Electronically delivered
December 7, 2021

Administrator
Hopkins Health Services
725 Second Avenue South
Hopkins, MN 55343

RE: CCN: 245293
Cycle Start Date: December 7, 2021

Dear Administrator:

On November 22, 2021, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety, to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

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

ELECTRONIC PLAN OF CORRECTION (ePoC)

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved.

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

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

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

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

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

DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by an "F" tag) i.e., the plan of correction should be directed to:

Jamie Perell, Unit Supervisor
Metro B District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: jamie.perell@state.mn.us
Office: (651) 245-8094

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 February 22, 2022 (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 May 22, 2022 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

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

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

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

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

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

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

Feel free to contact me if you have questions.

Sincerely,

Kamala Fiske-Downing
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245293	A. BUILDING _____ B. WING _____	C 11/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPKINS HEALTH SERVICES	**725 SECOND AVENUE SOUTH HOPKINS, MN 55343**

(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 11/22/21, an abbreviated survey was completed at your facility by surveyors from the Minnesota Department of Health (MDH) to conduct multiple complaint investigations. Hopkins Health Services was found to not be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. The following complaint was found to be substantiated: H5293124C (MN60210); however, no deficiencies issued due to actions taken prior to the onsite survey. The following complaints were found to be unsubstantiated: H5293118C (MN74381) H5293119C (MN69967, MN69931) H5293120C (MN69861); however, incidental non-compliance cited at F661. H5293121C (MN65428) H5293122C (MN63572) H5293123C (MN60922) H5293125C (MN59863); however, incidental non-compliance cited at F661. H5293126C (MN59390) H5293127C (MN59366) The facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's 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	F 000		

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

Electronically Signed | 12/16/2021

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 000	Continued From page 1 on-site revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.	F 000		
F 661 SS=D	Discharge Summary CFR(s): 483.21(c)(2)(i)-(iv) §483.21(c)(2) Discharge Summary When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following: (i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results. (ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative. (iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter). (iv) A post-discharge plan of care that is developed with the participation of the resident and, with the resident's consent, the resident representative(s), which will assist the resident to adjust to his or her new living environment. The post-discharge plan of care must indicate where the individual plans to reside, any arrangements that have been made for the resident's follow up care and any post-discharge medical and non-medical services. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the	F 661	ID Prefix Tag (X4) Provider's Plan of	12/17/21

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F 661	Continued From page 2 facility failed to ensure a comprehensive discharge summary, including a recapitulation of stay, was completed and communicated with the resident or the receiving healthcare provider (i.e., home care) to promote continuity of care and reduce the risk of complications for 1 of 3 residents (R9) reviewed for discharge planning. Findings include: R9's admission Minimum Data Set (MDS), dated 9/6/21, identified R9 had displayed, at times, behaviors including rejection of care and required limited-to-extensive assitance to complete his activities of daily living (ADLs). The MDS outlined R9 had several medical diagnoses including diabetes mellitus, anemia, and a history of traumatic brain injury (TBI) along with unhealed pressure ulcers; however, the section(s) to record R9's cognition and mood were left blank and not completed. R9's progress note(s) were reviewed. These identified: On 8/18/21, R9 admitted to the nursing home. However, two days following, on 8/20/21, R9 was transferred and admitted to the hospital for potential behavioral concerns (i.e., refusing care, combative) and was re-admitted to the nursing home on 8/30/21. On 9/14/21, a care conference was held with R9, his family members, and various staff present. The note outlined R9 was ambulating with a two-wheeled walker and, " ... has his own ind[ependent] apartment he wants to return to that has an elevator." The note outlined social services would help assist with the discharge and	F 661	Correction (Each corrective action must be cross-referenced to the appropriate deficiency.) Completion Date (X5) This Plan of Correction constitutes Hopkins Health Service's written allegation of compliance for deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. The Plan of Correction is submitted to meet requirements established by state and federal law. F-661 (D) It is the policy of the facility to ensure a comprehensive discharge summary, including a recapitulation of stay, is completed and communicated with the resident or the receiving healthcare provider (i.e. home care) to promote continuity of care and reduce the risk of complications within the discharge process. Resident(s) involved: R9 no longer at center and discharged per plan of care. Residents with Potential to be affected: Center residents that desire discharge back to community setting or transferring to another healthcare facility are at risk to be affected by alleged deficient practice. Therefore, the following actions have been taken; Process Change: Starting on 12/17/2021, upon setting discharge date of a resident, Social Service and/or designee to initiate/open Recapitulation of Stay □	

