DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
December 3, 2024

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

RE: CCN: 245298
Cycle Start Date: October 17, 2024

Dear Administrator:

On November 27, 2024, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245298	A. BUILDING _____ B. WING _____	C 10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ESTATES AT TWIN RIVERS LLC	305 FREMONT STREET ANOKA, MN 55303

(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 10/16/24 and 10/17/24, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaint was reviewed: H52989283C (MN00107169) with deficiencies cited at F550, F656, and F694. 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 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's	F 550		11/22/24

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

Electronically Signed | 11/15/2024

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

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F 550	Continued From page 1 individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and record review the facility failed to ensure staff implemented the care plan for 1 of 3 residents (R3) when staff failed to reposition and check and change incontinent brief for R3 who required assistance with activities of daily living (ADLs). Findings include: R3's quarterly Minimum Data Set (MDS) dated	F 550	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 Administrator 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	

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F 550	Continued From page 2 9/10/24, identified moderately impaired cognition with no behaviors identified. R3 required substantial to maximal assistance with personal hygiene, dressing, roll left and right, and dependent on staff for toileting hygiene, shower/bath, all transfers, and mobility in a manual wheelchair. R3 was always incontinent of bowel and bladder. R3's active diagnoses included: CVA (cerebrovascular accident) (stroke), hemiplegia (one sided paralysis/weakness), diabetes mellitus (DM), and at risk for pressure ulcers. R3's care plan dated 10/16/24, identified self-care deficit and decreased mobility, instructed staff to check and change and reposition every two to three hours and as needed (PRN) every shift. Nursing assistant care sheet last updated 10/16/24, identified R3 required turn, reposition, check, and change every two to three hours and PRN. R3 was identified as incontinent of bowel and bladder. Observation on 10/16/24 at 9:30 a.m. and 10:00 a.m. R3 laid on left side in bed awake covered with blankets. R3's room had a smell of urine. Observation on 10/16/24 at 10:30 a.m. and 11:12 a.m. R3 laid on left side in bed eyes closed covered with blankets. R3's room had a smell of urine. Observation/interview on 10/16/24 at 11:58 p.m. R3 laid in bed on left side, television on, and door open. R3 had a night gown on, pillow was placed behind her back, and smelled of urine. R3 stated she was unable to reposition herself, had laid in same position since before 6:30 a.m. and	F 550	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 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. F550 s/s D: -The process for satisfying this requirement has been reviewed and revised as needed to ensure residents who require assistance with activities of daily living (ADL) for incontinence care and repositioning are care planned and followed appropriately. -All residents in the facility who require care for incontinence and repositioning have the potential to be affected if this requirement is not met. - R3's plan of care was immediately reviewed and revised as needed to ensure incontinence care and repositioning are appropriately documented and followed. -The plan of care for all residents who require ADL care for incontinence and repositioning was reviewed and revised as needed to ensure compliance and are	

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F 550	Continued From page 3 became uncomfortable. During an observation/interview on 10/16/24 at 1:04 p.m. nursing assistant (NA)-A entered R3's room and removed a lunch tray and exited the room. R3 laid in bed on left side, pillow behind her back, covered with blankets and television on. R3's room had a smell of urine. NA-A immediately returned to R3's room and R3 stated she really would have liked to have been dressed by now. NA-A stated, today we are running behind schedule. NA-A stated R3 had been in bed longer than she should have, got left behind, so busy, while everyone else was being taken care of. NA-A stated R3 normally was one of the first residents up early in the morning. NA-A exited room and then returned with towels and linens. R3's brief was saturated with urine and NA-A cleaned R3's peri area from front to back. NA-A rolled R3 onto her right side and wiped her buttocks clean. R3's skin was intact without redness. NA-A told R3, sorry you got left in bed way too long today. At 1:34 p.m. NA-B entered R3's room with a total lift machine, hooked up loops to lift sheet located underneath R3. NA-A lifted R3 off the bed with lift machine and lowered her down onto the wheelchair. NA-A removed the lift sheet loops, NA-B tucked them behind R3, combed her hair and NA-A pushed R3 in wheelchair out of the room. NA-B removed the sheets from R3's bed and stated R3's bed had a large yellow urine stain saturated all the way to the mattress in the middle of the bed where R3's bottom was positioned. NA-B stated unsure of when R3 was changed last had not been in her room since she arrived at 6:30 a.m. (8 hours ago). NA-B stated R3 was usually incontinent of bowel and bladder and her incontinent brief should have been checked and changed every	F 550	appropriately followed. -Necessary staff have received education on ADL care utilizing Monarch Healthcare policy and procedure. -Audits will be completed three (3) times per week for two (2) weeks; two (2) times per week for two (2) weeks; weekly for two (2) weeks; and monthly thereafter for one (1) month. Audit results will be reviewed at QAPI, with any deficient practice corrected at the time of occurrence. -Director of Nursing or designee is responsible party. -Corrective action will be completed on or before 11/22/24	

