Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
March 18, 2025

Administrator
The Emeralds At St Paul LLC
420 Marshall Avenue
Saint Paul, MN 55102

RE: CCN: 245295
Cycle Start Date: January 14, 2025

Dear Administrator:

On February 12, 2025, we notified you a remedy was imposed. On March 4, 2025 the Minnesota Department of Health 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 March 1, 2025.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective April 14, 2025 did not go into effect. (42 CFR 488.417 (b))

In our letter of February 12, 2025, 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 April 14, 2025 due to denial of payment for new admissions. Since your facility attained substantial compliance on March 1, 2025, 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 Therefore, the NATCEP prohibition is rescinded.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 Location may notify you of their determination regarding any imposed remedies.

Feel free to contact me if you have questions.

Sincerely,

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

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March 18, 2025

Administrator
The Emeralds At St Paul LlLC
420 Marshall Avenue
Saint Paul, MN 55102

Re: Reinspection Results
Event ID: 1G5B12

Dear Administrator:

On March 4, 2025 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on January 29, 2025. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

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

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February 12, 2025

Administrator
The Emeralds At St Paul LLC
420 Marshall Avenue
Saint Paul, MN 55102

RE: CCN: 245295
Cycle Start Date: January 14, 2025

Dear Administrator:

On January 27, 2025, we informed you that we may impose enforcement remedies.

On January 29, 2025, 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 a pattern of deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level E), 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 location for imposition. The CMS location concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Mandatory Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective April 14, 2025

The CMS location will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective April 14, 2025. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective April 14, 2025.

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.

The CMS location may determine to impose other remedies such as a Civil Money Penalty.

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 $13,343, 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 April 14, 2025, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, The Emeralds At St Paul Llc will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from April 14, 2025. 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:

Annette Winters, Regional Operations Supervisor, Rapid Response
Health Regulation Division
Minnesota Department of Health
625 Robert Street N
P.O. Box 64975
Saint Paul, Minnesota 55164-0975
Email: annette.m.winters@state.mn.us
Mobile: (651) 558-7558

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health - 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 July 14, 2025 (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)

In accordance with 42 CFR 488.331 and Minnesota Statute 144A.10 subd 15, 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: https://forms.web.health.state.mn.us/form/NHDisputeResolution

This request must be sent within the same ten calendar days you have for submitting an ePoC for the cited deficiencies. 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.

A copy of the Department's informal dispute resolution policies is posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

In accordance with 42 CFR § 488.431 and Minnesota Statute 144A.10 subd 16, when a CMP subject to being collected and placed in an escrow account is imposed, you have one opportunity to question cited deficiencies through an Independent IDR process. You may also contest scope and severity assessments for deficiencies which resulted in a finding of SQC or immediate jeopardy. 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:
https://forms.web.health.state.mn.us/form/NHDisputeResolution

A facility may not use both IDR and independent IDR for the same deficiency citation(s) arising from the same survey unless the IDR process was completed prior to the imposition of the CMP. This request must be sent within ten calendar days of receipt of this offer. An incomplete Independent IDR process will not delay the effective date of any enforcement action.

Feel free to contact me if you have questions.

Sincerely,

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245295	A. BUILDING ______ B. WING ______	C 01/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMERALDS AT ST PAUL LLC	420 MARSHALL AVENUE SAINT PAUL, MN 55102

(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 1/28/25 and 1/29/25, 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. H52954880C (MN00109772) The following complaints were reviewed. H52955922C (MN00110075) with a deficiency issued at F726. 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 726 SS=E	Competent Nursing Staff CFR(s): 483.35(a)(3)(4)(c) §483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and	F 726		3/1/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 02/12/2025

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 726

Continued From page 1

diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71.

§483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.

§483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs.

§483.35(c) Proficiency of nurse aides.
The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.
This REQUIREMENT is not met as evidenced by:
Based on interview and record review, the facility failed to ensure a sufficient number of licensed nurses had the necessary training on vest therapy treatments and cough assist therapy treatments for 6 of 6 residents (R1, R3, R4, R5, R6, and R7) reviewed who had orders for vest therapy treatments and 8 of 8 residents(R1, R5, R8, R9, R10, R11, R12, and R13) reviewed who had orders for cough assist therapy.

Findings include:

R1's factsheet printed 1/29/25 indicated R1 was admitted to the facility on 1/17/25 with a primary diagnosis of muscular dystrophy. R1's additional diagnoses included chronic obstructive

F 726

The Emeralds at St. Paul has identified a failure to provide cough assist and vest therapy trainings/competencies to Licensed staff. This deficient practice has the potential to impact all residents who receive these treatments.

R1 discharged from the facility on 01/22/2025.

Full house audit was completed with like residents who require cough assist and/or

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F 726	Continued From page 2 pulmonary disease and shortness of breath. R1 discharged from the facility on 1/22/25. R1's admission hospital paperwork dated 1/17/25 indicated R1 was to receive vest therapy twice a day and a cough assist therapy as needed. R1's provider order dated 1/17/25 indicated the nurse practitioner (NP) ordered the cough assist treatment and licensed nurses would administer the treatment two times a day and as needed with two sets of five cycles with settings at inspiratory pressure of minus thirty five with two point zero time and expiratory pressure of thirty five and time of two point zero with a pause time of two point zero. This order was created and confirmed by the respiratory therapist (RT). R1's provider order dated 1/17/25 indicated NP ordered the vest therapy treatment and licensed nurses would administer this treatment twice a day for airway management. Licensed nurses should push the quick start button at a frequency of six to fifteen, a pressure at sixty percent for twenty minutes twice a day. R1's admission data collection assessment dated 1/17/25 indicated R1 was admitted to the facility with shortness of breath and had oxygen needs. R1's brief interview for mental status (BIMS) assessment dated 1/18/25 indicated R1 scored fifteen, which indicated R1 was cognitively intact. R1's care plan dated 1/20/25 indicated R1 had alteration in oxygen/gas exchange, respiratory status related to acute respiratory failure, muscular dystrophy, chronic obstructive pulmonary disease, and chronic pain syndrome.	F 726	vest therapies, and all maintain their health status baseline and no signs of respiratory distress. Education initiated with RN, LPN, Nurse Managers, Respiratory Therapist who work with patients that have the potential to require cough assist and/or vest therapy devices. RT to review and update like-resident orders. Staff education occurs prior to the start of their assigned shift until completed. Respiratory Therapist/Designee to conduct 3 Audits of cough assist and/or vest therapy administration weekly x 4 weeks, then PRN depending on audit results. QAPI will review audit results and recommend continued audit schedule.	

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F 726 Continued From page 3 F 726

Licensed staff were to complete interventions of monitoring oxygen saturations as ordered and as needed, administer oxygen as ordered, monitor for shortness of breathing, increased respirations, and difficulty coughing up sputum, monitor and document on respiratory status, and to keep the provider informed of changes.

R1's progress note dated 1/21/25 indicated R1 reported shortness of breath, weakness, and was unable to cough out secretions. The cough assist mask did not have a good seal. The vest therapy was too little or too big.

R1's treatment administration record (TAR) indicated NP's order for cough assist therapy two times a day and as needed. Licensed nurses would administer two sets of five cycles with settings of inspiratory pressure at negative thirty-five with two-point zero time and an expiratory pressure of thirty-five with two-point zero time and pause time of two point zero. All shifts from evening on 1/17/25 to evening shift on 1/22/25 completed this therapy except for the evening shift on 1/19/25. The treatments were completed by LPN-H, LPN-I. RN-H, and RN-M. This order was discontinued on 1/28/25.

