Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
December 7, 2023

Administrator
Good Samaritan Society - Inver Grove Heights
1301 50th Street East
Inver Grove Heights, MN 55077

RE: CCN: 245285
Cycle Start Date: October 5, 2023

Dear Administrator:

On November 9, 2023, we notified you a remedy was imposed. On November 28, 2023, the Minnesota Departments of Health and Public Safety completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of November 24, 2023.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective January 5, 2024 did not go into effect. (42 CFR 488.417 (b))

In our letter of November 9, 2023, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from January 5, 2024, due to denial of payment for new admissions. Since your facility attained substantial compliance on November 24, 2023, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, this does not apply to or affect any previously imposed NATCEP loss.

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

Please contact me with any questions regarding this letter.

Sincerely,

Lori Hagen, Compliance Analyst
Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Telephone: 651-201-4306
E-Mail: Lori.Hagen@state.mn.us

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December 7, 2023

Administrator
Good Samaritan Society - Inver Grove Heights
1301 50th Street East
Inver Grove Heights, MN 55077

Re: Reinspection Results
Event ID: V59W12 and WJ0F12

Dear Administrator:

On November 3, 2023, and November 28, 2023, survey staff of the Minnesota Departments of Health-Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the surveys completed on October 5, 2023, and October 30, 2023. At this time these correction orders were found corrected.

Please contact me with any questions regarding this letter.

Sincerely,

Lori Hagen, Compliance Analyst
Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Telephone: 651-201-4306
E-Mail: Lori.Hagen@state.mn.us

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NOTE: This agency changed the survey cycle start to October 5, 2023, to reflect the result of an IDR from the September 22, 2023, survey. This letter will also show that the remedy effective date has changed to a later date.

Electronically delivered

November 9, 2023

Administrator
Good Samaritan Society - Inver Grove Heights
1301 50th Street East
Inver Grove Heights, MN 55077

RE: CCN: 245285
Cycle Start Date: October 5, 2023

Dear Administrator:

On October 2, 2023, we informed you that we may impose enforcement remedies.

On October 30, 2023, the Minnesota Department of Health completed a survey and it has been determined that your facility is not in substantial compliance. The most serious deficiencies in your facility were found 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.

REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy(ies) listed below to the CMS Region V Office for imposition. The CMS Region V Office concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Mandatory Denial of Payment for new Mediare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective January 5, 2024

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective January 5, 2024. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective January 5, 2024.

You should notify all Medicare/Medicaid residents admitted on, or after, this date of the restriction. The remedy must remain in effect until your facility has been determined to be in substantial

compliance or your provider agreement is terminated. Please note that the denial of payment for new admissions includes Medicare/Medicaid beneficiaries enrolled in managed care plans. It is your obligation to inform managed care plans contracting with your facility of this denial of payment for new admissions.

This Department is also recommending that CMS impose a civil money penalty. You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

- Civil money penalty. (42 CFR 488.430 through 488.444)

NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than $11,995, has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

If you have not achieved substantial compliance by January 5, 2024, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, Good Samaritan Society - Inver Grove Heights will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from January 5, 2024. You will receive further information regarding this from the State agency. This prohibition is not subject to appeal. Further, this prohibition may be rescinded at a later date if your facility achieves substantial compliance prior to the effective date of denial of payment for new admissions. However, under Public Law 105-15, you may contact the State agency and request a waiver of this prohibition if certain criteria are met.

ELECTRONIC PLAN OF CORRECTION (ePOC)

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same

deficient practice.

- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by a "F" 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
18 Woodlake Drive, Rochester MN, 55904
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 - Health Regulation Division staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for their respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by April 5, 2024, (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at § 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR § 488.412 and § 488.456.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

APPEAL RIGHTS

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at https://dab.efile.hhs.gov no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request shall be submitted electronically to:

Steven.Delich@cms.hhs.gov

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201
202-795-7490

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Steven Delich, Program Representative at (312) 886-5216. Information may also be emailed to Steven.Delich@cms.hhs.gov.

