



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

Electronically Delivered  
October 21, 2024

Administrator  
Maplewood Rehabilitation Center  
1900 Sherren Avenue East  
Maplewood, MN 55109

RE: CCN: 245276  
Cycle Start Date: September 24, 2024

Dear Administrator:

On October 14, 2024, 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.

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

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](mailto:Melissa.Poepping@state.mn.us)



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Electronically delivered

October 21, 2024

Administrator  
Maplewood Rehabilitation Center  
1900 Sherren Avenue East  
Maplewood, MN 55109

Re: Reinspection Results  
Event ID: V4HF12

Dear Administrator:

On October 14, 2024 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 September 24, 2024. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

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

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](mailto:Melissa.Poepping@state.mn.us)



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September 27, 2024

Administrator  
Maplewood Rehabilitation Center  
1900 Sherren Avenue East  
Maplewood, MN 55109

RE: CCN: 245276  
Cycle Start Date: September 24, 2024

Dear Administrator:

On September 24, 2024, a survey was completed at your facility by the Minnesota Department 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.

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:

Nikki Sassen, Regional Operations Supervisor  
St. Cloud A District Office  
Licensing and Certification Program  
Health Regulation Division  
Minnesota Department of Health  
4140 Thielman Lane  
Saint Cloud, Minnesota 56301-4557  
Email: Nicole.Sassen@state.mn.us  
Office: (320) 223-7318 Mobile: (320) 216-5631

#### 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 December 24, 2024 (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 March 24, 2025 (six months after the

Maplewood Rehabilitation Center

September 27, 2024

Page 3

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](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](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](mailto:Melissa.Poepping@state.mn.us)

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

PRINTED: 10/14/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245276</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/24/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MAPLEWOOD REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1900 SHERREN AVENUE EAST</b> <b>MAPLEWOOD, MN 55109</b>
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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) COMPLETION DATE
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F 000	INITIAL COMMENTS  On 9/23/24 and 9/24/24, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.  The following complaint was reviewed: H52768328C (MN106673) with a deficiency cited at F609.  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(b)(5)(i)(A)(B)(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 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	F 609		10/8/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <b>Electronically Signed</b>	TITLE	(X6) DATE <b>10/07/2024</b>
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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	<p>Continued From page 1</p> <p>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.</p> <p>§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:</p> <p>Based on interview and document review, the facility failed to report an allegation of resident sexual abuse to the State Agency (SA) immediately, but not later than two hours after the allegation is made, for 1 of 1 resident (R1) reviewed who reported an allegation of sexual abuse in the facility.</p> <p>Findings include:</p> <p>R1's Minimum Data Set (MDS) assessment dated 9/16/24, indicated R1 admitted to the facility on 5/23/24 with diagnoses including non-Alzheimer's dementia, traumatic brain injury, seizure disorder, depression, post-traumatic stress disorder, and encounter for palliative care. R1 had moderate cognitive impairment and was dependent on staff for all hygiene cares, mobility, and transfers.</p> <p>R1's care plan focus dated 5/24/24, identified R1</p>	F 609	<p>Immediate corrective action: R1 – was assessed, resident was stable no injuries or bruised noticed Medical Provider updated Maplewood PD was notified BIMS/PHQ-9 completed for resident ACP provided for resident Behavior monitoring orders placed Trauma assessment completed for resident Skin check/evaluation completed for resident Staff 1 suspended pending investigation, Staff 2 DNR from facility. Facility wide education on timely reporting and abuse Corrective action as applies to others: All incidents that occur in past 30 days will be audited to ensure they were reported timely Recurrence will be prevented by:</p>	

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F 609	<p>Continued From page 2</p> <p>as a vulnerable adult. It included an intervention dated 5/24/24, "the local ombudsman, adult protection, police, and/or state/financial agencies will be notified of any suspected abuse or financial exploitation as needed."</p> <p>Nursing Home Incident Report #357954 submitted to the SA by the facility identified the date and time of submission as 10:35 a.m. on 9/16/24 and the submitter as the facility's administrator. The report noted at about 8:30 a.m. on 9/16/24, the administrator was notified by the assistant director of nursing (ADON) "[R1] reported that she was raped at the facility" to a family member who reported to R1's guardian who then reported to the facility. The date and time of the incident was identified as 5:24 p.m. on 9/14/24.</p> <p>The five day follow-up report submitted to the SA by the facility dated 9/20/24, noted on the night of 9/14/24 R1 made the statement that she was raped at the facility "while on the phone with her [family member], with two staff members present." A document attached to the report, undated and unnamed, included "an internal investigation was launched which led to the discovery of [nursing assistant (NA)-A] and agency [licensed practical nurse (LPN)-A] being present during the time of allegation on 9/14/24."</p> <p>During an interview on 9/24/24 at 7:33 a.m., NA-A stated she helped provide care for R1 on the evening shift on Saturday 9/14/24, but was not R1's assigned NA. She stated she was helping R1 make a phone call to a family member because R1 was upset and phone calls had helped calm her in the past. NA-A stated while R1 was talking on the phone to a family member she</p>	F 609	<p>Ongoing education regarding abuse policy and timely reporting of abuse, maltreatment and allegations per MDH guidelines. With specifics on who will report when there are two staff members present at time of the allegation. Audits will be completed twice a week for two weeks, once a week for two weeks, twice a month, then PRN. Staff will be quizzed 4X times a week, 3X times a week, than 2X times a week at random to ensure knowledge is obtained. Audit results will be reviewed with QAPI to determine frequency. Responsible Party: Administrator and/or designee</p>	