R1's TAR indicated NP's order for vest therapy twice a day. Licensed nurses would push the quick start button with settings frequency from six to fifteen, pressure of sixty percent, and administer for twenty minutes. All shifts from evening on 1/17/25 to evening shift on 1/22/25 completed this therapy except for the evening shift on 1/19/25. The treatments were completed by LPN-H, LPN-I. RN-H, and RN-M.

R1's TAR indicated NP's order for cough assist

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F 726 Continued From page 4 F 726

therapy four times a day. This order does not have instructions. All shifts from evening shift on 1/17/25 to evening shift on 1/22/25 completed this therapy except for the evening and night shift on 1/19/25. The treatments were completed by LPN-H, LPN-I. RN-H, and RN-M.

R3's Face sheet printed 1/29/25 indicated R3 was admitted to the facility on 2/19/2016 with a primary diagnosis of chronic respiratory failure with hypoxia. R3's additional diagnoses were chronic respiratory failure with hypercapnia, dependence on respirator (ventilator) status, and encounter for attention to tracheostomy.

R3's care plan dated 2/21/2016 indicated R3 had a ventilator due to chronic respiratory failure with ventilator dependence, seizure disorder, and vegetative state. R3's goal was to have adequate gas exchange with continuous use of ventilator and vest treatment for secretion management.

R3's provider order dated 7/28/23 indicated R3 was to have vest therapy twice a day and every six hours as needed. Licensed nurses would set the pressure at three, frequency for twelve to fourteen, for thirty minutes. This treatment was ordered by the NP and entered by the RT.

R3's respiratory assessment dated 6/25/24 indicated R3 used vest therapy to manage chronic respiratory failure with hypoxia.

R3's BIMS assessment dated 9/19/24 indicated R3 scored zero, which indicated R3 had severe cognitive impairment.

R3's TAR for January 2025 indicated R3 required vest therapy with pressure settings of three,

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F 726	Continued From page 5 frequency of twelve to fourteen, for thirty minutes twice a day and every six hours as needed. This order was completed in all shifts from morning on 1/1/25 until 1/28/25. This order was completed by RN-D, RN-E, RN-J, RN-N, RN-O, RN-P, and RN-Q. R4's Face sheet printed on 1/29/25 indicated R4 was admitted to the facility on 8/15/24 with a primary diagnosis of acute respiratory failure with hypoxia. R4's additional diagnosis included chronic obstructive pulmonary disease. R4's care plan dated 9/11/24 indicated R4 had alterations in oxygen and gas exchange with interventions to administer oxygen as needed, monitor and document on respiratory status, and to keep the provider informed of changes. R4's provider order dated 9/18/24 indicated R4 would receive vest therapy twice a day with instructions of pressure settings at five to ten per R4's comfort and speed of five to fifteen per R4's comfort. Treatment was ordered by the NP and entered by the DON. R4's minimum data set (MDS) dated 11/14/24 indicated R4 used oxygen therapy. R4's BIMS assessment dated 12/3/24 indicated R4 scored three, which indicated R4 had severe cognitive impairment. R4's TAR for January 2025 indicated R4 would receive chest therapy twice a day with pressure from five to ten per R4's comfort and speed of five to fifteen per R4's comfort. Treatment was completed twice a day from the morning of 1/1/25 to the evening of 1/28/25 except for the morning	F 726		

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F 726	Continued From page 6	F 726		

shift on 1/5/25 was not documented on, when the resident refused on the evening on 1/1/25, evening on 1/2/25, morning and evening on 1/4/25, evening on 1/5/25, evening on 1/6/25, evening on 1/7/25, evening of 1/8/25, morning of 1/19/25, evening on 1/20/25, evening on 1/26/25, and evening on 1/28/25. The evening of 1/11/25, evening of 1/12/25 the licensed nurse documented "missed". RN-T documented the evening of 1/13/25, evening of 1/14/25, evening of 1/15/25, evening of 1/18/25, evening of 1/19/25, evening of 1/25/25, and 1/27/25 indicated the treatment was not given but was not documented as why it was missed. The evening of 1/22/25 was documented by LPN-L as the treatment was not given but was not documented as why it was missed. These treatments were completed by LPN-A, LPN-B, LPN-J, LPN-K, LPN-L, LPN-M RN-A, RN-R, RN-Z, and RN Nurse Manager (RNNM)-A.

R5's Face sheet printed on 1/29/25 indicated R5 was admitted to the facility on 10/17/23 with a primary diagnosis of chronic respiratory failure with hypercapnia. R5's additional diagnoses included encounter for attention to tracheostomy and chronic obstructive pulmonary disease.

R5's care plan dated 10/23/23 indicated R5 had alteration oxygen exchange and respiratory status in her airway due to acute on chronic hypoxia and hypercapnic respiratory failure with ventilator dependency.

R5's provider order dated 8/31/24 indicated R5 would receive vest therapy with pressure settings of four, frequency of ten, for twenty minutes twice a day. This treatment was ordered by the NP and confirmed by RN-U.

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R5's BIMS assessment dated 1/16/25 indicated R5 scored zero, which indicated R5 had severe cognitive impairment.

R5's provider order dated 1/23/25 indicated R5 was to receive cough assist with two sets of five cycles with settings of inspiratory pressure of thirty give with two point zero time and expiratory pressure of thirty give and time of two point zero and pause time of two point zero twice a day and as needed. This treatment was ordered by the NP and created and confirmed by the RT.

R5's TAR for January 2025 indicated R5 was to receive vest therapy with pressure settings at four, frequency at ten, for twenty minutes twice a day. All treatments were completed from the morning of 1/1/25 to the evening of 1/28/25. These treatments were completed by LPN-C, RN-D, RN-F, RN-J, RN-L, RN-M, RN-N, RN-R, RN-U, and RN-V.

R5's TAR for January 2025 indicated R5 was to receive cough assist with two sets of five cycles with settings of inspiratory pressure of thirty give with two point zero time and expiratory pressure of thirty give and time of two point zero and pause time of two point zero three times a day and as needed. All treatments were given from the evening on 1/23/25 tonight on 1/28/25. These treatments were completed by LPN-C, RN-D, RN-F, RN-J, RN-N, RN-R, and RN-V.

R6's Face sheet printed on 1/29/25 indicated R6 was admitted to the facility on 4/24/20 with a primary diagnosis of chronic respiratory failure with hypoxia. R6's additional diagnosis included encounter for attention to tracheostomy.

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R6's care plan dated 7/20/21 indicated R6 had a ventilator due to chronic respiratory failure with ventilator and tracheostomy dependency.

R6's provider order dated 11/1/23 indicated R6 would receive vest therapy with instructions to push the quick start button with a frequency of six to fifteen, pressure of sixty percent, for thirty minutes twice a day. This treatment was ordered by the NP and entered by the RT.

R6's BIMS assessment dated 9/110/24 indicated R6 scored zero, which indicated R6 had severe cognitive impairment.

R6's TAR for January 2025 indicated R6 would receive vest therapy with instructions to push the quick start button with a frequency of six to fifteen, pressure of sixty percent, for thirty minutes, twice a day. This was completed for all treatments from the morning of 1/11/25 to the evening of 1/28/25. This treatment was completed by RN-D, RN-E, RN-J, RN-N, RN-O, RN-P, and RN-Q.

R7's Face sheet printed 1/29/25 indicated R7 was admitted to the facility on 10/18/21 with a primary diagnosis of chronic respiratory failure with hypoxia. R7's additional diagnosis included encounter for attention to tracheostomy.

R7's care plan dated 9/14/21 indicated R7 had chronic respiratory failure related to chronic respiratory failure with tracheostomy dependency.

R7's BIMS assessment dated 11/19/24 indicated R7 scored fifteen, which indicated R7 was cognitively intact.

