



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

Electronically delivered  
February 21, 2025

Administrator  
The Estates At Twin Rivers LLC  
305 Fremont Street  
Anoka, MN 55303

RE: CCN: 245298  
Cycle Start Date: January 9, 2025

Dear Administrator:

On January 30, 2025, we notified you a remedy was imposed. On February 18, 2025 and February 19, 2025 the Minnesota Department of Health completed revisits to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of February 7, 2025.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective April 9, 2025 did not go into effect. (42 CFR 488.417 (b))

In our letter of January 30, 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 9, 2025 due to denial of payment for new admissions. Since your facility attained substantial compliance on February 7, 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 Therefore, the NATCEP prohibition is rescinded.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,

A handwritten signature in black ink that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
Health Regulation Division  
Email: [Kamala.Fiske-Downing@state.mn.us](mailto:Kamala.Fiske-Downing@state.mn.us)

The Estates At Twin Rivers Llc

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February 21, 2025

Administrator  
The Estates At Twin Rivers LLC  
305 Fremont Street  
Anoka, MN 55303

Re: Reinspection Results  
Event ID: TXE812

Dear Administrator:

On February 18, 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 21, 2025. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
Health Regulation Division  
Telephone: (651) 201-4112  
Email: [Kamala.Fiske-Downing@state.mn.us](mailto:Kamala.Fiske-Downing@state.mn.us)



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January 30, 2025

Administrator  
The Estates At Twin Rivers LLC  
305 Fremont Street  
Anoka, MN 55303

RE: CCN: 245298  
Cycle Start Date: January 9, 2025

Dear Administrator:

On January 23, 2025, we informed you that we may impose enforcement remedies.

On January 21, 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 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.

In addition, at the time of this survey we identified the following deficiencies:

F580 - Notify of changes (Injury/Decline/Room, Etc.) - S/S D  
F580 - Residents are Free of Significant Med Errors - S/S D

## 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 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 9, 2025

The CMS location will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective April 9, 2025. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective April 9, 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 \$12,924, 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 9, 2025, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, The Estates At Twin Rivers Llc will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from April 9, 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 Supervisor, Federal 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](mailto: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 9, 2025 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is

The Estates At Twin Rivers LLC

January 30, 2025

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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](mailto: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](mailto: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

The Estates At Twin Rivers LLC

January 30, 2025

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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](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,



Kamala Fiske-Downing  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
Health Regulation Division  
Telephone: (651) 201-4112  
Email: [Kamala.Fiske-Downing@state.mn.us](mailto:Kamala.Fiske-Downing@state.mn.us)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245298</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/21/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE ESTATES AT TWIN RIVERS LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>305 FREMONT STREET</b> <b>ANOKA, MN 55303</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	INITIAL COMMENTS  On 1/16/25 through 1/21/25, 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 complaint was reviewed H52985165C (MN00109818) with deficiencies cited at F580 and F760.  The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance.  Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)  §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or	F 580		2/7/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  02/07/2025
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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F 580	<p>Continued From page 2</p> <p>medication error for 1 of 3 residents (R3) who did not receive prescribed blood pressure medication for five days.</p> <p>Findings include:</p> <p>R3's Admission Record indicated he admitted to the facility 12/3/24. R3's diagnosis included chronic atrial fibrillation (A-fib), pain, chronic kidney disease and weakness.</p> <p>R3's Order Summary Report dated 12/1/24 through 12/31/24, identified the following order: diltiazem hydrochloride (HCl) extended release (ER) coated beads oral capsule extended release 24 Hour 120 milligrams (mg). Give 120 mg by mouth in the morning for A-Fib.</p> <p>R3's Medication Administration Record dated December 2024, displayed the following for R1's diltiazem order: 12/4/24, 9- other/ see nurses notes. 12/5/24, 9- other/ see nurses notes. 12/6/24, 9- other/ see nurses notes. 12/7/24, indicated medication was administered. 12/8/24, 5- Hold/ see nurses notes.</p> <p>R3's Progress Notes identified the following:</p> <p>12/4/24, Diltiazem HCl ER Coated Beads Oral Capsule Extended Release 24 Hour, 120 mg. Give 120 mg by mouth in the morning for A-Fib. Medication not available.</p> <p>12/5/24, Copy of signed encounter note documented by nurse practitioner (NP). I certify that the following medications have been reviewed and reconciled. Diltiazem HCl ER Coated Beads Oral Capsule Extended Release</p>	F 580	<p>deficiency exists or that this Statement of Deficiency was correctly cited, and is also not to be construed as an admission of fault by the facility, the Executive Director or any employees, agents or other individuals who draft or may be discussed in this Response and Plan of Correction. In addition, preparation and submission of this Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in the allegations.</p> <p>Accordingly, the Facility has prepared and submitted this Plan of Correction prior to the resolution of any appeal which may be filed solely because of the requirements under state and federal law that mandate submission of a Plan of Correction within ten (10) days of the survey as a condition to participate in Title 18 and Title 19 programs. This Plan of Correction is submitted as the facility's credible allegation of compliance.</p> <p>F580- Notify of Changes, s/s D¿</p> <p>-The process for satisfying this requirement has been reviewed and revised as needed, to ensure physicians are appropriately notified of significant medication errors.¿</p> <p>-All residents who receive medication have the potential to be affected if this</p>	