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F 550	Continued From page 4 two to three hours. During an interview on 10/16/24 at 2:32 p.m. NA-A stated arrived at facility at 6:30 a.m. and just after 1:00 p.m. (over 6 ½ hours) was the first time R3 had her incontinent brief checked and changed. NA-A stated breakfast and lunch were brought to her room, R3 could feed herself, liked to stay in bed, but her incontinent brief should have been checked and changed every two to three hours. NA-A stated she understood R3 was a priority, should have been gotten up right after breakfast, and not ok to be left for that many hours without her incontinent brief check and changed. NA-A stated she had stopped in twice, once around 8:40 a.m. and again at 12:00 p.m., checked on R3 and adjusted her top half due to leaning over to one side. NA-A stated she should have offered to change her incontinent brief. NA-A stated she charted when a resident was incontinent but not each time and no documentation as to when she was repositioned. During an interview on 10/17/24 at 2:15 p.m. family member (FM) stated R3 was always a very clean person and as to how she looked. FM stated would have bothered R3 to have laid in bed without assistance and not able to move and/or get herself cleaned up for the day. During an interview on 10/17/24 at 10:42 a.m. administrator stated she was aware of lack of charting consistency and accuracy to show what the NA's have completed regarding toileting/cares. Administrator stated a lot of the residents chose to stay in bed. Administrator stated staff would be expected to follow the resident care plan and when indicated incontinent brief should have been checked and changed	F 550		

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F 550	Continued From page 5 every two to three hours. Administrator indicated she expected staff to have provided personalized cares to each resident which meant they would receive adequate care they need. Administrator was unable to provide a bath aide every day. Administrator stated staff were also expected to toilet and reposition residents according to the care plan. Administrator verified staff were expected to document once a day if the resident was repositioned, toileted, and if they had a bath done, rather than every time it happened, was not possible with their workload. During an interview on 10/17/24 at 12:05 p.m. clinical coordinator/licensed practical nurse (LPN)-A stated staff would be expected to check and change R3's incontinent brief and reposition her every two to three hours to prevent skin breakdown and made sure she was comfortable. LPN-A stated was not acceptable to have left R3 from 6:30 a.m. to after 1:00 p.m. without changing her incontinent brief and being repositioned. Facility policy Activities of Daily Living (ADLs)/Maintain Abilities Policy dated 3/31/23, identified was the facility's responsibility to create and sustain an environment that humanizes and individualizes each resident's quality of life by ensuring all staff understood, honor and support the principles of quality of life and care and services provided are person-centered for each resident. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.	F 550		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3)	F 656		11/22/24

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F 656	Continued From page 6 §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care	F 656		

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F 656	Continued From page 7 plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and record review the facility failed to ensure staff implemented the care plan for 1 of 3 residents (R3) when staff failed to reposition and check and change incontinent brief for R3 who required assistance with activities of daily living (ADLs). Findings include: R3's quarterly Minimum Data Set (MDS) dated 9/10/24, identified moderately impaired cognition with no behaviors identified. R3 required substantial to maximal assistance with personal hygiene, dressing, roll left and right, and dependent on staff for toileting hygiene, shower/bath, all transfers, and mobility in a manual wheelchair. R3 was always incontinent of bowel and bladder. R3's active diagnoses included: CVA (cerebrovascular accident) (stroke), hemiplegia (one sided paralysis/weakness), diabetes mellitus (DM), and at risk for pressure ulcers. R3's care plan dated 10/16/24, identified self-care deficit and decreased mobility and instructed staff to check and change and reposition every two to three hours and as needed (PRN) every shift.	F 656	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 Administrator 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 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. F656 s/s D: -The process for satisfying this	

