



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

Electronically Delivered  
April 26, 2022

Administrator  
The Estates At Bloomington LLC  
9200 Nicollet Avenue South  
Bloomington, MN 55420

RE: CCN: 245324  
Cycle Start Date: March 3, 2022

Dear Administrator:

On April 11, 2022, 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,

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

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



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April 26, 2022

Administrator  
The Estates At Bloomington LLC  
9200 Nicollet Avenue South  
Bloomington, MN 55420

Re: Reinspection Results  
Event ID: CKU212

Dear Administrator:

On April 11, 2022 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 March 3, 2022. 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  
Minnesota Department of Health  
Licensing and Certification Program  
Program Assurance Unit  
Health Regulation Division  
Telephone: (651) 201-4112 Fax: (651) 215-9697  
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March 15, 2022

Administrator  
The Estates At Bloomington LLC  
9200 Nicollet Avenue South  
Bloomington, MN 55420

RE: CCN: 245324  
Cycle Start Date: March 3, 2022

Dear Administrator:

On March 3, 2022, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety, to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

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

#### **ELECTRONIC PLAN OF CORRECTION (ePoC)**

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

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

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

The Estates At Bloomington LLC

March 15, 2022

Page 2

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

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

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

## **DEPARTMENT CONTACT**

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

**Annette Winters, Rapid Response Unit Supervisor**

**Metro 1, Golden Rule Office**

**Licensing and Certification Program**

**Health Regulation Division**

**Minnesota Department of Health**

**85 East Seventh Place, Suite 220**

**P.O. Box 64900**

**Saint Paul, Minnesota 55164-0900**

**Email: [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, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the respective deficiencies (if any) is acceptable.

## **VERIFICATION OF SUBSTANTIAL COMPLIANCE**

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

If substantial compliance has been achieved, certification of your facility in the Medicare and/or



Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

#### **FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY**

If substantial compliance with the regulations is not verified by June 3, 2022 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by September 3, 2022 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

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

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

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

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

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: [https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\\_8.html](https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html)

Please note that the failure to complete the informal dispute resolution process will not delay the dates

The Estates At Bloomington LLC

March 15, 2022

Page 4

specified for compliance or the imposition of remedies.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink that reads "Kamala Fiske-Downing". The signature is written in a cursive, flowing style.

Kamala Fiske-Downing

Minnesota Department of Health

Licensing and Certification Program

Program Assurance Unit

Health Regulation Division

Telephone: (651) 201-4112 Fax: (651) 215-9697

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



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Electronically delivered  
March 15, 2022

Administrator  
The Estates At Bloomington LLC  
9200 Nicollet Avenue South  
Bloomington, MN 55420

Re: State Nursing Home Licensing Orders  
Event ID: CKU211

Dear Administrator:

The above facility was surveyed on March 2, 2022 through March 3, 2022 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

The Estates At Bloomington LLC

March 15, 2022

Page 2

order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

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

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

Annette Winters, Rapid Response Unit Supervisor

Metro 1, Golden Rule Office

Licensing and Certification Program

Health Regulation Division

Minnesota Department of Health

85 East Seventh Place, Suite 220

P.O. Box 64900

Saint Paul, Minnesota 55164-0900

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

Please feel free to call me with any questions.

Sincerely,



Kamala Fiske-Downing

Minnesota Department of Health

Licensing and Certification Program

The Estates At Bloomington LLC

March 15, 2022

Page 3

Program Assurance Unit

Health Regulation Division

Telephone: (651) 201-4112 Fax: (651) 215-9697

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

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

PRINTED: 04/11/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245324</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/03/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE ESTATES AT BLOOMINGTON LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9200 NICOLLET AVENUE SOUTH</b> <b>BLOOMINGTON, MN 55420</b>		
(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 3/2/22 to 3/3/22, a standard abbreviated survey was conducted at your facility. Your facility was found to be NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.  The following complaint were found to be SUBSTANTIATED: H5324147C (MN80996), with a deficiency cited at F725, F609 and F585.  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 585 SS=D	Grievances CFR(s): 483.10(j)(1)-(4)  §483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay.	F 585			4/8/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

03/25/2022

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 585	Continued From page 1  §483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph.  §483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident.  §483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include: (i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system; (ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations	F 585			

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F 585	Continued From page 2 by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations; (iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated; (iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law; (v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued; (vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and (vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than	F 585			

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F 585	<p>Continued From page 3</p> <p>3 years from the issuance of the grievance decision.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review, the facility failed to ensure grievances and concerns brought up at resident council related to long call-light wait times were acted upon for timely resolution for 3 of 3 residents (R1, R5, R10) reviewed with ongoing complaints of assistance with care and call light response time.</p> <p>Findings include:</p> <p>R1's Diagnoses dated 2/2/22, indicated fracture left radius, pelvis fracture, chronic pain, anxiety, diabetes (DM) type two, and hypertension (HTN).</p> <p>R1's admission Minimum Data Set dated 2/8/22, indicated intact cognition. R1 required limited assistance with bed mobility, transfers, walking in room/corridor, locomotion on/off unit, dressing, toilet use. R1 had an impairment on one side of upper extremity.</p> <p>R1's Grievance/Concern Form dated 2/17/22, indicated R1 stated nursing staff do not respond easily or quickly to his call light. R1 also stated nursing staff told him to break and put his own cold pack on and "threw it at me, so I threw it out the hallway."</p> <p>The facility Resident Council Minutes dated 2/17/22, indicated it was "very noticeable" after 5:00 p.m. call lights were not answered. This was on all wings of the building. Grievances and resident council minutes were sent to the administrator.</p>	F 585	<p>R1 grievance was reported to MDH and investigation initiated on 3/2/2022. R10 grievance followed up and completed on 3/2/2022. R5 resident council grievance completed.</p> <p>Other facility residents will have grievances/concerns addressed timely to resolve grievances/concerns.</p> <p>IDT meeting conducted and educated on grievance process including new staff members. Education provided to current staff on the facility grievance policy and responding to resident call lights. Ongoing follow-up with staff will be completed on a regular basis about the grievance policy. Staff were educated on the Abuse Prohibition/Vulnerable Adult Plan and Abuse Prevention/VA Definitions specific to definitions of abuse, timely reporting and who to report abuse/neglect/exploitation to especially in the absence of the Administrator. TRD and TR staff were educated to the facilities Resident Council Meeting Minutes and Resident Council Departmental Response Form.</p> <p>Audits will be conducted on 5 resident call light response times related to resident satisfaction, and timely follow-up on resident grievances will be completed. Audits of resident council meeting minutes will be completed to ensure appropriate</p>		

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F 585	<p>Continued From page 4</p> <p>R10's Grievance/Concern Form dated 2/17/22, indicated R10 went to the nursing station after 5:00 p.m. two days ago (2/15/22), because he had been bleeding on his hand. R10 was told to return to his room and "they will be there shortly."</p> <p>R10 quarterly MDS dated 12/17/21, indicated intact cognition. R10 was not steady but able to stabilize without human assistance with balance during transition and walking.</p> <p>R5's quarterly MDS dated 1/6/22, indicated intact cognition. R5 had an impairment on one side of his lower extremity.</p> <p>During an interview on 3/2/22, at 10:00 a.m. R5 stated during resident council on 2/17/22, he brought up the concern that staff do not answer call lights and the issue needed to be addressed. R5 stated there were not enough staff to answer the call lights which affected the residents who had to wait hours for assistance. R5 further stated the issue had become more of a problem.</p> <p>During an interview on 3/2/22, at 12:50 p.m. nursing assistant (NA)-A stated staff were doing the best they could but the residents within the facility were hurting. NA-A stated when there was not enough staff therefore residents were denied care. NA-A further stated when the facility was fully staff there still were not enough staff to appropriately care for the residents. NA-A further stated the ability to care for resident was even worse when scheduled staff did not show up. NA-A stated the virus did not cause the issue it only added to the situation.</p> <p>During an interview on 3/2/22, at 1:23 a.m. the</p>	F 585	<p>follow up on any resident grievances. Audits will be done weekly x4 and monthly x2. Results will be reported to the QAPI committee to determine the need for further monitoring or compliance. Administrator/Designee will be responsible party.</p>		

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F 585	<p>Continued From page 5</p> <p>regional ombudsman (RO) stated she went to the resident council meeting on 2/17/22, and everyone who attended had concerns related to staff not answering their call lights. RO further stated the focus of the meeting was the call light, which was worse after 5:00 p.m.</p> <p>During an interview on 3/2/22, at 2:31 a.m. the administrator stated she was not aware of the call light issues that were brought up at resident council on 2/17/22, until earlier that morning on 3/2/22. The administrator further stated the grievance and resident council concerns were not followed up on as the administrator was on vacation. The administrator further stated Therapeutic recreation (TR) staff put the grievances and council minutes in her mailbox therefore no one followed up. The administrator stated to prevent the issue from happening again, the facility planned to have TR staff provide resident council minutes and grievances to the director of nursing (DON) if the administrator was gone. The administrator further stated this way the grievances brought up would be followed up right away.</p> <p>During an interview on 3/2/22, at 2:52 a.m. activities director (AD) stated complaints and grievances brought up at resident council were taken to the administrator to follow up on and sign. AD stated once a grievance was made it was up to the administration to follow up on. AD-A stated the main concern at resident council were issues with call lights. AD-A further stated residents had complaints that call lights were on a long time and even hours. AD-A stated he was not sure what was put into place after resident council to help the situation.</p>	F 585			

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

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OMB NO. 0938-0391

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F 585	Continued From page 6 During an interview on 3/3/22, at 5:10 a.m. DON stated the facility stopped completing customer service audits since November 2021 as there was a COVID outbreak. DON further stated the customer service audits were helpful to identify issues the residents had like call light, and he planned to implement these audits again. DON stated his expectation would be for staff to check on a resident within 15 minutes if they put on their call light but not turn on until the care was done. DON further stated his expectation would be for staff to assist with a resident's care within 30 minutes.  The facility Grievance policy dated 11/2019, indicated all complaints and grievances should be verbally expressed as follows: First to the Nurse Manager and if unresolved, to the Administrator, and if still unresolved, to the Vice President of Assisted Living. Purpose Any tenant, tenant representative, or applicant for admission who has reason to believe that he/she had been mistreated, denied services, or discriminated against in any aspect may file a complaint or grievance. A grievance form should be completed when the verbal complaint had been voiced and the grievance remains unresolved. The nurse manager or designee shall conduct and investigation of the grievance to determine validity.	F 585			
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4)  §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:  §483.12(c)(1) Ensure that all alleged violations	F 609			4/8/22



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F 609	<p>Continued From page 7</p> <p>involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review the facility failed to immediately, but not later than two hours, report an allegation of abuse to the State Agency for 1 of 3 residents (R1) who were reviewed for abuse.</p> <p>Findings include:</p> <p>R1's Diagnoses dated 2/2/22, indicated fracture left radius, pelvis fracture, chronic pain, anxiety, diabetes (DM) type two, and hypertension (HTN).</p> <p>R1's admission Minimum Data Set dated 2/8/22, indicated intact cognition. R1 required limited</p>	F 609	<p>Incident was reported to the Minnesota Department of Health on 3/3/2022 and investigation initiated regarding R1.</p> <p>Other residents' allegations of abuse, neglect and/or exploitation will be reported immediately, but not later than two hours to the appropriate State Agency.</p> <p>Activities Director and assistant were re-educated on the facility Abuse Prohibition/Vulnerable Adult policy specific to the appropriate reporting timeframes. Current staff were also re-educated on the</p>		

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F 609	<p>Continued From page 8</p> <p>assistance with bed mobility, transfers, walking in room/corridor, locomotion on/off unit, dressing, toilet use. R1 had an impairment on one side of upper extremity.</p> <p>R1's Grievance/Concern Form dated 2/17/22, indicated R1 stated nursing staff were not easily or quickly responding to call light. R1 also stated nursing staff told him to break and put his own cold pack on and "threw it at me, so I threw it out the hallway."</p> <p>During an interview on 3/2/22, at 2:31 a.m. the administrator stated the grievance made from R1 on 2/17/22, should have been reported to the state agency (SA) due to the concern of abuse as the grievance stated staff threw the cold pack at him. The administrator further stated she was not aware of R1's concern until that morning 3/2/22, as the grievance was put into her mailbox while she was on vacation. The administrator stated she planned to file a report of abuse to the SA.</p> <p>During an interview on 3/2/22, at 2:52 a.m. activities director (AD) stated complaints and grievances brought up at resident council were taken to the administrator to follow up on and sign. AD stated once a grievance was made it was up to the administration to follow up on. AD verified the grievances brought up at resident council looked like neglect of care.</p> <p>During an interview on 3/3/22, at 5:10 p.m. the director of nursing (DON) verified allegation of abuse should be reported to the SA within two hours.</p> <p>The facility Abuse Prohibition/Vulnerable Adult Plan dated 8/26/21, indicated suspected Abuse</p>	F 609	<p>facility Abuse Prohibition/Vulnerable Adult policy specific to the appropriate reporting timeframes. New staff will be provided education on abuse policy upon hire.</p> <p>All complaints of alleged abuse or neglect will be audited for reporting in the appropriate timeframe. Audits will be done weekly x4 and monthly x2. Results will be reported to the QAPI committee to determine the need for further monitoring or compliance.</p> <p>Administrator/Designee will be responsible party.</p>		