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F 580	<p>Continued From page 3</p> <p>24 Hour 120 MG, Give 120 mg by mouth in the morning for A-Fib, 120 mg, active. 12/4/2024.</p> <p>12/5/24, Diltiazem HCl ER Coated Beads Oral Capsule Extended Release 24 Hour, 120 mg. Give 120 mg by mouth in the morning for A-Fib.</p> <p>12/6/24, Diltiazem HCl ER Coated Beads Oral Capsule Extended Release 24 Hour, 120 mg. Give 120 mg by mouth in the morning for A-Fib.</p> <p>12/8/24, Diltiazem HCl ER Coated Beads Oral Capsule Extended Release 24 Hour, 120 mg. Give 120 mg by mouth in the morning for A-Fib. Resident not on medication. Pharmacy discontinued orders upon admission.</p> <p>12/9/24, Resident was sent to hospital due to being unresponsive for couple of minutes while doing physical therapy.</p> <p>During interview on 1/17/25 at 9:17 a.m., the director of nursing (DON) stated she was not sure why the pharmacy would say the medication was not supposed to be ordered. The DON stated not receiving the diltiazem could lead to increased blood pressure. The DON stated if a medication was not available, staff should have let her know. RN-B was present and said staff should also have updated the physician.</p> <p>During interview on 1/17/25 at 11:24 a.m. nurse practitioner (NP)-A stated she had not been made aware R3 had not been receiving his diltiazem. NP-A stated she was present at the facility the day R3 had the unresponsive episode and said R3 had "nodded off but then was able to wake up a little bit." NP-A stated not receiving the diltiazem could have caused the unresponsive episode and</p>	F 580	<p>regulation is not met. ¿</p> <p>-R3 was sent to the hospital for medical evaluation and necessary intervention, and did not return to the facility. ¿¿</p> <p>-All other residents who require medication were reviewed to ensure that no missing medications, proper follow-up with pharmacy, and physician notification has been completed.</p> <p>-All necessary staff received education regarding the requirement to notify a medical physician of any significant medication errors and the process for missing medications.</p> <p>-Compliance audits will be completed by the director of nursing and/or designee three (3) times weekly for two (2) weeks, two (2) times weekly for two (2) weeks, one (1) time weekly for two (2) weeks, and monthly thereafter for one (1) month. Audit results will be reviewed at QAPI. Any deficient practice will be identified and corrected at the time of occurrence. ¿</p> <p>-Corrective action will be completed on or before 2/7/2025. ¿</p>	