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F 661	Continued From page 3 return to independent living by requesting an elderly waiver and personal care assistant (PCA) assessment be completed by the County. On 10/11/21, a subsequent care conference was held with R9 and his family members present. The note outlined R9's gastrostomy tube had been removed and R9's oral intakes "are good," along with dictation outlining the nursing staff continued to monitor R9's blood sugars and were potentially altering his insulin dose(s). In addition, the note read, "Resident has a wound on his heel that is being monitored, current daily dressing changes but 3x [times] a week would be adequate." Further, the note concluded, "Socialservices [sic] contacted case manager to complete assessments and he will be in touch with resident and his [family member] ... continue to plan for resident's discharge in the next couple weeks and resident and family are aware and accepting of this." On 11/4/21, a final note outlined, "Resident was discharged home today. All discharge instructions were explained and acknowledged at the time ... was sent home with remaining prescription meds ... signed orders faxed to CVS Pharmacy ... [R9] exited the building shortly after 1230 hours with no concerns." R9's corresponding Recapitulation of Stay - Discharge Summary - V3, dated 11/4/21, was reviewed and identified several sections to be completed by staff including, but not limited to, "Discharge Information," "Social Services," "Nursing and Rehab Services," and, "Dietary Services." The summary outlined, "Services/treatment(s) provided," for R9 which included physical therapy, occupational therapy,	F 661	Discharge Summary □ V3. Respective disciplines will be responsible for completing sections prior to discharge date. Opened Recapitulation of Stay UDA will be reviewed during Morning Stand-Up Meeting to ensure sections are completed timely. Upon discharge, Social Services and/or Designee will print Recapitulation of Stay UDA to send with resident and/or receiving facility. Education: Interdisciplinary Team educated on above process changes by Executive Director/Director of Nursing by 12/17/2021. Monitoring: To ensure ongoing compliance the Executive Director and/or Designee will complete chart audits on two discharged residents weekly x 6 weeks for completion of Recapitulation of Stay and proof of printed UDA being including upon discharge. The results of the audits will be reviewed by the QAPI committee for trends and any needs for adjustment of audit schedules or content, as well as any further educational needs. 12/17/2021	

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F 661	Continued From page 4 and wound/skin care; along with dictation reading, "made great strides in therapy and was finally ready to transition ... provided with a reminding tool for his meds times, also educated on when to check his Blood [sic] sugars and how much insulin he should administer each time ... Advised to see his primary [physician] 1 week after dischaRge [sic] from [nursing home]." Further, the section outlined a referral to home care had been completed and contact information was listed for R9's physician. However, the remaining sections of the summary were almost all left blank and not completed. The sections without any information included, but were not limited to: "Mental, cognitive, and psychosocial status," "Vital signs at the time of discharge," "Sensory and Physical Impairments," "Assistive device(s) needed," "Hearing aids," and, "Dental Condition," "Skin Condition," "Summary of nursing course of treatment including complications," "Weight trend;" and, "Diet order." R9's medical record was reviewed and lacked evidence all the information which was left blank in the Recapitulation of Stay - Discharge Summary - V3, dated 11/4/21, was communicated or provided to the resident or the receiving home health agency upon R9's discharge from the nursing home. Further, the record lacked evidence of a completed recapitulation of stay for R9 despite having wounds, needing therapy services, and being hospitalized during his admission to the nursing home.	F 661		

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F 661	Continued From page 5 On 11/22/21 at 12:25 p.m., R9 was attempted to be contacted via telephone to discuss his discharge from the nursing home. However, the telephone number listed for R9 could not connect and R9 was unable to be reached. As a result, on 11/22/21 at 12:26 p.m., a telephone call was placed to R9's listed family member (FM)-A for interview. However, they were unable to be reached and no return call was received during the abbreviated survey. On 11/22/21, at 12:35 p.m. licensed social worker (LSW)-A was interviewed. She explained she was the person responsible to help oversee the discharge planning process for residents in the nursing home and expressed she "[had] been struggling" for "probably at least a year" to ensure the discharge summaries and recapitulation of stay(s) were being completed timely. LSW-A reviewed R9's medical record and verified R9 discharged the nursing home on 11/4/21 to his independent apartment with home health services arranged to provide wound care and physical therapy. LSW-A acknowledged the required summary and recapitulation of stay were not completed and explained each department (i.e., social services, nursing) should be completing the summary "within a week of discharge, if not sooner." LSW-A stated she had not typically provided a copy of the discharge summary or recapitulation of stay to the resident or receiving healthcare provider unless it was specifically requested. LSW-A explained the information sent to a receiving healthcare provider typically included a completed "discharge orders" listing, which included a reconciled medication list, along with a medical history and physical (H&P) and "face sheet" which outlined a residents insurance information, allergies and "other demographics"	F 661		

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F 661	Continued From page 6	F 661		

information. Further, LSW-A stated the discharge summary and recapitulation of stay were "a good way" to summarize a person's care and course while at the nursing home and she needed to work with the management of the nursing home to ensure they get completed moving forward.