INFORMAL DISPUTE RESOLUTION (IDR) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Nursing Home Informal Dispute Process
Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900

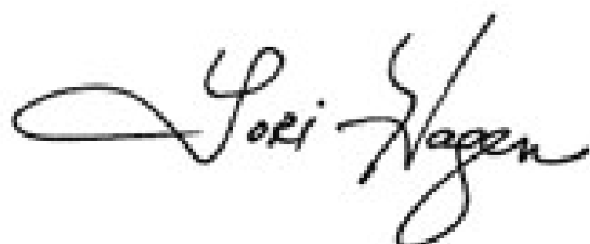
This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at:
https://mdhprovidercontent.web.health.state.mn.us/ltc_idr.cfm

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.

Please contact me with any questions regarding this letter.

Sincerely,



Lori Hagen, Compliance Analyst
Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Telephone: 651-201-4306
E-Mail: Lori.Hagen@state.mn.us

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Electronically delivered

November 9, 2023

Administrator
Good Samaritan Society - Inver Grove Heights
1301 50th Street East
Inver Grove Heights, MN 55077

Re: State Nursing Home Licensing Orders
Event ID: WJ0F11

Dear Administrator:

The above facility was surveyed on October 27, 2023, through October 30, 2023, 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. 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.

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.

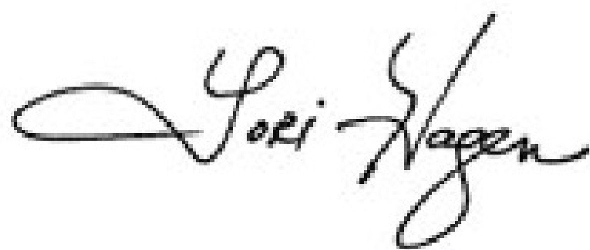
Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting 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:

Lisa Krebs, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Rochester District Office
18 Woodlake Drive, Rochester MN, 55904
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728

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 contact me with any questions regarding this letter.

Sincerely,



Lori Hagen, Compliance Analyst
Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Telephone: 651-201-4306
E-Mail: Lori.Hagen@state.mn.us

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00022	A. BUILDING: ______ B. WING ______	C 10/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - INVER GROVE	**1301 50TH STREET EAST INVER GROVE HEIGHTS, MN 55077**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 000	Initial Comments	2 000		

*****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 10/27/23 through 10/30/23 , 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

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2 000	Continued From page 1	2 000		

have reviewed these orders and identify the date when they will be completed.

The following complaints were reviewed. H52856689C (MN00098030) with a licensing order issued at 0265

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.
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

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2 000	Continued From page 2 state form. 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		
2 265	MN Rule 4658.0085 Notification of Chg in Resident Health Status A nursing home must develop and implement policies to guide staff decisions to consult physicians, physician assistants, and nurse practitioners, and if known, notify the resident's legal representative or an interested family member of a resident's acute illness, serious accident, or death. At a minimum, the director of nursing services, and the medical director or an attending physician must be involved in the development of these policies. The policies must have criteria which address at least the appropriate notification times for: A. an accident involving the resident which results in injury and has the potential for requiring physician intervention; B. a significant change in the resident's physical, mental, or psychosocial status, for example, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications; C. a need to alter treatment significantly, for example, a need to discontinue an existing form of treatment due to adverse consequences, or to begin a new form of treatment;	2 265		11/24/23