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F 580	Continued From page 4  could cause an irregular heartbeat and potentially some dizziness and would certainly have cause the spike in his blood pressure.	F 580		
F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2)  The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on interview and document review the facility failed to ensure prescribed blood pressure medication and oxygen was administered for 2 of 3 residents (R3 and R1) reviewed. R3 had an in increase in blood pressure and R1 had an empty oxygen tank and was sent to the emergency room.  Findings include:  R3's Admission Record indicated he admitted to the facility 12/3/24. R3's diagnosis included chronic atrial fibrillation (A-fib), pain, chronic kidney disease and weakness.  R3's Order Summary Report dated 12/1/24 through 12/31/24, identified the following order: diltiazem hydrochloride (HCl) extended release (ER) 24 Hour, 120 milligrams (mg). Give 120 mg	F 760	Submission of this Response and Plan of Correction is not a legal admission that a deficiency exists or that this Statement of Deficiency was correctly cited, and is also not to be construed as an admission of fault by the facility, the Executive Director or any employees, agents or other individuals who draft or may be discussed in this Response and Plan of Correction. In addition, preparation and submission of this Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in the allegations.  Accordingly, the Facility has prepared and submitted this Plan of Correction prior to the resolution of any appeal which may be	2/7/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245298</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/21/2025</b>
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F 760	<p>Continued From page 5 by mouth in the morning for A-Fib.</p> <p>R3's Medication Administration Record dated December 2024, displayed the following for R1's diltiazem order: 12/4/24, 9- other/ see nurses notes. 12/5/24, 9- other/ see nurses notes. 12/6/24, 9- other/ see nurses notes. 12/7/24, indicated medication was administered. 12/8/24, 5- Hold/ see nurses notes.</p> <p>R3's Progress Notes identified the following:</p> <p>12/4/24, Diltiazem HCl ER Coated Beads Oral Capsule Extended Release 24 Hour, 120 mg. Give 120 mg by mouth in the morning for A-Fib. Medication not available.</p> <p>12/5/24, Copy of signed encounter note documented by nurse practitioner (NP). I certify that the following medications have been reviewed and reconciled. Diltiazem HCl ER Coated Beads Oral Capsule Extended Release 24 Hour 120 MG, Give 120 mg by mouth in the morning for A-Fib, 120 mg, active. 12/4/2024.</p> <p>12/5/24, Diltiazem HCl ER Coated Beads Oral Capsule Extended Release 24 Hour, 120 mg. Give 120 mg by mouth in the morning for A-Fib.</p> <p>12/6/24, Diltiazem HCl ER Coated Beads Oral Capsule Extended Release 24 Hour, 120 mg. Give 120 mg by mouth in the morning for A-Fib.</p> <p>12/8/24, Diltiazem HCl ER Coated Beads Oral Capsule Extended Release 24 Hour, 120 mg. Give 120 mg by mouth in the morning for A-Fib. Resident not on medication. Pharmacy discontinued orders upon admission.</p>	F 760	<p>filed solely because of the requirements under state and federal law that mandate submission of a Plan of Correction within ten (10) days of the survey as a condition to participate in Title 18 and Title 19 programs. This Plan of Correction is submitted as the facility's credible allegation of compliance.</p> <p>F760- Residents are Free of Significant Med Errors, s/s D</p> <p>-The process for satisfying this requirement has been reviewed and revised as needed, to ensure residents receive their prescribed medications, specifically blood pressure medications and oxygen. ¿</p> <p>-All residents prescribed blood pressure medications and oxygen have the potential to be affected if this regulation is not met. ¿</p> <p>-R1 and R3 were sent to the hospital for medical evaluation and necessary intervention/treatment, and did not return to the facility. ¿ ¿</p> <p>-All residents requiring blood pressure medications were reviewed for any missed doses. Residents requiring the use of supplemental oxygen were reviewed for any abnormal oxygen saturations and the availability of oxygen supply.</p> <p>-All necessary staff received education regarding significant medication errors,</p>	

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F 760	<p>Continued From page 6</p> <p>12/9/24, Resident was sent to hospital due to being unresponsive for couple of minutes while doing physical therapy.</p> <p>12/9/24, Chief concern/reason for transfer: Unresponsive. Vital signs; blood pressure 153/35.</p> <p>During interview on 1/17/25 at 9:07 a.m., licensed practical nurse (LPN)-B stated she administered R3's medication on 12/8/24 and said she noticed the other nurses had noted the medication was not available. LPN-A stated she was worried because it was an important medication, so she called the pharmacy to find out why it had not been delivered. LPN-B stated the pharmacy told her R1 was not supposed to be taking the diltiazem. LPN-B stated she had reported the medication error to the nurse manager, LPN-A.</p> <p>During interview on 1/17/25 at 9:11 a.m., LPN-A stated she was not aware R3 had not been receiving the diltiazem. LPN-A stated normally staff would let her know and she would call the pharmacy or ask the nurse to call.</p> <p>During interview on 1/17/25 at 9:17 a.m., the director of nursing (DON) stated she was not sure why the pharmacy would say the medication was not supposed to be ordered. The DON stated not receiving the diltiazem could lead to increased blood pressure. The DON stated if a medication was not available, staff should have let her know. RN-B was present and said staff should also have updated the physician. At 9:45 a.m., RN-B stated she had called the pharmacy, and they said they had no record of the order. RN-B said it looked like when the orders were sent to the pharmacy a page must have been missing.</p>	F 760	<p>medication error process, and notification of physician.</p> <p>-Compliance audits for missing medications, oxygen administration, and medication errors will be completed by the director of nursing and/or designee three (3) times weekly for two (2) weeks, two (2) times weekly for two (2) weeks, one (1) time weekly for two (2) weeks, and monthly thereafter for one (1) month. Audit results will be reviewed at QAPI. Any deficient practice will be identified and corrected at the time of occurrence.¿</p> <p>-Corrective action will be completed on or before 2/7/2025.¿</p>	