When interviewed on 11/22/21, at 2:20 p.m. the interim director of nursing (DON) stated she had been working in the nursing home for a couple months now but was not aware the discharge summaries and recapitulation of stay(s) were not being completed. DON explained she was "not even sure" who was responsible to ensure they were completed, and she expressed there had been several care-related issues she had discovered at the nursing home since she started and was working on getting those addressed but voiced a discharge summary and recapitulation of stay should be completed and coordinated with a receiving healthcare provider "for continuation of care."

A provided Discharge - Transfer of Resident policy, dated June 2017, identified a purpose to ensure safe departure from the facility and "provide sufficient information for continued care of the resident." The policy directed, "Complete a discharge summary and post discharge plan of care form ... Include instructions for post discharge care. Review with the resident and/or representative ... Give a copy of form to the resident and/or representative or person(s) responsible for care."

Electronically delivered
December 7, 2021

Administrator
Hopkins Health Services
725 Second Avenue South
Hopkins, MN 55343

Re: State Nursing Home Licensing Orders
Event ID: Y2TP11

Dear Administrator:

The above facility was surveyed on November 22, 2021 through November 22, 2021 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:

Jamie Perell, Unit Supervisor
Metro B District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: jamie.perell@state.mn.us
Office: (651) 245-8094

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 note it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call me with any questions.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit

Health Regulation Division
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us

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	00872	A. BUILDING: _____ B. WING _____	C 11/22/2021

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2 000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 11/22/21, a survey was conducted by surveyors from the Minnesota Department of Health (MDH) to determine compliance for state licensure in conjunction with complaint investigation(s): H5293118C (MN74381), H5293119C (MN69967, MN69931), H5293120C (MN69861),H5293121C (MN65428), H5293122C	2 000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00872	A. BUILDING: _____ B. WING _____	C 11/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPKINS HEALTH SERVICES	725 SECOND AVENUE SOUTH HOPKINS, MN 55343

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2 000	Continued From page 1 (MN63572), H5293123C (MN60922), H5293124C (MN60210), H5293125C (MN59863), H5293126C (MN59390), H5293127C (MN59366) As a result, the following correction orders are issued. Please indicate your electronic plan of correction that you have reviewed these order, and identify the date when they will be corrected. 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 surveyors 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 http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm 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	2 000		

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2 000	Continued From page 2 Minnesota Department of Health. 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.	2 000		
2 690	MN Rule 4658.0465 Subp. 3 Transfer, Discharge, and Death Subp. 3. Transfer or discharge to another facility. When a resident is transferred or discharged to another health care facility or program, the nursing home must send the discharge summary compiled according to subpart 2, and pertinent information about the resident's immediate care and sufficient information to ensure continuity of care prior to or at the time of the transfer or discharge to the other health care facility or program. Additional information not necessary for the resident's immediate care may be sent to the new health care facility or program at the time of or after the transfer or discharge. This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure a comprehensive discharge summary, including a recapitulation of stay, was completed and communicated with the resident or the receiving healthcare provider (i.e., home care) to promote continuity of care and reduce the risk of complications for 1 of 3 residents (R9) reviewed for discharge planning.	2 690	Corrected	12/17/21

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2 690	Continued From page 3 Findings include: R9's admission Minimum Data Set (MDS), dated 9/6/21, identified R9 had displayed, at times, behaviors including rejection of care and required limited-to-extensive assitance to complete his activities of daily living (ADLs). The MDS outlined R9 had several medical diagnoses including diabetes mellitus, anemia, and a history of traumatic brain injury (TBI) along with unhealed pressure ulcers; however, the section(s) to record R9's cognition and mood were left blank and not completed. R9's progress note(s) were reviewed. These identified: On 8/18/21, R9 admitted to the nursing home. However, two days following, on 8/20/21, R9 was transferred and admitted to the hospital for potential behavioral concerns (i.e., refusing care, combative) and was re-admitted to the nursing home on 8/30/21. On 9/14/21, a care conference was held with R9, his family members, and various staff present. The note outlined R9 was ambulating with a two-wheeled walker and, " ... has his own ind[ependent] apartment he wants to return to that has an elevator." The note outlined social services would help assist with the discharge and return to independent living by requesting an elderly waiver and personal care assistant (PCA) assessment be completed by the County. On 10/11/21, a subsequent care conference was held with R9 and his family members present. The note outlined R9's gastrostomy tube had been removed and R9's oral intakes "are good," along with dictation outlining the nursing staff	2 690		