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2 265	Continued From page 3 D. a decision to transfer or discharge the resident from the nursing home; or E. expected and unexpected resident deaths. This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to notify the physician directly and immediately regarding changes in lower extremity movement for 1 of 3 residents (R1) reviewed for change of condition, additionally nurse practitioner failed to notify the medical doctor regarding change of condition concerns brought to her attention by her nurse. Findings include: R1's Face Sheet identified R1 had diagnoses of spinal stenosis. R1's care plan dated 10/17/23, identified R1 had mobility deficits due to spinal stenosis and required one staff with maximum assistance for toilet use, one staff for bed mobility and dressing. R1 required assist of one staff to stand pivot to the wheelchair. During interview on 10/30/23 at 10:55 a.m.,R1 recalled a situation in therapy on a Friday (10/20/22) when she was being transferred and experienced a sudden onset of intense pain in her back, "it felt like electrodes all over the body." R1 indicated she yelled out at the time. R1 did not recall if a nurse evaluated her following the incident or anyone other than the therapist who addressed the pain at the time. After that, she had notable changes in her leg strength and sensation. R1 explained she remembered telling	2 265	completed	

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2 265	Continued From page 4 the nursing staff, physical therapist, and family members about not being able to get up, transfer, or stand on her own feet. R1 reported feeling as though staff were not taking her needs or concerns seriously. R1's physical therapy daily treatment note dated 10/20/23, included "PTA [physical therapy assistant] notes sensation intact from B knee joint to forefoot, however poor movement detected during each exercise requiring total assist for movement." PTA updated patient nurse of muscle contraction although no movement observed and rapid fatigue which is observable decline in patient abilities from prior session. PTA checked on patient in evening. R1 reported increased spine pain. No change with trace muscle activation of B gastroc/soleus without movement. PTA reported to nurse of patient weakness and inability to move lower extremities to then report to nurse practitioner (NP) on course of action. R1's note in the "provider book" (used to communicate with the physician) dated 10/21/23, identified concerns about R1's lack of sensation in lower extremities and mobility following surgery. R1's progress note dated 10/22/23, included "resident displayed attention seeking behaviors by constantly ringing the call light multiple times during this shift. Incontinent cares provided. Resident unable to bear weight to legs which is a change from baseline. Provider made aware." R1's progress note dated 10/23/23, included "resident in bed the whole shift. More sleepy and lethargic. When name called, opened eyes and responded. Vital signs checked and within normal limits. Couldn't move lower extremities when	2 265		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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2 265	Continued From page 5 asked to move them. Nurse practitioner updated. Passed to next shift to monitor and updated nurse practitioner. " R1's care plan was revised on 10/23/23, identified R1 required the use of a sit to stand mechanical lift to get into wheelchair. R1's nurse practitioner (NP) note dated 10/23/23, included R1 reports doing okay, denies new pain or discomfort. she is resting in bed. States some sensation to bilateral lower extremities. Will continue to monitor closely and possibly refer back to surgeon. She is not ambulating at this time and using wheelchair to get around. She had limited mobility, muscle weakness and difficulty walking. R1's progress note dated 10/24/23, included medical doctor saw resident this morning, he thinks she may have had a stroke since she is complaining of not being able to feel her lower extremities. R1's medical doctor (MD) note dated 10/24/23, included R1 developed left leg weakness on Friday (10/20/23) and had a history of TIA/ recent spinal surgery. Upon examination no movement of left leg, discussed with nursing staff and patient to be sent to emergency room for further evaluation. During interview on 10/27/23 at 12:21, family member (FM)-A indicated when R1 was admitted to the facility on 10/13/23, R1 was able to stand and walk with the walker. FM-A recalled on the date of admission she was the person who transferred R1 from the car to wheelchair, R1 could stand up, and turn around without difficulty. FM-A indicated she had visited on Sunday	2 265		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00022	A. BUILDING: ______ B. WING ______	C 10/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - INVER GROVE	1301 50TH STREET EAST INVER GROVE HEIGHTS, MN 55077