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F 609	<p>Continued From page 3</p> <p>stated, "can you please call the police for me ... then she said I have been raped, can you please call the police for me." NA-A noted R1's nurse LPN-A was present in the room as she had come to give R1 some pills and "was standing there." NA-A stated she asked LPN-A if she heard what R1 said, and LPN-A said yes and asked R1 why she was making these allegations and then left the room. NA-A stated after exiting R1's room she asked LPN-A again if LPN-A heard what R1 said and LPN-A stated yes, she had heard everything. NA-A stated she then concentrated on providing cares for her assigned residents and "I didn't do anything else because the nurse was right there ... so I was thinking she is supposed to take measures after that, so I focused on my own residents. The nurse is the one that is supposed to make the report, since she was there it was her responsibility and not me as an aide."</p> <p>During an interview on 9/24/24 at 9:52 a.m., the director of nursing (DON) noted the facility's investigation identified NA-A and LPN-A as present at the time R1 made the allegation of sexual abuse on the phone and overheard it. The DON stated NA-A said she did not report the event because the nurse was present at the time and NA-A assumed the nurse was going to report it. The DON stated she spoke to LPN-A who confirmed she heard the allegation but didn't think it was real and didn't report it. The DON identified the SA requires such allegations be reported immediately, but not more than two hours after the allegation is made. The DON stated, "staff became aware of the sexual abuse allegation on Saturday when it happened, it was heard by the nurse and the aide ... it should have been reported immediately ... the policy is that it has to be reported immediately ... this was not reported</p>	F 609		

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F 609	<p>Continued From page 4 timely."</p> <p>During an interview on 9/24/24 at 10:55 a.m., LPN-A stated she provided care for R1 on the evening of 9/14/24. LPN-A stated she entered R1's room to give her medications and NA-A was there helping R1 make a phone call. After giving R1 the medications, LPN-A noted she walked out and left NA-A and R1 in the room and went to prepare medications for other residents. LPN-A stated she was then passing by R1's room and "when she [R1] was on the phone with [the family member] she said they raped me ... I heard [R1] say something like they raped me as I was walking by." LPN-A stated "after that I continued passing med[ication]s because I was already late passing med[ications]s ... after that I did not actually do anything. Of course, I was supposed to report it. I know there was no excuse, but I got caught up with so many things ... I did not talk to the aide about it or tell anyone ... I did not report it on Saturday."</p> <p>During an interview on 9/24/24 at 12:58 p.m., the administrator confirmed he reported an allegation of sexual abuse to the SA on 9/16/24 because R1 reported a rape at the facility. The administrator confirmed staff initially became aware of the allegation around 7:20 p.m. on 9/14/24 though he was not aware of it until the morning of 9/16/24 around 8:45 a.m. The administrator stated "It was not reported timely. My expectation and the policy is that it would be reported immediately ... we have to report sexual abuse to the state [SA] within two hours."</p> <p>Facility policy titled Sexual Abuse Allegations Procedure dated 6/18/19, included: "The Administrator, Director of Nursing, or Social</p>	F 609		

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F 609	<p>Continued From page 5</p> <p>Worker will notify Minnesota Department of Health immediately. This notification MUST be made as soon as possible after learning of the allegation."</p> <p>Facility policy titled Abuse Prohibition/Vulnerable Adult Policy dated 3/2024, included: "All staff are responsible for reporting any situation that is considered abuse or neglect along with injuries of unknown origin ... Suspected abuse shall be reported to OHFC [Office of Health Facility Complaints] online reporting process not later than 2 hours after forming the suspicion of abuse."</p>	F 609		



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

Electronically delivered  
September 27, 2024

Administrator  
Maplewood Rehabilitation Center  
1900 Sherren Avenue East  
Maplewood, MN 55109

Re: State Nursing Home Licensing Orders  
Event ID: V4HF11

Dear Administrator:

The above facility was surveyed on September 23, 2024 through September 24, 2024 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies 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 and/or statute of the Minnesota Department of Health.

