DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
November 8, 2022

Administrator
Maplewood Care Center
1900 Sherren Avenue
Maplewood, MN 55109

RE: CCN: 245276
Cycle Start Date: October 3, 2022

Dear Administrator:

On November 1, 2022, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

Electronically delivered
October 17, 2022

Administrator
Maplewood Care Center
1900 Sherren Avenue
Maplewood, MN 55109

RE: CCN: 245276
Cycle Start Date: October 3, 2022

Dear Administrator:

On October 3, 2022, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety, to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

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.

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.

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by an "F"and/or an "E" 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, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the 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 THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

If substantial compliance with the regulations is not verified by January 3, 2023 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by April 3, 2023 (six months after the identification of noncompliance) your provider agreement will be terminated. 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.

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: 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,

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245276	A. BUILDING _____ B. WING _____	C 10/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLEWOOD CARE CENTER	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	INITIAL COMMENTS On 10/3/22, 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, Requirments for Long Term Care Facilities. The following complaints were found to be SUBSTANTIATED: H52764898C (MN87213), with no deficiency cited H52764891C (MN86997), with a deficiency cited at F609 The following comlaint was found to be UNSUBSTANTIATED: H52764879C (MN86295). 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 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown	F 609		10/26/22

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

Electronically Signed | 10/19/2022

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 609	Continued From page 1 source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on interviews and record review, the facility failed to report to the state agency (SA) allegations of resident-to-resident verbal abuse within two hours for 2 of 3 residents (R2 and R3). In addition, staff were unable to define types of abuse and when to report. Finding include: R2's quarterly Minimum Data Set (MDS) dated 9/1/22, indicated R2 had severe cognitive impairment. R3's quarterly MDS dated 9/21/22, indicated R3 had mild cognitive impairment.	F 609	This plan of correction is prepared and executed because it is required by the provisions of the State and Federal regulations and not because the facility agrees with the allegations and citations listed in the statement of deficiencies. Maplewood Care Center maintains the alleged deficiencies do not individually or collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. F609 Plan of Correction 1. “It is the policy of this nursing facility that allegations of abuse, neglect,	

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F 609	Continued From page 2 Progress note dated 9/21/22, at 5:30 a.m. indicated registered nurse (RN)-A was called to R2 and R3's room around 9:00 p.m. on 9/20/22 due to a threat. The note indicated R3 was talking to a family member on the phone and R2 started yelling at R3 to stop talking on the phone or he will kick his ass and that he would hit and kick him if he doesn't shut up. R3's family member (FA-A) was worried about R3's safety and wanted him transferred to another room. RN-A called the nurse on call, RN-B, regarding the concern and a decision was made to move R3 to an empty room for the night of 9/20/22. . Minnesota Incident Report, incident dated 9/21/22, at 11:31 a.m. The description of the incident indicated that the social worker (SW)-A during a review of progress notes noted an incident had occurred between R2 and R3 on 9/20/22, at 9:00 p.m. R3 was on the telephone FA-A and his roommate (R2) was upset and starting yelling at R3 to stop talking on the phone or he would kick his ass. Facility staff immediately interviewed R3 and moved him to a different room temporarily. During an interview on 10/3/22, at 11:00 a.m. R2 denied having any altercations with a roommate and was unaware R3 had moved out the room and there was a new resident in the room. During an interview on 10/3/22, at 11:18 a.m. R3 reported he was moved to a new room because his old roommate was noisy and threatening to kill him. During an interview on 10/3/22, at 12:04 p.m. FA-A reported speaking with R3 on the telephone on 9/20/22, at around 9:00 p.m. and overheard	F 609	exploitation, or mistreatment are reported immediately “All incidents cited have been reported to the Minnesota Department of Health. At that time, the facility reviewed and responded to incidents for residents R2 and R3. 2. Under direction of the Social Service Director and Director of Nursing, nursing notes of current residents are being reviewed in the past 30 days for any allegations of abuse or neglect and self-reports will be completed. 3. The Social Service Director and Director of Nursing reviewed the resident protection policy and procedure (Resident/Client/Participant Protections/Freedom from Abuse, Neglect and Misappropriation Policy and Procedure). Policy/procedure was reviewed with interdisciplinary team. Education on types of abuse, and when to report per federal/state and facility requirements for alleged violations. 4. Director of Social Services or designee will conduct audits of self-reports 3 times weekly for 4 weeks and weekly thereafter for 2 additional months to ensure timely reporting. Results will be reported at QAPI and the need for continued audits will be determined. 5. The Director of Nursing or designee is responsible for compliance. 6. Date of alleged compliance: October 26, 2022	