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2 265	Continued From page 6 10/22/23, the facility staff were using a full body lift. R1 also had increased pain with rolling back and forth when staff were placing the sling. FM-A stated R1 appeared to be "bed ridden", could barely move her toes, and felt something was off with R1. This was a change from when R1 was admitted. On 10/24/23 facility staff notified FM-A, R1 was re-admitted to the hospital. FM-A reported upon arrival to the hospital, hospital staff were concerned R1's condition was not identified earlier by the facility. During interview on 10/27/23 at 4:00 p.m., registered nurse (RN)-A indicated R1 was brought to facility on 10/13/23 by family via personal vehicle and R1 could lift legs, wiggle toes, and feel movement in lower extremities. Alert and oriented. During interview on 10/27/23 at 12:48 p.m., nursing assistant (NA)-A indicated R1 was able to stand pivot with just herself on day of admission. During interview on 10/27/23 at 1:13 p.m., RN-B stated R1 had been doing okay, but all of a sudden R1 could not use her lower extremities very well. RN-B notified providers on 10/22/23, by leaving a note in the "provider book". RN-B indicated R1 had a history of behaviors and nursing had thought the change in R1's condition was behavior related so they were waiting to see if it was an issue that needed to be further evaluated. During interview on 10/27/23 at 1:16 p.m., RN-C indicated upon admission R1 could stand on own feet and did not require extensive assist, she could lift her feet up, and stand with support. R1 was also alert and oriented and made her needs known. R1 did not ask for any pain medication on	2 265		

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2 265	Continued From page 7	2 265		

10/23/23, which was a big change as she typically asked for pain medications frequently. RN-C indicated nurse practitioner's clinical nurse was in the facility and notified, however NP or MD was not directly contacted with concerns on 10/23/23.

During interview on 10/30/23 at 12:12 p.m., PTA explained he noted changes on the 10/20/23, therapy session. R1 did not have control over lower extremities and had increased fatigue which was a big difference than other therapy sessions. PTA indicated R1 reported a sudden on-set of pain during a transfer during this session and R1 reported it felt like an electric shock. PTA reported letting the RN know about the decreased muscle contraction, increased rapid fatigue, observable change in functional ability to transfer, and increase complaints of pain which were all different then R1's baseline. However, R1 still had sensation in extremities. PTA indicated they were concerned there was further damage to the spine. PTA notified RN, but did not notify the physician.

During interview on 10/30/23 at 8:35 a.m., Nurse practitioner (NP) indicated she saw R1 on 10/23/22, and reported getting an email and voicemail from NP's clinical nurse prior to 10/23/23 indicating R1's status did not look very good. NP did see R1 on 10/23/22, and did some sensation testing, but no motor reflex testing. NP recalled R1 to be very sleepy, tired and wasn't fully conversing. NP stated she did not notify the medical doctor of the concerns.

Email communications from NP and NP's clinic nurse requested, but not received.

During interview on 10/30/23 at 10:00 a.m., MD indicated the first he had heard about the

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GOOD SAMARITAN SOCIETY - INVER GROVE	1301 50TH STREET EAST INVER GROVE HEIGHTS, MN 55077

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2 265	Continued From page 8	2 265		

situation was on 10/24/23 and was not notified by a nurse practitioner or facility staff prior. A facility nurse had notified him of the concerns during rounding and on 10/24/23. Upon assessment, MD identified she needed to be emergently evaluated due to new onset of left leg weakness and was not able to move it against gravity. MD indicated if facility staff would have notified him on 10/22/23, or prior he would have sent R1 to the ER to be evaluated.

During interview on 10/30/23 at 3:10 p.m., director of nursing (DON) indicated she was aware the nurse practitioner was notified on 10/22/23, however was not aware the communication was completed via the communication binder and there had been no direct communication with a provider that day. DON explained if the need was immediate, the expectation would be to call the provider to speak with them directly and not use the communication binder. DON indicated she was involved with discharge to the hospital on 10/24/23, and there was a clear change which required work up in the hospital setting.