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F 760	<p>Continued From page 7</p> <p>During interview on 1/17/25 at 11:24 a.m. nurse practitioner (NP)-A stated she had not been made aware R3 had not been receiving his diltiazem. NP-A stated she was present at the facility the day R3 had the unresponsive episode and said R3 had "nodded off but then was able to wake up a little bit." NP-A stated not receiving the diltiazem could have caused the unresponsive episode and could cause an irregular heartbeat and potentially some dizziness and would certainly have cause the spike in his blood pressure.</p> <p>R1's Admission Record indicated he admitted to the facility 6/29/22 and identified diagnosis that included Chronic Obstructive Pulmonary Disease (COPD), tobacco use, hypokalemia, depressive disorder, insomnia, and cognitive communication deficit.</p> <p>R1's quarterly Minimum Data Set dated 12/17/24, identified intact cognition and indicated he received Oxygen therapy at the facility.</p> <p>R1's care plan dated 7/19/24, identified and alteration of oxygen/gas exchange and respiratory status related to respiratory failure and COPD. The care plan directed staff to remind R1 not to turn up oxygen (O2) without nurse consent, monitor saturation levels as ordered, administer O2 as ordered and monitor and document on respiratory status.</p> <p>R1's Order Summary Report dated 1/1/25, identified an order dated 8/1/24; O2 per nasal annular 2-5 liters to keep saturation level greater than or equal to 88%, to prevent hypoxia every shift.</p>	F 760		

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F 760	<p>Continued From page 8</p> <p>R1's Progress Notes identified the following:</p> <p>1/10/25, R1's blood pressure obtained with result of 94/57 millimeters of mercury (mmHg), heart rate high at 120 beats per minute (bpm) and O2 sat low at 74%. R1's oxygen was empty after assessments O2 tank was refilled and turned back to 3 liters. Vitals were reassessed and were blood pressure 104/56 mmHg, heart rate 119 (bpm), O2 89%.</p> <p>1/11/25 at 1:17 a.m., R1 complained of not feeling well. Had generalized weakness, slight congestion, nausea. Medicated with Zofran 4 mg for nausea. R1 told nursing assistant (NA) he wanted to be sent out. When this writer asked resident about being sent out, he refused.</p> <p>1/11/25 at 5:10 a.m., R1 was diaphoretic, lethargic, and continued to be nauseated. R1 had a large loose diarrhea. Expiratory crackles audible in right lower lobe. B/P 98/58, T 98.4, P 63, O2 saturation of 92% on 3L. Pt stated, "I feel like I'm going to die." Order received to send R1 to emergency department (ED) for evaluation. Emergency services present to transport to hospital.</p> <p>An Emergency Medical Services (EMS) report dated 1/11/25, indicated on 1/11/25 at 4:56 a.m. EMS was dispatched to facility and arrived onsite at 4:55 a.m. R1 was assessed by EMS. Pulse, 114, respirations 34. R1 was confused, skin was pale, diaphoretic, and making incomprehensible sounds. O2, 4 liters per nasal cannula was given at 5:19 a.m. and R1's response improved. O2 10 liters was initiated at 5:32 a.m. with improved response. Additional information indicated upon EMS arrival R1 was lying on his right side,</p>	F 760		

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F 760	<p>Continued From page 9</p> <p>breathing was shallow and when EMS stimulated R1 he only groaned. EMS noted R1's nasal cannula was attached to a portable O2 tank that was on his wheelchair and the tank was empty. EMS changed his nasal cannula to the large O2 tank. By the time the reader picked up a reading R1's saturation level was at 75%. EMS noticed R1 was diaphoretic and soaked through his gown and sheets. R1 was moved to the ambulance and placed on a re-breather mask and his saturation level moved to 96%.</p> <p>During interview on 1/16/25 at 3:00 p.m., registered nurse (RN)-A stated the night R1 went to the hospital he had not been feeling well and said the NA told her he wanted to see the nurse and wanted to go to the hospital. RN-A stated when she saw R1 he told her he wanted to stay at the facility. RN-A stated R1 had been having diarrhea and felt nauseated and said the NA's cleaned him up. RN-A said when she went back to check on R1 she assessed him and said his blood pressure was low, he was not running a fever and his O2 levels were okay. RN-A stated she called and got an order to send R1 to the ED. RN-A said when she went back to tell him, he was sweating and in the fetal position and said by the time the paramedics arrived R1 was sweating to the point his sheets were wet.</p> <p>During interview on 1/17/25 at 9:56 a.m. The director of nursing (DON) stated R1 had gone into the hospital due to a change of condition. The DON stated the hospital had notified the facility that R1's O2 tank had been empty when EMS arrived at the facility.</p> <p>During interview on 1/17/25 at 10:21 a.m., the administrator stated the hospital had reported</p>	F 760		

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F 760	<p>Continued From page 10</p> <p>concerns about R1's O2 tank being empty. The administrator then clarified and said the facility had access to the hospital documentation and the concern was identified when the notes were read. The DON who was present during the interview stated the facility was conducting audits of all residents who had orders for O2 but stated they had not completed any yet. The administrator stated staff had received education related to how to fill an O2 tank but stated no education had been completed related to the facility's process for ensuring tanks were filled.</p> <p>Facility policy Medication Error Procedure dated 1/2020, indicated when a medication error occurs, the person responsible for the error or the person finding the error will complete the Medication Error Reconciliation Report and contact the medical provider to inform them of the error. The policy further indicated the relative significance of medication errors is a matter of professional judgment. Follow three general guidelines in determining whether a medication error is significant or not:</p> <ul style="list-style-type: none"> <li>- Resident Condition - The resident's condition is an important factor to take into consideration. If the resident's condition requires rigid control, a single missed or wrong dose can be highly significant.</li> <li>- Drug Category - If the medication is from a category that usually requires the resident to be triturated to a specific blood level, a single medication error could alter that level and precipitate a reoccurrence of symptoms or toxicity. This is especially important with a medication that has a Narrow Therapeutic Index.</li> <li>- Frequency of Error - If an error is occurring</li> </ul>	F 760		