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F 609	Continued From page 3 R3's roommate yelling multiple swear words and wanting to kill him with threats of beating R2 if R2 didn't get off the phone. FA-A hung up the telephone and called the facility and reported the incident to RN-A. During an interview on 10/3/22, at 1:43 p.m. licensed practical nurse (LPN)-A reported having abuse training at her pool agency. She stated physical abuse is reported right away within 24 hours to a supervisor at the facility. During an interview on 10/3/22, at 1:51 p.m. LPN-B stated if he witnessed any abuse he would intervene and separate the people involved to prevent any further altercation and start an investigation to find the cause. LPN-B reported he would report abuse to the supervisor or floor manager within 24 hours. During an interview on 10/3/22, at 2:01 p.m. RN-A reported on 9/20/22, at about 9:00 p.m. R3's family member called the facility upset reporting R3's life was being threatened by his roommate and wanting him moved for another room for his safety. RN-A reported immediately going to R2 and R3's room and spoke with R2. R2 admitted being upset and telling R3 to shut-up because R2 was loud on the telephone. RN-A stated R2 would not cooperate with her. RN-A reported the incident to RN-B, the nurse on call and they decided to move R3 to an empty room for the night. R3 and his family member agreed with the move. RN-A was aware verbal abuse needed to be reported immediately. During an interview on 10/3/22, at 2:10 p.m. occupational therapy assistant (OTA)-A stated that reporting is immediate, and she would find an	F 609		

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F 609	Continued From page 4 RN if she witnessed signs of abuse. She reported that the types of abuse are physical, emotional and the need for a call light within reach of residents at all times. She was uncertain if verbal threats were a form of abuse. During an interview on 10/3/22, at 2:18 p.m. RN-C reported being a new nurse and new to the facility. She stated she had abuse training upon hire and recalled the three types of abuse were mental, physical and neglect and they were to be reported to the charge nurse immediately. She denies any other forms of abuse. During an interview on 10/3/22, at 2:44 p.m. RN-B reported that on 9/20/22, between 9:00 p.m. and 9:30 p.m. RN-A did call her and report the incident between R2 and R3. She stated RN-A was difficult to follow on the phone and RN-B thought it was just an argument between two residents. RN-B denied understanding the conversation with RN-A that verbal abuse had occurred. RN-B stated, "If I would have had more information, I would have acted more on this right away instead of just moving R3 to a new bedroom." The following day SW-A read progress notes and decided this was verbal abuse and needed to be reported. RN-B stated she did not report the incident to social services, the director of nursing or the administrator. During an interview on 10/3/22, at 3:09 p.m. SW-A reported she was reading progress notes on 9/21/22, noting R3 had been moved to empty room and then read progress note dated 9/20/22, that R2 was telling R3 he wanted to kill him and was swearing at him. SW-A reported she immediately notified the administrator and the director of social services, who filed the report to	F 609		

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F 609	Continued From page 5 the SA. SW-A stated this should have been reported on the night of 9/20/22. During an interview on 10/22/22, at 3:38 p.m. the administrator reported he became aware of the incident the morning of 9/21/22, by SW-A. He stated the facility has abuse training yearly and RN-B had a re-education regarding not reporting the verbal abuse. A facility policy, titled Resident/Client/Participant Protections/Freedom from Abuse, Neglect and Misappropriation Policy and Procedure identified each individual has the right to be free from verbal, sexual, physical, and mental abuse, including injuries of unknown source. In addition, the policy indicated employees must always report alleged abuse, no later than 2 hours if alleged violation involved abuse.	F 609		

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
October 17, 2022

Administrator
Maplewood Care Center
1900 Sherren Avenue
Maplewood, MN 55109

Re: Event ID: 3H8C11

Dear Administrator:

The above facility survey was completed on October 3, 2022 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,

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

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2 000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 10/3/22, 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. The following complaint was found to be	2 000		

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2 000	Continued From page 1 UNSUBSTANTIATED: H52764879C (MN86295). The following complaint was found to be SUBSTANTIATED: H52764898C (MN87213), H52764891C (MN86997), however NO licensing orders were issued. Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.	2 000		