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F 656	Continued From page 8 Nursing assistant care sheet last updated 10/16/24, identified R3 required turn, reposition, check and change every two to three hours and PRN. R3 was identified as incontinent of bowel and bladder. Observation on 10/16/24 at 9:30 a.m. and 10:00 a.m. R3 laid on left side in bed awake covered with blankets. R3's room had a smell of urine. Observation on 10/16/24 at 10:30 a.m. and 11:12 a.m. R3 laid on left side in bed eyes closed covered with blankets. R3's room had a smell of urine. Observation/interview on 10/16/24 at 11:58 p.m. R3 laid in bed on left side, television on, and door open. R2 had a night gown on, pillow was placed behind her back, and smelled of urine. R3 stated she was unable to reposition herself, had laid in same position since before 6:30 a.m. and, became uncomfortable. During an observation/interview on 10/16/24 at 1:04 p.m. nursing assistant (NA)-A entered R3's room and removed a lunch tray and exited the room. R3 laid in bed on left side, pillow behind her back, covered with blankets and television on. R3's room had a smell of urine. NA-A immediately returned to R3's room and R3 stated she really would have liked to have been dressed by now. NA-A stated, today we are running behind schedule. NA-A stated R3 had been in bed longer than she should have, sort of got left behind, so busy, while everyone else was being taken care of. NA-A stated R3 normally was one of the first residents up early in the morning. NA-A exited room and then returned with towels and linens.	F 656	requirement has been reviewed and revised as needed to ensure residents who require assistance with activities of daily living (ADL) for incontinence care and repositioning are care planned and followed appropriately. -All residents in the facility who require care for incontinence and repositioning have the potential to be affected if this requirement is not met. - R3's plan of care was immediately reviewed and revised as needed to ensure incontinence care and repositioning are appropriately documented and followed. -The plan of care for all residents who require ADL care for incontinence and repositioning was reviewed and revised as needed to ensure compliance and are appropriately followed. -Necessary staff have received education on ADL care utilizing Monarch Healthcare policy and procedure. -Audits will be completed three (3) times per week for two (2) weeks; two (2) times per week for two (2) weeks; weekly for two (2) weeks; and monthly thereafter for one (1) month. Audit results will be reviewed at QAPI, with any deficient practice corrected at the time of occurrence. -Director of Nursing or designee is responsible party. -Corrective action will be completed on or before 11/22/24	

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F 656	Continued From page 9	F 656		

R3's brief was saturated with urine and NA-A cleaned R3's peri area from front to back. NA-A rolled R3 onto her right side and wiped her buttocks clean. R3's skin was intact without redness. NA-A told R3, sorry you got left in bed way too long today. At 1:34 p.m. NA-B entered R3's room with a total lift machine, hooked up loops to lift sheet located underneath R3. NA-A lifted R3 off of the bed with lift machine and lowered her down onto the wheelchair. NA-A removed the lift sheet loops, NA-B tucked them behind R3, combed her hair and NA-A pushed R3 in wheelchair out of the room. NA-B removed the sheets from R3's bed and stated R3's bed had a large yellow urine stain saturated all the way to the mattress in the middle of the bed where R3's bottom was positioned. NA-B stated unsure of when R3 was changed last had not been in her room since she arrived at 6:30 a.m. (8 hours ago). NA-B stated R3 was usually incontinent of bowel and bladder and her incontinent brief should have been checked and changed every two to three hours.

During an interview on 10/16/24 at 2:32 p.m. NA-A stated arrived at facility at 6:30 a.m. and just after 1:00 p.m. (over 6 ½ hours) was the first time R3 had her incontinent brief checked and changed. NA-A stated breakfast and lunch were brought to her room, R3 could feed herself, liked to stay in bed, but her incontinent brief should have been checked and changed every two to three hours. NA-A stated she understood R3 was a priority, should have been gotten up right after breakfast, and not ok to be left for that many hours without her incontinent brief check and changed. NA-A stated she had stopped in twice, once around 8:40 a.m. and again at 12:00 p.m., checked on R3 and adjusted her top half due to