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R7's provider order dated 1/3/25 indicated R7 would receive vest therapy with instructions to push quick start button with a frequency of six to fifteen, pressure of sixty percent, for twenty minutes one time a day. This treatment was ordered by the medical director (MD) and created by the RT.

R7's TAR for January 2025 indicated R7 was to receive vest therapy with instructions to push quick start button with frequency at six to fifteen, pressure at sixty percent, for twenty minutes, one time a day. All treatments were completed except for on 1/20/25. Treatments were completed by LPN-D, RN-J, RN-P, RN-R, RN-W, and RN-AA.

R8's Face sheet printed on 1/29/25 indicated R8 was admitted to the facility on 8/9/24 with a primary diagnosis of acute and chronic respiratory failure with hypoxia and hypercapnia. R8's additional diagnosis included tracheostomy status.

R8's BIMS assessment dated 11/13/24 indicated R8 scored zero, which indicated R8 had severe cognitive impairment.

R8's care plan dated 12/24/24 indicated R8 had a ventilator due to chronic respiratory failure with hypoxia and ventilator dependency.

R8's provider order dated 1/8/25 indicated R8 would receive cough assist treatment with instructions of two sets of five cycles with inspiratory pressure of thirty-five and two point zero time and expiratory pressure of thirty five and two point zero time with pause time of two point zero to be done three times a day and as

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F 726	Continued From page 10 needed. This treatment was ordered by the MD and entered by the RT. R8's TAR for January 2025 indicated R8 would receive cough assistance with instructions at two sets of five cycles with inspiratory pressure of thirty-five and time of two point zero with expiratory pressure at thirty-five and time of two with pause time of two point zero. This treatment would be done three times a day. All treatments were completed from morning on 1/1/25 to evening of 1/28/25 except from when R8 was in the hospital from the evening of 1/6/25 to the morning of 1/8/25. Treatments were completed by LPN-C, RN-D, RN-E RN-F, RN-J, RN-L, RN-M, RN-N, RN-R, RN-U, and RN-V. R9's Face sheet printed on 1/29/25 indicated R9 was admitted to the facility on 9/17/24 with a primary diagnosis of acute and chronic respiratory failure with hypercapnia. R9's additional diagnoses included tracheostomy status and acute and chronic respiratory failure with hypoxia. R9's care plan dated 6/11/24 indicated R9 had respiratory failure and was admitted to the facility on 4/27/23 with a tracheostomy. R9's BIMS assessment dated 9/23/24 indicated R9 scored fifteen, which indicated R9 was cognitively intact. R9's provider order dated 1/13/25 indicated R9 would receive cough assist with two sets of five cycles, inspiratory pressure of thirty-five with two-point zero time and expiratory pressure of thirty-five and time of two point zero with pause time of two point zero every three times a day and	F 726		

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as needed. This treatment was ordered by the NP and created by the RT.

R9's TAR dated January 2025 indicated R9 would receive cough assist with two sets of five cycles, inspiratory pressure of thirty-five and time of two point zero and expiratory pressure of thirty-five and time of two point zero with pause time of two point zero twice a day and as needed. All treatments were completed from evening of 1/14/25 to morning on 1/29/25. Treatments were completed by RN-D, RN-F, RN-J, RN-N, RN-U, and RN-V.

R10's Face sheet printed on 1/29/25 indicated R10 was admitted to the facility on 11/6/24 with a primary diagnosis of acute respiratory failure with hypoxia. R10's additional diagnosis included encounter for attention to tracheostomy.

R10's care plan dated 11/11/24 indicated R10 had an alteration in respiratory related to placement of tracheostomy due to chronic respiratory failure with ventilator dependent.

R10's BIMS assessment dated 11/13/24 indicated R10's score was fifteen, which indicated R10 was cognitively intact.

R10's provider order dated 12/30/24 indicated R10 would receive cough assist treatment two sets of five cycles with inspiratory pressure of thirty-five with two-point zero time and expiratory pressure of thirty-five and time of two point zero and pause time of two point zero three times a day and as needed. This treatment was ordered by the NP and created by the RT.

R10's TAR for January 2025 indicated R10 would

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receive cough assist treatment at two sets of five cycles with inspiratory pressure of thirty-five and a two point zero time and an expiratory pressure of thirty-five, a time of two point zero, and a pause time of two point zero three times a day and as needed. All treatments were completed from the morning of 1/1/25 to the morning of 1/29/25. Treatments were completed by LPN-E, LPN-F, LPN-G, RN-D, RN-E, RN-F, RN-J, RN-L, RN-N, RN-O, RN-P, RN-U, and RN-X.

R11's Face sheet printed on 1/29/25 indicated R11 was admitted to the facility on 12/24/24 with a primary diagnosis of acute and chronic respiratory failure with hypoxia and hypercapnia. R1's additional diagnosis was encounter for attention to tracheostomy.

R11's provider order dated 12/30/24 indicated R11 would receive cough assist treatment with two sets of five cycles with inspiratory pressure of thirty-five- and two-point zero time and expiratory pressure of thirty-five- and two-point zero time with two-point zero pause time three times a day and as needed. This treatment was ordered by the MD and created by the RT.

R11's respiratory assessment dated 12/30/24 indicated R11 received cough assist therapy.

R11's BIMS assessment dated 12/31/24 indicated R11's score was fifteen, which indicated R11 was cognitively intact.

R11's care plan dated 12/31/24 indicated R11 had alteration in respiratory related to placement of tracheostomy due to chronic respiratory failure with ventilator dependent.

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R11's TAR for January 2025 indicated R11 would receive cough assist treatment with two sets of five cycles with inspiratory pressure of thirty-five- and two-point zero time and expiratory pressure of thirty-five- and two-point zero time with two-point zero pause time three times a day and as needed. All treatments were completed from the morning of 1/1/25 to the morning of 1/29/25. Treatments were completed by LPN-E, LPN-F, LPN-G, RN-D, RN-E, RN-F, RN-J, RN-L, RN-N, RN-O, RN-P, RN-R, RN-U, and RN-X.

R12's Face sheet printed on 1/29/25 indicated R1 was admitted to the facility on 10/21/24 with a primary diagnosis of acute and chronic respiratory failure with hypercapnia. R12's additional diagnoses included abnormal sputum and abnormalities of breathing.

R12's care plan dated 10/25/24 indicated R1 had alterations in respiratory related to placement of tracheostomy due to chronic respiratory failure with ventilator dependent.

R12's BIMS assessment dated 1/23/25 indicated R12 scored nine, which indicated R12 had moderate cognitive impairment.

R12's provider order dated 12/30/24 indicated R12 would receive cough assist therapy with two sets of five cycles with inspiratory pressure of thirty-five and time of two point zero and expiratory pressure of thirty-five and time of two point zero and a pause time of two point zero three times a day and as needed. This treatment was ordered by the MD and created by the RT.

R12's TAR for January 2025 indicated R12 would receive cough assist therapy with two sets of five

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cycles with inspiratory pressure of thirty-five and time of two point zero and expiratory pressure of thirty-five and time of two point zero and a pause time of two point zero three times a day and as needed. All treatments were completed except for the evening of 1/14/25 and the evening of 1/17/25 which were documented as not given without a reason. These treatments were completed by LPN-E, LPN-F, LPN-G, RN-D, RN-E, RN-F, RN-J, RN-L, RN-N, RN-O, RN-P, RN-U, and RN-X.

R13's Face sheet printed on 1/29/25 indicated R13 was admitted to the facility on 8/20/24 with a primary diagnosis of chronic respiratory failure with hypoxia and hypercapnia. R13's additional diagnoses included acute respiratory failure with hypoxia, chronic obstructive pulmonary disease, and encounter for attention to tracheostomy.