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F 609	Continued From page 9 shall be reported to OHFC online reporting process not later than two hours after forming the suspicion of abuse. Suspicion of Neglect, Exploitation, or Misappropriation of resident property must be reported to office of Health Facility Complaints (OHFC) online reporting process not later than two hours if the incident resulted in serious bodily injury. If the suspected Neglect, Exploitation, or Misappropriation of resident property did not result in serious bodily injury, the reports must be made within 24 hours.	F 609			
F 725 SS=F	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2)  §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).  §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides.  §483.35(a)(2) Except when waived under	F 725			4/8/22

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F 725	<p>Continued From page 10</p> <p>paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure sufficient staffing availability to answer call lights and provide timely assistance with personal cares for seven of seven residents (R1, R2, R3, R4, R5, R6, and R10) reviewed for services provided by sufficient staff numbers. This had the potential to affect all residents living in the facility.</p> <p>Findings include:</p> <p>R1's Diagnoses dated 2/2/22 indicated fracture left radius, pelvis fracture, chronic pain, anxiety, diabetes (DM) type two, and hypertension (HTN).</p> <p>R1's admission Minimum Data Set dated 2/8/22 indicated intact cognition. R1 required limited assistance with bed mobility, transfers, walking in room/corridor, locomotion on/off unit, dressing, toilet use. R1 had an impairment on one side of upper extremity.</p> <p>R1's Grievance/Concern Form dated 2/17/22 indicated R1 stated nursing staff were not easily or quickly responding to call light. R1 also stated nursing staff told him to break and put his own cold pack on and "threw it at me, so I threw it out the hallway."</p> <p>R1's Care Plan was initiated on 3/2/22 after R1 discharged on 2/21/22.</p> <p>R2's Care Plan 1/7/22 indicated participation in weekly attendance at schedule groups and staff</p>	F 725	<p>R1, R2, R3, R4, R5, R6 and R10 currently do not have any concerns regarding the facilities staff level specific to call light times or receiving cares.</p> <p>The facility will ensure adequate staffing levels to meet the needs of residents and ensure residents choices are followed per the plan of care to ensure homelike environment and assistance with activities of daily living.</p> <p>Staff will be educated on staffing levels, providing compassionate care, appropriate call light response time and customer service to all residents to ensure the needs of the residents are met. HR is following up in a timely manner daily on new applications, scheduling the interviews, and HR processes timely to improve the staffing levels in the facility. Corporate is helping the facility on providing float pool staff when needed to meet the standard of care.</p> <p>Daily staffing meetings to look at schedule 3 days ahead to ensure open shifts are filled. Documented weekly staffing meeting minutes to discuss open shifts, call ins, resident and staff concerns and balance workload assignments. Director of nursing, ADON, staffing coordinator, nurse manager and HR to attend weekly. Audits of weekly staffing meeting min will</p>		

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F 725	<p>Continued From page 11</p> <p>were to assist to scheduled programs of interest. R1 was deficit in self-care related to mobility impairment secondary to weakness and arthritis. Staff were to encourage R1 to use call light for assistance. R1 was at risk for psychosocial wellbeing. Staff were directed to encourage to maintain daily routine that involved social interaction with other and engagement in enjoyable activities. R1 was reliant on others to move around the facility.</p> <p>R2's Activity Participation Review dated 1/7/22 indicated R2 got escorted to and from groups. R2 required set-up to participate or extensive assistance as needed.</p> <p>R2's Psychology Progress Note (PN) dated 1/11/22 indicated continued to attended activities. The PN reinforced engagement in healthy routine and preferred activities.</p> <p>R2's Diagnoses dated 1/21/22 indicated HTN, pain, depression, insomnia, DM II, overactive bladder, rheumatoid arthritis of multiple sites, anxiety, and osteoarthritis of knee.</p> <p>R2's 5-day MDS dated 1/27/22 indicated intact cognition. R2 required extensive assist of two staff with bed mobility, toilet use, personal hygiene; total dependent of two staff for transfers, and dressing, R2 had an impairment on one side of upper extremity and an impairment on both sides of lower extremity.</p> <p>R3's significant change MDS dated 12/23/21, indicated intact cognition. R3 required extensive assist with transfers, toilet use; independent with locomotion on/off unit; and an impairment on one side of lower extremity.</p>	F 725	<p>be done weekly x4 and monthly x2. Results will be reported to the QAPI committee to determine the need for further monitoring or compliance. Administrator/Designee will be responsible party</p>		

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F 725	<p>Continued From page 12</p> <p>R3's care plan dated 2/11/21, indicated R3 was self care deficit. R3 required assist of 1 with ambulation, transfers bathing, dressing, and personal hygiene.</p> <p>R4's care plan dated 10/5/21, indicated an alteration in mobility and self care deficit. Staff were to assist with with ambulation per needs, abilities, assist with movement in and out of bed, transfers, bathing, dressing, and personal hygiene.</p> <p>R4's Diagnoses dated 1/13/22 indicated HTN, chronic obstructive pulmonary disease (COPD), muscle weakness, urine retention.</p> <p>R4's quarterly MDS dated 2/23/22 indicated moderate cognitive impairment. R4 required supervision with bed mobility, transfers, locomotion on/off unit, dressing, eating, toilet use, and personal hygiene. R4 was not steady and only able to stabilize with human assist from sit to stand position, moving on and off toilet and surface to surface transfers. R4 had an impairment on both sides of lower extremities.</p> <p>R5's Diagnoses dated 4/20/21, indicated cellulitis of right lower limb, absence of left leg above knee, urine retention, traumatic amputation at level between left hip and knee, COPD, panic disorder, HTN, anxiety, depression, and weakness.</p> <p>R5's care plan dated 11/2/21, indicated alteration in mobility and self care deficit. Staff were to assist with movement in/out of bed, with mobility and activities of daily living (ADL's) as needed. R5 required assist of 1 with bathing, dressing, and</p>	F 725			



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F 725	<p>Continued From page 13 personal hygiene,</p> <p>R5's quarterly MDS dated 1/6/22 indicated intact cognition. R5 had an impairment on one side of his lower extremity.</p> <p>R6's care plan dated 8/19/21, indicated alteration in mobility. Staff were to assist of 1 with ambulation, transfers and assist with movement in/out of bed.</p> <p>R6's significant change MDS dated 1/15/22 indicated intact cognition. R6 required extensive assist with bed mobility, transfers, dressing, toilet use, personal hygiene. R6 had an impairment on one side of his upper and lower extremity: Supervision with locomotion on/off unit.</p> <p>R10's care plan dated 11/22/21, indicated a fall risk and encouraged to use call light for help. R10 had an alteration in mobility and was self care deficit. Staff were to provide assist of 1 with bathing, dressing; assist of 1 with personal hygiene and transfers as needed.</p> <p>R10's quarterly MDS dated 12/17/21, indicated intact cognition. R10 was independent with bed mobility, transfer, to walk in corridor, dressing and toilet use; required supervision to walk in room, locomotion on/off unit.</p> <p>R10's Grievance/Concern Form dated 2/17/22 indicated R10 he went to the nursing station after 5:00 p.m. two days ago (2/15/22), because he had been bleeding on his hand. R10 was told to return to his room and "they will be there shortly."</p> <p>The facility assessment dated 1/31/22 indicated the facility was a 68-bed licensed skilled nursing</p>	F 725			

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F 725	<p>Continued From page 14</p> <p>facility, had a 25-bed transitional care unit (TCU), had 42 beds on the long-term care (LTC), an average daily resident census of 60, average monthly admissions of 15 residents, and average monthly discharges of 11 residents. Admits from hospitals typically occurred on Thursdays, Fridays, and Saturdays during the evening shift. The facility staffing model for the TCU indicated 1-2 licensed nurses for the morning and evening shift (8-hour shift), 2 certified nursing assistance (CNA) for morning and evening shift (7.5-hour shifts), 1 CNA on the night shift (7.5-hour shift), 1 licensed nurse on the night shift (8-hour shift), and a full-time licensed nurse manager. The facility staffing model for the LTC indicated 2 licensed nurses on the morning and afternoon shift (8-hour shift), 4 CNAs on the morning and evening shift (7.5-hour shifts), 1 licensed nurse on the night shift (8-hour shift), 2 CNAs on the night shift (7.5-hour shift), and a full-time licensed nurse manager.</p> <p>The facility call light report from 2/1/22 to 3/1/22 indicated there were 4363 incident counted, 4363 cleared alarms for a total time of 137,996 minutes 41 seconds, the average response time was 31 minutes 37 seconds. Of the incident counted approximately 619 exceeded 45 minutes.</p> <p>The facility Resident Council Minutes dated 2/17/22 indicated it was "very noticeable" after 5:00 p.m. call lights were not answered. This was on all wings of the building. Grievances and resident council minutes were sent to the administrator.</p> <p>The Facility Payroll documentation dated 2/1/22 until 3/2/22 indicated staff consistently started their scheduled shift late or left early.</p>	F 725			

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F 725	<p>Continued From page 15</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/1/22 the facility was short 1 NA for the evening shift and 1 NA for the night shift.</p> <p>R2's call light was pushed on 2/1/22 at 4:55 p.m. and was cleared 65 minutes and 27 seconds later at 5:59 p.m.</p> <p>R2's call light was pushed on 2/1/22 at 4:55 p.m. and was cleared 65 minutes and 27 seconds later at 5:59 p.m.</p> <p>R4's call light was pushed on 2/1/22 at 7:08 p.m. and was cleared 100 minutes and 37 seconds later at 8:48 p.m.</p> <p>R2's call light was pushed on 2/1/22 at 8:52 p.m. and was cleared 36 minutes and 7 seconds later at 9:29 p.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/2/22 the facility was short 1 NA for the day shift and 1 NA for the evening shift.</p> <p>R6's call light was pushed on 2/2/22 at 4:27 a.m. and was cleared 189 minutes and 29 seconds later at 7:37 a.m.</p> <p>R5's call light was pushed on 2/2/22 at 6:17 a.m. and was cleared 87 minutes and 19 seconds later at 7:44 a.m.</p> <p>R6's call light was pushed on 2/2/22 at 10:05 a.m. and was cleared 32 minutes and 6 seconds later at 10:37 a.m.</p> <p>R4's call light was pushed on 2/2/22 at 10:59 a.m. and was cleared 43 minutes and 53 seconds later at 11:43 a.m.</p> <p>R6's call light was pushed on 2/2/22 at 6:27 p.m. and was cleared 127 minutes and 52 seconds later at 8:35 p.m.</p> <p>R5's call light was pushed on 2/2/22 at 10:11 p.m. and was cleared 163 minutes and 41 seconds</p>	F 725			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245324</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/03/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE ESTATES AT BLOOMINGTON LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9200 NICOLLET AVENUE SOUTH</b> <b>BLOOMINGTON, MN 55420</b>		
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F 725	<p>Continued From page 16 later at 2/3/22 at 12:54 a.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/3/22 the facility was short 2 NA for the evening shift. R6's call light was pushed on 2/3/22 at 1:31 a.m. and was cleared 333 minutes and 23 seconds later at 7:04 a.m. R5's call light was pushed on 2/3/22 at 3:01 a.m. and was cleared 72 minutes and 59 seconds later at 4:14 a.m. R1's call light was pushed on 2/3/22 at 5:07 a.m. and was cleared 65 minutes and 34 seconds later at 6:13 a.m. R1's call light was pushed on 2/3/22 at 9:44 a.m. and was cleared 48 minutes and 18 seconds later at 10:33 a.m. R1's call light was pushed on 2/3/22 at 10:43 a.m. and was cleared 83 minutes and 53 seconds later at 12:07 p.m. R2 call light was pushed on 2/3/22 at 1:13 p.m. and was cleared 89 minutes and 32 seconds later at 2:43 p.m. R1's call light was pushed on 2/3/22 at 10:23 p.m. and was cleared 54 minutes and 39 seconds later at 11:17 p.m. R1's call light was pushed on 2/3/22 at 12:00 a.m. and was cleared 41 minutes and 29 seconds later at 12:41 a.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/4/22 the facility was short 1 NA for the evening shift. R6's call light was pushed on 2/4/22 at 4:53 a.m. and was cleared 311 minutes and 15 seconds later at 10:04 a.m. R4's call light was pushed 2/4/22 at 10:49 a.m. and was cleared 100 minutes and 51 seconds later at 1:02 p.m. R2's call light was pushed 2/4/22 at 4:45 p.m. and</p>	F 725			

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F 725	<p>Continued From page 17</p> <p>was cleared 36 minutes and 41 seconds later at 5:22 p.m. R6's call light was pushed 2/4/22 at 2:29 p.m. and was cleared 42 minutes and 49 seconds later at 3:12 p.m. R6's call light was pushed 2/4/22 at 11:43 p.m. and was cleared 36 minutes and 0 seconds later at 2/5/22 at 12:19 a.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/5/22 the facility was short 1 NA for the night shift. R1's call light was pushed on 2/5/22 at 7:19 a.m. and was cleared 42 minutes and 25 seconds later at 8:01 p.m. R1's call light was pushed 2/5/22 at 8:42 a.m. and was cleared 67 minutes and 41 seconds later at 9:49 p.m. R6's call light was pushed 2/5/22 at 10:27 a.m. and was cleared 70 minutes and 57 seconds later at 11:38 a.m. R1's call light was pushed 2/5/22 at 11:40 a.m. and was cleared 99 minutes and 56 seconds later at 1:20 p.m. R1's call light was pushed 2/5/22 at 6:48 p.m. and was cleared 30 minutes and 57 seconds later at 7:19 p.m. R6's call light was pushed 2/5/22 at 7:30 p.m. and was cleared 132 minutes and 21 seconds later at 9:42 p.m. R1's call light was pushed 2/5/22 at 7:54 p.m. and was cleared 41 minutes and 25 seconds later at 8:36 p.m. R2's call light was pushed 2/5/22 at 8:03 p.m. and was cleared 50 minutes and 37 seconds later at 8:54 p.m. R2's call light was pushed 2/5/22 at 9:24 p.m. and was cleared 136 minutes and 13 seconds later at 11:40 p.m. R6's call light was pushed 2/5/22 at 10:19 p.m.</p>	F 725			