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

PRINTED: 02/12/2025  
FORM APPROVED  
OMB NO. 0938-0391

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F 760	Continued From page 11 repeatedly, there may be more reason to classify the error as significant. For example, if a resident's medication was omitted several times, it may be appropriate, depending on consideration of resident condition and medication category, to classify that error as significant.	F 760		



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

Electronically delivered  
January 30, 2025

Administrator  
The Estates At Twin Rivers LLC  
305 Fremont Street  
Anoka, MN 55303

Re: State Nursing Home Licensing Orders  
Event ID: TXE811

Dear Administrator:

The above facility was surveyed on January 16, 2025 through January 21, 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](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.

The Estates At Twin Rivers LLC

January 30, 2025

Page 2

PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

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 Supervisor, Federal 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](mailto: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.

Sincerely,



Kamala Fiske-Downing

Federal Enforcement | Health Regulation Division

Minnesota Department of Health

Health Regulation Division

Telephone: (651) 201-4112

Email: [Kamala.Fiske-Downing@state.mn.us](mailto:Kamala.Fiske-Downing@state.mn.us)

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00866</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/21/2025</b>
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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 1/16/25 through 1/21/25, 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 orders were issued. Please indicate in your electronic plan of correction you have reviewed these orders</p>	2 000		
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Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

02/07/25

Minnesota Department of Health

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2 000	<p>Continued From page 1</p> <p>and identify the date when they will be completed.</p> <p>The following complaints were reviewed: H52985165C (MN00109818) with licensing orders issued at 0265 and 1545.</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction.</p> <p>You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at &lt;<a href="https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html">https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html</a>&gt; The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of</p>	2 000		

Minnesota Department of Health

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2 265	MN Rule 4658.0085 Notification of Chg in Resident Health Status  A nursing home must develop and implement policies to guide staff decisions to consult physicians, physician assistants, and nurse practitioners, and if known, notify the resident's legal representative or an interested family member of a resident's acute illness, serious accident, or death. At a minimum, the director of nursing services, and the medical director or an attending physician must be involved in the development of these policies. The policies must have criteria which address at least the appropriate notification times for:  A. an accident involving the resident which results in injury and has the potential for requiring physician intervention;  B. a significant change in the resident's physical, mental, or psychosocial status, for example, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications;  C. a need to alter treatment significantly, for example, a need to discontinue an existing form of treatment due to adverse consequences, or to begin a new form of treatment;	2 265		2/7/25

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER  <b>THE ESTATES AT TWIN RIVERS LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>305 FREMONT STREET ANOKA, MN 55303</b>
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2 265	<p>Continued From page 3</p> <p>D. a decision to transfer or discharge the resident from the nursing home; or</p> <p>E. expected and unexpected resident deaths.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review the facility failed to notify the physician of a significant medication error for 1 of 3 residents (R3) who did not receive prescribed blood pressure medication for five days.</p> <p>Findings include:</p> <p>R3's Admission Record indicated he admitted to the facility 12/3/24. R3's diagnosis included chronic atrial fibrillation (A-fib), pain, chronic kidney disease and weakness.</p> <p>R3's Order Summary Report dated 12/1/24 through 12/31/24, identified the following order: diltiazem hydrochloride (HCl) extended release (ER) coated beads oral capsule extended release 24 Hour 120 milligrams (mg). Give 120 mg by mouth in the morning for A-Fib.</p> <p>R3's Medication Administration Record dated December 2024, displayed the following for R1's diltiazem order: 12/4/24, 9- other/ see nurses notes. 12/5/24, 9- other/ see nurses notes. 12/6/24, 9- other/ see nurses notes. 12/7/24, indicated medication was administered. 12/8/24, 5- Hold/ see nurses notes.</p> <p>R3's Progress Notes identified the following: 12/4/24, Diltiazem HCl ER Coated Beads Oral</p>	2 265	Corrected	
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2 265	<p>Continued From page 4</p> <p>Capsule Extended Release 24 Hour, 120 mg. Give 120 mg by mouth in the morning for A-Fib. Medication not available.</p> <p>12/5/24, Copy of signed encounter note documented by nurse practitioner (NP). I certify that the following medications have been reviewed and reconciled. Diltiazem HCl ER Coated Beads Oral Capsule Extended Release 24 Hour 120 MG, Give 120 mg by mouth in the morning for A-Fib, 120 mg, active. 12/4/2024.</p> <p>12/5/24, Diltiazem HCl ER Coated Beads Oral Capsule Extended Release 24 Hour, 120 mg. Give 120 mg by mouth in the morning for A-Fib.</p> <p>12/6/24, Diltiazem HCl ER Coated Beads Oral Capsule Extended Release 24 Hour, 120 mg. Give 120 mg by mouth in the morning for A-Fib.</p> <p>12/8/24, Diltiazem HCl ER Coated Beads Oral Capsule Extended Release 24 Hour, 120 mg. Give 120 mg by mouth in the morning for A-Fib. Resident not on medication. Pharmacy discontinued orders upon admission.</p> <p>12/9/24, Resident was sent to hospital due to being unresponsive for couple of minutes while doing physical therapy.</p> <p>During interview on 1/17/25 at 9:17 a.m., the director of nursing (DON) stated she was not sure why the pharmacy would say the medication was not supposed to be ordered. The DON stated not receiving the diltiazem could lead to increased blood pressure. The DON stated if a medication was not available, staff should have let her know. RN-B was present and said staff should also have updated the physician.</p>	2 265		