R13's care plan dated 8/24/24 indicated R13 had alteration in oxygen, gas exchange, and respiratory status. R13 had a diagnosis of recurrent episodes of acute hypoxic and hypercapnic respiratory failure and ventilator dependent.

R13's BIMS assessment dated 11/20/24 indicated R13 scored thirteen, which indicated R13 was cognitively intact.

R13's provider order dated 1/6/25 indicated R13 would receive cough assist treatment with two sets of five cycles with inspiratory pressure of thirty-five and time of two point zero and expiratory pressure of thirty-five and time of two point zero and a pause time of two point zero three times a day and as needed. The treatment was ordered by the NP and created by the RT.

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R13's TAR for January 2025 indicated R13 would receive with two sets of five cycles with inspiratory pressure of thirty-five and time of two point zero and expiratory pressure of thirty-five and time of two point zero and a pause time of two point zero three times a day and as needed. All treatments were completed except when R13 was in the hospital from the evening of 1/17/25 to the morning of 1/18/25 and the evening of 1/23/25 to the evening of 1/29/25. Treatments were completed by LPN-E, LPN-F, RN-D, RN-E, RN-F, RN-J, RN-L, RN-N, RN-O, RN-P, RN-R, RN-U, RN-X, and RN-Y.

During an interview on 1/28/25 at 10:48 a.m., RN-A stated he had not been trained on how to complete a cough assist treatment or a vest treatment. Staff education starts with the nurse managers (NM) but if there is an all-staff meeting, the administrator and DON will provide the education. RN-A would go to another nurse working if he had questions about how to use or maintain the machines.

During an interview on 1/28/25 at 11:11 a.m., LPN-A stated she did not know what a cough machine or a vest therapy machine was. LPN-A received an orientation packet when she started working on the facility "a couple months ago" and was trained by the NM's.

During an interview on 1/28/25 at 11:36 a.m., NM-A stated all licensed nurses were trained on how to use and maintain a cough assist machine and a vest therapy machine but could not recall when the staff were trained. If a licensed nurse had not worked with the machines before, "another nurse would come demonstrate it" for

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that nurse. NM-A stated staff education happens during in-service training as well as specific trainings in morning huddles. In-service training is completed by the administrator, DON, and the interdisciplinary (IDT) team.

During an interview on 1/28/25 at 12:48 p.m., RN-B stated he had been trained on how to complete a cough assist treatment and a vest treatment on a resident but it "was a long time ago". Education would be provided by NM-B. RN-B stated there was not any resident that uses a cough assist machine or a vest therapy machine in the facility.

During an interview on 1/28/25 at 12:54 p.m., RN-C stated she is an agency nurse and was not trained on how to complete a cough assist treatment or a vest treatment for a resident.

During a correspondence on 1/28/25 at 2:17 p.m., the administrator stated the facility does not have competencies specific to cough assist treatments or vest treatments. The facility did not have a specific policy on cough assist treatments or vest treatments.

During an interview on 1/28/25 at 2:56 p.m., RN-D stated he had not been trained on how to complete a vest treatment for a resident but had been trained on how to complete a cough assist treatment but could not recall when he was trained.

During an interview on 1/28/25 at 3:20 p.m., RN-E stated she "didn't think" she was trained on how to complete a cough assist treatment or a vest treatment for a resident.

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During an interview on 1/28/25 at 2:53 p.m., RN-F stated he was not trained on how to complete a cough assist treatment or a vest treatment for a resident.

During an interview on 1/28/25 at 3:00 p.m., RN-H stated she was not trained on how to complete a vest treatment for a resident. RN-H stated she was trained on how to complete a cough assist treatment when R1 was admitted into the facility.

During an interview on 1/28/25 at 3:03 p.m., RN-G stated she could not recall whether she had been trained on either a cough assist treatment or a vest treatment for a resident.

During an interview on 1/28/25 at 3:10 p.m., RT stated either the DON or RTD would complete respiratory education for licensed nurses. RT stated she thought she had completed some training with the licensed nurses on cough assist machines and vest therapy machines but could not recall who she trained or when she trained them. RT did not keep a record of the licenses nurses she trained. Cough assist treatments and vest therapy treatments are a specialized skill set that all license nurses need to know prior to them performing it on a resident.

During an interview on 1/28/25 at 3:14 p.m., RN-I stated she had not been trained on how to complete a vest treatment for a resident but "thought" she was trained on how to complete a cough assist treatment when she first started her employment at the facility.

During an interview on 1/28/25 at 3:25 p.m., RN-J stated he was unsure if he had been trained on

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F 726	Continued From page 18 how to complete a cough assist treatment or a vest treatment for a resident. During an interview on 1/28/25 at 3:27 p.m. RN-L stated he thought he was trained on how to complete a vest therapy treatment "a year ago". RN-L stated he did not think he was trained on how to complete a cough assist treatment but knew how to perform it "from being employed at the facility for so long". During an interview on 1/28/25 at 3:29 p.m., RN-K stated she had not been trained on how to complete a cough assist treatment or a vest treatment for a resident. During an interview on 1/29/25 at 8:58 a.m., RN-M stated she thought she was trained on how to complete a cough assist treatment and a vest treatment for a resident but could not recall when she was trained. During an interview on 1/29/25 at 1:35 p.m., RN-J stated the provider will put the order in for either a cough assist treatment or a vest therapy treatment. The RT would put in the order for the treatments and then the licensed nurses would complete the treatments. During an interview on 1/29/25 at 1:36 p.m., RTD stated he has been out of the facility since late October 2024. RTD stated he would be the one who would typically do any respiratory training with the licensed nurse but since he had not been in the facility since October 2024, he would rely on the DON and RT to provide the necessary training. RTD stated "some of the nurses have been trained by him on how to complete a cough assist treatment and a vest treatment" but could	F 726		

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not recall who he trained, when they were trained, and if he had documentation of that training. RTD stated the cough assist treatment, and a vest treatment is a specialized skill that licenses nurses need to have in order for the resident to be safe during the treatment. The provider will either verbally tell the RT or RTD that they want a resident to complete either cough assist treatment or vest therapy treatment and then the RT or RTD would put the order into the resident's chart, or the provider will director put the order into the resident's chart. The provider will determine the settings of the treatments. Once the order is entered into a resident's chart, the RT or RTD will set up the equipment in the resident's room and they will start the services. If a resident has a tracheostomy, then the nurse will hook the machine tubing up to the resident's tracheostomy and then will complete the treatments. If the resident does not have a tracheostomy, the resident would wear a mask during the treatment. The licensed nurse would set the settings on the machine. During the treatment, if the resident is having pain, the nurse would stop the treatment immediately. If the resident is having shortness of breath during the treatment, the nurse can increase or decrease the speed or pressure of the treatments. RTD was unsure who bills insurance for the treatments. RTD stated the facility has cough assist machines and vest treatment machines but if those machines are being used by other residents, the RT will rent a machine through the durable medical equipment (DME) company.

During an interview on 1/29/25 at 2:06 p.m., the administrator stated she was unsure if the facility had any in-service training on cough assist treatments or vest treatments or not. Cough

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	245295	A. BUILDING ______ B. WING ______	C 01/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMERALDS AT ST PAUL LLC	**420 MARSHALL AVENUE SAINT PAUL, MN 55102**

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F 726	Continued From page 20	F 726		

assist treatment and vest treatment is a competency but was unsure if the facility had documentation on this or not.

During an interview on 1/29/25 at 3:09 p.m., the administrator stated RN-H worked with R1 on 1/19/25 who did not complete the cough assist treatment or vest treatment.