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F 725	<p>Continued From page 18</p> <p>and was cleared 30 minutes and 31 seconds later at 10:49 p.m. R6's call light was pushed 2/5/22 at 11:06 p.m. and was cleared 62 minutes and 44 seconds later at 2/6/22 at 12:09 a.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/6/22 the facility was short 2 NA for the day shift, and 1 NA for the evening shift. R6's call light was pushed on 2/6/22 at 9:54 a.m. and was cleared 199 minutes and 34 seconds later at 1:13 p.m. R1's call light was pushed on 2/6/22 at 8:56 p.m. and was cleared 56 minutes and 1 seconds later at 9:52 p.m. R1's call light was pushed on 2/6/22 at 2:43 p.m. and was cleared 87 minutes and 56 seconds later at 4:11 p.m. R4's call light was pushed on 2/6/22 at 6:44 p.m. and was cleared 37 minutes and 20 seconds later at 7:22 p.m. R6's call light was pushed on 2/6/22 at 6:48 p.m. and was cleared 36 minutes and 48 seconds later at 7:25 p.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/7/22 the facility was short 1 NA for the day shift, 2 NA for the evening shift, and 1 NA for the night shift. R6's call light was pushed on 2/7/22 at 12:34 a.m. and was cleared 55 minutes and 45 seconds later at 1:29 a.m. R3's call light was pushed on 2/7/22 at 1:38 a.m. and was cleared 33 minutes and 5 seconds later at 2:11 a.m. R10's call light was pushed on 2/7/22 at 2:18 p.m. and was cleared 89 minutes and 22 seconds later at 3:48 p.m.</p>	F 725			



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F 725	<p>Continued From page 19</p> <p>R6's call light was pushed on 2/7/22 at 2:19 p.m. and was cleared 52 minutes and 40 seconds later at 3:11 p.m.</p> <p>R2's call light was pushed on 2/7/22 at 2:46 p.m. and was cleared 39 minutes and 57 seconds later at 3:26 p.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/8/22 the facility was short 2 NA for the evening shift.</p> <p>R6's call light was pushed on 2/8/22 at 12:03 a.m. and was cleared 67 minutes and 27 seconds later at 1:10 a.m.</p> <p>R6's call light was pushed on 2/8/22 at 2:28 p.m. and was cleared 36 minutes and 47 seconds later at 3:05 p.m.</p> <p>R6's call light was pushed on 2/8/22 at 3:05 p.m. and was cleared 88 minutes and 8 seconds later at 4:33 p.m.</p> <p>R4's call light was pushed on 2/8/22 at 9:06 p.m. and was cleared 57 minutes and 52 seconds later at 10:04 p.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/9/22 the facility was short 1 NA for the day shift, 2 NA for the evening shift and 1 NA for the night shift.</p> <p>R6's call light was pushed on 2/9/22 at 12:59 a.m. and was cleared 44 minutes and 20 seconds later at 1:44 a.m.</p> <p>R4's call light was pushed on 2/9/22 at 8:25 a.m. and was cleared 55 minutes and 53 seconds later at 9:21 a.m.</p> <p>R1's call light was pushed on 2/9/22 at 9:22 a.m. and was cleared 63 minutes and 43 seconds later at 10:26 a.m.</p> <p>R1's call light was pushed on 2/9/22 at 2:13 p.m. and was cleared 58 minutes and 37 seconds later at 3:12 p.m.</p>	F 725			

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F 725	<p>Continued From page 20</p> <p>R1's call light was pushed on 2/9/22 at 9:45 p.m. and was cleared 38 minutes and 34 seconds later at 10:23 p.m.</p> <p>R3's call light was pushed on 2/9/22 at 9:18 p.m. and was cleared 34 minutes and 47 seconds later at 9:52 p.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/10/22 the facility was short 1 NA for the day shift, and 1 NA for the night shift.</p> <p>R1's call light was pushed on 2/10/22 at 10:25 a.m. and was cleared 35 minutes and 50 seconds later at 11:01 a.m.</p> <p>R6's call light was pushed on 2/10/22 at 4:08 p.m. and was cleared 154 minutes and 15 seconds later at 6:42 p.m.</p> <p>R1's call light was pushed on 2/10/22 at 9:34 p.m. and was cleared 43 minutes and 30 seconds later at 10:17 p.m.</p> <p>R2 call light was pushed on 2/10/22 at 9:42 p.m. and was cleared 41 minutes and 1 seconds later at 10:23 p.m.</p> <p>R1's call light was pushed on 2/10/22 at 10:31 p.m. and was cleared 49 minutes and 8 seconds later at 11:20 p.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/11/22 the facility was short 2 NA for the day shift, and 1 NA for the evening shift.</p> <p>R6's call light was pushed on 2/11/22 at 6:56 a.m. and was cleared 67 minutes and 43 seconds later at 8:04 a.m.</p> <p>R2's call light was pushed on 2/11/22 at 7:48 a.m. and was cleared 32 minutes and 1 seconds later at 8:20 a.m.</p> <p>R1's call light was pushed on 2/11/22 at 9:54 a.m. and was cleared 122 minutes and 19 seconds</p>	F 725			

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F 725	<p>Continued From page 21</p> <p>later at 11:57 a.m. R1's call light was pushed on 2/11/22 at 9:47 p.m. and was cleared 45 minutes and 14 seconds later at 10:33 p.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/12/22 the facility was short 1 NA for the day shift, 2 NA for the evening shift and 2 NA for the night shift. R1's call light was pushed on 2/12/22 at 12:44 a.m. and was cleared 68 minutes and 40 seconds later at 1:53 a.m. R1's call light was pushed on 2/12/22 at 4:33 a.m. and was cleared 95 minutes and 21 seconds later at 6:09 a.m. R1's call light was pushed on 2/12/22 at 10:40 a.m. and was cleared 32 minutes and 52 seconds later at 11:13 a.m. R6's call light was pushed on 2/12/22 at 6:49 p.m. and was cleared 69 minutes and 48 seconds later at 7:59 p.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/13/22 the facility was short 1 NA for the day shift, and 1 NA for the evening shift. R1's call light was pushed on 2/13/22 at 12:12 a.m. and was cleared 72 minutes and 31 seconds later at 1:25 a.m. R1's call light was pushed on 2/13/22 at 10:52 a.m. and was cleared 30 minutes and 39 seconds later at 11:23 a.m. R6's call light was pushed on 2/13/22 at 6:35 a.m. and was cleared 80 minutes and 59 seconds later at 7:56 a.m. R6 call light was pushed on 2/13/22 at 1:45 p.m. and was cleared 45 minutes and 2 seconds later at 2:30 p.m. R5's call light was pushed on 2/13/22 at 9:19 p.m. and was cleared 101 minutes and 20 seconds</p>	F 725			

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F 725	<p>Continued From page 22 later at 11:00 p.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/14/22 the facility was short 1 NA for the day shift. R1's call light was pushed on 2/14/22 at 7:32 a.m. and was cleared 145 minutes and 24 seconds later at 9:58 a.m. R4's call light was pushed on 2/14/22 at 9:22 a.m. and was cleared 37 minutes and 45 seconds later at 10:02 a.m. R6's call light was pushed on 2/14/22 at 2:26 p.m. and was cleared 35 minutes and 28 seconds later at 3:02 p.m. R4's call light was pushed on 2/14/22 at 8:12 p.m. and was cleared 34 minutes and 22 seconds later at 8:47 p.m. R6's call light was pushed on 2/14/22 at 9:29 p.m. and was cleared 155 minutes and 59 seconds later 2/15 at 12:05 a.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/15/22 the facility was short 3 NA for the day shift and 1 NA for the night shift. R6's call light was pushed on 2/15/22 at 7:32 a.m. and was cleared 68 minutes and 44 seconds later at 8:40 p.m. R1's call light was pushed on 2/15/22 at 7:35 a.m. and was cleared 42 minutes and 20 seconds later at 8:17 a.m. R1's call light was pushed on 2/15/22 at 10:42 a.m. and was cleared 40 minutes and 28 seconds later at 11:23 a.m. R10's call light was pushed on 2/15/22 at 1:25 p.m. and was cleared 46 minutes and 4 seconds later at 2:11 p.m. R6 call light was pushed on 2/15/22 at 11:38 p.m. and was cleared 141 minutes and 15 seconds</p>	F 725			

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F 725	<p>Continued From page 23 later at 2/16/22 at 2:00 a.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/16/22 the facility was short 3 NA for the day shift, and 2 NA for the evening shift.</p> <p>R6's call light was pushed on 2/16/22 at 4:21 a.m. and was cleared 157 minutes and 6 seconds later at 6:58 a.m.</p> <p>R10's call was pushed on 2/16/22 at pushed his call light at 5:22 a.m. and was cleared 229 minutes and 50 seconds later at 9:12 a.m.</p> <p>R1's call light was pushed on 2/16/22 at 7:16 a.m. and was cleared 32 minutes and 3 seconds later at 7:48 a.m.</p> <p>R1's call light was pushed on 2/16/22 at 7:48 a.m. and was cleared 41 minutes and 34 seconds later at 8:30 a.m.</p> <p>R6's call light was pushed on 2/16/22 at 9:45 a.m. and was cleared 30 minutes and 20 seconds later at 10:16 a.m.</p> <p>R1's call light was pushed on 2/16/22 at 11:15 a.m. and was cleared 34 minutes and 40 seconds later at 11:49 a.m.</p> <p>R2's call light was pushed on 2/16/22 at 11:29 a.m. and was cleared 61 minutes and 20 seconds later at 12:31 p.m.</p> <p>R6's call light was pushed on 2/16/22 at 5:28 p.m. and was cleared 136 minutes and 3 seconds later at 7:44 p.m.</p> <p>R4's call light was pushed on 2/16/22 at 12:57 p.m. and was cleared 92 minutes and 37 seconds later at 2:29 p.m.</p> <p>R2's call light was pushed on 2/16/22 at 8:45 p.m. and was cleared 40 minutes and 13 seconds later at 9:25 p.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/17/22 the facility was fully</p>	F 725			

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F 725	<p>Continued From page 24</p> <p>staffed.</p> <p>R6's call light was pushed on 2/17/22 at 5:23 a.m. and was cleared 43 minutes and 39 seconds later at 6:07 a.m.</p> <p>R1's call light was pushed on 2/17/22 at 7:53 a.m. and was cleared 35 minutes and 53 seconds later at 8:29 a.m.</p> <p>R4's call light was pushed on 2/17/22 at 1:57 p.m. and was cleared 43 minutes and 19 seconds later at 2:40 p.m.</p> <p>R6's call light was pushed on 2/17/22 at 5:35 p.m. and was cleared 67 minutes and 45 seconds later at 6:43 p.m.</p> <p>R6's call light was pushed on 2/17/22 at 6:43 p.m. and was cleared 71 minutes and 32 seconds later at 7:54 p.m.</p> <p>R1's call light was pushed on 2/17/22 at 10:05 p.m. and was cleared 37 minutes and 38 seconds later at 10:43 p.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/18/22 the facility was short 2 NA for the day shift, 2 for the evening shift and 1 for night shift.</p> <p>R6's call light was pushed on 2/18/22 at 6:55 a.m. and was cleared 32 minutes and 56 seconds later at 7:28 a.m.</p> <p>R1's call light was pushed on 2/18/22 at 7:48 a.m. and was cleared 35 minutes and 33 seconds later at 8:24 a.m.</p> <p>R4's call light was pushed on 2/18/22 at 7:20 p.m. and was cleared 40 minutes and 32 seconds later at 8:00 p.m.</p> <p>R1's call light was pushed on 2/18/22 at 7:41 p.m. and was cleared 129 minutes and 1 seconds later at 9:50 p.m.</p> <p>R6's call light was pushed on 2/18/22 at 8:42 p.m. and was cleared 40 minutes and 20 seconds later at 9:23 a.m.</p>	F 725			