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F 656	Continued From page 10 leaning over to one side. NA-A stated she should have offered to change her incontinent brief. NA-A stated she charted when a resident was incontinent but not each time and no documentation as to when she was repositioned. During an interview on 10/17/24 at 2:15 p.m. family member (FM) stated R3 was always a very clean person and as to how she looked. FM stated would have bothered R3 to have laid in bed without assistance and not able to move and/or get herself cleaned up for the day. During an interview on 10/17/24 at 10:42 a.m. administrator stated she was aware of lack of charting consistency and accuracy to show what the NA's have completed regarding toileting/cares. Administrator stated a lot of the residents chose to stay in bed. Administrator stated staff would be expected to follow the resident care plan and when indicated incontinent brief should have been checked and changed every two to three hours. Administrator indicated she expected staff to have provided personalized cares to each resident which meant they would receive adequate care they need. Administrator was unable to provide a bath aide every day. Administrator stated staff were also expected to toilet and reposition residents according to the care plan. Administrator verified staff were expected to document once a day if the resident was repositioned, toileted, and if they had a bath done, rather than every time it happened, was not possible with their workload. During an interview on 10/17/24 at 12:05 p.m. clinical coordinator/licensed practical nurse (LPN)-A stated staff would be expected to check and change R3's incontinent brief and reposition	F 656		

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	245298	A. BUILDING _____ B. WING _____	C 10/17/2024

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F 656	Continued From page 11 her every two to three hours to prevent skin breakdown and made sure she was comfortable. LPN-A stated was not acceptable to have left R3 from 6:30 a.m. to after 1:00 p.m. without changing her incontinent brief and being repositioned. Facility policy Activities of Daily Living (ADLs)/Maintain Abilities Policy dated 3/31/23, identified was the facility's responsibility to create and sustain an environment that humanizes and individualizes each resident's quality of life by ensuring all staff understood, honor and support the principles of quality of life and care and services provided are person-centered for each resident. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.	F 656		
F 694 SS=D	Parenteral/IV Fluids CFR(s): 483.25(h) § 483.25(h) Parenteral Fluids. Parenteral fluids must be administered consistent with professional standards of practice and in accordance with physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences. This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review, facility failed to practice competent, safe, and sterile technique when administering intravenous (IV) medication via peripherally inserted central catheter (PICC) (enters a peripheral vein and extends to the supervisor vena cava of the heart) 1 of 1 resident (R6) reviewed for medication administration.	F 694	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 Administrator or any employees, agents or other individuals who draft or may be discussed	11/22/24

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F 694	Continued From page 12 Findings include: R6's admission Minimum Data Set (MDS) dated 9/28/24, identified R6 was admitted to facility from hospital. R6 was admitted with an IV access and had diagnoses of a multidrug resistant organism (microorganisms, mainly bacteria, that are resistant to one or more classes of antimicrobial agents), and paraplegia (paralysis that affected the lower half of the body and ability to walk). R6's orders included: Flush pulsating before medications with 10 cubic centimeters (cc) saline, PICC line per nurse. Start date 10/2/24. Meropenem 1 gram (gm) /100 milligram (mg) normal saline (NS) 100 milliliters (ml) infuse over 30 minutes at 200 ml /per hour. PICC line per nurse. Start date 10/15/24 discontinue 10/22/24. During medication administration observation on 10/16/24 at 4:30 p.m. licensed practical nurse (LPN)-A sanitized hands, completed verification of the medication Meropenem IV and NS flush with the order and electronic medication administration record (EMAR). LPN-A entered R6's room, applied gloves, open prepackaged NS syringe that contained 10 ml of solution, and expelled a small amount of fluid out of the syringe. LPN-A wiped off the end of R6's PICC with an alcohol swab then connected the NS syringe. LPN-A pushed the fluid into R6's PICC line without pulling back to check placement. LPN-A removed NS syringe and end cap from antibiotic IV tubing and attached it to the end of R6's PICC without cleansing the end of it off first,	F 694	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 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. F694 s/s D -The process for satisfying this requirement has been reviewed and revised as needed to ensure appropriate staff practice competent, safe, and sterile technique when administering intravenous (IV) medication via peripherally inserted central catheter (PICC). -Residents residing in the facility who receive IV medication via a PICC could potentially be affected if this requirement is not met. -R6 was immediately reviewed and assessed to ensure there were no adverse effects by failing to meet this requirement. -Necessary staff have received education on IV medication administration using Polaris Pharmacy supplied education.	