To assist in complying with the correction 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 deficiency. 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 order within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at [https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\\_8.html](https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html). The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction 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 or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

Maplewood Rehabilitation Center

September 27, 2024

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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.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

Nikki Sassen, Regional Operations Supervisor  
St. Cloud A District Office  
Licensing and Certification Program  
Health Regulation Division  
Minnesota Department of Health  
4140 Thielman Lane  
Saint Cloud, Minnesota 56301-4557  
Email: Nicole.Sassen@state.mn.us  
Office: (320) 223-7318 Mobile: (320) 216-5631

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.

Please feel free to call me with any 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  
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00520</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/24/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MAPLEWOOD REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1900 SHERREN AVENUE EAST MAPLEWOOD, MN 55109</b>
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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
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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;"><b>NH LICENSING CORRECTION ORDER</b></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 9/23/24 and 9/24/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing orders were issued. Please indicate in your electronic plan of correction you have reviewed these orders</p>	2 000		
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <b>Electronically Signed</b>	TITLE	(X6) DATE <b>10/07/24</b>
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2 000	<p>Continued From page 1</p> <p>and identify the date when they will be completed.</p> <p>The following complaint was reviewed: H52768328C (MN106673) with a licensing order issued at 1980.</p> <p>Minnesota Department of Health is documenting the State Licensing Correction 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 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 which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction.</p> <p>You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at &lt;<a href="https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html">https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html</a>&gt; The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form.</p>	2 000		

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2 000	Continued From page 2  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.	2 000		
21980	<p>MN St. Statute 626.557 Subd. 3 Reporting - Maltreatment of Vulnerable Adults</p> <p>Subd. 3. Timing of report. (a) A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately report the information to the common entry point. If an individual is a vulnerable adult solely because the individual is admitted to a facility, a mandated reporter is not required to report suspected maltreatment of the individual that occurred prior to admission, unless:</p> <p>(1) the individual was admitted to the facility from another facility and the reporter has reason to believe the vulnerable adult was maltreated in the previous facility; or</p> <p>(2) the reporter knows or has reason to believe that the individual is a vulnerable adult as defined in section 626.5572, subdivision 21, clause (4).</p> <p>(b) A person not required to report under the provisions of this section may voluntarily report as described above.</p> <p>(c) Nothing in this section requires a report of known or suspected maltreatment, if the reporter knows or has reason to know that a report has been made to the common entry point.</p> <p>(d) Nothing in this section shall preclude a reporter from also reporting to a law enforcement</p>	21980		10/8/24

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21980	<p>Continued From page 3</p> <p>agency.</p> <p>(e) A mandated reporter who knows or has reason to believe that an error under section 626.5572, subdivision 17, paragraph (c), clause (5), occurred must make a report under this subdivision. If the reporter or a facility, at any time believes that an investigation by a lead agency will determine or should determine that the reported error was not neglect according to the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5), the reporter or facility may provide to the common entry point or directly to the lead agency information explaining how the event meets the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5). The lead agency shall consider this information when making an initial disposition of the report under subdivision 9c.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to report an allegation of resident sexual abuse to the State Agency (SA) immediately, but not later than two hours after the allegation is made, for 1 of 1 resident (R1) reviewed who reported an allegation of sexual abuse in the facility.</p> <p>Findings include:</p> <p>R1's Minimum Data Set (MDS) assessment dated 9/16/24, indicated R1 admitted to the facility on 5/23/24 with diagnoses including non-Alzheimer's dementia, traumatic brain injury, seizure disorder, depression, post-traumatic stress disorder, and encounter for palliative care. R1 had moderate cognitive impairment and was dependent on staff for all hygiene cares, mobility,</p>	21980	corrected.	
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21980	<p>Continued From page 4 and transfers.</p> <p>R1's care plan focus dated 5/24/24, identified R1 as a vulnerable adult. It included an intervention dated 5/24/24, "the local ombudsman, adult protection, police, and/or state/financial agencies will be notified of any suspected abuse or financial exploitation as needed."</p> <p>Nursing Home Incident Report #357954 submitted to the SA by the facility identified the date and time of submission as 10:35 a.m. on 9/16/24 and the submitter as the facility's administrator. The report noted at about 8:30 a.m. on 9/16/24, the administrator was notified by the assistant director of nursing (ADON) "[R1] reported that she was raped at the facility" to a family member who reported to R1's guardian who then reported to the facility. The date and time of the incident was identified as 5:24 p.m. on 9/14/24.</p> <p>The five day follow-up report submitted to the SA by the facility dated 9/20/24, noted on the night of 9/14/24 R1 made the statement that she was raped at the facility "while on the phone with her [family member], with two staff members present." A document attached to the report, undated and unnamed, included "an internal investigation was launched which led to the discovery of [nursing assistant (NA)-A] and agency [licensed practical nurse (LPN)-A] being present during the time of allegation on 9/14/24."</p> <p>During an interview on 9/24/24 at 7:33 a.m., NA-A stated she helped provide care for R1 on the evening shift on Saturday 9/14/24, but was not R1's assigned NA. She stated she was helping R1 make a phone call to a family member because R1 was upset and phone calls had</p>	21980		