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

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F 725	<p>Continued From page 25</p> <p>R3's call light was pushed on 2/18/22 at 10:02 p.m. and was cleared 53 minutes and 12 seconds later at 10:55 p.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/19/22 the facility was short 1 NA for the evening shift and 1 NA for the night shift.</p> <p>R6's call light was pushed on 2/19/22 at 6:17 a.m. and was cleared 65 minutes and 18 seconds later at 7:22 a.m.</p> <p>R1's call light was pushed on 2/19/22 at 7:05 a.m. and was cleared 49 minutes and 8 seconds later at 7:54 a.m.</p> <p>R6's call light was pushed on 2/19/22 at 8:53 a.m. and was cleared 144 minutes and 50 seconds later at 11:17 a.m.</p> <p>R3's call light was pushed on 2/19/22 at 10:31 a.m. and was cleared 49 minutes and 25 seconds later at 11:20 a.m.</p> <p>R1's call light was pushed on 2/19/22 at 9:50 p.m. and was cleared 50 minutes and 56 seconds later at 10:41 p.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/20/22 the facility was short 1 NA for the day shift, 1 NA for the evening and 1 NA for the night shift.</p> <p>R6's call light was pushed on 2/20/22 at 4:17 a.m. and was cleared 53 minutes and 9 seconds later at 5:10 a.m.</p> <p>R6's call light was pushed on 2/20/22 at 6:52 a.m. and was cleared 62 minutes and 13 seconds later at 7:55 a.m.</p> <p>R1's call light was pushed on 2/20/22 at 8:08 a.m. and was cleared 41 minutes and 34 seconds later at 8:50 a.m.</p> <p>R6's call light was pushed on 2/20/22 at 10:11 a.m. and was cleared 89 minutes and 32 seconds</p>	F 725			

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F 725	<p>Continued From page 26</p> <p>later at 11:41 a.m. R1's call light was pushed on 2/20/22 at 11:12 a.m. and was cleared 30 minutes and 41 seconds later at 11:43 a.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/21/22 the facility was short 3 NA for the day shift. R6's call light was pushed on 2/21/22 at 3:03 a.m. and was cleared 49 minutes and 1 seconds later at 3:52 a.m. R1's call light was pushed on 2/21/22 at 7:51 a.m. and was cleared 57 minutes and 53 seconds later at 8:49 a.m. R6's call light was pushed on 2/21/22 at 10:10 a.m. and was cleared 37 minutes and 32 seconds later at 10:48 a.m. R1's call light was pushed on 2/21/22 at 11:47 a.m. and was cleared 132 minutes and 25 seconds later at 2:00 p.m. R5's call light was pushed on 2/21/22 at 7:17 p.m. and was cleared 42 minutes and 15 seconds later at 7:59 p.m. R6's call light was pushed on 2/21/22 at 10:38 p.m. and was cleared 34 minutes and 55 seconds later at 11:13 p.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/22/22 the facility was short 1 NA for the day shift, and 2 NA for the evening shift. R4's call light was pushed on 2/22/22 at 9:15 a.m. and was cleared 32 minutes and 52 seconds later at 9:48 a.m. R6's call light was pushed on 2/22/22 at 9:31 a.m. and was cleared 68 minutes and 31 seconds later at 10:40 a.m. R2's call light was pushed on 2/22/22 at 2:09 p.m. and was cleared 54 minutes and 16 seconds later</p>	F 725			



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F 725	<p>Continued From page 27</p> <p>at 3:03 p.m. R4's call light was pushed on 2/22/22 at 7:15 p.m. and was cleared 36 minutes and 40 seconds later at 7:51 p.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/23/22 the facility was short 1 NA for the day shift. R6's call light was pushed on 2/23/22 at 1:54 a.m. and was cleared 77 minutes and 3 seconds later at 3:11 a.m. R6's call light was pushed on 2/23/22 at 5:20 a.m. and was cleared 81 minutes and 5 seconds later at 6:41 a.m. R4's call light was pushed on 2/23/22 at 7:59 p.m. and was cleared 93 minutes and 29 seconds later at 9:23 p.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/24/22 the facility was short 1 NA for the day shift and 1 NA for the night shift. R6's call light was pushed on 2/24/22 at 2:18 a.m. and was cleared 63 minutes and 25 seconds later at 3:22 a.m. R6's call light was pushed on 2/24/22 at 3:18 p.m. and was cleared 74 minutes and 22 seconds later at 4:33 p.m. R6's call light was pushed on 2/24/22 at 10:12 p.m. and was cleared 61 minutes and 22 seconds later at 11:13 p.m. R2's call light was pushed on 2/24/22 at 10:27 p.m. and was cleared 38 minutes and 40 seconds later at 11:05 p.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/25/22 the facility was short 1 licensed nurse for the day shift, 1 NA for the evening shift, 1 licensed nurse for night shift,</p>	F 725			

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F 725	<p>Continued From page 28 and 2 NA for the night shift. R6's call light was pushed on 2/25/22 at 4:24 a.m. and was cleared 33 minutes and 2 seconds later at 4:57 a.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/26/22 the facility was short 1 NA for the evening shift and 2 NA for the night shift. R6's call light was pushed on 2/26/22 at 5:50 a.m. and was cleared 79 minutes and 4 seconds later at 7:09 a.m. R5's call light was pushed on 2/26/22 at 12:19 a.m. and was cleared 35 minutes and 4 seconds later at 12:54 a.m. R2's call light was pushed on 2/26/22 at 11:23 p.m. and was cleared 30 minutes and 20 seconds later at 11:54 p.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/27/22 the facility was short 2 NA for the day shift, 2 NA for evening shift and 1 NA for the night shift. R6's call light was pushed on 2/27/22 at 3:39 p.m. and was cleared 195 minutes and 34 seconds later at 6:55 p.m. R6's call light was pushed on 2/27/22 at 6:55 p.m. and was cleared 37 minutes and 26 seconds later at 7:32 p.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/28/22 the facility was short 2 NA for the day shift and 5 nursing assistants for the evening shift. R4's call light was pushed on 2/28/22 at 10:53 a.m. and was cleared 89 minutes and 55 seconds later at 12:23 p.m. R2's call light was pushed on 2/28/22 at 3:41 p.m. and was cleared 31 minutes and 33 seconds later</p>	F 725			

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F 725	<p>Continued From page 29</p> <p>at 4:12 p.m. R5's call light was pushed on 2/28/22 at 8:00 p.m. and was cleared 195 minutes and 12 seconds later at 11:15 p.m. R2's call light was pushed on 2/28/22 at 9:06 p.m. and was cleared 56 minutes and 22 seconds later at 10:02 p.m. R3's call light was pushed on 2/28/22 at 9:27 p.m. and was cleared 34 minutes and 54 seconds later at 10:02 p.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 3/1/22 the facility was short 3 NAs for the evening shift and 1 NA for the night shift. R6's call light was pushed on 3/1/22 at 6:43 a.m. and was cleared 77 minutes and 38 seconds later at 8:00 a.m. R2's call light was pushed on 3/1/22 at 1:38 p.m. and was cleared 105 minutes and 42 seconds later at 3:24 p.m. R3's call light was pushed on 3/1/22 at 2:31 p.m. and cleared 48 minutes and 21 seconds later at 3:20 p.m. R6's call light was pushed on 3/1/22 at 1:09 p.m. and was cleared 31 minutes and 2 seconds later at 1:40 p.m. R6's call light was pushed on 3/1/22 at 2:48 p.m. and was cleared 91 minutes and 3 seconds later at 4:19 p.m.</p> <p>During an interview on 3/2/22 at 10:00 a.m. R5 and R6 stated there was an issue with the time they needed wait for their call lights to get answered. R5 stated on 2/17/22 at resident council residents in attendance brought up their concern that staff do not answer call lights and the issue needed to be addressed. R5 stated he had to wait long hours at times for staff to answer</p>	F 725			

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F 725	<p>Continued From page 30</p> <p>his call light. R5 further stated this has overwhelmed him of the concern when he will get care when he needed. R5 stated he had to wait hours just for assistance which had become a big problem. R5 stated the issue needed to get addressed as residents should not have to continuously wait hours to get care.</p> <p>During an interview on 3/2/22 at 10:20 a.m. personal care assistant (PCA) -A stated she had visited R1 at the facility and has seen "extreme neglect" many times. PCA-A stated she had seen R1 left on the toilet longer than 30 minutes and R1 had to bang on the wall to get staffs attention as they did not answer his call light. PCA-A further stated R1 had to wait hours just to get help on a basic care which she felt was not acceptable. PCA-A stated this issue was brought up at resident council and had affected all the residents.</p> <p>During an interview on 3/2/22 at 11:28 a.m. Administrator and director of nursing (DON) stated they could only run the average call light report for the day.</p> <p>During an interview on 3/2/22 at 12:40 a.m. R4 stated she was frustrated as it took staff a long time to answer her call light when she needed help. R4 further stated she thought the long call light wait time was related to the facility was short staff. R4 also sated staff would be short at times with her when they spoke because they were busy. R4 stated she required staff to assist her due to her urinary incontinence which she could not control. R4 also stated it made her worry if she had an emergency and fell that staff would not come to her soon enough. R4 further stated if an emergency happened it scared her that she</p>	F 725			

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F 725	<p>Continued From page 31</p> <p>would have to wait a minimum of 45 minutes until someone noticed.</p> <p>During an interview on 3/2/22 at 12:50 p.m. nursing assistant (NA)-A stated staff were doing the best they could but the residents within the facility were hurting. NA-A stated when there was not enough staff the residents are denied care. NA-A further stated when the facility was fully staff there still were not enough staff to care for the residents. NA-A further stated the care for resident was even worse when scheduled staff did not show up. NA-A stated the virus did not cause the issue it only added to the situation. NA-A stated the residents meant a lot and it hurt as NA-A was not able to help the residents as they deserved. NA-A stated one person could only do so much if they were short staff.</p> <p>During an interview on 3/2/22 at 1:23 a.m. the regional ombudsman (RO) stated everyone who attended residence counsel on 2/17/22 had concerns related to staff not answering their call lights. RO further stated the focus of the meeting was the call light wait time which was worse after 5:00 p.m.</p> <p>During an interview on 3/2/22 at 2:31 a.m. the administrator stated she was not aware of the call light issues that were brought up at resident council on 2/17/22 until earlier that morning. The administrator further stated the grievance and resident council concerns were not followed up on as the administrator was on vacation at the time of the meeting. The administrator stated since she was gone, therapeutic recreation (TR) staff put the grievances and council minutes in her mailbox, of which she was not aware. The administrator further stated to prevent the issue</p>	F 725			

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F 725	<p>Continued From page 32</p> <p>from happening again, the facility planned to have TR staff provide resident council minutes and grievance to the DON if the administrator was gone. The administrator further stated this way the concerns brought up can be followed up right away.</p> <p>During an interview on 3/2/22 at 2:52 a.m. activities director (AD) -A stated the main concern at resident council were that call lights were on a long time and took hours for staff to answer them. AD-A stated he felt the issue was related to short staff which caused longer wait time for the residents. AD-A stated he was not sure what was put into place after resident council to help the call light situation. AD-further stated some of the concerns brought up seemed like neglect of care.</p> <p>During an interview on 3/2/22 at 3:13 a.m. R2 stated she was concerned with the length of time it took staff to answer her call light. R2 further stated on 3/1/22 she has had to wait over 1.5 hours for staff to help. R2 further stated on 3/1/22 she missed the Mardi-Gras party as staff did not answer her call light to help her go to the party. R2 further stated she was upset that she could not go to the party because no one was available to help her get there. R2 stated she relied on staff to help her with her activities of daily living (ADL). R2 stated her roommate, R3 helped her with care when it took a long time for staff to answer her call light. R2 stated she would not know what she would do without R3. R2 also stated it made her anxious when she had to wait for staff to answer her call light as she relied on staff for all cares. R2 further stated she has had to sit in a wet brief an entire day at times as staff would tell her they cannot change her as there needs to be two staff. R2 stated she got anxious when she thought</p>	F 725			

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F 725	<p>Continued From page 33</p> <p>about staff not being available to help her. R2 stated sometimes she will allow the big and strong aides change her alone even it was not safe as she needed 2 staff, but she just wanted her brief changed.</p> <p>During an interview on 3/2/22 at 3:16 a.m. R3 stated she was R2's roommate and has seen R2 have to sit in a wet brief from 8:00 a.m. until 8:00 p.m. before. R3 stated staff will tell R2 they only had one aide so R2 had to stay in her bed all day. R3 stated there were not enough aides to help and she did what she safely could do to help R2 with her cares. R3 stated she will cut up R2's food, put her covers on, move her table, get her beverages, whatever she could to help R2 when staff couldn't. R3 further stated when staff do not come to help R2 she seemed to get "real anxious." R3 also stated she was concerned with the long response of call lights as if someone fell or got hurt it could take staff over an hour and half for staff to check the call light to help them. R3 stated at times she would put her call light on with hope staff would come and she could tell them to help R2.</p> <p>During an interview on 3/2/22 at 3:26 p.m. NA-B stated he worked alone a lot and tried his best to answer call light but could only do so much. NA-B stated he cannot transfer R2 alone as she needed two staff and a Hoyer lift. NA-B further stated he would ask a nurse for help, but the nurse was sometimes busy therefore R2 had to wait.</p> <p>During an interview on 3/2/22 at 3:39 a.m. the DON stated he expected staff to check on a resident in 10-15 minutes if the call light was pushed but to not turn the light off until task the</p>	F 725			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245324</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/03/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE ESTATES AT BLOOMINGTON LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9200 NICOLLET AVENUE SOUTH</b> <b>BLOOMINGTON, MN 55420</b>		
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F 725	<p>Continued From page 34 resident wanted was completed.</p> <p>During an interview on 3/2/22 at 4:20 p.m. the DON verified R2's call light was not answered on 3/1/22 and she missed the activity. The DON further stated staff could not assist R2 on 3/1/22 as they were busy with another resident who was in an emergency.</p> <p>During an interview on 3/3/22 at 8:50 a.m. family member (FM)-A stated there was a certain lack of care for her mother because of not having enough staff. FM-A stated she had concerns as there were times her mother had to stay in bed all day or have forgotten to take her to activities which her mother loved. FM-A stated her mom got upset when she could not go to activities and activities were especially important to her. FM-A stated there had been times when R2 had to put her call light on and wait an hour at least. FM-A further stated there were times when R2 had to sit soiled in her brief for long periods of time as there was no staff to help care for her. FM-A stated the long wait for staff has played into R2's anxiety and her medication were recently changed. FM-A stated there are wonderful nurses and aides there was just not enough of them to care for the residents.</p> <p>During an interview on 3/3/22 at 10:27 a.m. NA-C stated the facility was short staff 2 or 3 out of the 4 shifts she worked. NA-C further stated she can only do what she can do if the facility was short staff.</p> <p>During an interview on 3/3/22 at 3:57 p.m., maintenance (M)-A stated she oversaw the maintenance of the call lights for the past year. M-A stated she was not aware a call light report</p>	F 725			



