



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

Electronically Delivered  
October 10, 2024

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

RE: CCN: 245324  
Cycle Start Date: September 4, 2024

Dear Administrator:

On October 8, 2024, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

A handwritten signature in black ink, appearing to read 'Melissa Poepping'.

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



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

Electronically delivered  
September 27, 2024

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

RE: CCN: 245324  
Cycle Start Date: September 4, 2024

Dear Administrator:

On September 4, 2024, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

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

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

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

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

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

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

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

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

#### DEPARTMENT CONTACT

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

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

#### PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, 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 December 4, 2024 (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 March 4, 2025 (six months after the

The Estates At Bloomington LLC

September 27, 2024

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

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

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

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

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

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

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

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

Feel free to contact me if you have questions.

Sincerely,



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



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September 27, 2024

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

Re: Event ID: 6NF811

Dear Administrator:

The above facility survey was completed on September 4, 2024 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

Electronically posted is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Melissa Poepping'.

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

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  C <b>09/04/2024</b>
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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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(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
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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 9/4/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was IN compliance with the MN State Licensure</p> <p>The following complaints were reviewed during the survey. H53247167C (MN00105850,</p>	2 000		
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Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

09/30/24

Minnesota Department of Health

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2 000	<p>Continued From page 1</p> <p>MN00105867, and MN00105866)</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software.</p> <p>The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.</p>	2 000		

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>09/04/2024</b>
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>On 9/4/24, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.</p> <p>The following complaints were reviewed. H53247167C (MN00105850, MN00105867, and MN00105866) with a deficiency issued at F684.</p> <p>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.</p> <p>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.</p>	F 000		
F 684 SS=D	<p><b>Quality of Care</b> CFR(s): 483.25</p> <p>§ 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:</p>	F 684		9/30/24

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

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(X6) DATE

Electronically Signed

09/30/2024

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

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F 684	<p>Continued From page 1</p> <p>Based on interview and record review, the facility failed to verify orders written by a provider for one of one resident (R1) reviewed. R1 had orders for wound care treatments and the facility thought the orders were written in error but did not verify the orders with the provider.</p> <p>Findings include:</p> <p>R1's medical records indicated R1 was admitted to the facility on 6/7/24 with a primary diagnosis of cellulitis of right lower limb. R1's additional diagnoses included venous insufficiency, muscle weakness, chronic kidney disease stage three, and anemia.</p> <p>R1's wound care progress note dated 7/24/24 indicated nurse practitioner (NP) ordered staff to clean vascular ulcer dorsum second interdigital on R1's right side daily and paint daily with Betadine.</p> <p>R1's wound care progress note dated 7/31/24 indicated nurse practitioner (NP) ordered staff to clean vascular ulcer dorsum second interdigital on R1's right side daily and paint daily with Betadine.</p> <p>R1's treatment administration record dated July 2024 indicated R1 did not have an order for staff to clean vascular ulcer dorsum second interdigital on R1's right side daily and paint daily with Betadine.</p> <p>During an interview on 9 /4/24 at 2: 11 p.m., registered nurse (RN)-C stated once the wound care nurse sees the resident with the wound care provider, the wound care nurse would update or change the resident's orders and treatment plans.</p>	F 684	<p>IMMEDIATE CORRECTIVE ACTION:</p> <p>R1 discharged from the facility.</p> <p>CORRECTIVE ACTION AS IT APPLIES TO OTHERS:</p> <p>All other residents being followed on wound rounds were audited to ensure orders in wound provider dictation match the orders in PCC. The provider was notified of any orders that needed to be clarified and clarifications were made.</p> <p>The facility now has a different wound care provider.</p> <p>Provided education to the wound care provider to ensure they are reviewing PCC when completing dictation to ensure their dictation is matching PCC including; (1) type of wound; (2) location; (3) the orders. They are to ensure they have an order listed for each active wound and that they have no orders listed for wounds that have resolved. If the wound provider feels something is inaccurate in PCC, they should notify a clinical leader at the facility.</p> <p>Provided education to clinical leadership that the nurse rounding with the wound care provider is responsible to review the dictation for each resident that was seen and ensure the dictation matches PCC including; (1) type of wound; (2) location; (3) the orders. The nurse leader is responsible to reach out to the wound care provider for clarification if something</p>	