During an interview on 1/29/25 at 3:12 p.m., RN-H stated she was unsure why R1 did not get his cough assist treatment done on 1/29/25.

During correspondence on 1/29/25 at 3:24 p.m., the administrator stated she is unable to find any documentation for cough assist treatments or vest treatment competencies for licensed nurses.

During an interview on 1/29/25 at 3:41 p.m., the DON stated if a licensed nurse is "tech savvy" then the licensed nurse "should be able to figure out the machine and treatment" but if the licensed nurse is not "tech savvy" then the licensed nurse should get the training on how to provide a cough assist treatment and a vest treatment. DON stated the licensed nurses would stay be the resident during the cough assist treatment and the vest treatment and they are monitoring if the resident is congested, not able to produce secretions, if the resident is breathing or wheezing, and if the resident's temperature increases. DON stated, "a lot of times the residents are familiar to their cares and will say something is wrong, and then the nurse will do with that information and the licensed nurse sees fit". DON stated his expectation is that all licensed nurses would be educated and trained on treatments prior to providing the treatments. DON

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F 726	Continued From page 21 stated it is the responsibility of RTD and RT to provide education on cough assist treatment and vest treatment. During an interview on 1/29/25 at 4:12 p.m., the administrator stated she would expect licensed nurses to be trained on cough assist treatments and vest treatments upon an employee's orientation when they are getting acclimated to the floor, they are working on in order to take care of a resident appropriately. A policy on cough assist treatment and vest treatment was requested but none was received.	F 726		

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
February 12, 2025

Administrator
The Emeralds At St Paul LLC
420 Marshall Avenue
Saint Paul, MN 55102

Re: State Nursing Home Licensing Orders
Event ID: 1G5B11

Dear Administrator:

The above facility was surveyed on January 28, 2025 through January 29, 2025 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:

Annette Winters, Regional Operations Supervisor, Rapid Response
Health Regulation Division
Minnesota Department of Health
625 Robert Street N
P.O. Box 64975
Saint Paul, Minnesota 55164-0975
Email: annette.m.winters@state.mn.us
Mobile: (651) 558-7558

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

Please feel free to call me with any questions.

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

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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 1/28/25 and 1/29/25, 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 order(s) were issued. Please indicate in your electronic plan of correction you have reviewed these orders

Minnesota Department of Health

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2 000	Continued From page 1	2 000		

and identify the date when they will be completed.

The following complaints were reviewed with no licensing orders issued. H52954880C (MN00109772)

The following complaints were reviewed. H52955922C (MN00110075) with a licensing order issued at 0300.

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

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2 000	Continued From page 2 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. 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		
2 300	MN Rule 4658.0105 Competency A nursing home must ensure that direct care staff are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through the comprehensive resident assessments and described in the comprehensive plan of care, and are able to perform their assigned duties. This MN Requirement is not met as evidenced by: Based on interview and record review, the facility failed to ensure a sufficient number of licensed nurses had the necessary training on vest therapy treatments and cough assist therapy treatments for 6 of 6 residents (R1, R3, R4, R5, R6, and R7) reviewed who had orders for vest therapy treatments and 8 of 8 residents(R1, R5, R8, R9, R10, R11, R12, and R13) reviewed who had orders for cough assist therapy. Findings include: R1's factsheet printed 1/29/25 indicated R1 was admitted to the facility on 1/17/25 with a primary diagnosis of muscular dystrophy. R1's additional	2 300	Corrected.	3/1/25

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2 300	Continued From page 3	2 300		

diagnoses included chronic obstructive pulmonary disease and shortness of breath. R1 discharged from the facility on 1/22/25.

R1's admission hospital paperwork dated 1/17/25 indicated R1 was to receive vest therapy twice a day and a cough assist therapy as needed.

R1's provider order dated 1/17/25 indicated the nurse practitioner (NP) ordered the cough assist treatment and licensed nurses would administer the treatment two times a day and as needed with two sets of five cycles with settings at inspiratory pressure of minus thirty five with two point zero time and expiratory pressure of thirty five and time of two point zero with a pause time of two point zero. This order was created and confirmed by the respiratory therapist (RT).

R1's provider order dated 1/17/25 indicated NP ordered the vest therapy treatment and licensed nurses would administer this treatment twice a day for airway management. Licensed nurses should push the quick start button at a frequency of six to fifteen, a pressure at sixty percent for twenty minutes twice a day.

R1's admission data collection assessment dated 1/17/25 indicated R1 was admitted to the facility with shortness of breath and had oxygen needs.

R1's brief interview for mental status (BIMS) assessment dated 1/18/25 indicated R1 scored fifteen, which indicated R1 was cognitively intact.

R1's care plan dated 1/20/25 indicated R1 had alteration in oxygen/gas exchange, respiratory status related to acute respiratory failure, muscular dystrophy, chronic obstructive pulmonary disease, and chronic pain syndrome.

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2 300	Continued From page 4 Licensed staff were to complete interventions of monitoring oxygen saturations as ordered and as needed, administer oxygen as ordered, monitor for shortness of breathing, increased respirations, and difficulty coughing up sputum, monitor and document on respiratory status, and to keep the provider informed of changes. R1's progress note dated 1/21/25 indicated R1 reported shortness of breath, weakness, and was unable to cough out secretions. The cough assist mask did not have a good seal. The vest therapy was too little or too big. R1's treatment administration record (TAR) indicated NP's order for cough assist therapy two times a day and as needed. Licensed nurses would administer two sets of five cycles with settings of inspiratory pressure at negative thirty-five with two-point zero time and an expiratory pressure of thirty-five with two-point zero time and pause time of two point zero. All shifts from evening on 1/17/25 to evening shift on 1/22/25 completed this therapy except for the evening shift on 1/19/25. The treatments were completed by LPN-H, LPN-I. RN-H, and RN-M. This order was discontinued on 1/28/25. R1's TAR indicated NP's order for vest therapy twice a day. Licensed nurses would push the quick start button with settings frequency from six to fifteen, pressure of sixty percent, and administer for twenty minutes. All shifts from evening on 1/17/25 to evening shift on 1/22/25 completed this therapy except for the evening shift on 1/19/25. The treatments were completed by LPN-H, LPN-I. RN-H, and RN-M. R1's TAR indicated NP's order for cough assist therapy four times a day. This order does not	2 300		

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2 300	Continued From page 5	2 300		

have instructions. All shifts from evening shift on 1/17/25 to evening shift on 1/22/25 completed this therapy except for the evening and night shift on 1/19/25. The treatments were completed by LPN-H, LPN-I. RN-H, and RN-M.

R3's Face sheet printed 1/29/25 indicated R3 was admitted to the facility on 2/19/2016 with a primary diagnosis of chronic respiratory failure with hypoxia. R3's additional diagnoses were chronic respiratory failure with hypercapnia, dependence on respirator (ventilator) status, and encounter for attention to tracheostomy.

R3's care plan dated 2/21/2016 indicated R3 had a ventilator due to chronic respiratory failure with ventilator dependence, seizure disorder, and vegetative state. R3's goal was to have adequate gas exchange with continuous use of ventilator and vest treatment for secretion management.

R3's provider order dated 7/28/23 indicated R3 was to have vest therapy twice a day and every six hours as needed. Licensed nurses would set the pressure at three, frequency for twelve to fourteen, for thirty minutes. This treatment was ordered by the NP and entered by the RT.

R3's respiratory assessment dated 6/25/24 indicated R3 used vest therapy to manage chronic respiratory failure with hypoxia.

R3's BIMS assessment dated 9/19/24 indicated R3 scored zero, which indicated R3 had severe cognitive impairment.