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

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F 725	<p>Continued From page 35</p> <p>exited until that day when she spoke to technical support. M-A stated if there was an issue with the call light, staff were to call her directly as this was a huge concern due to the fact something critical could happen and a resident needed a working call light. M-A went through her maintenance orders for call lights in February until 3/3/22. M-A stated an issue with a call light would be set for critical issue and should be fixed as soon as possible. M-A further stated there have been issues with the past related the call light occasionally popped off the wall, not turn on or a dementia care resident who discharged on 2/6/22 used to take the call light from residents' rooms. M-A stated she was not aware of any call lights that were not functioning correctly as she corrected them within a day usually. M-A went over the call light report and verified the call light times were long and felt related to short staffing.</p> <p>During an interview on 3/3/22 at 5:10 a.m. DON stated the facility stopped completing customer service audits since November 2021, as there was a COVID outbreak. DON further stated the customer service audits were helpful to identify issues the residents had like call lights, and he planned to implement these audits again. DON stated his expectation would be for staff to check on a resident within 15 minutes if they put on their call light but not turn off the light until the care was completed. DON further stated his expectation would be for staff to assist with a resident's care within 30 minutes.</p> <p>During an interview on 3/4/22 at 10:32 a.m. NA-C stated adequate staff levels had been a huge problem which has affected the resident care. NA-C stated residents always complain their call lights are not answered but could only do so</p>	F 725			

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F 725	<p>Continued From page 36</p> <p>much if there was not enough staff. NA-C further stated she was burnt out on the way the facility was run, "To many Chiefs and not enough Indians." NA-C stated the facility continued to put the name of someone on the schedule who did not show up for 3 months or put the same staffs name on the schedule twice to make it look like they were staffed. NA-C stated there had been situation this past month when there was only one NA to care for the entire facility. NA-C further stated staff needed help to care for the residents therefore called the DON, nurse manger, anyone they could think of, but no one answered. NA-C stated recently the facility will "hide" the schedule from staff, so staff are not aware if they were short staffed or if they were scheduled with someone who does not come in. NA-C also stated the other facility staff could occasionally assist with call lights during the day, but no one helped the evening staff. NA-C stated the DON and nurse manager told her they do not get paid to work a double as they were salaried and just left when there were not enough staff. NA-C stated the call lights go on for so long as the facility was short staff. NA-C further stated NA had to care for 20 or 30 residents alone and it took time to answer all the call lights.</p> <p>A facility call light policy and procedure was requested but not provided.</p> <p>A facility quality of care policy and procedure was requested but not provided.</p>			F 725			

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2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>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 3/2/22 to 3/3/22, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found NOT in compliance with the MN State Licensure. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date when they will be completed.</p>	2 000		

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

03/25/22

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2 000	Continued From page 1  The following complaint was found to be SUBSTANTIATED: H5324147C (MN80996) with a licensing order issued at tag 0800 and 1880.  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 <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> 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 state form.	2 000			

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2 000	Continued From 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.	2 000			
2 800	MN Rule 4658.0510 Subp. 1 Nursing Personnel; Staffing requirements  Subpart 1. Staffing requirements. A nursing home must have on duty at all times a sufficient number of qualified nursing personnel, including registered nurses, licensed practical nurses, and nursing assistants to meet the needs of the residents at all nurses' stations, on all floors, and in all buildings if more than one building is involved. This includes relief duty, weekends, and vacation replacements.  This MN Requirement is not met as evidenced by: Based on interview and record review, the facility failed to ensure sufficient staffing availability to answer call lights and provide timely assistance with personal cares for seven of seven residents (R1, R2, R3, R4, R5, R6, and R10) reviewed for services provided by sufficient staff numbers. This had the potential to affect all residents living in the facility.  Findings include:  R1's Diagnoses dated 2/2/22 indicated fracture left radius, pelvis fracture, chronic pain, anxiety, diabetes (DM) type two, and hypertension (HTN).  R1's admission Minimum Data Set dated 2/8/22 indicated intact cognition. R1 required limited	2 800	corrected		4/8/22

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2 800	<p>Continued From page 3</p> <p>assistance with bed mobility, transfers, walking in room/corridor, locomotion on/off unit, dressing, toilet use. R1 had an impairment on one side of upper extremity.</p> <p>R1's Grievance/Concern Form dated 2/17/22 indicated R1 stated nursing staff were not easily or quickly responding to call light. R1 also stated nursing staff told him to break and put his own cold pack on and "threw it at me, so I threw it out the hallway."</p> <p>R1's Care Plan was initiated on 3/2/22 after R1 discharged on 2/21/22.</p> <p>R2's Care Plan 1/7/22 indicated participation in weekly attendance at schedule groups and staff were to assist to scheduled programs of interest. R1 was deficit in self-care related to mobility impairment secondary to weakness and arthritis. Staff were to encourage R1 to use call light for assistance. R1 was at risk for psychosocial wellbeing. Staff were directed to encourage to maintain daily routine that involved social interaction with other and engagement in enjoyable activities. R1 was reliant on others to move around the facility.</p> <p>R2's Activity Participation Review dated 1/7/22 indicated R2 got escorted to and from groups. R2 required set-up to participate or extensive assistance as needed.</p> <p>R2's Psychology Progress Note (PN) dated 1/11/22 indicated continued to attended activities. The PN reinforced engagement in healthy routine and preferred activities.</p> <p>R2's Diagnoses dated 1/21/22 indicated HTN, pain, depression, insomnia, DM II, overactive</p>	2 800		

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2 800	Continued From page 4  bladder, rheumatoid arthritis of multiple sites, anxiety, and osteoarthritis of knee.  R2's 5-day MDS dated 1/27/22 indicated intact cognition. R2 required extensive assist of two staff with bed mobility, toilet use, personal hygiene; total dependent of two staff for transfers, and dressing, R2 had an impairment on one side of upper extremity and an impairment on both sides of lower extremity.  R3's significant change MDS dated 12/23/21, indicated intact cognition. R3 required extensive assist with transfers, toilet use; independent with locomotion on/off unit; and an impairment on one side of lower extremity.  R3's care plan dated 2/11/21, indicated R3 was self care deficit. R3 required assist of 1 with ambulation, transfers bathing, dressing, and personal hygiene.  R4's care plan dated 10/5/21, indicated an alteration in mobility and self care deficit. Staff were to assist with with ambulation per needs, abilities, assist with movement in and out of bed, transfers, bathing, dressing, and personal hygiene.  R4's Diagnoses dated 1/13/22 indicated HTN, chronic obstructive pulmonary disease (COPD), muscle weakness, urine retention.  R4's quarterly MDS dated 2/23/22 indicated moderate cognitive impairment. R4 required supervision with bed mobility, transfers, locomotion on/off unit, dressing, eating, toilet use, and personal hygiene. R4 was not steady and only able to stabilize with human assist from sit to stand position, moving on and off toilet and	2 800			

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2 800	<p>Continued From page 5</p> <p>surface to surface transfers. R4 had an impairment on both sides of lower extremities.</p> <p>R5's Diagnoses dated 4/20/21, indicated cellulitis of right lower limb, absence of left leg above knee, urine retention, traumatic amputation at level between left hip and knee, COPD, panic disorder, HTN, anxiety, depression, and weakness.</p> <p>R5's care plan dated 11/2/21, indicated alteration in mobility and self care deficit. Staff were to assist with movement in/out of bed, with mobility and activities of daily living (ADL's) as needed. R5 required assist of 1 with bathing, dressing, and personal hygiene,</p> <p>R5's quarterly MDS dated 1/6/22 indicated intact cognition. R5 had an impairment on one side of his lower extremity.</p> <p>R6's care plan dated 8/19/21, indicated alteration in mobility. Staff were to assist of 1 with ambulation, transfers and assist with movement in/out of bed.</p> <p>R6's significant change MDS dated 1/15/22 indicated intact cognition. R6 required extensive assist with bed mobility, transfers, dressing, toilet use, personal hygiene. R6 had an impairment on one side of his upper and lower extremity: Supervision with locomotion on/off unit.</p> <p>R10's care plan dated 11/22/21, indicated a fall risk and encouraged to use call light for help. R10 had an alteration in mobility and was self care deficit. Staff were to provide assist of 1 with bathing, dressing; assist of 1 with personal hygiene and transfers as needed.</p>	2 800			



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2 800	<p>Continued From page 6</p> <p>R10's quarterly MDS dated 12/17/21, indicated intact cognition. R10 was independent with bed mobility, transfer, to walk in corridor, dressing and toilet use; required supervision to walk in room, locomotion on/off unit.</p> <p>R10's Grievance/Concern Form dated 2/17/22 indicated R10 he went to the nursing station after 5:00 p.m. two days ago (2/15/22), because he had been bleeding on his hand. R10 was told to return to his room and "they will be there shortly."</p> <p>The facility assessment dated 1/31/22 indicated the facility was a 68-bed licensed skilled nursing facility, had a 25-bed transitional care unit (TCU), had 42 beds on the long-term care (LTC), an average daily resident census of 60, average monthly admissions of 15 residents, and average monthly discharges of 11 residents. Admits from hospitals typically occurred on Thursdays, Fridays, and Saturdays during the evening shift. The facility staffing model for the TCU indicated 1-2 licensed nurses for the morning and evening shift (8-hour shift), 2 certified nursing assistance (CNA) for morning and evening shift (7.5-hour shifts), 1 CNA on the night shift (7.5-hour shift), 1 licensed nurse on the night shift (8-hour shift), and a full-time licensed nurse manager. The facility staffing model for the LTC indicated 2 licensed nurses on the morning and afternoon shift (8-hour shift), 4 CNAs on the morning and evening shift (7.5-hour shifts), 1 licensed nurse on the night shift (8-hour shift), 2 CNAs on the night shift (7.5-hour shift), and a full-time licensed nurse manager.</p> <p>The facility call light report from 2/1/22 to 3/1/22 indicated there were 4363 incident counted, 4363 cleared alarms for a total time of 137,996 minutes 41 seconds, the average response time was 31</p>	2 800			

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2 800	<p>Continued From page 7</p> <p>minutes 37 seconds. Of the incident counted approximately 619 exceeded 45 minutes.</p> <p>The facility Resident Council Minutes dated 2/17/22 indicated it was "very noticeable" after 5:00 p.m. call lights were not answered. This was on all wings of the building. Grievances and resident council minutes were sent to the administrator.</p> <p>The Facility Payroll documentation dated 2/1/22 until 3/2/22 indicated staff consistently started their scheduled shift late or left early.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/1/22 the facility was short 1 NA for the evening shift and 1 NA for the night shift.</p> <p>R2's call light was pushed on 2/1/22 at 4:55 p.m. and was cleared 65 minutes and 27 seconds later at 5:59 p.m.</p> <p>R2's call light was pushed on 2/1/22 at 4:55 p.m. and was cleared 65 minutes and 27 seconds later at 5:59 p.m.</p> <p>R4's call light was pushed on 2/1/22 at 7:08 p.m. and was cleared 100 minutes and 37 seconds later at 8:48 p.m.</p> <p>R2's call light was pushed on 2/1/22 at 8:52 p.m. and was cleared 36 minutes and 7 seconds later at 9:29 p.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/2/22 the facility was short 1 NA for the day shift and 1 NA for the evening shift.</p> <p>R6's call light was pushed on 2/2/22 at 4:27 a.m. and was cleared 189 minutes and 29 seconds later at 7:37 a.m.</p> <p>R5's call light was pushed on 2/2/22 at 6:17 a.m. and was cleared 87 minutes and 19 seconds later</p>	2 800			