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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 684	<p>Continued From page 2</p> <p>During an interview on 9/4/24 at 2:35 p.m., RN-A stated once the wound care provider see's the residents who have wounds, the clinical manager (CM) would review the plan written by the plan, notes, and instructions and she would make orders based off those plans, notes, and instructions.</p> <p>During an interview on 9/4/24 at 2:40 p.m., CM stated once the facility received the wound provider progress notes, CM would enter new orders and update the treatment plan. CM stated if there were not new orders from the wound care provider, the facility would continue with the current care plan. CM stated the provider note transcriber would not remove treatment plan recommendations on the wound progress notes. CM stated, "I think the wound care provider, or her transcriber made a mistake by putting the treatment recommendations in that wound progress note from 7/24/24 and 7/31/24."</p> <p>During an interview on 9/4/24 at 3:32 p.m., the nurse practitioner (NP) stated if she had written orders for a resident and there was questions or confusion from the facility nursing staff, her expectation would be for the nurses to clarify orders with me. NP stated if she had written orders, her expectation is that those orders would be followed. NP stated the nurses did not clarify orders from 7/24/24 or 7/31/234 with her.</p> <p>During an interview on 9/4/24 at 4:04 p.m., the administrator stated her expectation is the facility would follow orders written by the provider. The administrator stated if a nurse did not understand orders written by the provider, the nurse should go to the CM or the provider to clarify them.</p>	F 684	<p>is not matching. If found that provider dictated inaccurately, the clinical leader is to ensure that the dictation was amended.</p> <p>RECURRENCE WILL BE PREVENTED BY:</p> <p>Audit 10 residents with wounds weekly to ensure that the orders listed in the dictation match the orders in PCC including orders for each active wound and orders for resolved wounds were discontinued. Audits to be completed weekly x 4 weeks then monthly x 2 months. The results of these audits will be shared with the facility QAPI Committee to either increase, decrease, or discontinue the audits.</p> <p>CORRECTIONS WILL BE MONITORED BY:</p> <p>Administrator or Designee</p>	

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

PRINTED: 10/08/2024  
FORM APPROVED  
OMB NO. 0938-0391

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F 684	Continued From page 3  A treatment order policy was requested, and none was received.	F 684		

Minnesota Department of Health

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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 9/4/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was IN compliance with the MN State Licensure</p> <p>The following complaints were reviewed during the survey. H53247167C (MN00105850,</p>	2 000		
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Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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F 000	<p><b>INITIAL COMMENTS</b></p> <p>On 9/4/24, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.</p> <p>The following complaints were reviewed. H53247167C (MN00105850, MN00105867, and MN00105866) with a deficiency issued at F684.</p> <p>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.</p> <p>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.</p>	F 000		
F 684 SS=D	<p><b>Quality of Care</b> CFR(s): 483.25</p> <p>§ 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:</p>	F 684		9/30/24