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F 694	Continued From page 13 then opened the clamp to the antibiotic tubing. LPN-A removed gloves, gown, and sanitized hands, and exited the room. LPN-A approached medication cart and documented in EMAR. During an interview on 10/16/24 at 4:45 p.m. LPN-A stated in about 30 minutes planned on returning to R6's room, antibiotic tubing would be disconnected, and PICC flushed with another 10 ml of NS. LPN-A verified he did not pull back to see if blood return to verify placement, that was not the standard of practice anymore. LPN-A stated he did not wipe of the end of the PICC line prior to attaching the antibiotic tubing, was not necessary because it had been hooked up right away directly straight to the antibiotic and there was no need to. LPN-A stated he had received some facility orientation such as a tour and showed around when he first started at facility. LPN-A stated IV education was not provided and he had gone by what he had learned in nursing school. During an interview on 10/17/24 at 2:06 p.m. floor manager/registered nurse (RN)-A stated the nursing staff were expected to cleanse of end of IV PICC line prior to each time it was accessed to help prevent bacteria from getting into the line and cause infection. RN-A stated nursing staff were expected to attach the NS syringe and drawback to get blood return to assure it was positioned in the correct spot where it needed to be administered. RN-A stated she was unsure if agency staff were required to have completed the same skills education for a PICC line, would check on this. No further response was received. On 10/17/24 at approximately 2:30 p.m. surveyor requested LPN-A's orientation/skills	F 694	-Audits will be completed three (3) times per week for two (2) weeks; two (2) times per week for two (2) weeks; weekly for two (2) weeks; and monthly thereafter for one (1) month. Audit results will be reviewed at QAPI, with any deficient practice corrected at the time of occurrence. -Director of Nursing or designee is responsible party. -Corrective action will be completed on or before 11/22/24	

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F 694	Continued From page 14 documentation. Facility was unable to provide the documents. On 10/23/24 at 12:16 p.m. director of nursing (DON) emailed surveyor and indicating LPN-A was agency staff, the facility did not provide education on IV administration skills for agency staff. DON stated the agency staff were oriented to the building such as location of supplies and linens, location of bathroom and dining room. DON stated the current administration was unable to find orientation documentation for LPN-A. DON stated the facility has had many new management members, processes were being changed to ensure adequate record keeping was being completed. DON stated agency staff were expected to have followed the standards of nursing practice and what was learned in college. DON stated going forward the orientation process for agency staff would include education on policies and procedures for PICC line flushing and medication administration. An Attempt to contact the facility pharmacist was unsuccessful. Facility PICC flushing skills check off list undated, identified perform hand hygiene, put on gloves to comply with standard precautions. Perform vigorous mechanical scrub of the needless connector for at least five seconds using an antiseptic pad; allow it to dry completely. Trace the tubing from the patient to its point of origin to make that you are accessing the correct port. While the sterility of the syringe tip is maintained, attach a prefilled 10 ml syringe containing preservative-free normal saline solution to the needless connector. Unclamp the catheter and slower aspirate for blood return, that is the color	F 694		

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F 694	Continued From page 15 and consistency of whole blood. If blood return is not obtained, take steps to locate and external cause of obstruction. Remove and discard the syringe. Perform a vigorous mechanical scrub of the needless connector for at least five seconds using an antiseptic pad; allow it to dry completely. Administer IV fluid through the catheter, as prescribed, or proceed with locking the device if indicated. Facility orientation check list undated, identified New Employee: complete and return to the DON within 30 days of first day of orientation. Skills: basic resident cares, body mechanics and resident safety, documentation and communication, technical skills and vital signs, urine collection, oxygen use, accurately record, reports, and documents, housekeeping, and maintenance indicated for NA's. Facility policy Flushing midline and central line IV catheters dated April 2017, identified flushing when giving medication. Disinfect needless connection device with alcohol wipe. Remove air bubbles from syringe. Connect 10 ml syringe containing preservative-free 9 % normal saline to catheter via needless connection device. Aspirate slowly for blood return to ensure patency of catheter. Flush with preservative-free 9 % normal saline using push-pause method. Disinfect needleless connection device with alcohol wipe. Connect primed medication tubing to needleless connection device. Administer medication.	F 694		

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

December 3, 2024

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

Re: Reinspection Results
Event ID: 9FRE12

Dear Administrator:

On November 27, 2024 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 October 17, 2024. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us

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2 000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 10/16/24 and 10/17/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was not in compliance with the MN State Licensure, and the following licensing orders were issued. Please indicate in your electronic plan of correction you have reviewed these orders	2 000		

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2 000	Continued From page 1 and identify the date when they will be completed. The following complaint was reviewed: H5289283C (MN00107169) Licensing orders were issued at 0565 and 1805. Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction. You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at <https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html> The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of	2 000		