Policy titled notification of change dated 11/29/22, indicates the facility must immediately inform the resident, consult with the resident's physician and notify, consistent with his or her authority, the resident representative(s) when there is:
1. An accident involving the resident which results in injury and has the
potential for requiring physician intervention

2. A significant change in the resident's physical, mental or psychosocial status

SUGGESTED METHOD OF CORRECTION:
The administrator or designee could review/revise

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GOOD SAMARITAN SOCIETY - INVER GROVE I	1301 50TH STREET EAST INVER GROVE HEIGHTS, MN 55077

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2 265	Continued From page 9 policies and procedures on notification of change in resident health. The administrator or designee could educate all staff on these policies and procedures. The administrator or designee could audit to ensure all residents are being treated with appropriate assessments during a change of condition, and report these findings to their QAPI committee. TIME PERIOD FOR CORRECTION: Twenty one (21) days	2 265		

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F 000	INITIAL COMMENTS On 10/27/23 through 10/30/23, 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 complaints were reviewed. H52856689C (MN00098030) with a deficiency issued at F580. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial	F 580		11/24/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 11/15/2023

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

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F 580	Continued From page 1 status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on interview and document review, the	F 580	Preparation and execution of this	

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F 580	Continued From page 2 facility failed to notify the physician directly and immediately regarding changes in lower extremity movement for 1 of 3 residents (R1) reviewed for change of condition, additionally nurse practitioner failed to notify the medical doctor regarding change of condition concerns brought to her attention by her nurse. Findings include: R1's Face Sheet identified R1 had diagnoses of spinal stenosis. R1's care plan dated 10/17/23, identified R1 had mobility deficits due to spinal stenosis and required one staff with maximum assistance for toilet use, one staff for bed mobility and dressing. R1 required assist of one staff to stand pivot to the wheelchair. During interview on 10/30/23 at 10:55 a.m.,R1 recalled a situation in therapy on a Friday (10/20/22) when she was being transferred and experienced a sudden onset of intense pain in her back, "it felt like electrodes all over the body." R1 indicated she yelled out at the time. R1 did not recall if a nurse evaluated her following the incident or anyone other than the therapist who addressed the pain at the time. After that, she had notable changes in her leg strength and sensation. R1 explained she remembered telling the nursing staff, physical therapist, and family members about not being able to get up, transfer, or stand on her own feet. R1 reported feeling as though staff were not taking her needs or concerns seriously. R1's physical therapy daily treatment note dated 10/20/23, included "PTA [physical therapy	F 580	response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. For the purposes of any allegation that the center is not in substantial compliance with federal requirements of participation, this response and plan of correction constitutes the center’s allegation of compliance in accordance with section 7305 of the State Operations Manual. F580 Notify Changes (Injury/Decline/Room, etc.) 1. R1 was transferred to the hospital on 10/24/23 and did not return to the facility. 2. All residents who had a change in condition in the last 30 days were reviewed to ensure that the provider was directly notified and the change in condition assessment completed. There were no issues found. 3. To ensure systemic changes are sustained, all nurses will receive re-education on the facility policy ‘Change in Condition’ by 11/24/23. A ‘Change in Condition’ binder will be placed at the nurse’s station which will contain resources for change in condition. 4. Audits will be conducted on 3 random residents who have had a change in condition weekly x 4 and monthly x 2 to	

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F 580	Continued From page 3 assistant] notes sensation intact from B knee joint to forefoot, however poor movement detected during each exercise requiring total assist for movement." PTA updated patient nurse of muscle contraction although no movement observed and rapid fatigue which is observable decline in patient abilities from prior session. PTA checked on patient in evening. R1 reported increased spine pain. No change with trace muscle activation of B gastroc/soleus without movement. PTA reported to nurse of patient weakness and inability to move lower extremities to then report to nurse practitioner (NP) on course of action. R1's note in the "provider book" (used to communicate with the physician) dated 10/21/23, identified concerns about R1's lack of sensation in lower extremities and mobility following surgery. R1's progress note dated 10/22/23, included "resident displayed attention seeking behaviors by constantly ringing the call light multiple times during this shift. Incontinent cares provided. Resident unable to bear weight to legs which is a change from baseline. Provider made aware." R1's progress note dated 10/23/23, included "resident in bed the whole shift. More sleepy and lethargic. When name called, opened eyes and responded. Vital signs checked and within normal limits. Couldn't move lower extremities when asked to move them. Nurse practitioner updated. Passed to next shift to monitor and updated nurse practitioner. " R1's care plan was revised on 10/23/23, identified R1 required the use of a sit to stand mechanical lift to get into wheelchair.	F 580	ensure the provider is directly notified of the change in condition. Audits will be brought 5. 11/24/23	