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21980	<p>Continued From page 5</p> <p>helped calm her in the past. NA-A stated while R1 was talking on the phone to a family member she stated, "can you please call the police for me ... then she said I have been raped, can you please call the police for me." NA-A noted R1's nurse LPN-A was present in the room as she had come to give R1 some pills and "was standing there." NA-A stated she asked LPN-A if she heard what R1 said, and LPN-A said yes and asked R1 why she was making these allegations and then left the room. NA-A stated after exiting R1's room she asked LPN-A again if LPN-A heard what R1 said and LPN-A stated yes, she had heard everything. NA-A stated she then concentrated on providing cares for her assigned residents and "I didn't do anything else because the nurse was right there ... so I was thinking she is supposed to take measures after that, so I focused on my own residents. The nurse is the one that is supposed to make the report, since she was there it was her responsibility and not me as an aide."</p> <p>During an interview on 9/24/24 at 9:52 a.m., the director of nursing (DON) noted the facility's investigation identified NA-A and LPN-A as present at the time R1 made the allegation of sexual abuse on the phone and overheard it. The DON stated NA-A said she did not report the event because the nurse was present at the time and NA-A assumed the nurse was going to report it. The DON stated she spoke to LPN-A who confirmed she heard the allegation but didn't think it was real and didn't report it. The DON identified the SA requires such allegations be reported immediately, but not more than two hours after the allegation is made. The DON stated, "staff became aware of the sexual abuse allegation on Saturday when it happened, it was heard by the nurse and the aide ... it should have been reported immediately ... the policy is that it has to</p>	21980		
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21980	<p>Continued From page 6</p> <p>be reported immediately ... this was not reported timely."</p> <p>During an interview on 9/24/24 at 10:55 a.m., LPN-A stated she provided care for R1 on the evening of 9/14/24. LPN-A stated she entered R1's room to give her medications and NA-A was there helping R1 make a phone call. After giving R1 the medications, LPN-A noted she walked out and left NA-A and R1 in the room and went to prepare medications for other residents. LPN-A stated she was then passing by R1's room and "when she [R1] was on the phone with [the family member] she said they raped me ... I heard [R1] say something like they raped me as I was walking by." LPN-A stated "after that I continued passing med[ication]s because I was already late passing med[ication]s ... after that I did not actually do anything. Of course, I was supposed to report it. I know there was no excuse, but I got caught up with so many things ... I did not talk to the aide about it or tell anyone ... I did not report it on Saturday."</p> <p>During an interview on 9/24/24 at 12:58 p.m., the administrator confirmed he reported an allegation of sexual abuse to the SA on 9/16/24 because R1 reported a rape at the facility. The administrator confirmed staff initially became aware of the allegation around 7:20 p.m. on 9/14/24 though he was not aware of it until the morning of 9/16/24 around 8:45 a.m. The administrator stated "It was not reported timely. My expectation and the policy is that it would be reported immediately ... we have to report sexual abuse to the state [SA] within two hours."</p> <p>Facility policy titled Sexual Abuse Allegations Procedure dated 6/18/19, included: "The Administrator, Director of Nursing, or Social</p>	21980		
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21980	<p>Continued From page 7</p> <p>Worker will notify Minnesota Department of Health immediately. This notification <b>MUST</b> be made as soon as possible after learning of the allegation."</p> <p>Facility policy titled Abuse Prohibition/Vulnerable Adult Policy dated 3/2024, included: "All staff are responsible for reporting any situation that is considered abuse or neglect along with injuries of unknown origin ... Suspected abuse shall be reported to OHFC [Office of Health Facility Complaints] online reporting process not later than 2 hours after forming the suspicion of abuse."</p> <p><b>SUGGESTED METHOD OF CORRECTION:</b></p> <p>The administrator, director of nursing (DON), or designee could review policies and procedures on mandated reporting and vulnerable adults to ensure all suspicions are reported as mandated. The administrator, DON, or designee could educate all staff on these policies and procedures. The administrator, DON, or designee could conduct random audits of this education to ensure staff knowledge and compliance. The administrator, DON, or designee could then take that information to their quality assessment and performance improvement (QAPI) committee to assess the need for further improvement.</p> <p><b>TIME PERIOD FOR CORRECTION:</b></p> <p>Twenty one (21) days</p>	21980		