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2 000	Continued From page 2 state form. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.	2 000		
2 565	MN Rule 4658.0405 Subp. 3 Comprehensive Plan of Care; Use Subp. 3. Use. A comprehensive plan of care must be used by all personnel involved in the care of the resident. This MN Requirement is not met as evidenced by: Based on observations, interviews, and record review the facility failed to ensure staff implemented the care plan for 1 of 3 residents (R3) when staff failed to reposition and check and change incontinent brief for R3 who required assistance with activities of daily living (ADLs). Findings include: R3's quarterly Minimum Data Set (MDS) dated 9/10/24, identified moderately impaired cognition with no behaviors identified. R3 required substantial to maximal assistance with personal hygiene, dressing, roll left and right, and dependent on staff for toileting hygiene, shower/bath, all transfers, and mobility in a manual wheelchair. R3 was always incontinent of bowel and bladder. R3's active diagnoses included: CVA (cerebrovascular accident)	2 565	corrected	11/22/24

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2 565	Continued From page 3 (stroke), hemiplegia (one sided paralysis/weakness), diabetes mellitus (DM), and at risk for pressure ulcers. R3's care plan dated 10/16/24, identified self-care deficit and decreased mobility, instructed staff to check and change and reposition every two to three hours and as needed (PRN) every shift. Nursing assistant care sheet last updated 10/16/24, identified R3 required turn, reposition, check, and change every two to three hours and PRN. R3 was identified as incontinent of bowel and bladder. Observation on 10/16/24 at 9:30 a.m. and 10:00 a.m. R3 laid on left side in bed awake covered with blankets. R3's room had a smell of urine. Observation on 10/16/24 at 10:30 a.m. and 11:12 a.m. R3 laid on left side in bed eyes closed covered with blankets. R3's room had a smell of urine. Observation/interview on 10/16/24 at 11:58 p.m. R3 laid in bed on left side, television on, and door open. R3 had a night gown on, pillow was placed behind her back, and smelled of urine. R3 stated she was unable to reposition herself, had laid in same position since before 6:30 a.m. and became uncomfortable. During an observation/interview on 10/16/24 at 1:04 p.m. nursing assistant (NA)-A entered R3's room and removed a lunch tray and exited the room. R3 laid in bed on left side, pillow behind her back, covered with blankets and television on. R3's room had a smell of urine. NA-A immediately returned to R3's room and R3 stated she really would have liked to have been dressed by now.	2 565		

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2 565	Continued From page 4 NA-A stated, today we are running behind schedule. NA-A stated R3 had been in bed longer than she should have, got left behind, so busy, while everyone else was being taken care of. NA-A stated R3 normally was one of the first residents up early in the morning. NA-A exited room and then returned with towels and linens. R3's brief was saturated with urine and NA-A cleaned R3's peri area from front to back. NA-A rolled R3 onto her right side and wiped her buttocks clean. R3's skin was intact without redness. NA-A told R3, sorry you got left in bed way too long today. At 1:34 p.m. NA-B entered R3's room with a total lift machine, hooked up loops to lift sheet located underneath R3. NA-A lifted R3 off the bed with lift machine and lowered her down onto the wheelchair. NA-A removed the lift sheet loops, NA-B tucked them behind R3, combed her hair and NA-A pushed R3 in wheelchair out of the room. NA-B removed the sheets from R3's bed and stated R3's bed had a large yellow urine stain saturated all the way to the mattress in the middle of the bed where R3's bottom was positioned. NA-B stated unsure of when R3 was changed last had not been in her room since she arrived at 6:30 a.m. (8 hours ago). NA-B stated R3 was usually incontinent of bowel and bladder and her incontinent brief should have been checked and changed every two to three hours. During an interview on 10/16/24 at 2:32 p.m. NA-A stated arrived at facility at 6:30 a.m. and just after 1:00 p.m. (over 6 ½ hours) was the first time R3 had her incontinent brief checked and changed. NA-A stated breakfast and lunch were brought to her room, R3 could feed herself, liked to stay in bed, but her incontinent brief should have been checked and changed every two to three hours. NA-A stated she understood R3 was	2 565		