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2 800	<p>Continued From page 8</p> <p>at 7:44 a.m. R6's call light was pushed on 2/2/22 at 10:05 a.m. and was cleared 32 minutes and 6 seconds later at 10:37 a.m. R4's call light was pushed on 2/2/22 at 10:59 a.m. and was cleared 43 minutes and 53 seconds later at 11:43 a.m. R6's call light was pushed on 2/2/22 at 6:27 p.m. and was cleared 127 minutes and 52 seconds later at 8:35 p.m. R5's call light was pushed on 2/2/22 at 10:11 p.m. and was cleared 163 minutes and 41 seconds later at 2/3/22 at 12:54 a.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/3/22 the facility was short 2 NA for the evening shift. R6's call light was pushed on 2/3/22 at 1:31 a.m. and was cleared 333 minutes and 23 seconds later at 7:04 a.m. R5's call light was pushed on 2/3/22 at 3:01 a.m. and was cleared 72 minutes and 59 seconds later at 4:14 a.m. R1's call light was pushed on 2/3/22 at 5:07 a.m. and was cleared 65 minutes and 34 seconds later at 6:13 a.m. R1's call light was pushed on 2/3/22 at 9:44 a.m. and was cleared 48 minutes and 18 seconds later at 10:33 a.m. R1's call light was pushed on 2/3/22 at 10:43 a.m. and was cleared 83 minutes and 53 seconds later at 12:07 p.m. R2 call light was pushed on 2/3/22 at 1:13 p.m. and was cleared 89 minutes and 32 seconds later at 2:43 p.m. R1's call light was pushed on 2/3/22 at 10:23 p.m. and was cleared 54 minutes and 39 seconds later at 11:17 p.m. R1's call light was pushed on 2/3/22 at 12:00 a.m. and was cleared 41 minutes and 29 seconds later</p>	2 800		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00169</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/03/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE ESTATES AT BLOOMINGTON LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9200 NICOLLET AVENUE SOUTH BLOOMINGTON, MN 55420</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
2 800	<p>Continued From page 9 at 12:41 a.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/4/22 the facility was short 1 NA for the evening shift. R6's call light was pushed on 2/4/22 at 4:53 a.m. and was cleared 311 minutes and 15 seconds later at 10:04 a.m. R4's call light was pushed 2/4/22 at 10:49 a.m. and was cleared 100 minutes and 51 seconds later at 1:02 p.m. R2's call light was pushed 2/4/22 at 4:45 p.m. and was cleared 36 minutes and 41 seconds later at 5:22 p.m. R6's call light was pushed 2/4/22 at 2:29 p.m. and was cleared 42 minutes and 49 seconds later at 3:12 p.m. R6's call light was pushed 2/4/22 at 11:43 p.m. and was cleared 36 minutes and 0 seconds later at 2/5/22 at 12:19 a.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/5/22 the facility was short 1 NA for the night shift. R1's call light was pushed on 2/5/22 at 7:19 a.m. and was cleared 42 minutes and 25 seconds later at 8:01 p.m. R1's call light was pushed 2/5/22 at 8:42 a.m. and was cleared 67 minutes and 41 seconds later at 9:49 p.m. R6's call light was pushed 2/5/22 at 10:27 a.m. and was cleared 70 minutes and 57 seconds later at 11:38 a.m. R1's call light was pushed 2/5/22 at 11:40 a.m. and was cleared 99 minutes and 56 seconds later at 1:20 p.m. R1's call light was pushed 2/5/22 at 6:48 p.m. and was cleared 30 minutes and 57 seconds later at 7:19 p.m. R6's call light was pushed 2/5/22 at 7:30 p.m. and was cleared 132 minutes and 21 seconds later at 9:42 p.m.</p>	2 800			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00169</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/03/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE ESTATES AT BLOOMINGTON LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>9200 NICOLLET AVENUE SOUTH BLOOMINGTON, MN 55420</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 800	<p>Continued From page 10</p> <p>R1's call light was pushed 2/5/22 at 7:54 p.m. and was cleared 41 minutes and 25 seconds later at 8:36 p.m.</p> <p>R2's call light was pushed 2/5/22 at 8:03 p.m. and was cleared 50 minutes and 37 seconds later at 8:54 p.m.</p> <p>R2's call light was pushed 2/5/22 at 9:24 p.m. and was cleared 136 minutes and 13 seconds later at 11:40 p.m.</p> <p>R6's call light was pushed 2/5/22 at 10:19 p.m. and was cleared 30 minutes and 31 seconds later at 10:49 p.m.</p> <p>R6's call light was pushed 2/5/22 at 11:06 p.m. and was cleared 62 minutes and 44 seconds later at 2/6/22 at 12:09 a.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/6/22 the facility was short 2 NA for the day shift, and 1 NA for the evening shift.</p> <p>R6's call light was pushed on 2/6/22 at 9:54 a.m. and was cleared 199 minutes and 34 seconds later at 1:13 p.m.</p> <p>R1's call light was pushed on 2/6/22 at 8:56 p.m. and was cleared 56 minutes and 1 seconds later at 9:52 p.m.</p> <p>R1's call light was pushed on 2/6/22 at 2:43 p.m. and was cleared 87 minutes and 56 seconds later at 4:11 p.m.</p> <p>R4's call light was pushed on 2/6/22 at 6:44 p.m. and was cleared 37 minutes and 20 seconds later at 7:22 p.m.</p> <p>R6's call light was pushed on 2/6/22 at 6:48 p.m. and was cleared 36 minutes and 48 seconds later at 7:25 p.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/7/22 the facility was short 1 NA for the day shift, 2 NA for the evening shift, and 1 NA for the night shift.</p>	2 800		

Minnesota Department of Health

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2 800	<p>Continued From page 11</p> <p>R6's call light was pushed on 2/7/22 at 12:34 a.m. and was cleared 55 minutes and 45 seconds later at 1:29 a.m.</p> <p>R3's call light was pushed on 2/7/22 at 1:38 a.m. and was cleared 33 minutes and 5 seconds later at 2:11 a.m.</p> <p>R10's call light was pushed on 2/7/22 at 2:18 p.m. and was cleared 89 minutes and 22 seconds later at 3:48 p.m.</p> <p>R6's call light was pushed on 2/7/22 at 2:19 p.m. and was cleared 52 minutes and 40 seconds later at 3:11 p.m.</p> <p>R2's call light was pushed on 2/7/22 at 2:46 p.m. and was cleared 39 minutes and 57 seconds later at 3:26 p.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/8/22 the facility was short 2 NA for the evening shift.</p> <p>R6's call light was pushed on 2/8/22 at 12:03 a.m. and was cleared 67 minutes and 27 seconds later at 1:10 a.m.</p> <p>R6's call light was pushed on 2/8/22 at 2:28 p.m. and was cleared 36 minutes and 47 seconds later at 3:05 p.m.</p> <p>R6's call light was pushed on 2/8/22 at 3:05 p.m. and was cleared 88 minutes and 8 seconds later at 4:33 p.m.</p> <p>R4's call light was pushed on 2/8/22 at 9:06 p.m. and was cleared 57 minutes and 52 seconds later at 10:04 p.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/9/22 the facility was short 1 NA for the day shift, 2 NA for the evening shift and 1 NA for the night shift.</p> <p>R6's call light was pushed on 2/9/22 at 12:59 a.m. and was cleared 44 minutes and 20 seconds later at 1:44 a.m.</p> <p>R4's call light was pushed on 2/9/22 at 8:25 a.m.</p>	2 800		

Minnesota Department of Health

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2 800	<p>Continued From page 12</p> <p>and was cleared 55 minutes and 53 seconds later at 9:21 a.m. R1's call light was pushed on 2/9/22 at 9:22 a.m. and was cleared 63 minutes and 43 seconds later at 10:26 a.m. R1's call light was pushed on 2/9/22 at 2:13 p.m. and was cleared 58 minutes and 37 seconds later at 3:12 p.m. R1's call light was pushed on 2/9/22 at 9:45 p.m. and was cleared 38 minutes and 34 seconds later at 10:23 p.m. R3's call light was pushed on 2/9/22 at 9:18 p.m. and was cleared 34 minutes and 47 seconds later at 9:52 p.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/10/22 the facility was short 1 NA for the day shift, and 1 NA for the night shift. R1's call light was pushed on 2/10/22 at 10:25 a.m. and was cleared 35 minutes and 50 seconds later at 11:01 a.m. R6's call light was pushed on 2/10/22 at 4:08 p.m. and was cleared 154 minutes and 15 seconds later at 6:42 p.m. R1's call light was pushed on 2/10/22 at 9:34 p.m. and was cleared 43 minutes and 30 seconds later at 10:17 p.m. R2 call light was pushed on 2/10/22 at 9:42 p.m. and was cleared 41 minutes and 1 seconds later at 10:23 p.m. R1's call light was pushed on 2/10/22 at 10:31 p.m. and was cleared 49 minutes and 8 seconds later at 11:20 p.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/11/22 the facility was short 2 NA for the day shift, and 1 NA for the evening shift. R6's call light was pushed on 2/11/22 at 6:56 a.m.</p>	2 800			

Minnesota Department of Health

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2 800	<p>Continued From page 13</p> <p>and was cleared 67 minutes and 43 seconds later at 8:04 a.m. R2's call light was pushed on 2/11/22 at 7:48 a.m. and was cleared 32 minutes and 1 seconds later at 8:20 a.m. R1's call light was pushed on 2/11/22 at 9:54 a.m. and was cleared 122 minutes and 19 seconds later at 11:57 a.m. R1's call light was pushed on 2/11/22 at 9:47 p.m. and was cleared 45 minutes and 14 seconds later at 10:33 p.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/12/22 the facility was short 1 NA for the day shift, 2 NA for the evening shift and 2 NA for the night shift. R1's call light was pushed on 2/12/22 at 12:44 a.m. and was cleared 68 minutes and 40 seconds later at 1:53 a.m. R1's call light was pushed on 2/12/22 at 4:33 a.m. and was cleared 95 minutes and 21 seconds later at 6:09 a.m. R1's call light was pushed on 2/12/22 at 10:40 a.m. and was cleared 32 minutes and 52 seconds later at 11:13 a.m. R6's call light was pushed on 2/12/22 at 6:49 p.m. and was cleared 69 minutes and 48 seconds later at 7:59 p.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/13/22 the facility was short 1 NA for the day shift, and 1 NA for the evening shift. R1's call light was pushed on 2/13/22 at 12:12 a.m. and was cleared 72 minutes and 31 seconds later at 1:25 a.m. R1's call light was pushed on 2/13/22 at 10:52 a.m. and was cleared 30 minutes and 39 seconds later at 11:23 a.m. R6's call light was pushed on 2/13/22 at 6:35 a.m.</p>	2 800		



Minnesota Department of Health

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2 800	<p>Continued From page 14</p> <p>and was cleared 80 minutes and 59 seconds later at 7:56 a.m. R6 call light was pushed on 2/13/22 at 1:45 p.m. and was cleared 45 minutes and 2 seconds later at 2:30 p.m.</p> <p>R5's call light was pushed on 2/13/22 at 9:19 p.m. and was cleared 101 minutes and 20 seconds later at 11:00 p.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/14/22 the facility was short 1 NA for the day shift.</p> <p>R1's call light was pushed on 2/14/22 at 7:32 a.m. and was cleared 145 minutes and 24 seconds later at 9:58 a.m.</p> <p>R4's call light was pushed on 2/14/22 at 9:22 a.m. and was cleared 37 minutes and 45 seconds later at 10:02 a.m.</p> <p>R6's call light was pushed on 2/14/22 at 2:26 p.m. and was cleared 35 minutes and 28 seconds later at 3:02 p.m.</p> <p>R4's call light was pushed on 2/14/22 at 8:12 p.m. and was cleared 34 minutes and 22 seconds later at 8:47 p.m.</p> <p>R6's call light was pushed on 2/14/22 at 9:29 p.m. and was cleared 155 minutes and 59 seconds later 2/15 at 12:05 a.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/15/22 the facility was short 3 NA for the day shift and 1 NA for the night shift.</p> <p>R6's call light was pushed on 2/15/22 at 7:32 a.m. and was cleared 68 minutes and 44 seconds later at 8:40 p.m.</p> <p>R1's call light was pushed on 2/15/22 at 7:35 a.m. and was cleared 42 minutes and 20 seconds later at 8:17 a.m.</p> <p>R1's call light was pushed on 2/15/22 at 10:42 a.m. and was cleared 40 minutes and 28 seconds later at 11:23 a.m.</p>	2 800		

Minnesota Department of Health

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2 800	Continued From page 15  R10's call light was pushed on 2/15/22 at 1:25 p.m. and was cleared 46 minutes and 4 seconds later at 2:11 p.m. R6 call light was pushed on 2/15/22 at 11:38 p.m. and was cleared 141 minutes and 15 seconds later at 2/16/22 at 2:00 a.m.  The Facility Payroll compared to the Employee schedule indicated on 2/16/22 the facility was short 3 NA for the day shift, and 2 NA for the evening shift. R6's call light was pushed on 2/16/22 at 4:21 a.m. and was cleared 157 minutes and 6 seconds later at 6:58 a.m. R10's call was pushed on 2/16/22 at pushed his call light at 5:22 a.m. and was cleared 229 minutes and 50 seconds later at 9:12 a.m. R1's call light was pushed on 2/16/22 at 7:16 a.m. and was cleared 32 minutes and 3 seconds later at 7:48 a.m. R1's call light was pushed on 2/16/22 at 7:48 a.m. and was cleared 41 minutes and 34 seconds later at 8:30 a.m. R6's call light was pushed on 2/16/22 at 9:45 a.m. and was cleared 30 minutes and 20 seconds later at 10:16 a.m. R1's call light was pushed on 2/16/22 at 11:15 a.m. and was cleared 34 minutes and 40 seconds later at 11:49 a.m. R2's call light was pushed on 2/16/22 at 11:29 a.m. and was cleared 61 minutes and 20 seconds later at 12:31 p.m. R6's call light was pushed on 2/16/22 at 5:28 p.m. and was cleared 136 minutes and 3 seconds later at 7:44 p.m. R4's call light was pushed on 2/16/22 at 12:57 p.m. and was cleared 92 minutes and 37 seconds later at 2:29 p.m. R2's call light was pushed on 2/16/22 at 8:45 p.m. and was cleared 40 minutes and 13 seconds later	2 800		

