



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
October 17, 2024

Administrator
Charter House, Inc.
211 Northwest Second Street
Rochester, MN 55901

RE: CCN: 245282
Cycle Start Date: August 29, 2024

Dear Administrator:

On October 8, 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 that reads 'H. Zahler'.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3A 3rd Floor
PO Box 64900
625 Robert Street North
St. Paul, MN 55155
Office: 651-201-4384
Email: holly.zahler@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
September 4, 2024

Administrator
Charter House Inc.
211 Northwest Second Street
Rochester, MN 55901

RE: CCN: 245282
Cycle Start Date: August 29, 2024

Dear Administrator:

On August 29, 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:

Lisa Krebs, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Rochester District Office
3425 40th Avenue NW, Suite 115
Rochester MN, 55901
Email: Lisa.Krebs@state.mn.us
Office: (507) 206-2728

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 November 29, 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 1, 2025 (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/lrc_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.

Charter House Inc
September 4, 2024
Page 4

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink that reads "H. Zahler". The signature is written in a cursive style with a large initial "H" and a stylized "Zahler".

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3A 3rd Floor
PO Box 64900
625 Robert Street North
St. Paul, MN 55155
Office: 651-201-4384
Email: holly.zahler@state.mn.us

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

PRINTED: 09/16/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245282	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/29/2024
NAME OF PROVIDER OR SUPPLIER CHARTER HOUSE INC			STREET ADDRESS, CITY, STATE, ZIP CODE 211 NORTHWEST SECOND STREET ROCHESTER, MN 55901		
(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 8/28/24 and 8/29/24, 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: H52826816C (MN105739) with a deficiency cited at F607. F609 and F610. 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 607 SS=C	Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(5)(ii)(iii) §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and §483.12(b)(3) Include training as required at paragraph §483.95,	F 607			9/30/24

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

TITLE

(X6) DATE

Electronically Signed

09/13/2024

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 607	<p>Continued From page 1</p> <p>§483.12(b)(4) Establish coordination with the QAPI program required under §483.75.</p> <p>§483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements.</p> <p>§483.12(b)(5)(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act.</p> <p>§483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review the facility failed to have a policy consistent with federal requirement for reporting allegations of abuse to the state agency immediately but no later than two (2) hours. This deficient practice had the potential to affect all residents in the facility.</p> <p>Findings include:</p> <p>Review of the facility's Vulnerable Adult Reporting and Investigation Procedure dated 3/20/24 included: The nurse in charge, Nurse Manager, or designee must submit a report to Office of Health Facility Complaints (OHFC) through the Nursing Home Incident Reporting portal online within twenty-four hours of the incident's discovery, or within two hours when the alleged maltreatment involves serious bodily injury or death.</p> <p>During a phone interview on 8/29/24 at 10:32</p>	F 607	<p>The Vulnerable Adult Reporting and Investigation policies and procedures were reviewed and revisions are in progress to ensure clarity regarding reporting allegations of abuse to the state agency for the long-term care facility's requirements immediately, but no later than two hours. Upon completion of the revisions, re-education will be completed for all staff, by the interim Director of Health Services or designee. Weekly audits will be completed to monitor the policy for ongoing compliance with F607 for three months. The audits will be taken to the monthly QAPI Meeting for review by the interim Director of Health Services or designee.</p> <p>The Quality Assurance Performance Improvement (QAPI) Committee will review the audits at the monthly meeting</p>	

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F 607	Continued From page 2 a.m., operations specialist (OS)-A stated, in other states she had worked in, abuse should be reported immediately to the state agency but no later than 2 hours, but because this facility's policy with abuse reporting was to report within 24 hours with no injury, we were trying to figure out if we were doing it right. During an interview on 8/29/24 at 10:55 a.m., interim director of nursing (IDON) stated any abuse allegation should be reported immediately but no later than 2 hours to the state agency. IDON indicated the facility policy would be revised immediately to meet regulation and new education would be provided to staff. State Operations Manual Appendix PP - (Rev. 211, 02-03-23) included §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 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.	F 607	for three months. Any further action needed during or after the audit period, based on the audit results, will be determined by the QAPI Committee. All corrective actions will be implemented on or before 09/30/2024.		
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	F 609		9/30/24	