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F 580	Continued From page 4	F 580		

R1's nurse practitioner (NP) note dated 10/23/23, included R1 reports doing okay, denies new pain or discomfort. she is resting in bed. States some sensation to bilateral lower extremities. Will continue to monitor closely and possibly refer back to surgeon. She is not ambulating at this time and using wheelchair to get around. She had limited mobility, muscle weakness and difficulty walking.

R1's progress note dated 10/24/23, included medical doctor saw resident this morning, he thinks she may have had a stroke since she is complaining of not being able to feel her lower extremities.

R1's medical doctor (MD) note dated 10/24/23, included R1 developed left leg weakness on Friday (10/20/23) and had a history of TIA/ recent spinal surgery. Upon examination no movement of left leg, discussed with nursing staff and patient to be sent to emergency room for further evaluation.

During interview on 10/27/23 at 12:21, family member (FM)-A indicated when R1 was admitted to the facility on 10/13/23, R1 was able to stand and walk with the walker. FM-A recalled on the date of admission she was the person who transferred R1 from the car to wheelchair, R1 could stand up, and turn around without difficulty. FM-A indicated she had visited on Sunday 10/22/23, the facility staff were using a full body lift. R1 also had increased pain with rolling back and forth when staff were placing the sling. FM-A stated R1 appeared to be "bed ridden", could barely move her toes, and felt something was off with R1. This was a change from when R1 was

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F 580	Continued From page 5 admitted. On 10/24/23 facility staff notified FM-A, R1 was re-admitted to the hospital. FM-A reported upon arrival to the hospital, hospital staff were concerned R1's condition was not identified earlier by the facility. During interview on 10/27/23 at 4:00 p.m., registered nurse (RN)-A indicated R1 was brought to facility on 10/13/23 by family via personal vehicle and R1 could lift legs, wiggle toes, and feel movement in lower extremities. Alert and oriented. During interview on 10/27/23 at 12:48 p.m., nursing assistant (NA)-A indicated R1 was able to stand pivot with just herself on day of admission. During interview on 10/27/23 at 1:13 p.m., RN-B stated R1 had been doing okay, but all of a sudden R1 could not use her lower extremities very well. RN-B notified providers on 10/22/23, by leaving a note in the "provider book". RN-B indicated R1 had a history of behaviors and nursing had thought the change in R1's condition was behavior related so they were waiting to see if it was an issue that needed to be further evaluated. During interview on 10/27/23 at 1:16 p.m., RN-C indicated upon admission R1 could stand on own feet and did not require extensive assist, she could lift her feet up, and stand with support. R1 was also alert and oriented and made her needs known. R1 did not ask for any pain medication on 10/23/23, which was a big change as she typically asked for pain medications frequently. RN-C indicated nurse practitioner's clinical nurse was in the facility and notified, however NP or MD was not directly contacted with concerns on 10/23/23.	F 580		

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identified she needed to be emergently evaluated due to new onset of left leg weakness and was not able to move it against gravity. MD indicated if facility staff would have notified him on 10/22/23, or prior he would have sent R1 to the ER to be evaluated.

During interview on 10/30/23 at 3:10 p.m., director of nursing (DON) indicated she was aware the nurse practitioner was notified on 10/22/23, however was not aware the communication was completed via the communication binder and there had been no direct communication with a provider that day. DON explained if the need was immediate, the expectation would be to call the provider to speak with them directly and not use the communication binder. DON indicated she was involved with discharge to the hospital on 10/24/23, and there was a clear change which required work up in the hospital setting.

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