR dated 4/2/22, indicated R2 had a left intertrochanteric hip fracture.</p> <p>When interviewed on 4/14/22, at 11:36 a.m. MD-A stated he went to see R2 on 3/30/22 for an annual visit to renew a pain medication when he noted R2 complained of pelvic pain and there was right sided spasm with left hip movement. MD-A stated he was not aware of R2's fall on 3/30/22, until after he provided the assessment, left the facility and saw a progress note in the EMR. MD-A further stated he was notified of the fracture by fax from the facility on 4/4/22, he did not receive a phone call regarding the results.</p> <p>When interviewed on 4/14/22, at 11:54 a.m. MD-B stated he provided a visit to R2 on 4/12/22, R2 told him that he had a fall in the last two weeks but R2 was not the most reliable historian. MD-B stated he was not notified R2's fall nor was there a message related to the fall on 3/30/22. MD-B stated he was notified of a hip fracture via phone call from MD-A on 4/4/22. MD-B further noted that the facility uploaded an Xray report for R1 on 4/4/22 at 12:59 p.m. on the physician portal without mention that the Xray identified a fracture.</p>	F 580			

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F 580	Continued From page 4  When interviewed on 4/14/22, at 2:36 p.m. the director of nursing (DON) noted he expected nurses to notify the residents physician of any changes in condition including falls.  When interviewed on 4/14/22, at 3:56 p.m. licensed practical nurse (LPN)-A stated she left a voicemail message for the provider regarding the fall on 3/30/22 and did not speak to "a live person".  A policy titled policy & Procedure Change in Condition last revised on 7/6/21, noted the purpose is to ensure prompt notification of the resident to the physician. The policy further noted the physician will be notified when there has been a change in condition such as any unusual occurrence, accident or incident involving the resident.	F 580			
F 684 SS=D	Quality of Care CFR(s): 483.25  § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to complete a thorough assessment after a resident fall for 1 of 2 residents (R2) reviewed for falls. R2 was an incomplete	F 684	R2 was sent to ED for evaluation and treatment of fracture on 04/04/2022.  LPN-A was re-educated on process and		5/13/22



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F 684	<p>Continued From page 5</p> <p>quadriplegic and diagnosed with a hip fracture two days after a fall.</p> <p>Findings include:</p> <p>R2's care plan initiated on 5/17/21, noted R2 required contact guard assist of one with a sliding board to transfer. The care plan further noted R2 was a high fall risk due to decreased mobility and weakness.</p> <p>R2's quarterly Minimum Data Set (MDS) dated 3/19/22, noted R2 had mildly impaired cognition and required the extensive assistance of two people to transfer to and from surfaces. R2's MDS noted his diagnoses included: incomplete quadriplegia (weakness or paralysis of all four limbs), adult failure to thrive and polyneuropathy (malfunction of peripheral nerves throughout the body).</p> <p>Licensed practical nurse (LPN)-A progress note on 3/30/22, indicated R2 was found on the floor in his bedroom, assessed resident for injuries, neuros (sik) intact, vital signs taken included temperature, blood pressure, pulse, respiration and oxygen saturation. Resident able to move extremities without any difficulty and assisted back to bed. Resident denied pain. Interventions included put bed in lowest position, call light in place, reminded R2 to ask for assistance with transfers.</p> <p>Nursing progress note on 4/1/22, indicated R2 was observed wheeling past the office to the go outside to smoke without a smoking apron, staff assisted R2 with the smoking apron.</p> <p>A physician note in the EMR from an onsite</p>	F 684	<p>expectation of completing a thorough post-fall assessment.</p> <p>All residents have the potential to be affected by this deficient practice. Licensed nursing staff will be re-educated on facility's Post-Fall Assessment Policy and Procedure. Audits of resident falls will be reviewed to ensure thorough post-fall assessment has been completed. Director of Nursing or Designee will conduct audits weekly for 4 weeks, then monthly for 1 month and provide education PRN to staff. Audit results will be reviewed by QAPI Committee for further recommendations. DON/Designee will be responsible for compliance.</p>		

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F 684	<p>Continued From page 6</p> <p>medical doctor (MD)-A visit dated 4/1/22, noted R2 had increased pelvis pain in the past week and did not think it was his bladder. R2 had "some component left hip pain given spasm and pain with left hip PROM (Passive range of motion)." MD-A ordered an Xray of R2's pelvis and bilateral hips, diagnosis left to right hip pain with spinal cord injury.</p> <p>Nursing progress note dated 4/2/22 indicated R2's x-ray resulted were faxed to MD-B's office.</p> <p>Nursing progress note dated 4/4/22 indicated the x-ray results for R2. R2 had degenerative changes of the hips bilaterally and R2 had a left intertrochanteric hip fracture with mild varus angulation. R2's family member was taking R2 to the emergency room for evaluation and treatment.</p> <p>When interviewed on 4/14/22, at 3:56 p.m. LPN-A stated she assessed R2 for injuries after he was found on the floor and he was able to move his upper extremities without difficulty and had limited movement with his lower extremities, she assessed that he was able to move his feet and wiggle his toes. LPN-A indicated she did not perform passive range of motion (PROM) to R2 to assess for injuries to his lower extremities.</p> <p>When interviewed on 4/14/22, at 4:36 p.m. the nurse manager (NM) stated she would expect nurses to do a thorough assessment after a resident is found on the floor which may include palpation, visual assessment, redness, and swelling. The NM stated you could not assess R2 by asking him to move his lower extremities. An assessment of R2 would include movement such as turning and PROM to see if there were any</p>	F 684			

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F 684	<p>Continued From page 7</p> <p>abnormalities in limb position. The NM stated she would educate the nurses on proper assessment of residents that are affected by paralysis and might not be able to feel injuries.</p> <p>When interviewed on 4/14/22, at 5:13 p.m. the director of nursing noted R2 had very minimal voluntary movement, he would expect nurses to perform PROM on R2 to identify any limb displacement and to document the assessment.</p> <p>A policy titled Policy &amp; Procedure Post Fall Policy dated 3/23/20, noted that staff should observe for leg rotation, look for hip pain, shortening of the extremity and pelvic or spinal pain as part of a comprehensive assessment following a fall and prior to moving a resident.</p>			F 684			