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F 609	<p>Continued From page 3 must:</p> <p>§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 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: Based on observation, interview and document review the facility failed to immediately report an allegation of abuse to the State Agency (SA) for 1 of 1 resident (R1) reviewed for allegations of abuse.</p> <p>Findings include: A Nursing Home Incident Report submitted to the state agency on 8/12/24 at 5:10 p.m. indicated R1 alleged rough care with nursing assistant (NA)-A</p>	F 609	<p>The nurse on duty completed a skin assessment on Resident 1 on 8/12/24, with no injuries or new skin matters noted. NA-A was removed from the Resident 1's care upon receipt of the complaint. All residents had a skin check completed by staff with no new skin irregularities. All residents were seen following the incident by the provider team with no new skin irregularities noted. NA-A is no longer employed by Charter House. LPN-A was</p>	

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F 609	<p>Continued From page 4 on 8/12/24 at 1:50 a.m. and the resident outcome was fear and anger.</p> <p>R1's significant change Minimum Data Set (MDS) dated 7/24/24 indicated R1 had intact cognition and no noted behaviors. R1 had limitation in range of motion on one side of lower extremity and was dependent with toileting, transfers, and toileting hygiene.</p> <p>R1's progress note dated 8/12/24 at 3:48 a.m. indicated R1 had refused cares x 2 by certified nursing assistant (CNA) by approximately 1:50 a.m. R1 was educated of the risks and benefits of refusing cares, R1 then began breathing erratically, shouting, being verbally aggressive to writer becoming visibly overwhelmed. Writer allowed R1 to vent their feelings. R1 suddenly stopped speaking and asked writer why they were in their room pestering them. Writer then explained the risks and benefits of bed changes for incontinent patients. R1 then shouted at writer, "Stop hurting me." Writer reminded R1 that they had not been involved with their cares this shift and R1's affect visibly relaxed and breathing slowed. Writer explained they have no intention of bringing any kind of harm to resident and stated in fact that is why I am here now to make sure you are safe and cared for. R1 stated, "then make sure that girl doesn't come in here again, she's the one that hurts me, and I have the right to refuse." R1's respirations increased and became visibly overwhelmed again.</p> <p>During an observation and interview on 8/28/24 at 10:30 a.m. R1 was seated in a recliner in her room with the legs elevated. R1 stated she did have a complaint about a girl that worked the night shift a couple weeks ago, she was not</p>	F 609	<p>educated on reporting requirements, which includes the federal requirement for reporting allegations of abuse to the state agency immediately but no later than two hours, by the Interim Director of Health Services. Resident 1 was discharged from the rehab unit on 9/5/24. All residents were again re-interviewed on 9/8/24 with no concerns noted.</p> <p>The Vulnerable Adult Reporting and Investigation policies and procedures were reviewed and revisions are in progress to ensure clarity regarding reporting allegations of abuse to the state agency for the long-term care facility's requirements immediately, but no later than two hours. Upon completion of the revisions, re-education will be completed for all staff, by the interim Director of Health Services or designee. Weekly audits will be completed to monitor the policy for ongoing compliance with F607 for three months. The audits will be taken to the monthly QAPI Meeting for review by the interim Director of Health Services or designee.</p> <p>The Quality Assurance Performance Improvement (QAPI) Committee will review the audits at the monthly meeting for three months. Any further action needed during or after the audit period, based on the audit results, will be determined by the QAPI Committee.</p> <p>All corrective actions will be implemented on or before 09/30/2024.</p>	

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F 609	<p>Continued From page 5</p> <p>listening to me and said she needed an answer to put in her report, it was very upsetting and my preference would be for her to never work with me again. She did not watch where my foot went when rolling me and hurt my foot, my foot had a bruise on it, it's not there anymore, she was not careful, R1 pointed to her right foot. My preference would be to not have people taking care of me if they are going to hurt me.</p> <p>During a phone interview on 8/28/24 at 4:50 p.m. nursing assistant (NA)-A stated, she was responsible for R1's cares on 8/12/24 from 12:00 a.m. until 6:30 p.m. R1 had refused incontinence cares from me twice, she did not want me in there, she had said something about me bruising her, after the second refusal this was reported to my nurse between 1:30 a.m. and 2:00 a.m. and was no longer able to provide anymore cares to R1. NA-A denied the allegations.</p> <p>During a phone interview on 8/29/24 at 9:53 a.m., licensed practical nurse (LPN)-A stated, she was the nurse that worked the night shift on 8/12/24 when R1 alleged abuse from nursing assistant (NA)-A. R1 was very upset it took almost an hour to get R1 calmed down. R1 said NA-A hurt her, so NA-A was not allowed back into R1's room. This incident was reported to the charge nurse and documented in the progress note right after the situation was handled.</p> <p>During an interview on 8/28/24 at 9:48 a.m., registered nurse (RN)-A stated, she was working offsite that day and was reviewing the 24-hour progress notes and saw R1's progress note that identified R1 stated, "then don't let that girl come in here again, she's the one who hurts me, and I have the right to refuse." R1 then became visibly</p>	F 609		