R3's TAR for January 2025 indicated R3 required vest therapy with pressure settings of three, frequency of twelve to fourteen, for thirty minutes twice a day and every six hours as needed. This

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2 300	Continued From page 6 order was completed in all shifts from morning on 1/1/25 until 1/28/25. This order was completed by RN-D, RN-E, RN-J, RN-N, RN-O, RN-P, and RN-Q. R4's Face sheet printed on 1/29/25 indicated R4 was admitted to the facility on 8/15/24 with a primary diagnosis of acute respiratory failure with hypoxia. R4's additional diagnosis included chronic obstructive pulmonary disease. R4's care plan dated 9/11/24 indicated R4 had alterations in oxygen and gas exchange with interventions to administer oxygen as needed, monitor and document on respiratory status, and to keep the provider informed of changes. R4's provider order dated 9/18/24 indicated R4 would receive vest therapy twice a day with instructions of pressure settings at five to ten per R4's comfort and speed of five to fifteen per R4's comfort. Treatment was ordered by the NP and entered by the DON. R4's minimum data set (MDS) dated 11/14/24 indicated R4 used oxygen therapy. R4's BIMS assessment dated 12/3/24 indicated R4 scored three, which indicated R4 had severe cognitive impairment. R4's TAR for January 2025 indicated R4 would receive chest therapy twice a day with pressure from five to ten per R4's comfort and speed of five to fifteen per R4's comfort. Treatment was completed twice a day from the morning of 1/1/25 to the evening of 1/28/25 except for the morning shift on 1/5/25 was not documented on, when the resident refused on the evening on 1/1/25, evening on 1/2/25, morning and evening on	2 300		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00913	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ___ B. WING ___	(X3) DATE SURVEY COMPLETED C 01/29/2025

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2 300	Continued From page 7	2 300		

1/4/25, evening on 1/5/25, evening on 1/6/25, evening on 1/7/25, evening of 1/8/25, morning of 1/19/25, evening on 1/20/25, evening on 1/26/25, and evening on 1/28/25. The evening of 1/11/25, evening of 1/12/25 the licensed nurse documented "missed". RN-T documented the evening of 1/13/25, evening of 1/14/25, evening of 1/15/25, evening of 1/18/25, evening of 1/19/25, evening of 1/25/25, and 1/27/25 indicated the treatment was not given but was not documented as why it was missed. The evening of 1/22/25 was documented by LPN-L as the treatment was not given but was not documented as why it was missed. These treatments were completed by LPN-A, LPN-B, LPN-J, LPN-K, LPN-L, LPN-M RN-A, RN-R, RN-Z, and RN Nurse Manager (RNNM)-A.

R5's Face sheet printed on 1/29/25 indicated R5 was admitted to the facility on 10/17/23 with a primary diagnosis of chronic respiratory failure with hypercapnia. R5's additional diagnoses included encounter for attention to tracheostomy and chronic obstructive pulmonary disease.

R5's care plan dated 10/23/23 indicated R5 had alteration oxygen exchange and respiratory status in her airway due to acute on chronic hypoxia and hypercapnic respiratory failure with ventilator dependency.

R5's provider order dated 8/31/24 indicated R5 would receive vest therapy with pressure settings of four, frequency of ten, for twenty minutes twice a day. This treatment was ordered by the NP and confirmed by RN-U.

R5's BIMS assessment dated 1/16/25 indicated R5 scored zero, which indicated R5 had severe cognitive impairment.

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2 300	Continued From page 8	2 300		

R5's provider order dated 1/23/25 indicated R5 was to receive cough assist with two sets of five cycles with settings of inspiratory pressure of thirty give with two point zero time and expiratory pressure of thirty give and time of two point zero and pause time of two point zero twice a day and as needed. This treatment was ordered by the NP and created and confirmed by the RT.

R5's TAR for January 2025 indicated R5 was to receive vest therapy with pressure settings at four, frequency at ten, for twenty minutes twice a day. All treatments were completed from the morning of 1/1/25 to the evening of 1/28/25. These treatments were completed by LPN-C, RN-D, RN-F, RN-J, RN-L, RN-M, RN-N, RN-R, RN-U, and RN-V.

R5's TAR for January 2025 indicated R5 was to receive cough assist with two sets of five cycles with settings of inspiratory pressure of thirty give with two point zero time and expiratory pressure of thirty give and time of two point zero and pause time of two point zero three times a day and as needed. All treatments were given from the evening on 1/23/25 tonight on 1/28/25. These treatments were completed by LPN-C, RN-D, RN-F, RN-J, RN-N, RN-R, and RN-V.

R6's Face sheet printed on 1/29/25 indicated R6 was admitted to the facility on 4/24/20 with a primary diagnosis of chronic respiratory failure with hypoxia. R6's additional diagnosis included encounter for attention to tracheostomy.

R6's care plan dated 7/20/21 indicated R6 had a ventilator due to chronic respiratory failure with ventilator and tracheostomy dependency.

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R6's provider order dated 11/1/23 indicated R6 would receive vest therapy with instructions to push the quick start button with a frequency of six to fifteen, pressure of sixty percent, for thirty minutes twice a day. This treatment was ordered by the NP and entered by the RT.

R6's BIMS assessment dated 9/110/24 indicated R6 scored zero, which indicated R6 had severe cognitive impairment.

R6's TAR for January 2025 indicated R6 would receive vest therapy with instructions to push the quick start button with a frequency of six to fifteen, pressure of sixty percent, for thirty minutes, twice a day. This was completed for all treatments from the morning of 1/11/25 to the evening of 1/28/25. This treatment was completed by RN-D, RN-E, RN-J, RN-N, RN-O, RN-P, and RN-Q.

R7's Face sheet printed 1/29/25 indicated R7 was admitted to the facility on 10/18/21 with a primary diagnosis of chronic respiratory failure with hypoxia. R7's additional diagnosis included encounter for attention to tracheostomy.

R7's care plan dated 9/14/21 indicated R7 had chronic respiratory failure related to chronic respiratory failure with tracheostomy dependency.

R7's BIMS assessment dated 11/19/24 indicated R7 scored fifteen, which indicated R7 was cognitively intact.

R7's provider order dated 1/3/25 indicated R7 would receive vest therapy with instructions to push quick start button with a frequency of six to fifteen, pressure of sixty percent, for twenty minutes one time a day. This treatment was

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ordered by the medical director (MD) and created by the RT.

R7's TAR for January 2025 indicated R7 was to receive vest therapy with instructions to push quick start button with frequency at six to fifteen, pressure at sixty percent, for twenty minutes, one time a day. All treatments were completed except for on 1/20/25. Treatments were completed by LPN-D, RN-J, RN-P, RN-R, RN-W, and RN-AA.

R8's Face sheet printed on 1/29/25 indicated R8 was admitted to the facility on 8/9/24 with a primary diagnosis of acute and chronic respiratory failure with hypoxia and hypercapnia. R8's additional diagnosis included tracheostomy status.

R8's BIMS assessment dated 11/13/24 indicated R8 scored zero, which indicated R8 had severe cognitive impairment.

R8's care plan dated 12/24/24 indicated R8 had a ventilator due to chronic respiratory failure with hypoxia and ventilator dependency.

R8's provider order dated 1/8/25 indicated R8 would receive cough assist treatment with instructions of two sets of five cycles with inspiratory pressure of thirty-five and two point zero time and expiratory pressure of thirty five and two point zero time with pause time of two point zero to be done three times a day and as needed. This treatment was ordered by the MD and entered by the RT.