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2 265	<p>Continued From page 5</p> <p>During interview on 1/17/25 at 11:24 a.m. nurse practitioner (NP)-A stated she had not been made aware R3 had not been receiving his diltiazem. NP-A stated she was present at the facility the day R3 had the unresponsive episode and said R3 had "nodded off but then was able to wake up a little bit." NP-A stated not receiving the diltiazem could have caused the unresponsive episode and could cause an irregular heartbeat and potentially some dizziness and would certainly have cause the spike in his blood pressure.</p> <p>Facility policy Medication Error Procedure dated 1/2020, indicated when a medication error occurs, the person responsible for the error or the person finding the error will complete the Medication Error Reconciliation Report and contact the medical provider to inform them of the error.</p> <p>SUGGESTED METHOD OF CORRECTION: The facility could review policies and procedures and train staff related to notifications to the provider. The Director of Nursing (or designee) could conduct measurable audits on residents health records and bring to the Quality Assurance Performance Improvement (QAPI) committee to determine compliance or the need for further monitoring.</p> <p>TIME PERIOD FOR CORRECTION: twenty-one (21) days.</p>	2 265		
21545	<p>MN Rule 4658.1320 A.B.C Medication Errors</p> <p>A nursing home must ensure that: A. Its medication error rate is less than five percent as described in the Interpretive Guidelines for Code of Federal Regulations, title</p>	21545		2/7/25

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21545	<p>Continued From page 6</p> <p>42, section 483.25 (m), found in Appendix P of the State Operations Manual, Guidance to Surveyors for Long-Term Care Facilities, which is incorporated by reference in part 4658.1315. For purposes of this part, a medication error means:</p> <p>(1) a discrepancy between what was prescribed and what medications are actually administered to residents in the nursing home; or</p> <p>(2) the administration of expired medications.</p> <p>B. It is free of any significant medication error. A significant medication error is:</p> <p>(1) an error which causes the resident discomfort or jeopardizes the resident's health or safety; or</p> <p>(2) medication from a category that usually requires the medication in the resident's blood to be titrated to a specific blood level and a single medication error could alter that level and precipitate a reoccurrence of symptoms or toxicity. All medications are administered as prescribed. An incident report or medication error report must be filed for any medication error that occurs. Any significant medication errors or resident reactions must be reported to the physician or the physician's designee and the resident or the resident's legal guardian or designated representative and an explanation must be made in the resident's clinical record.</p> <p>C. All medications are administered as prescribed. An incident report or medication error report must be filed for any medication error that occurs. Any significant medication errors or resident reactions must be reported to the physician or the physician's designee and the resident or the resident's legal guardian or designated representative and an explanation must be made in the resident's clinical record.</p>	21545		

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21545	<p>Continued From page 7</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review the facility failed to ensure prescribed blood pressure medication and oxygen was administered for 2 of 3 residents (R3 and R1) reviewed. R3 had an increase in blood pressure and R1 had an empty oxygen tank and was sent to the emergency room.</p> <p>Findings include:</p> <p>R3's Admission Record indicated he admitted to the facility 12/3/24. R3's diagnosis included chronic atrial fibrillation (A-fib), pain, chronic kidney disease and weakness.</p> <p>R3's Order Summary Report dated 12/1/24 through 12/31/24, identified the following order: diltiazem hydrochloride (HCl) extended release (ER) 24 Hour, 120 milligrams (mg). Give 120 mg by mouth in the morning for A-Fib.</p> <p>R3's Medication Administration Record dated December 2024, displayed the following for R1's diltiazem order: 12/4/24, 9- other/ see nurses notes. 12/5/24, 9- other/ see nurses notes. 12/6/24, 9- other/ see nurses notes. 12/7/24, indicated medication was administered. 12/8/24, 5- Hold/ see nurses notes.</p> <p>R3's Progress Notes identified the following:  12/4/24, Diltiazem HCl ER Coated Beads Oral Capsule Extended Release 24 Hour, 120 mg. Give 120 mg by mouth in the morning for A-Fib. Medication not available.</p>	21545	Corrected	