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F 609	<p>Continued From page 6</p> <p>overwhelmed. That was a red flag. (RN)-A stated the allegation of abuse that was alleged by R1 on 8/12/24 at 1:50 a.m., should have been reported immediately but no later than 2 hours to the state agency because she felt it was a potential allegation of physical abuse.</p> <p>During a phone interview on 8/28/24 at 5:16 p.m., RN-B stated, she had worked on 8/12/24, and was the charge nurse, the night nurse said something about R1 and the NA-A got into an argument or something, the nurse said she documented it. Due to an unawareness of abuse allegations it was not reported. We used to submit reports to the state agency ourselves, recently we were directed to report to the DON. The DON does all of the reporting to the state agency. RN-B was unsure of the timeline for reporting abuse.</p> <p>During a phone interview on 8/29/24 at 10:32 a.m., operations specialist (OS)-A stated, in other states she had worked in, abuse should be reported immediately to the state agency but no later than 2 hours, but because this facility's policy with abuse reporting was to report within 24 hours with no injury, we were trying to figure out if we were doing it right.</p> <p>During an interview on 8/29/24 at 10:55 a.m., interim director of nursing (IDON) stated any abuse allegation should be reported immediately but no later than 2 hours to the state agency. DON indicated the facility policy would be revised immediately to meet regulation and new education would be provided to staff.</p> <p>Review of the facility's Vulnerable Adult Reporting and Investigation Procedure dated 3/20/24 was</p>	F 609		

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F 609	Continued From page 7 not consistent with the requirements for reporting allegations of abuse. The procedure included: The nurse in charge, Nurse Manager, or designee must submit a report to Office of Health Facility Complaints (OHFC) through the Nursing Home Incident Reporting portal online within twenty-four hours of the incident's discovery, or within two hours when the alleged maltreatment involves serious bodily injury or death. State Operations Manual Appendix PP - (Rev. 211, 02-03-23) included §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 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.	F 609			
F 610 SS=D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse,	F 610		9/30/24	

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

PRINTED: 09/16/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245282	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/29/2024
NAME OF PROVIDER OR SUPPLIER CHARTER HOUSE INC		STREET ADDRESS, CITY, STATE, ZIP CODE 211 NORTHWEST SECOND STREET ROCHESTER, MN 55901		
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F 610	<p>Continued From page 8</p> <p>neglect, exploitation, or mistreatment while the investigation is in progress.</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 ensure all residents were protected after R1 reported an allegation of abuse and was protected. This had the potential to affect all other residents residing in the facility at the time of the allegation.</p> <p>Findings include:</p> <p>A Nursing Home Incident Report submitted to the state agency on 8/12/24 at 5:10 p.m., indicated R1 alleged rough care with nursing assistant (NA)-A on 8/12/24 at 1:50 a.m., and the resident outcome was fear and anger.</p> <p>R1's significant change Minimum Data Set (MDS) dated 7/24/24 indicated R1 had intact cognition and no noted behaviors.</p> <p>R1's progress note dated 8/12/24 at 3:48 a.m. included R1 had refused cares x 2 by CNA by approximately 1:50 a.m. R1 was educated of the risks and benefits of refusing cares, R1 then began breathing erratically, shouting, being verbally aggressive to writer becoming visibly overwhelmed. Writer allowed R1 to vent their feelings R1 suddenly stopped speaking and</p>	F 610	<p>The nurse on duty completed a skin assessment on Resident 1 on 8/12/24, with no injuries or new skin matters noted. NA-A was removed from the Resident 1's care upon receipt of the complaint. All residents had a skin check completed by staff with no new skin irregularities. All residents were seen following the incident by the provider team with no new skin irregularities noted. NA-A is no longer employed by Charter House. LPN-A was educated on reporting requirements, which includes the federal requirement for reporting allegations of abuse to the state agency immediately but no later than two hours, by the Interim Director of Health Services. Resident 1 was discharged from the rehab unit on 9/5/24. All residents were again re-interviewed on 9/8/24 with no concerns noted.</p> <p>The Vulnerable Adult Reporting and Investigation policies and procedures were reviewed and revisions are in progress to clarify steps to be taken to protect all residents after an allegation of abuse, including steps to place employees on administrative leave pending the</p>	