Minnesota Department of Health

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2 800	<p>Continued From page 16 at 9:25 p.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/17/22 the facility was fully staffed. R6's call light was pushed on 2/17/22 at 5:23 a.m. and was cleared 43 minutes and 39 seconds later at 6:07 a.m. R1's call light was pushed on 2/17/22 at 7:53 a.m. and was cleared 35 minutes and 53 seconds later at 8:29 a.m. R4's call light was pushed on 2/17/22 at 1:57 p.m. and was cleared 43 minutes and 19 seconds later at 2:40 p.m. R6's call light was pushed on 2/17/22 at 5:35 p.m. and was cleared 67 minutes and 45 seconds later at 6:43 p.m. R6's call light was pushed on 2/17/22 at 6:43 p.m. and was cleared 71 minutes and 32 seconds later at 7:54 p.m. R1's call light was pushed on 2/17/22 at 10:05 p.m. and was cleared 37 minutes and 38 seconds later at 10:43 p.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/18/22 the facility was short 2 NA for the day shift, 2 for the evening shift and 1 for night shift. R6's call light was pushed on 2/18/22 at 6:55 a.m. and was cleared 32 minutes and 56 seconds later at 7:28 a.m. R1's call light was pushed on 2/18/22 at 7:48 a.m. and was cleared 35 minutes and 33 seconds later at 8:24 a.m. R4's call light was pushed on 2/18/22 at 7:20 p.m. and was cleared 40 minutes and 32 seconds later at 8:00 p.m. R1's call light was pushed on 2/18/22 at 7:41 p.m. and was cleared 129 minutes and 1 seconds later at 9:50 p.m.</p>	2 800			

Minnesota Department of Health

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2 800	<p>Continued From page 17</p> <p>R6's call light was pushed on 2/18/22 at 8:42 p.m. and was cleared 40 minutes and 20 seconds later at 9:23 a.m.</p> <p>R3's call light was pushed on 2/18/22 at 10:02 p.m. and was cleared 53 minutes and 12 seconds later at 10:55 p.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/19/22 the facility was short 1 NA for the evening shift and 1 NA for the night shift.</p> <p>R6's call light was pushed on 2/19/22 at 6:17 a.m. and was cleared 65 minutes and 18 seconds later at 7:22 a.m.</p> <p>R1's call light was pushed on 2/19/22 at 7:05 a.m. and was cleared 49 minutes and 8 seconds later at 7:54 a.m.</p> <p>R6's call light was pushed on 2/19/22 at 8:53 a.m. and was cleared 144 minutes and 50 seconds later at 11:17 a.m.</p> <p>R3's call light was pushed on 2/19/22 at 10:31 a.m. and was cleared 49 minutes and 25 seconds later at 11:20 a.m.</p> <p>R1's call light was pushed on 2/19/22 at 9:50 p.m. and was cleared 50 minutes and 56 seconds later at 10:41 p.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/20/22 the facility was short 1 NA for the day shift, 1 NA for the evening and 1 NA for the night shift.</p> <p>R6's call light was pushed on 2/20/22 at 4:17 a.m. and was cleared 53 minutes and 9 seconds later at 5:10 a.m.</p> <p>R6's call light was pushed on 2/20/22 at 6:52 a.m. and was cleared 62 minutes and 13 seconds later at 7:55 a.m.</p> <p>R1's call light was pushed on 2/20/22 at 8:08 a.m. and was cleared 41 minutes and 34 seconds later at 8:50 a.m.</p>	2 800		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00169</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/03/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE ESTATES AT BLOOMINGTON LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>9200 NICOLLET AVENUE SOUTH BLOOMINGTON, MN 55420</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 800	<p>Continued From page 18</p> <p>R6's call light was pushed on 2/20/22 at 10:11 a.m. and was cleared 89 minutes and 32 seconds later at 11:41 a.m.</p> <p>R1's call light was pushed on 2/20/22 at 11:12 a.m. and was cleared 30 minutes and 41 seconds later at 11:43 a.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/21/22 the facility was short 3 NA for the day shift.</p> <p>R6's call light was pushed on 2/21/22 at 3:03 a.m. and was cleared 49 minutes and 1 seconds later at 3:52 a.m.</p> <p>R1's call light was pushed on 2/21/22 at 7:51 a.m. and was cleared 57 minutes and 53 seconds later at 8:49 a.m.</p> <p>R6's call light was pushed on 2/21/22 at 10:10 a.m. and was cleared 37 minutes and 32 seconds later at 10:48 a.m.</p> <p>R1's call light was pushed on 2/21/22 at 11:47 a.m. and was cleared 132 minutes and 25 seconds later at 2:00 p.m.</p> <p>R5's call light was pushed on 2/21/22 at 7:17 p.m. and was cleared 42 minutes and 15 seconds later at 7:59 p.m.</p> <p>R6's call light was pushed on 2/21/22 at 10:38 p.m. and was cleared 34 minutes and 55 seconds later at 11:13 p.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/22/22 the facility was short 1 NA for the day shift, and 2 NA for the evening shift.</p> <p>R4's call light was pushed on 2/22/22 at 9:15 a.m. and was cleared 32 minutes and 52 seconds later at 9:48 a.m.</p> <p>R6's call light was pushed on 2/22/22 at 9:31 a.m. and was cleared 68 minutes and 31 seconds later at 10:40 a.m.</p> <p>R2's call light was pushed on 2/22/22 at 2:09 p.m.</p>	2 800		

Minnesota Department of Health

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2 800	<p>Continued From page 19</p> <p>and was cleared 54 minutes and 16 seconds later at 3:03 p.m. R4's call light was pushed on 2/22/22 at 7:15 p.m. and was cleared 36 minutes and 40 seconds later at 7:51 p.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/23/22 the facility was short 1 NA for the day shift. R6's call light was pushed on 2/23/22 at 1:54 a.m. and was cleared 77 minutes and 3 seconds later at 3:11 a.m. R6's call light was pushed on 2/23/22 at 5:20 a.m. and was cleared 81 minutes and 5 seconds later at 6:41 a.m. R4's call light was pushed on 2/23/22 at 7:59 p.m. and was cleared 93 minutes and 29 seconds later at 9:23 p.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/24/22 the facility was short 1 NA for the day shift and 1 NA for the night shift. R6's call light was pushed on 2/24/22 at 2:18 a.m. and was cleared 63 minutes and 25 seconds later at 3:22 a.m. R6's call light was pushed on 2/24/22 at 3:18 p.m. and was cleared 74 minutes and 22 seconds later at 4:33 p.m. R6's call light was pushed on 2/24/22 at 10:12 p.m. and was cleared 61 minutes and 22 seconds later at 11:13 p.m. R2's call light was pushed on 2/24/22 at 10:27 p.m. and was cleared 38 minutes and 40 seconds later at 11:05 p.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/25/22 the facility was short 1 licensed nurse for the day shift, 1 NA for the evening shift, 1 licensed nurse for night shift,</p>	2 800		

Minnesota Department of Health

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2 800	<p>Continued From page 20</p> <p>and 2 NA for the night shift. R6's call light was pushed on 2/25/22 at 4:24 a.m. and was cleared 33 minutes and 2 seconds later at 4:57 a.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/26/22 the facility was short 1 NA for the evening shift and 2 NA for the night shift. R6's call light was pushed on 2/26/22 at 5:50 a.m. and was cleared 79 minutes and 4 seconds later at 7:09 a.m. R5's call light was pushed on 2/26/22 at 12:19 a.m. and was cleared 35 minutes and 4 seconds later at 12:54 a.m. R2's call light was pushed on 2/26/22 at 11:23 p.m. and was cleared 30 minutes and 20 seconds later at 11:54 p.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/27/22 the facility was short 2 NA for the day shift, 2 NA for evening shift and 1 NA for the night shift. R6's call light was pushed on 2/27/22 at 3:39 p.m. and was cleared 195 minutes and 34 seconds later at 6:55 p.m. R6's call light was pushed on 2/27/22 at 6:55 p.m. and was cleared 37 minutes and 26 seconds later at 7:32 p.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 2/28/22 the facility was short 2 NA for the day shift and 5 nursing assistants for the evening shift. R4's call light was pushed on 2/28/22 at 10:53 a.m. and was cleared 89 minutes and 55 seconds later at 12:23 p.m. R2's call light was pushed on 2/28/22 at 3:41 p.m. and was cleared 31 minutes and 33 seconds later at 4:12 p.m.</p>	2 800		

Minnesota Department of Health

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2 800	<p>Continued From page 21</p> <p>R5's call light was pushed on 2/28/22 at 8:00 p.m. and was cleared 195 minutes and 12 seconds later at 11:15 p.m.</p> <p>R2's call light was pushed on 2/28/22 at 9:06 p.m. and was cleared 56 minutes and 22 seconds later at 10:02 p.m.</p> <p>R3's call light was pushed on 2/28/22 at 9:27 p.m. and was cleared 34 minutes and 54 seconds later at 10:02 p.m.</p> <p>The Facility Payroll compared to the Employee schedule indicated on 3/1/22 the facility was short 3 NAs for the evening shift and 1 NA for the night shift.</p> <p>R6's call light was pushed on 3/1/22 at 6:43 a.m. and was cleared 77 minutes and 38 seconds later at 8:00 a.m.</p> <p>R2's call light was pushed on 3/1/22 at 1:38 p.m. and was cleared 105 minutes and 42 seconds later at 3:24 p.m.</p> <p>R3's call light was pushed on 3/1/22 at 2:31 p.m. and cleared 48 minutes and 21 seconds later at 3:20 p.m.</p> <p>R6's call light was pushed on 3/1/22 at 1:09 p.m. and was cleared 31 minutes and 2 seconds later at 1:40 p.m.</p> <p>R6's call light was pushed on 3/1/22 at 2:48 p.m. and was cleared 91 minutes and 3 seconds later at 4:19 p.m.</p> <p>During an interview on 3/2/22 at 10:00 a.m. R5 and R6 stated there was an issue with the time they needed wait for their call lights to get answered. R5 stated on 2/17/22 at resident council residents in attendance brought up their concern that staff do not answer call lights and the issue needed to be addressed. R5 stated he had to wait long hours at times for staff to answer his call light. R5 further stated this has overwhelmed him of the concern when he will get</p>	2 800		



Minnesota Department of Health

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2 800	<p>Continued From page 22</p> <p>care when he needed. R5 stated he had to wait hours just for assistance which had become a big problem. R5 stated the issue needed to get addressed as residents should not have to continuously wait hours to get care.</p> <p>During an interview on 3/2/22 at 10:20 a.m. personal care assistant (PCA) -A stated she had visited R1 at the facility and has seen "extreme neglect" many times. PCA-A stated she had seen R1 left on the toilet longer than 30 minutes and R1 had to bang on the wall to get staffs attention as they did not answer his call light. PCA-A further stated R1 had to wait hours just to get help on a basic care which she felt was not acceptable. PCA-A stated this issue was brought up at resident council and had affected all the residents.</p> <p>During an interview on 3/2/22 at 11:28 a.m. Administrator and director of nursing (DON) stated they could only run the average call light report for the day.</p> <p>During an interview on 3/2/22 at 12:40 a.m. R4 stated she was frustrated as it took staff a long time to answer her call light when she needed help. R4 further stated she thought the long call light wait time was related to the facility was short staff. R4 also sated staff would be short at times with her when they spoke because they were busy. R4 stated she required staff to assist her due to her urinary incontinence which she could not control. R4 also stated it made her worry if she had an emergency and fell that staff would not come to her soon enough. R4 further stated if an emergency happened it scared her that she would have to wait a minimum of 45 minutes until someone noticed.</p>	2 800			

Minnesota Department of Health

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2 800	<p>Continued From page 23</p> <p>During an interview on 3/2/22 at 12:50 p.m. nursing assistant (NA)-A stated staff were doing the best they could but the residents within the facility were hurting. NA-A stated when there was not enough staff the residents are denied care. NA-A further stated when the facility was fully staff there still were not enough staff to care for the residents. NA-A further stated the care for resident was even worse when scheduled staff did not show up. NA-A stated the virus did not cause the issue it only added to the situation. NA-A stated the residents meant a lot and it hurt as NA-A was not able to help the residents as they deserved. NA-A stated one person could only do so much if they were short staff.</p> <p>During an interview on 3/2/22 at 1:23 a.m. the regional ombudsman (RO) stated everyone who attended residence counsel on 2/17/22 had concerns related to staff not answering their call lights. RO further stated the focus of the meeting was the call light wait time which was worse after 5:00 p.m.</p> <p>During an interview on 3/2/22 at 2:31 a.m. the administrator stated she was not aware of the call light issues that were brought up at resident council on 2/17/22 until earlier that morning. The administrator further stated the grievance and resident council concerns were not followed up on as the administrator was on vacation at the time of the meeting. The administrator stated since she was gone, therapeutic recreation (TR) staff put the grievances and council minutes in her mailbox, of which she was not aware. The administrator further stated to prevent the issue from happening again, the facility planned to have TR staff provide resident council minutes and grievance to the DON if the administrator was gone. The administrator further stated this way</p>	2 800			