R8's TAR for January 2025 indicated R8 would receive cough assistance with instructions at two sets of five cycles with inspiratory pressure of thirty-five and time of two point zero with

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expiratory pressure at thirty-five and time of two with pause time of two point zero. This treatment would be done three times a day. All treatments were completed from morning on 1/1/25 to evening of 1/28/25 except from when R8 was in the hospital from the evening of 1/6/25 to the morning of 1/8/25. Treatments were completed by LPN-C, RN-D, RN-E RN-F, RN-J, RN-L, RN-M, RN-N, RN-R, RN-U, and RN-V.

R9's Face sheet printed on 1/29/25 indicated R9 was admitted to the facility on 9/17/24 with a primary diagnosis of acute and chronic respiratory failure with hypercapnia. R9's additional diagnoses included tracheostomy status and acute and chronic respiratory failure with hypoxia.

R9's care plan dated 6/11/24 indicated R9 had respiratory failure and was admitted to the facility on 4/27/23 with a tracheostomy.

R9's BIMS assessment dated 9/23/24 indicated R9 scored fifteen, which indicated R9 was cognitively intact.

R9's provider order dated 1/13/25 indicated R9 would receive cough assist with two sets of five cycles, inspiratory pressure of thirty-five with two-point zero time and expiratory pressure of thirty-five and time of two point zero with pause time of two point zero every three times a day and as needed. This treatment was ordered by the NP and created by the RT.

R9's TAR dated January 2025 indicated R9 would receive cough assist with two sets of five cycles, inspiratory pressure of thirty-five and time of two point zero and expiratory pressure of thirty-five and time of two point zero with pause time of two

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point zero twice a day and as needed. All treatments were completed from evening of 1/14/25 to morning on 1/29/25. Treatments were completed by RN-D, RN-F, RN-J, RN-N, RN-U, and RN-V.

R10's Face sheet printed on 1/29/25 indicated R10 was admitted to the facility on 11/6/24 with a primary diagnosis of acute respiratory failure with hypoxia. R10's additional diagnosis included encounter for attention to tracheostomy.

R10's care plan dated 11/11/24 indicated R10 had an alteration in respiratory related to placement of tracheostomy due to chronic respiratory failure with ventilator dependent.

R10's BIMS assessment dated 11/13/24 indicated R10's score was fifteen, which indicated R10 was cognitively intact.

R10's provider order dated 12/30/24 indicated R10 would receive cough assist treatment two sets of five cycles with inspiratory pressure of thirty-five with two-point zero time and expiratory pressure of thirty-five and time of two point zero and pause time of two point zero three times a day and as needed. This treatment was ordered by the NP and created by the RT.

R10's TAR for January 2025 indicated R10 would receive cough assist treatment at two sets of five cycles with inspiratory pressure of thirty-five and a two point zero time and an expiratory pressure of thirty-five, a time of two point zero, and a pause time of two point zero three times a day and as needed. All treatments were completed from the morning of 1/1/25 to the morning of 1/29/25. Treatments were completed by LPN-E, LPN-F, LPN-G, RN-D, RN-E, RN-F, RN-J, RN-L, RN-N,

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RN-O, RN-P, RN-U, and RN-X.

R11's Face sheet printed on 1/29/25 indicated R11 was admitted to the facility on 12/24/24 with a primary diagnosis of acute and chronic respiratory failure with hypoxia and hypercapnia. R1's additional diagnosis was encounter for attention to tracheostomy.

R11's provider order dated 12/30/24 indicated R11 would receive cough assist treatment with two sets of five cycles with inspiratory pressure of thirty-five- and two-point zero time and expiratory pressure of thirty-five- and two-point zero time with two-point zero pause time three times a day and as needed. This treatment was ordered by the MD and created by the RT.

R11's respiratory assessment dated 12/30/24 indicated R11 received cough assist therapy.

R11's BIMS assessment dated 12/31/24 indicated R11's score was fifteen, which indicated R11 was cognitively intact.

R11's care plan dated 12/31/24 indicated R11 had alteration in respiratory related to placement of tracheostomy due to chronic respiratory failure with ventilator dependent.

R11's TAR for January 2025 indicated R11 would receive cough assist treatment with two sets of five cycles with inspiratory pressure of thirty-five- and two-point zero time and expiratory pressure of thirty-five- and two-point zero time with two-point zero pause time three times a day and as needed. All treatments were completed from the morning of 1/1/25 to the morning of 1/29/25. Treatments were completed by LPN-E, LPN-F, LPN-G, RN-D, RN-E, RN-F, RN-J, RN-L, RN-N,

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RN-O, RN-P, RN-R, RN-U, and RN-X.

R12's Face sheet printed on 1/29/25 indicated R1 was admitted to the facility on 10/21/24 with a primary diagnosis of acute and chronic respiratory failure with hypercapnia. R12's additional diagnoses included abnormal sputum and abnormalities of breathing.

R12's care plan dated 10/25/24 indicated R1 had alterations in respiratory related to placement of tracheostomy due to chronic respiratory failure with ventilator dependent.

R12's BIMS assessment dated 1/23/25 indicated R12 scored nine, which indicated R12 had moderate cognitive impairment.

R12's provider order dated 12/30/24 indicated R12 would receive cough assist therapy with two sets of five cycles with inspiratory pressure of thirty-five and time of two point zero and expiratory pressure of thirty-five and time of two point zero and a pause time of two point zero three times a day and as needed. This treatment was ordered by the MD and created by the RT.

R12's TAR for January 2025 indicated R12 would receive cough assist therapy with two sets of five cycles with inspiratory pressure of thirty-five and time of two point zero and expiratory pressure of thirty-five and time of two point zero and a pause time of two point zero three times a day and as needed. All treatments were completed except for the evening of 1/14/25 and the evening of 1/17/25 which were documented as not given without a reason. These treatments were completed by LPN-E, LPN-F, LPN-G, RN-D, RN-E, RN-F, RN-J, RN-L, RN-N, RN-O, RN-P, RN-U, and RN-X.

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R13's Face sheet printed on 1/29/25 indicated R13 was admitted to the facility on 8/20/24 with a primary diagnosis of chronic respiratory failure with hypoxia and hypercapnia. R13's additional diagnoses included acute respiratory failure with hypoxia, chronic obstructive pulmonary disease, and encounter for attention to tracheostomy.

R13's care plan dated 8/24/24 indicated R13 had alteration in oxygen, gas exchange, and respiratory status. R13 had a diagnosis of recurrent episodes of acute hypoxic and hypercapnic respiratory failure and ventilator dependent.

R13's BIMS assessment dated 11/20/24 indicated R13 scored thirteen, which indicated R13 was cognitively intact.

R13's provider order dated 1/6/25 indicated R13 would receive cough assist treatment with two sets of five cycles with inspiratory pressure of thirty-five and time of two point zero and expiratory pressure of thirty-five and time of two point zero and a pause time of two point zero three times a day and as needed. The treatment was ordered by the NP and created by the RT.

R13's TAR for January 2025 indicated R13 would receive with two sets of five cycles with inspiratory pressure of thirty-five and time of two point zero and expiratory pressure of thirty-five and time of two point zero and a pause time of two point zero three times a day and as needed. All treatments were completed except when R13 was in the hospital from the evening of 1/17/25 to the morning of 1/18/25 and the evening of 1/23/25 to the evening of 1/29/25. Treatments were completed by LPN-E, LPN-F, RN-D, RN-E,

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RN-F, RN-J, RN-L, RN-N, RN-O, RN-P, RN-R, RN-U, RN-X, and RN-Y.

During an interview on 1/28/25 at 10:48 a.m., RN-A stated he had not been trained on how to complete a cough assist treatment or a vest treatment. Staff education starts with the nurse managers (NM) but if there is an all-staff meeting, the administrator and DON will provide the education. RN-A would go to another nurse working if he had questions about how to use or maintain the machines.

