



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

August 18, 2021

Administrator
Maplewood Care Center
1900 Sherren Avenue
Maplewood, MN 55109

RE: CCN: 245276
Cycle Start Date: July 28, 2021

Dear Administrator:

On August 17, 2021, we informed you that we may impose enforcement remedies.

On August 3, 2021, the Minnesota Department of Health completed a survey and it has been determined that your facility is not in substantial compliance. Your facility was not in substantial compliance with the participation requirements and the conditions in your facility constituted **both substandard quality of care and immediate jeopardy** to resident health or safety. This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted immediate jeopardy (Level J), as evidenced by the electronically delivered CMS-2567, whereby corrections are not required.

The Statement of Deficiencies (CMS-2567) is being electronically delivered. Because corrective action were taken prior to the survey, past non-compliance does not require a plan of correction (POC).

REMOVAL OF IMMEDIATE JEOPARDY

On July 24, 2021, the situation of immediate jeopardy to potential health and safety cited at F0678 was removed.

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:

- Mandatory Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective October 28, 2021

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective October 28, 2021. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective October 28, 2021.

You should notify all Medicare/Medicaid residents admitted on, or after, this date of the restriction. The

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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)

SUBSTANDARD QUALITY OF CARE (SQC)

SQC was identified at your facility. Sections 1819(g)(5)(C) and § 1919(g)(5)(C) of the Social Security Act and 42 CFR 488.325(h) requires that the attending physician of each resident who was found to have received substandard quality of care, as well as the State board responsible for licensing the facility's administrator, be notified of the substandard quality of care. **If you have not already provided the following information, you are required to provide to this agency within ten working days of your receipt of this letter the name and address of the attending physician of each resident found to have received substandard quality of care.**

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

Federal law, as specified in the Act at § 1819(f)(2)(B) and § 1919(f)(2)(B), prohibits approval of nurse assistant training programs offered by, or in, a facility which, within the previous two years, has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care. Therefore, Maplewood Care Center is prohibited from offering or conducting a Nurse Assistant Training / Competency Evaluation Programs (NATCEP) or Competency Evaluation Programs for two years effective August 3, 2021. This prohibition remains in effect for the specified period even though substantial compliance is attained. Under Public Law 105-15 (H. R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

ELECTRONIC PLAN OF CORRECTION (ePOC)

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable 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

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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:

Annette Winters, Rapid Response Unit Supervisor
Metro 1, Golden Rule Office
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: annette.m.winters@state.mn.us
Mobile: (651) 558-7558

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 - Health Regulation Division 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 January 28, 2022 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at § 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR § 488.412 and § 488.456.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or

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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.

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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:

https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

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

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Melissa Poepping". The signature is fluid and cursive, with a large initial "M" and a long, sweeping underline.

Melissa Poepping, Health Program Representative Senior

Program Assurance | Licensing and Certification

Minnesota Department of Health

P.O. Box 64970

Saint Paul, Minnesota 55164-0970

Phone: 651-201-4117

Email: melissa.poepping@state.mn.us

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

PRINTED: 08/18/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245276	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/03/2021
NAME OF PROVIDER OR SUPPLIER MAPLEWOOD CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 SHERREN AVENUE MAPLEWOOD, MN 55109		
(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	<p>INITIAL COMMENTS</p> <p>On 8/2/21 - 8/3/21, a standard abbreviated survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities.</p> <p>The following complaint was SUBSTANTIATED: H5276214C (MN00075139), F678 at PAST NON-COMPLIANCE.</p> <p>The survey resulted in an Immediate Jeopardy (IJ) at F678 when the facility failed to immediately initiate cardiopulmonary resuscitation (CPR) when 1 of 1 resident (R1) was found unresponsive with an absence of pulse and respirations, as directed by the R1's Provider Orders for Life-Sustaining Treatment (POLST). The IJ began on 7/23/21, and the administrator and director of nursing were notified of the IJ on 8/3/21, at 4:43 p.m. The facility had implemented corrective action as of 7/24/21, therefore F678 is being issued at past non-compliance.</p> <p>The above findings constituted substandard quality of care, no extended survey was conducted.</p> <p>Although the provider had implemented corrective action prior to survey, immediate jeopardy was sustained prior to the correction. No plan of correction is required for a finding of past non-compliance; however, the facility must acknowledge receipt of the electronic documents.</p>	F 000			
F 678 SS=J	<p>Cardio-Pulmonary Resuscitation (CPR) CFR(s): 483.24(a)(3)</p>	F 678			