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21545	<p>Continued From page 8</p> <p>12/5/24, Copy of signed encounter note documented by nurse practitioner (NP). I certify that the following medications have been reviewed and reconciled. Diltiazem HCl ER Coated Beads Oral Capsule Extended Release 24 Hour 120 MG, Give 120 mg by mouth in the morning for A-Fib, 120 mg, active. 12/4/2024.</p> <p>12/5/24, Diltiazem HCl ER Coated Beads Oral Capsule Extended Release 24 Hour, 120 mg. Give 120 mg by mouth in the morning for A-Fib.</p> <p>12/6/24, Diltiazem HCl ER Coated Beads Oral Capsule Extended Release 24 Hour, 120 mg. Give 120 mg by mouth in the morning for A-Fib.</p> <p>12/8/24, Diltiazem HCl ER Coated Beads Oral Capsule Extended Release 24 Hour, 120 mg. Give 120 mg by mouth in the morning for A-Fib. Resident not on medication. Pharmacy discontinued orders upon admission.</p> <p>12/9/24, Resident was sent to hospital due to being unresponsive for couple of minutes while doing physical therapy.</p> <p>12/9/24, Chief concern/reason for transfer: Unresponsive. Vital signs; blood pressure 153/35.</p> <p>During interview on 1/17/25 at 9:07 a.m., licensed practical nurse (LPN)-B stated she administered R3's medication on 12/8/24 and said she noticed the other nurses had noted the medication was not available. LPN-A stated she was worried because it was an important medication, so she called the pharmacy to find out why it had not been delivered. LPN-B stated the pharmacy told her R1 was not supposed to be taking the diltiazem. LPN-B stated she had reported the</p>	21545		

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21545	<p>Continued From page 9</p> <p>medication error to the nurse manager, LPN-A.</p> <p>During interview on 1/17/25 at 9:11 a.m., LPN-A stated she was not aware R3 had not been receiving the diltiazem. LPN-A stated normally staff would let her know and she would call the pharmacy or ask the nurse to call.</p> <p>During interview on 1/17/25 at 9:17 a.m., the director of nursing (DON) stated she was not sure why the pharmacy would say the medication was not supposed to be ordered. The DON stated not receiving the diltiazem could lead to increased blood pressure. The DON stated if a medication was not available, staff should have let her know. RN-B was present and said staff should also have updated the physician. At 9:45 a.m., RN-B stated she had called the pharmacy, and they said they had no record of the order. RN-B said it looked like when the orders were sent to the pharmacy a page must have been missing.</p> <p>During interview on 1/17/25 at 11:24 a.m. nurse practitioner (NP)-A stated she had not been made aware R3 had not been receiving his diltiazem. NP-A stated she was present at the facility the day R3 had the unresponsive episode and said R3 had "nodded off but then was able to wake up a little bit." NP-A stated not receiving the diltiazem could have caused the unresponsive episode and could cause an irregular heartbeat and potentially some dizziness and would certainly have cause the spike in his blood pressure.</p> <p>R1's Admission Record indicated he admitted to the facility 6/29/22 and identified diagnosis that included Chronic Obstructive Pulmonary Disease (COPD), tobacco use, hypokalemia, depressive disorder, insomnia, and cognitive communication deficit.</p>	21545		

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21545	<p>Continued From page 10</p> <p>R1's quarterly Minimum Data Set dated 12/17/24, identified intact cognition and indicated he received Oxygen therapy at the facility.</p> <p>R1's care plan dated 7/19/24, identified and alteration of oxygen/gas exchange and respiratory status related to respiratory failure and COPD. The care plan directed staff to remind R1 not to turn up oxygen (O2) without nurse consent, monitor saturation levels as ordered, administer O2 as ordered and monitor and document on respiratory status.</p> <p>R1's Order Summary Report dated 1/1/25, identified an order dated 8/1/24; O2 per nasal annular 2-5 liters to keep saturation level greater than or equal to 88%, to prevent hypoxia every shift.</p> <p>R1's Progress Notes identified the following:</p> <p>1/10/25, R1's blood pressure obtained with result of 94/57 millimeters of mercury (mmHg), heart rate high at 120 beats per minute (bpm) and O2 sat low at 74%. R1's oxygen was empty after assessments O2 tank was refilled and turned back to 3 liters. Vitals were reassessed and were blood pressure 104/56 mmHg, heart rate 119 (bpm), O2 89%.</p> <p>1/11/25 at 1:17 a.m., R1 complained of not feeling well. Had generalized weakness, slight congestion, nausea. Medicated with Zofran 4 mg for nausea. R1 told nursing assistant (NA) he wanted to be sent out. When this writer asked resident about being sent out, he refused.</p> <p>1/11/25 at 5:10 a.m., R1 was diaphoretic, lethargic, and continued to be nauseated. R1 had</p>	21545		