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2 690	Continued From page 4 continued to monitor R9's blood sugars and were potentially altering his insulin dose(s). In addition, the note read, "Resident has a wound on his heel that is being monitored, current daily dressing changes but 3x [times] a week would be adequate." Further, the note concluded, "Socialservices [sic] contacted case manager to complete assessments and he will be in touch with resident and his [family member] ... continue to plan for resident's discharge in the next couple weeks and resident and family are aware and accepting of this." On 11/4/21, a final note outlined, "Resident was discharged home today. All discharge instructions were explained and acknowledged at the time ... was sent home with remaining prescription meds ... signed orders faxed to CVS Pharmacy ... [R9] exited the building shortly after 1230 hours with no concerns." R9's corresponding Recapitulation of Stay - Discharge Summary - V3, dated 11/4/21, was reviewed and identified several sections to be completed by staff including, but not limited to, "Discharge Information," "Social Services," "Nursing and Rehab Services," and, "Dietary Services." The summary outlined, "Services/treatment(s) provided," for R9 which included physical therapy, occupational therapy, and wound/skin care; along with dictation reading, "made great strides in therapy and was finally ready to transition ... provided with a reminding tool for his meds times, also educated on when to check his Blood [sic] sugars and how much insulin he should administer each time ... Advised to see his primary [physician] 1 week after dischaRge [sic] from [nursing home]." Further, the section outlined a referral to home care had been completed and contact information was	2 690		

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2 690	Continued From page 5 listed for R9's physician. However, the remaining sections of the summary were almost all left blank and not completed. The sections without any information included, but were not limited to: "Mental, cognitive, and psychosocial status," "Vital signs at the time of discharge," "Sensory and Physical Impairments," "Assistive device(s) needed," "Hearing aids," and, "Dental Condition," "Skin Condition," "Summary of nursing course of treatment including complications," "Weight trend;" and, "Diet order." R9's medical record was reviewed and lacked evidence all the information which was left blank in the Recapitulation of Stay - Discharge Summary - V3, dated 11/4/21, was communicated or provided to the resident or the receiving home health agency upon R9's discharge from the nursing home. Further, the record lacked evidence of a completed recapitulation of stay for R9 despite having wounds, needing therapy services, and being hospitalized during his admission to the nursing home. On 11/22/21 at 12:25 p.m., R9 was attempted to be contacted via telephone to discuss his discharge from the nursing home. However, the telephone number listed for R9 could not connect and R9 was unable to be reached. As a result, on 11/22/21 at 12:26 p.m., a telephone call was placed to R9's listed family member (FM)-A for interview. However, they were unable to be reached and no return call was received during the abbreviated survey.	2 690		

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2 690	Continued From page 6 On 11/22/21, at 12:35 p.m. licensed social worker (LSW)-A was interviewed. She explained she was the person responsible to help oversee the discharge planning process for residents in the nursing home and expressed she "[had] been struggling" for "probably at least a year" to ensure the discharge summaries and recapitulation of stay(s) were being completed timely. LSW-A reviewed R9's medical record and verified R9 discharged the nursing home on 11/4/21 to his independent apartment with home health services arranged to provide wound care and physical therapy. LSW-A acknowledged the required summary and recapitulation of stay were not completed and explained each department (i.e., social services, nursing) should be completing the summary "within a week of discharge, if not sooner." LSW-A stated she had not typically provided a copy of the discharge summary or recapitulation of stay to the resident or receiving healthcare provider unless it was specifically requested. LSW-A explained the information sent to a receiving healthcare provider typically included a completed "discharge orders" listing, which included a reconciled medication list, along with a medical history and physical (H&P) and "face sheet" which outlined a residents insurance information, allergies and "other demographics" information. Further, LSW-A stated the discharge summary and recapitulation of stay were "a good way" to summarize a person's care and course while at the nursing home and she needed to work with the management of the nursing home to ensure they get completed moving forward. When interviewed on 11/22/21, at 2:20 p.m. the interim director of nursing (DON) stated she had been working in the nursing home for a couple months now but was not aware the discharge summaries and recapitulation of stay(s) were not	2 690		

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2 690	Continued From page 7 being completed. DON explained she was "not even sure" who was responsible to ensure they were completed, and she expressed there had been several care-related issues she had discovered at the nursing home since she started and was working on getting those addressed but voiced a discharge summary and recapitulation of stay should be completed and coordinated with a receiving healthcare provider "for continuation of care." A provided Discharge - Transfer of Resident policy, dated June 2017, identified a purpose to ensure safe departure from the facility and "provide sufficient information for continued care of the resident." The policy directed, "Complete a discharge summary and post discharge plan of care form ... Include instructions for post discharge care. Review with the resident and/or representative ... Give a copy of form to the resident and/or representative or person(s) responsible for care." SUGGESTED METHOD OF CORRECTION: The administrator, or designee, could review applicable polices and procedures pertaining to the timely completion of a comprehensive discharge summary; then inservice direct care staff and audit to ensure ongoing compliance. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	2 690		