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

TITLE

(X6) DATE

Electronically Signed

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 678	<p>Continued From page 1</p> <p>§483.24(a)(3) Personnel provide basic life support, including CPR, to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident's advance directives.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review, the facility failed to immediately initiate cardiopulmonary resuscitation (CPR) in accordance with Provider Orders for Life-Sustaining Treatment (POLST) for 1 of 3 residents, found without a pulse or respirations. CPR was not immediately initiated and R1 died. This deficient practice had the potential to affect 34 of 81 residents who resided at the facility and who had orders for CPR to be performed.</p> <p>The Immediate Jeopardy (IJ) began on 7/24/21, at 10:55 a.m. when R1 was found without a pulse or respirations, and CPR was not immediately initiated. The administrator and director of nursing (DON) were informed of the IJ on 8/3/21, at 4:43 p.m. The facility implemented corrective action as of 7/24/21, therefore the deficiency is being cited as past non-compliance.</p> <p>Findings include:</p> <p>R1's admission record dated 4/6/2015, indicated R1's diagnoses included: congestive heart failure, hypertension, viral hepatitis, Alzheimer's Disease, asthma, chronic obstructive pulmonary disease, and psychoactive substance abuse in remission.</p> <p>R1's Minimum Data Set assessment dated 5/27/21, indicated a Brief Interview for Mental Status (BIMS) score of 12. This score is</p>	F 678	Past noncompliance: no plan of correction required.		

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F 678	<p>Continued From page 2</p> <p>indicative of moderate memory impairment.</p> <p>R1's Provider Orders for Life Sustaining Treatment (POLST) dated 4/10/21, indicated R1 wished to have cardiopulmonary resuscitation (CPR) attempts performed if he was found to be without a pulse or respirations.</p> <p>R1's progress note dated 7/25/21, indicated on 7/24/21, at 9:30 a.m., R1 was given medication at 9:30 a.m. R1 received assistance to sit up on the side of the bed. A tray table was placed in front of R1 and R1 proceeded to take his medication without any issues.</p> <p>Facility internal investigation document entitled, "Witness/Observer Statement" dated 7/24/21, indicated nursing assistant (NA)-A observed R1 sitting on his bed at about 10:00 a.m. At about 10:30 a.m., NA-A entered R1's room and found R1 "lying across the bed." NA-A further stated, "I called out to [R1] and [R1] didn't respond, so I went closer to [R1] and touched [R1] and tried to shake him awake and [R1] didn't wake up so I went to get the nurse."</p> <p>R1's progress notes dated 7/25/21, indicated on 7/24/21, at 10:50 a.m., licensed practical nurse (LPN)-A was distributing medications to residents when NA-A asked LPN-A to come to R1's room. NA-A stated she believed R1 was dead.</p> <p>During interview on 8/2/21, at 1:41 p.m., LPN-A stated NA-A reported R1 was lying crosswise on the bed and did not respond to verbal or physical prompts. NA-A stated R1 had died. LPN-A responded to R1's room at about 10:55 a.m. LPN-A stated, "I found [R1] lying across the bed, he was not dressed. I helped [NA-A] get him into</p>	F 678			