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2 565	Continued From page 5 a priority, should have been gotten up right after breakfast, and not ok to be left for that many hours without her incontinent brief check and changed. NA-A stated she had stopped in twice, once around 8:40 a.m. and again at 12:00 p.m., checked on R3 and adjusted her top half due to leaning over to one side. NA-A stated she should have offered to change her incontinent brief. NA-A stated she charted when a resident was incontinent but not each time and no documentation as to when she was repositioned. During an interview on 10/17/24 at 2:15 p.m. family member (FM) stated R3 was always a very clean person and as to how she looked. FM stated would have bothered R3 to have laid in bed without assistance and not able to move and/or get herself cleaned up for the day. During an interview on 10/17/24 at 10:42 a.m. administrator stated she was aware of lack of charting consistency and accuracy to show what the NA's have completed regarding toileting/cares. Administrator stated a lot of the residents chose to stay in bed. Administrator stated staff would be expected to follow the resident care plan and when indicated incontinent brief should have been checked and changed every two to three hours. Administrator indicated she expected staff to have provided personalized cares to each resident which meant they would receive adequate care they need. Administrator was unable to provide a bath aide every day. Administrator stated staff were also expected to toilet and reposition residents according to the care plan. Administrator verified staff were expected to document once a day if the resident was repositioned, toileted, and if they had a bath done, rather than every time it happened, was not possible with their workload.	2 565		

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2 565	Continued From page 6 During an interview on 10/17/24 at 12:05 p.m. clinical coordinator/licensed practical nurse (LPN)-A stated staff would be expected to check and change R3's incontinent brief and reposition her every two to three hours to prevent skin breakdown and made sure she was comfortable. LPN-A stated was not acceptable to have left R3 from 6:30 a.m. to after 1:00 p.m. without changing her incontinent brief and being repositioned. Facility policy Activities of Daily Living (ADLs)/Maintain Abilities Policy dated 3/31/23, identified was the facility's responsibility to create and sustain an environment that humanizes and individualizes each resident's quality of life by ensuring all staff understood, honor and support the principles of quality of life and care and services provided are person-centered for each resident. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. SUGGESTED METHOD OF CORRECTION: (1) Develop a system which ensures that resident care plans are current and that all staff are delivering care according to the care plan; educate all care givers.(2) Ensure all Nurse Managers are observing/monitoring resident care for accurate delivery of interventions to monitor for compliance.(3) Document all corrective action taken. TIME PERIOD FOR CORRECTION: Twenty One (21) days.	2 565		

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	00866	A. BUILDING: _____ B. WING _____	C 10/17/2024

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21805	Continued From page 7	21805		
21805	MN St. Statute 144.651 Subd. 5 Patients & Residents of HC Fac.Bill of Rights Subd. 5. Courteous treatment. Patients and residents have the right to be treated with courtesy and respect for their individuality by employees of or persons providing service in a health care facility. This MN Requirement is not met as evidenced by: Based on observations, interviews, and record review the facility failed to provide care and services to promote dignity when activities of daily living (ADLs) were not completed for 2 of 3 residents (R4, R5) who required assistance with ADLs and reported feeling embarrassed by their hygiene appearance. Findings include: R4's admission Minimum Data Set (MDS) dated 10/17/24, identified intact cognition without behaviors. R4's diagnosis included arthritis. R4 was independent with eating and oral hygiene, supervision with personal hygiene, partial to moderate assistance with shower/bath, upper body dressing, roll left and right, sit to lying, lying to sitting, sit to stand, and substantial/maximum assistance with toileting hygiene, lower body dressing, and all transfers. R4 was independent with manual wheelchair mobility. R4's care plan dated 10/17/24, identified she was admitted on 10/11/24, had a self-care deficit and directed staff to have aided with personal hygiene and bathing. R4 also had alteration in psychosocial well-being and staff were directed to monitor and respond to unmet needs.	21805	corrected	11/22/24

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21805	Continued From page 8 R4's nursing assistant bathing documentation identified self-performance - how resident took full body/shower, sponge bath, and transfers in and out of shower (excludes washing of back and hair) dated 10/11/24 through 11/17/24, identified check marks by staff were made at least daily as non-applicable (choices included: independent, supervision, physical help limited to transfer, physical help in part of bathing activity, total dependence, resident not available, resident refused, and not applicable). During an observation on 10/17/24 at 8:41 a.m. R4 pushed herself around in a hallway in a wheelchair. R4's hair appeared oily, unkempt, and dirty. R4 stated "yaaaa, going to get my hair washed today, about time". During an interview on 10/17/24 at 8:44 a.m. R4 stated she moved into facility 10/11/24, (six days ago) from the hospital, where she had surgery on her knee. R4 stated she had a hard time finding a staff last weekend to wash her hair then her friend showed up and washed R4's hair. R4 stated she asked at least four staff last night on the evening shift to wash her hair and they became very quiet, acknowledged my presence but never responded. R4 stated her hair was dirty and really needed to be washed. R4 ran her hands through her hair and stated the roots are really oily and tried to comb it out but there were a bunch of snarls, turned her head to the side and stated "look at this, there are snarls in the back of my head located by my neck and looked pretty snarly". R4 stated did not like how it made her feel to have dirty hair. R4 stated she felt smelly and unkempt, had to hand wash her hair ties so they did not smell from her dirty hair. R4 stated she was unable to wash her own hair and	21805		