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

TITLE

(X6) DATE

Electronically Signed

09/30/2024

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

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>09/04/2024</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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F 684	<p>Continued From page 1</p> <p>Based on interview and record review, the facility failed to verify orders written by a provider for one of one resident (R1) reviewed. R1 had orders for wound care treatments and the facility thought the orders were written in error but did not verify the orders with the provider.</p> <p>Findings include:</p> <p>R1's medical records indicated R1 was admitted to the facility on 6/7/24 with a primary diagnosis of cellulitis of right lower limb. R1's additional diagnoses included venous insufficiency, muscle weakness, chronic kidney disease stage three, and anemia.</p> <p>R1's wound care progress note dated 7/24/24 indicated nurse practitioner (NP) ordered staff to clean vascular ulcer dorsum second interdigital on R1's right side daily and paint daily with Betadine.</p> <p>R1's wound care progress note dated 7/31/24 indicated nurse practitioner (NP) ordered staff to clean vascular ulcer dorsum second interdigital on R1's right side daily and paint daily with Betadine.</p> <p>R1's treatment administration record dated July 2024 indicated R1 did not have an order for staff to clean vascular ulcer dorsum second interdigital on R1's right side daily and paint daily with Betadine.</p> <p>During an interview on 9 /4/24 at 2: 11 p.m., registered nurse (RN)-C stated once the wound care nurse sees the resident with the wound care provider, the wound care nurse would update or change the resident's orders and treatment plans.</p>	F 684	<p>IMMEDIATE CORRECTIVE ACTION:</p> <p>R1 discharged from the facility.</p> <p>CORRECTIVE ACTION AS IT APPLIES TO OTHERS:</p> <p>All other residents being followed on wound rounds were audited to ensure orders in wound provider dictation match the orders in PCC. The provider was notified of any orders that needed to be clarified and clarifications were made.</p> <p>The facility now has a different wound care provider.</p> <p>Provided education to the wound care provider to ensure they are reviewing PCC when completing dictation to ensure their dictation is matching PCC including; (1) type of wound; (2) location; (3) the orders. They are to ensure they have an order listed for each active wound and that they have no orders listed for wounds that have resolved. If the wound provider feels something is inaccurate in PCC, they should notify a clinical leader at the facility.</p> <p>Provided education to clinical leadership that the nurse rounding with the wound care provider is responsible to review the dictation for each resident that was seen and ensure the dictation matches PCC including; (1) type of wound; (2) location; (3) the orders. The nurse leader is responsible to reach out to the wound care provider for clarification if something</p>	

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F 684	<p>Continued From page 2</p> <p>During an interview on 9/4/24 at 2:35 p.m., RN-A stated once the wound care provider see's the residents who have wounds, the clinical manager (CM) would review the plan written by the plan, notes, and instructions and she would make orders based off those plans, notes, and instructions.</p> <p>During an interview on 9/4/24 at 2:40 p.m., CM stated once the facility received the wound provider progress notes, CM would enter new orders and update the treatment plan. CM stated if there were not new orders from the wound care provider, the facility would continue with the current care plan. CM stated the provider note transcriber would not remove treatment plan recommendations on the wound progress notes. CM stated, "I think the wound care provider, or her transcriber made a mistake by putting the treatment recommendations in that wound progress note from 7/24/24 and 7/31/24."</p> <p>During an interview on 9/4/24 at 3:32 p.m., the nurse practitioner (NP) stated if she had written orders for a resident and there was questions or confusion from the facility nursing staff, her expectation would be for the nurses to clarify orders with me. NP stated if she had written orders, her expectation is that those orders would be followed. NP stated the nurses did not clarify orders from 7/24/24 or 7/31/234 with her.</p> <p>During an interview on 9/4/24 at 4:04 p.m., the administrator stated her expectation is the facility would follow orders written by the provider. The administrator stated if a nurse did not understand orders written by the provider, the nurse should go to the CM or the provider to clarify them.</p>	F 684	<p>is not matching. If found that provider dictated inaccurately, the clinical leader is to ensure that the dictation was amended.</p> <p>RECURRENCE WILL BE PREVENTED BY:</p> <p>Audit 10 residents with wounds weekly to ensure that the orders listed in the dictation match the orders in PCC including orders for each active wound and orders for resolved wounds were discontinued. Audits to be completed weekly x 4 weeks then monthly x 2 months. The results of these audits will be shared with the facility QAPI Committee to either increase, decrease, or discontinue the audits.</p> <p>CORRECTIONS WILL BE MONITORED BY:</p> <p>Administrator or Designee</p>	

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

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OMB NO. 0938-0391

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F 684	Continued From page 3  A treatment order policy was requested, and none was received.	F 684			