Minnesota Department of Health

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2 800	<p>Continued From page 24</p> <p>the concerns brought up can be followed up right away.</p> <p>During an interview on 3/2/22 at 2:52 a.m. activities director (AD) -A stated the main concern at resident council were that call lights were on a long time and took hours for staff to answer them. AD-A stated he felt the issue was related to short staff which caused longer wait time for the residents. AD-A stated he was not sure what was put into place after resident council to help the call light situation. AD-further stated some of the concerns brought up seemed like neglect of care.</p> <p>During an interview on 3/2/22 at 3:13 a.m. R2 stated she was concerned with the length of time it took staff to answer her call light. R2 further stated on 3/1/22 she has had to wait over 1.5 hours for staff to help. R2 further stated on 3/1/22 she missed the Mardi-Gras party as staff did not answer her call light to help her go to the party. R2 further stated she was upset that she could not go to the party because no one was available to help her get there. R2 stated she relied on staff to help her with her activities of daily living (ADL). R2 stated her roommate, R3 helped her with care when it took a long time for staff to answer her call light. R2 stated she would not know what she would do without R3. R2 also stated it made her anxious when she had to wait for staff to answer her call light as she relied on staff for all cares. R2 further stated she has had to sit in a wet brief an entire day at times as staff would tell her they cannot change her as there needs to be two staff. R2 stated she got anxious when she thought about staff not being available to help her. R2 stated sometimes she will allow the big and strong aides change her alone even it was not safe as she needed 2 staff, but she just wanted her brief changed.</p>	2 800			

Minnesota Department of Health

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2 800	<p>Continued From page 25</p> <p>During an interview on 3/2/22 at 3:16 a.m. R3 stated she was R2's roommate and has seen R2 have to sit in a wet brief from 8:00 a.m. until 8:00 p.m. before. R3 stated staff will tell R2 they only had one aide so R2 had to stay in her bed all day. R3 stated there were not enough aides to help and she did what she safely could do to help R2 with her cares. R3 stated she will cut up R2's food, put her covers on, move her table, get her beverages, whatever she could to help R2 when staff couldn't. R3 further stated when staff do not come to help R2 she seemed to get "real anxious." R3 also stated she was concerned with the long response of call lights as if someone fell or got hurt it could take staff over an hour and half for staff to check the call light to help them. R3 stated at times she would put her call light on with hope staff would come and she could tell them to help R2.</p> <p>During an interview on 3/2/22 at 3:26 p.m. NA-B stated he worked alone a lot and tried his best to answer call light but could only do so much. NA-B stated he cannot transfer R2 alone as she needed two staff and a Hoyer lift. NA-B further stated he would ask a nurse for help, but the nurse was sometimes busy therefore R2 had to wait.</p> <p>During an interview on 3/2/22 at 3:39 a.m. the DON stated he expected staff to check on a resident in 10-15 minutes if the call light was pushed but to not turn the light off until task the resident wanted was completed.</p> <p>During an interview on 3/2/22 at 4:20 p.m. the DON verified R2's call light was not answered on 3/1/22 and she missed the activity. The DON further stated staff could not assist R2 on 3/1/22</p>	2 800			

Minnesota Department of Health

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2 800	<p>Continued From page 26</p> <p>as they were busy with another resident who was in an emergency.</p> <p>During an interview on 3/3/22 at 8:50 a.m. family member (FM)-A stated there was a certain lack of care for her mother because of not having enough staff. FM-A stated she had concerns as there were times her mother had to stay in bed all day or have forgotten to take her to activities which her mother loved. FM-A stated her mom got upset when she could not go to activities and activities were especially important to her. FM-A stated there had been times when R2 had to put her call light on and wait an hour at least. FM-A further stated there were times when R2 had to sit soiled in her brief for long periods of time as there was no staff to help care for her. FM-A stated the long wait for staff has played into R2's anxiety and her medication were recently changed. FM-A stated there are wonderful nurses and aides there was just not enough of them to care for the residents.</p> <p>During an interview on 3/3/22 at 10:27 a.m. NA-C stated the facility was short staff 2 or 3 out of the 4 shifts she worked. NA-C further stated she can only do what she can do if the facility was short staff.</p> <p>During an interview on 3/3/22 at 3:57 p.m., maintenance (M)-A stated she oversaw the maintenance of the call lights for the past year. M-A stated she was not aware a call light report exited until that day when she spoke to technical support. M-A stated if there was an issue with the call light, staff were to call her directly as this was a huge concern due to the fact something critical could happen and a resident needed a working call light. M-A went through her maintenance orders for call lights in February until 3/3/22. M-A</p>	2 800		

Minnesota Department of Health

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2 800	<p>Continued From page 27</p> <p>stated an issue with a call light would be set for critical issue and should be fixed as soon as possible. M-A further stated there have been issues with the past related the call light occasionally popped off the wall, not turn on or a dementia care resident who discharged on 2/6/22 used to take the call light from residents' rooms. M-A stated she was not aware of any call lights that were not functioning correctly as she corrected them within a day usually. M-A went over the call light report and verified the call light times were long and felt related to short staffing.</p> <p>During an interview on 3/3/22 at 5:10 a.m. DON stated the facility stopped completing customer service audits since November 2021, as there was a COVID outbreak. DON further stated the customer service audits were helpful to identify issues the residents had like call lights, and he planned to implement these audits again. DON stated his expectation would be for staff to check on a resident within 15 minutes if they put on their call light but not turn off the light until the care was completed. DON further stated his expectation would be for staff to assist with a resident's care within 30 minutes.</p> <p>During an interview on 3/4/22 at 10:32 a.m. NA-C stated adequate staff levels had been a huge problem which has affected the resident care. NA-C stated residents always complain their call lights are not answered but could only do so much if there was not enough staff. NA-C further stated she was burnt out on the way the facility was run, "To many Chiefs and not enough Indians." NA-C stated the facility continued to put the name of someone on the schedule who did not show up for 3 months or put the same staffs name on the schedule twice to make it look like they were staffed. NA-C stated there had been</p>	2 800		

Minnesota Department of Health

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2 800	Continued From page 28  situation this past month when there was only one NA to care for the entire facility. NA-C further stated staff needed help to care for the residents therefore called the DON, nurse manger, anyone they could think of, but no one answered. NA-C stated recently the facility will "hide" the schedule from staff, so staff are not aware if they were short staffed or if they were scheduled with someone who does not come in. NA-C also stated the other facility staff could occasionally assist with call lights during the day, but no one helped the evening staff. NA-C stated the DON and nurse manager told her they do not get paid to work a double as they were salaried and just left when there were not enough staff. NA-C stated the call lights go on for so long as the facility was short staff. NA-C further stated NA had to care for 20 or 30 residents alone and it took time to answer all the call lights.  A facility call light policy and procedure was requested but not provided.  A facility quality of care policy and procedure was requested but not provided.  SUGGESTED METHOD OF CORRECTION: The Director of Nursing or designated person to determine how the deficiency occurred, review policies and procedures, revise as necessary, educated staff on revisions, and monitor to ensure compliance.  TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	2 800		
21880	MN St. Statute 144.651 Subd. 20 Patients & Residents of HC Fac.Bill of Rights	21880		4/8/22

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00169</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/03/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE ESTATES AT BLOOMINGTON LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9200 NICOLLET AVENUE SOUTH BLOOMINGTON, MN 55420</b>		
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21880	<p>Continued From page 29</p> <p>Subd. 20. Grievances. Patients and residents shall be encouraged and assisted, throughout their stay in a facility or their course of treatment, to understand and exercise their rights as patients, residents, and citizens. Patients and residents may voice grievances and recommend changes in policies and services to facility staff and others of their choice, free from restraint, interference, coercion, discrimination, or reprisal, including threat of discharge. Notice of the grievance procedure of the facility or program, as well as addresses and telephone numbers for the Office of Health Facility Complaints and the area nursing home ombudsman pursuant to the Older Americans Act, section 307(a)(12) shall be posted in a conspicuous place.</p> <p>Every acute care inpatient facility, every residential program as defined in section 253C.01, every nonacute care facility, and every facility employing more than two people that provides outpatient mental health services shall have a written internal grievance procedure that, at a minimum, sets forth the process to be followed; specifies time limits, including time limits for facility response; provides for the patient or resident to have the assistance of an advocate; requires a written response to written grievances; and provides for a timely decision by an impartial decision maker if the grievance is not otherwise resolved. Compliance by hospitals, residential programs as defined in section 253C.01 which are hospital-based primary treatment programs, and outpatient surgery centers with section 144.691 and compliance by health maintenance organizations with section 62D.11 is deemed to be compliance with the requirement for a written internal grievance procedure.</p>	21880			



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21880	<p>Continued From page 30</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure grievances and concerns brought up at resident council related to long call-light wait times were acted upon for timely resolution for 3 of 3 residents (R1, R5, R10) reviewed with ongoing complaints of assistance with care and call light response time.</p> <p>Findings include:</p> <p>R1's Diagnoses dated 2/2/22, indicated fracture left radius, pelvis fracture, chronic pain, anxiety, diabetes (DM) type two, and hypertension (HTN).</p> <p>R1's admission Minimum Data Set dated 2/8/22, indicated intact cognition. R1 required limited assistance with bed mobility, transfers, walking in room/corridor, locomotion on/off unit, dressing, toilet use. R1 had an impairment on one side of upper extremity.</p> <p>R1's Grievance/Concern Form dated 2/17/22, indicated R1 stated nursing staff do not respond easily or quickly to his call light. R1 also stated nursing staff told him to break and put his own cold pack on and "threw it at me, so I threw it out the hallway."</p> <p>The facility Resident Council Minutes dated 2/17/22, indicated it was "very noticeable" after 5:00 p.m. call lights were not answered. This was on all wings of the building. Grievances and resident council minutes were sent to the</p>	21880	corrected		

Minnesota Department of Health

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21880	<p>Continued From page 31</p> <p>administrator.</p> <p>R10's Grievance/Concern Form dated 2/17/22, indicated R10 went to the nursing station after 5:00 p.m. two days ago (2/15/22), because he had been bleeding on his hand. R10 was told to return to his room and "they will be there shortly."</p> <p>R10 quarterly MDS dated 12/17/21, indicated intact cognition. R10 was not steady but able to stabilize without human assistance with balance during transition and walking.</p> <p>R5's quarterly MDS dated 1/6/22, indicated intact cognition. R5 had an impairment on one side of his lower extremity.</p> <p>During an interview on 3/2/22, at 10:00 a.m. R5 stated during resident council on 2/17/22, he brought up the concern that staff do not answer call lights and the issue needed to be addressed. R5 stated there were not enough staff to answer the call lights which affected the residents who had to wait hours for assistance. R5 further stated the issue had become more of a problem.</p> <p>During an interview on 3/2/22, at 12:50 p.m. nursing assistant (NA)-A stated staff were doing the best they could but the residents within the facility were hurting. NA-A stated when there was not enough staff therefore residents were denied care. NA-A further stated when the facility was fully staff there still were not enough staff to appropriately care for the residents. NA-A further stated the ability to care for resident was even worse when scheduled staff did not show up. NA-A stated the virus did not cause the issue it only added to the situation.</p> <p>During an interview on 3/2/22, at 1:23 a.m. the</p>	21880			

Minnesota Department of Health

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21880	<p>Continued From page 32</p> <p>regional ombudsman (RO) stated she went to the resident council meeting on 2/17/22, and everyone who attended had concerns related to staff not answering their call lights. RO further stated the focus of the meeting was the call light, which was worse after 5:00 p.m.</p> <p>During an interview on 3/2/22, at 2:31 a.m. the administrator stated she was not aware of the call light issues that were brought up at resident council on 2/17/22, until earlier that morning on 3/2/22. The administrator further stated the grievance and resident council concerns were not followed up on as the administrator was on vacation. The administrator further stated Therapeutic recreation (TR) staff put the grievances and council minutes in her mailbox therefore no one followed up. The administrator stated to prevent the issue from happening again, the facility planned to have TR staff provide resident council minutes and grievances to the director of nursing (DON) if the administrator was gone. The administrator further stated this way the grievances brought up would be followed up right away.</p> <p>During an interview on 3/2/22, at 2:52 a.m. activities director (AD) stated complaints and grievances brought up at resident council were taken to the administrator to follow up on and sign. AD stated once a grievance was made it was up to the administration to follow up on. AD-A stated the main concern at resident council were issues with call lights. AD-A further stated residents had complaints that call lights were on a long time and even hours. AD-A stated he was not sure what was put into place after resident council to help the situation.</p> <p>During an interview on 3/3/22, at 5:10 a.m. DON</p>	21880			

Minnesota Department of Health

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21880	<p>Continued From page 33</p> <p>stated the facility stopped completing customer service audits since November 2021 as there was a COVID outbreak. DON further stated the customer service audits were helpful to identify issues the residents had like call light, and he planned to implement these audits again. DON stated his expectation would be for staff to check on a resident within 15 minutes if they put on their call light but not turn on until the care was done. DON further stated his expectation would be for staff to assist with a resident's care within 30 minutes.</p> <p>The facility Grievance policy dated 11/2019, indicated all complaints and grievances should be verbally expressed as follows: First to the Nurse Manager and if unresolved, to the Administrator, and if still unresolved, to the Vice President of Assisted Living. Purpose Any tenant, tenant representative, or applicant for admission who has reason to believe that he/she had been mistreated, denied services, or discriminated against in any aspect may file a complaint or grievance. A grievance form should be completed when the verbal complaint had been voiced and the grievance remains unresolved. The nurse manager or designee shall conduct and investigation of the grievance to determine validity.</p> <p>SUGGESTED METHOD OF CORRECTION: The Director of Nursing or designated person to determine how the deficiency occurred, review policies and procedures, revise as necessary, educated staff on revisions, and monitor to ensure compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days.</p>	21880			