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F 610	<p>Continued From page 9</p> <p>asked writer why they were in their room pestering them. Writer then explained the risks and benefits of bed changes for incontinent patients. R1 then shouted at writer, "Stop hurting me." Writer reminded R1 that they had not been involved with their cares this shift and R1's affect visibly relaxed and breathing slowed. Writer explained they have no intention of bringing any kind of harm to resident and stated in fact that is why I am here now to make sure you are safe and cared for. R1 stated, "then make sure that girl doesn't come in here again, she's the one that hurts me, and I have the right to refuse." R1's respirations increased and became visibly overwhelmed again.</p> <p>During a phone interview on 8/28/24 at 4:50 p.m., nursing assistant (NA)-A stated, she was responsible for R1's cares on 8/12/24 from 12:00 a.m. until 6:30 p.m. R1 had refused incontinence cares from me twice, she did not want her in there, she had said something about me bruising her. After R1's second refusal it was reported to my nurse between 1:30 a.m. and 2:00 a.m. NA-a stated she was no longer able to provide cares to R1. NA-A further stated, she had no supervision while providing repositioning and incontinence care to other residents until 6:30 a.m.</p> <p>During a phone interview on 8/29/24 at 9:53 a.m., licensed practical nurse (LPN)-A stated, she was the nurse that worked the night shift on 8/12/24 when R1 alleged abuse from nursing assistant (NA)-A. R1 was very upset it took me almost an hour to get R1 calmed down. R1 said NA-A hurt her, so NA-A was not allowed back into R1's room. LPN-A stated NA-A did provide care to the other residents unsupervised until the end of her shift on 8/12/24 at 6:30 a.m.</p>	F 610	<p>outcome of the investigation, by the interim Director of Nursing or designee. Upon completion of the revisions, re-education will be completed for all staff, by the interim Director of Health Services or designee. Weekly audits will be completed to monitor the policy for ongoing compliance with F607 for three months. The audits will be taken to the monthly QAPI Meeting for review by the interim Director of Health Services or designee.</p> <p>The QAPI Committee will review the audits at the monthly meeting for three months. Any further action needed during or after the audit period, based on the audit results, will be determined by the QAPI Committee.</p> <p>All corrective actions will be implemented on or before 09/30/2024.</p>	

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F 610	<p>Continued From page 10</p> <p>During an interview on 8/28/24 at 10:54 a.m., interim director of nursing (IDON) stated that NA-A was allowed to work with other residents after the allegation of abuse and should not have been working with other residents unsupervised.</p> <p>Review of facility policy, "Vulnerable Adult Reporting and Investigation Procedure," dated 3/20/24, identified ... Upon receiving any allegations of abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source, the administrator is responsible for determining what actions (if any) are needed for the protection of residents. Immediately remove the implicated personnel from further contact with the resident, and ensure the personnel is accompanied by other personnel during any direct contact with other residents. Implement one of the following: Partner the implicated personnel under continuous, direct observation with other personnel (i.e., implement "paired care"); or Re-assign the implicated personnel to an appropriate non-resident care role as available, or: Place the implicated personnel on temporary paid administrative leave.</p>	F 610		



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
September 4, 2024

Administrator
Charter House Inc.
211 Northwest Second Street
Rochester, MN 55901

Re: Event ID: 8GZX11

Dear Administrator:

The above facility survey was completed on August 29, 2024, 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 that reads 'H. Zahler'.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3A 3rd Floor
Office: 651-201-4384
Email: holly.zahler@state.mn.us

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00193	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/29/2024
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NAME OF PROVIDER OR SUPPLIER CHARTER HOUSE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 211 NORTHWEST SECOND STREET ROCHESTER, MN 55901
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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">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 8/28/24 and 8/29/24, 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 Electronically Signed	TITLE	(X6) DATE 09/13/24
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Minnesota Department of Health

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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: H52826816C (MN105739). 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 <https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html> 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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Minnesota Department of Health

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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		