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21805	Continued From page 9 required assistance. R5's significant change MDS dated 8/26/24, identified intact cognition and no behaviors. R5 required supervision with sit to stand and all transfers, set up/clean up with personal hygiene, partial/moderate assistance with shower/bath, substantial/maximal assistance with toileting hygiene, lower body dressing, roll left and right, and sit to lying, lying to sitting. Independent with wheeling self around unit in manual wheelchair. R5's care plan dated 9/11/24, identified self-care deficit and instructed staff to have provided assist of one for bathing and grooming. R5 had an alteration in psychosocial wellbeing and instructed staff to monitor for unmet needs. R5's nursing assistant bathing documentation identified bathing: self-performance - How resident took full body/shower, sponge bath, and transfers in and out of shower (excludes washing of back and hair) dated 10/11/24, through 11/17/24, identified check marks by staff were made 10/10/24, through 10/14/24, not applicable, 10/15/24, physical help with bathing activity, and 10/16/24 and 10/17/24, not applicable. During an observation/interview on 10/17/24 at 10:06 am. R5 sat in wheelchair and hair appeared oily and unkempt. R5 stated she had a hard time getting staff to assist her with cares. R5 stated her hair was oily and scalp itched. R5 stated she had received a shower earlier in the week but felt staff NA washed her hair, may have left soap in it, unsure on how to tell staff her hair needed to be washed again and was afraid she would be told no. R5 stated asking for another shower would not do any good, NA's did not have time and she was told only one shower a week.	21805		

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21805	Continued From page 10 R5 preferred to have a shower twice a week but mostly if her hair could be washed even in the sink that would be helpful. R5 stated she was embarrassed to have oily hair. R5 turned around and her hair at the back of her neck appeared uncombed and snarls in it. During an interview on 10/17/24 at 10:29 a.m. trained medication assistant (TMA)-A stated R5's hair appeared uncombed and messy especially the back of her head by her neck. TMA-A stated unsure why R5's hair was not combed; staff were expected to have included that in her cares. During an interview on 10/17/24 at 10:42 a.m. administrator stated she expected staff to have provided personalized cares to each resident which meant they would receive adequate care they need. Administrator stated the facility was unable to provide a bath aide every day. Administrator stated staff were also expected to toilet and reposition residents according to the care plan. Administrator verified staff were expected to document once a day if the resident was repositioned, toileted, and if they had a bath done, rather than every time it happened because it was not possible with their workload. During an interview on 10/17/24 at 12:05 p.m. clinical coordinator/licensed practical nurse (LPN)-A stated residents were expected to have received a shower within 24 hours of admission, R4 was unable to go into a shower. LPN-A stated R3 had a shower on 10/15/24, and her hair was washed. LPN-A stated unkempt hair could cause a dignity issue for a resident that would have made them feel embarrassed by the way they looked. During an interview on 10/17/24 at 12:34 a.m.	21805		

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21805	Continued From page 11 NA-C stated R5's hair looked greasy, unkempt, and was not due for another shower until next Tuesday 10/22/24. NA-C stated the residents were scheduled for one shower a week unless they requested their hair be washed sooner. NA-C stated dirty hair was disgusting and affected how they feel about themselves. Facility policy Activities of Daily Living (ADLs)/Maintain Abilities Policy dated 3/31/23, identified was the facility's responsibility to create and sustain an environment that humanizes and individualizes each resident's quality of life by ensuring all staff understood, honor and support the principles of quality of life and care and services provided are person-centered for each resident. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Facility policy Combined Federal and State Bill of Rights dated 6/18/19, identified the resident has a right to a dignified existence, self-determination, and communication with an access to persons and services inside and outside the facility. A facility must treat each resident with respect and dignity and care for each resident in a manner in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. The resident has the right to receive the services included in the plan of care. SUGGESTED METHOD OF CORRECTION: The Director of Nursing could review and revise the policies for timely assistance with toileting and bathing to promote dignity and provide training to staff to assure residents care needs are being	21805		

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21805	Continued From page 12 met. A designated staff could monitor the system to assure compliance. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	21805		