During an interview on 1/28/25 at 11:11 a.m., LPN-A stated she did not know what a cough machine or a vest therapy machine was. LPN-A received an orientation packet when she started working on the facility "a couple months ago" and was trained by the NM's.

During an interview on 1/28/25 at 11:36 a.m., NM-A stated all licensed nurses were trained on how to use and maintain a cough assist machine and a vest therapy machine but could not recall when the staff were trained. If a licensed nurse had not worked with the machines before, "another nurse would come demonstrate it" for that nurse. NM-A stated staff education happens during in-service training as well as specific trainings in morning huddles. In-service training is completed by the administrator, DON, and the interdisciplinary (IDT) team.

During an interview on 1/28/25 at 12:48 p.m., RN-B stated he had been trained on how to complete a cough assist treatment and a vest treatment on a resident but it "was a long time ago". Education would be provided by NM-B. RN-B stated there was not any resident that uses a cough assist machine or a vest therapy

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2 300	Continued From page 17 machine in the facility. During an interview on 1/28/25 at 12:54 p.m., RN-C stated she is an agency nurse and was not trained on how to complete a cough assist treatment or a vest treatment for a resident. During a correspondence on 1/28/25 at 2:17 p.m., the administrator stated the facility does not have competencies specific to cough assist treatments or vest treatments. The facility did not have a specific policy on cough assist treatments or vest treatments. During an interview on 1/28/25 at 2:56 p.m., RN-D stated he had not been trained on how to complete a vest treatment for a resident but had been trained on how to complete a cough assist treatment but could not recall when he was trained. During an interview on 1/28/25 at 3:20 p.m., RN-E stated she "didn't think" she was trained on how to complete a cough assist treatment or a vest treatment for a resident. During an interview on 1/28/25 at 2:53 p.m., RN-F stated he was not trained on how to complete a cough assist treatment or a vest treatment for a resident. During an interview on 1/28/25 at 3:00 p.m., RN-H stated she was not trained on how to complete a vest treatment for a resident. RN-H stated she was trained on how to complete a cough assist treatment when R1 was admitted into the facility. During an interview on 1/28/25 at 3:03 p.m., RN-G stated she could not recall whether she	2 300		

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had been trained on either a cough assist treatment or a vest treatment for a resident.

During an interview on 1/28/25 at 3:10 p.m., RT stated either the DON or RTD would complete respiratory education for licensed nurses. RT stated she thought she had completed some training with the licensed nurses on cough assist machines and vest therapy machines but could not recall who she trained or when she trained them. RT did not keep a record of the licenses nurses she trained. Cough assist treatments and vest therapy treatments are a specialized skill set that all license nurses need to know prior to them performing it on a resident.

During an interview on 1/28/25 at 3:14 p.m., RN-I stated she had not been trained on how to complete a vest treatment for a resident but "thought" she was trained on how to complete a cough assist treatment when she first started her employment at the facility.

During an interview on 1/28/25 at 3:25 p.m., RN-J stated he was unsure if he had been trained on how to complete a cough assist treatment or a vest treatment for a resident.

During an interview on 1/28/25 at 3:27 p.m. RN-L stated he thought he was trained on how to complete a vest therapy treatment "a year ago". RN-L stated he did not think he was trained on how to complete a cough assist treatment but knew how to perform it "from being employed at the facility for so long".

During an interview on 1/28/25 at 3:29 p.m., RN-K stated she had not been trained on how to complete a cough assist treatment or a vest treatment for a resident.

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2 300	Continued From page 19 During an interview on 1/29/25 at 8:58 a.m., RN-M stated she thought she was trained on how to complete a cough assist treatment and a vest treatment for a resident but could not recall when she was trained. During an interview on 1/29/25 at 1:35 p.m., RN-J stated the provider will put the order in for either a cough assist treatment or a vest therapy treatment. The RT would put in the order for the treatments and then the licensed nurses would complete the treatments. During an interview on 1/29/25 at 1:36 p.m., RTD stated he has been out of the facility since late October 2024. RTD stated he would be the one who would typically do any respiratory training with the licensed nurse but since he had not been in the facility since October 2024, he would rely on the DON and RT to provide the necessary training. RTD stated "some of the nurses have been trained by him on how to complete a cough assist treatment and a vest treatment" but could not recall who he trained, when they were trained, and if he had documentation of that training. RTD stated the cough assist treatment, and a vest treatment is a specialized skill that licenses nurses need to have in order for the resident to be safe during the treatment. The provider will either verbally tell the RT or RTD that they want a resident to complete either cough assist treatment or vest therapy treatment and then the RT or RTD would put the order into the resident's chart, or the provider will director put the order into the resident's chart. The provider will determine the settings of the treatments. Once the order is entered into a resident's chart, the RT or RTD will set up the equipment in the resident's room and they will start the services. If a resident	2 300		

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has a tracheostomy, then the nurse will hook the machine tubing up to the resident's tracheostomy and then will complete the treatments. If the resident does not have a tracheostomy, the resident would wear a mask during the treatment. The licensed nurse would set the settings on the machine. During the treatment, if the resident is having pain, the nurse would stop the treatment immediately. If the resident is having shortness of breath during the treatment, the nurse can increase or decrease the speed or pressure of the treatments. RTD was unsure who bills insurance for the treatments. RTD stated the facility has cough assist machines and vest treatment machines but if those machines are being used by other residents, the RT will rent a machine through the durable medical equipment (DME) company.

During an interview on 1/29/25 at 2:06 p.m., the administrator stated she was unsure if the facility had any in-service training on cough assist treatments or vest treatments or not. Cough assist treatment and vest treatment is a competency but was unsure if the facility had documentation on this or not.

During an interview on 1/29/25 at 3:09 p.m., the administrator stated RN-H worked with R1 on 1/19/25 who did not complete the cough assist treatment or vest treatment.

During an interview on 1/29/25 at 3:12 p.m., RN-H stated she was unsure why R1 did not get his cough assist treatment done on 1/29/25.

During correspondence on 1/29/25 at 3:24 p.m., the administrator stated she is unable to find any documentation for cough assist treatments or

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vest treatment competencies for licensed nurses.

During an interview on 1/29/25 at 3:41 p.m., the DON stated if a licensed nurse is "tech savvy" then the licensed nurse "should be able to figure out the machine and treatment" but if the licensed nurse is not "tech savvy" then the licensed nurse should get the training on how to provide a cough assist treatment and a vest treatment. DON stated the licensed nurses would stay be the resident during the cough assist treatment and the vest treatment and they are monitoring if the resident is congested, not able to produce secretions, if the resident is breathing or wheezing, and if the resident's temperature increases. DON stated, "a lot of times the residents are familiar to their cares and will say something is wrong, and then the nurse will do with that information and the licensed nurse sees fit". DON stated his expectation is that all licensed nurses would be educated and trained on treatments prior to providing the treatments. DON stated it is the responsibility of RTD and RT to provide education on cough assist treatment and vest treatment.

During an interview on 1/29/25 at 4:12 p.m., the administrator stated she would expect licensed nurses to be trained on cough assist treatments and vest treatments upon an employee's orientation when they are getting acclimated to the floor, they are working on in order to take care of a resident appropriately.

A policy on cough assist treatment and vest treatment was requested but none was received.

SUGGESTED METHOD OF CORRECTION:
The Director of Nursing or designated person to determine how the deficiency occurred, review

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00913	A. BUILDING: ______ B. WING ______	C 01/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMERALDS AT ST PAUL LLC	**420 MARSHALL AVENUE SAINT PAUL, MN 55102**

(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
2 300	Continued From page 22 policies and procedures, revise as necessary, educated staff on revisions, and monitor to ensure compliance. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	2 300		