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21545	<p>Continued From page 11</p> <p>a large loose diarrhea. Expiratory crackles audible in right lower lobe. B/P 98/58, T 98.4, P 63, O2 saturation of 92% on 3L. Pt stated, "I feel like I'm going to die." Order received to send R1 to emergency department (ED) for evaluation. Emergency services present to transport to hospital.</p> <p>An Emergency Medical Services (EMS) report dated 1/11/25, indicated on 1/11/25 at 4:56 a.m. EMS was dispatched to facility and arrived onsite at 4:55 a.m. R1 was assessed by EMS. Pulse, 114, respirations 34. R1 was confused, skin was pale, diaphoretic, and making incomprehensible sounds. O2, 4 liters per nasal cannula was given at 5:19 a.m. and R1's response improved. O2 10 liters was initiated at 5:32 a.m. with improved response. Additional information indicated upon EMS arrival R1 was lying on his right side, breathing was shallow and when EMS stimulated R1 he only groaned. EMS noted R1's nasal cannula was attached to a portable O2 tank that was on his wheelchair and the tank was empty. EMS changed his nasal cannula to the large O2 tank. By the time the reader picked up a reading R1's saturation level was at 75%. EMS noticed R1 was diaphoretic and soaked through his gown and sheets. R1 was moved to the ambulance and placed on a re-breather mask and his saturation level moved to 96%.</p> <p>During interview on 1/16/25 at 3:00 p.m., registered nurse (RN)-A stated the night R1 went to the hospital he had not been feeling well and said the NA told her he wanted to see the nurse and wanted to go to the hospital. RN-A stated when she saw R1 he told her he wanted to stay at the facility. RN-A stated R1 had been having diarrhea and felt nauseated and said the NA's cleaned him up. RN-A said when she went back</p>	21545		

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21545	<p>Continued From page 12</p> <p>to check on R1 she assessed him and said his blood pressure was low, he was not running a fever and his O2 levels were okay. RN-A stated she called and got an order to send R1 to the ED. RN-A said when she went back to tell him, he was sweating and in the fetal position and said by the time the paramedics arrived R1 was sweating to the point his sheets were wet.</p> <p>During interview on 1/17/25 at 9:56 a.m. The director of nursing (DON) stated R1 had gone into the hospital due to a change of condition. The DON stated the hospital had notified the facility that R1's O2 tank had been empty when EMS arrived at the facility.</p> <p>During interview on 1/17/25 at 10:21 a.m., the administrator stated the hospital had reported concerns about R1's O2 tank being empty. The administrator then clarified and said the facility had access to the hospital documentation and the concern was identified when the notes were read. The DON who was present during the interview stated the facility was conducting audits of all residents who had orders for O2 but stated they had not completed any yet. The administrator stated staff had received education related to how to fill an O2 tank but stated no education had been completed related to the facility's process for ensuring tanks were filled.</p> <p>Facility policy Medication Error Procedure dated 1/2020, indicated when a medication error occurs, the person responsible for the error or the person finding the error will complete the Medication Error Reconciliation Report and contact the medical provider to inform them of the error. The policy further indicated the relative significance of medication errors is a matter of professional judgment. Follow three general</p>	21545		

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21545	<p>Continued From page 13</p> <p>guidelines in determining whether a medication error is significant or not:</p> <ul style="list-style-type: none"> <li>- Resident Condition - The resident's condition is an important factor to take into consideration. If the resident's condition requires rigid control, a single missed or wrong dose can be highly significant.</li> <li>- Drug Category - If the medication is from a category that usually requires the resident to be triturated to a specific blood level, a single medication error could alter that level and precipitate a reoccurrence of symptoms or toxicity. This is especially important with a medication that has a Narrow Therapeutic Index.</li> <li>- Frequency of Error - If an error is occurring repeatedly, there may be more reason to classify the error as significant. For example, if a resident's medication was omitted several times, it may be appropriate, depending on consideration of resident condition and medication category, to classify that error as significant.</li> </ul> <p>SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee could review and revise policies and procedures for medication errors. The director of nursing or designee could develop a system to educate staff and develop a monitoring system to ensure medications were correctly administered. The quality assurance committee could monitor these measures to ensure compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty One (21) days</p>	21545		