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F 678	<p>Continued From page 3</p> <p>the bed and covered him. R1's extremities were cool to the touch, arms were cold. [R1] was pulseless. [R1] was probably down 5 to 10 minutes. I left the room to get my stethoscope. [R1] had no heart tones or breath sounds. I left and went downstairs to get the DON. The DON saw the resident and called coroner."</p> <p>During interview on 8/2/21, at 2:10 p.m., DON stated, "I was working in the transitional care until and was summoned by [LPN-A] who needed me to come upstairs. [LPN-A] told her everything was OK an hour and a half ago. [NA-A] found [R1] lying across the bed, eyes open and cool to the touch." DON stated, "I came in with a stethoscope, R1 was cool to the touch. [R1] was African American so I could not see pallor or lividity. [R1] was down for an unknown amount of time. [R1's] core was warm, but extremities were cold, eyes were glassy, and pupils were fixed. There was no way CPR would bring [R1] back. After examining [R1] I called the coroner. The coroner said CPR would not have helped him." DON stated she did not check R1's code status.</p> <p>In a publication by The American Heart Association (AHA), the organization established all potential rescuers to initiate cardiopulmonary resuscitation (CPR) with the following exceptions. "Withholding and Withdrawing CPR (Termination of Resuscitative Efforts) Related to Out-of-Hospital Cardiac Arrest, Criteria for Not Starting CPR. While the general rule is to provide emergency treatment to a victim of cardiac arrest, there are a few exceptions where withholding CPR would be considered appropriate: Situations where attempts to perform CPR would place the rescuer at risk of serious injury or mortal peril (e.g., exposure to infectious diseases). Obvious</p>	F 678			

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F 678	<p>Continued From page 4</p> <p>clinical signs of irreversible death (e.g., rigor mortis, dependent lividity, decapitation, transection, decomposition). A valid advance directive, a Physician Orders for Life Sustaining Treatment (POLST) form (www.polst.org) indicating that resuscitation is not desired, or a valid Do Not Attempt Resuscitation (DNAR) order." Mancini ME, Diekema DS, Hoadley TA, Kadlec KD, Leveille MH, McGowan JE, Munkwitz MM, Panchal AR, Sayre MR, Sinz EH. Part 3: ethical issues: 2015 American Heart Association Guidelines Update for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. <i>Circulation</i>.2015;132(suppl):S383-S396. (Circulation.2015;132[suppl 2]:S383-396.DOI: 10.1161/CIR.0000000000000254.)</p> <p>The facility policy entitled "F678/483.24 Cardio-Pulmonary Resuscitation (CPR)," revised 9/2019, indicated:</p> <p>6. When a resident if found breathless or pulseless, CPR is to be immediately initiated and prior to the arrival of emergency medical services unless any of the following apply:</p> <p>a. A valid Do Not Resuscitate (DNR) order is in place, advanced directive, and any related physician order</p> <p>b. Obvious clinical signs of irreversible death (e.g., rigor mortis, dependent lividly, decapitation, transection, decomposition) are present.</p> <p>c. Initiating CPR could cause injury or peril to the rescuer.</p> <p>The IJ that began on 7/24/21, was corrected on 7/25/21 when the facility took action to correct the noncompliance and the removal was verified on 8/3/21. The facility action included: chart review was done to ensure appropriate notifications had been made, nurse's CPR certification status and</p>	F 678			

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F 678	Continued From page 5 nurses license were verified, new and agency staff orientation checklist was reviewed, an initial record audit was conducted comparing the scanned POLST document in Point Click Care (PCC) with the banner of PCC and documented results, any code status issues for residents identified during audit were corrected, CPR policies were reviewed with the Interdisciplinary Team and nursing staff), all licensed nursing staff scheduled to work in the building were trained on code status policy, CPR certification status was verified for all nursing staff. Continuing measures included conducting code simulation drills and offering additional CPR classes.	F 678			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

August 18, 2021

Administrator
Maplewood Care Center
1900 Sherren Avenue
Maplewood, MN 55109

Re: Event ID: YX5F11

Dear Administrator:

The above facility survey was completed on August 3, 2021 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

Electronically posted is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Melissa Poepping'.

Melissa Poepping, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64970
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poepping@state.mn.us

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00520	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/03/2021
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NAME OF PROVIDER OR SUPPLIER MAPLEWOOD CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 SHERREN AVENUE MAPLEWOOD, MN 55109
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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: On 8/2/21- 8/3/21, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found IN compliance with the MN State Licensure.</p> <p>The following complaint was found to be</p>	2 000		
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Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00520	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/03/2021
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NAME OF PROVIDER OR SUPPLIER MAPLEWOOD CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 SHERREN AVENUE MAPLEWOOD, MN 55109
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(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 SUBSTANTIATED: H5276214C (MN00075139), however, no licensing orders were issued due to corrective actions taken prior to survey. Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software.	2 000		