



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
April 11, 2019

Administrator
Rose Of Sharon A Villa Center
1000 Lovell Avenue
Roseville, MN 55113

RE: Project Number H5326074C

Dear Administrator:

On April 10, 2019, the Minnesota Department of Health, completed a Post Certification Revisit (PCR) by review of your plan of correction to verify that your facility had achieved and maintained compliance. Based on our visit, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

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.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Douglas Larson'.

Douglas Larson, Enforcement Specialist
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: 651-201-4118 Fax: 651-215-9697
Email: doug.larson@state.mn.us

cc: Licensing and Certification File



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
March 18, 2019

Administrator
Rose Of Sharon A Villa Center
1000 Lovell Avenue
Roseville, MN 55113

RE: Project Number H5326074C

Dear Administrator:

On March 3, 2019, an abbreviated standard 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 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.

OPPORTUNITY TO CORRECT - DATE OF CORRECTION

The date by which the deficiencies must be corrected to avoid imposition of remedies is April 12, 2019.

ELECTRONIC PLAN OF CORRECTION (ePoC)

Within **ten (10) calendar days** after your receipt of this notice, you must submit an acceptable plan of correction (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.

Rose Of Sharon A Villa Center

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- 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 a 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:

- Discretionary denial of payment for new Medicare and Medicaid admissions (42 CFR 88.417 (a));
- Civil money penalty (42 CFR 488.430 through 488.444).

Failure to submit an acceptable ePoC could also result in the 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" tag), i.e., the plan of correction should be directed to:

Susanne Reuss, Unit Supervisor
Metro C Survey Team
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: susanne.reuss@state.mn.us
Phone: (651) 201-3793
Fax: (651) 215-9697

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

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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, 2019 (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, 2019 (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: http://www.health.state.mn.us/divs/fpc/profinfo/ltc/ltc_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day

Rose Of Sharon A Villa Center

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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:

<http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm>

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.

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.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Douglas Larson", with a long horizontal flourish extending to the right.

Douglas Larson, Enforcement Specialist
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: 651-201-4118 Fax: 651-215-9697
Email: doug.larson@state.mn.us

cc: Licensing and Certification File

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

PRINTED: 03/27/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245326	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/03/2019
NAME OF PROVIDER OR SUPPLIER ROSE OF SHARON A VILLA CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 LOVELL AVENUE ROSEVILLE, MN 55113		
(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 An abbreviated standard survey was conducted on 3/3/19, to investigate complaint(s) #H5326074C. Rose Of Sharon A Villa Center is not in compliance with the requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities. H5326074C was substantiated at F684 The facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's 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 on-site revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.	F 000			
F 684 SS=D	Quality of Care CFR(s): 483.25 § 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: Based on observation, interview and document	F 684	R1 has had physician notification	4/3/19	

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

TITLE

(X6) DATE

Electronically Signed

03/23/2019

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>review, the facility failed to ensure the nurse practitioner and/or medical doctor was notified for 1 of 2 residents (R1) reviewed for hydration and change in condition.</p> <p>Findings include:</p> <p>R1's hospital admitting diagnoses included skin breakdown at Gastrostomy tube site, dehydration, carcinoma of floor of mouth, dysphagia and cellulitis of the gastrostomy tube site obtained from the Hospital Admission Interagency Transfer Form dated 2/18/19.</p> <p>R1's quarterly Minimum Data Set (MDS) dated 11/27/18, indicated her long and short term memory were okay; R1 did not reject cares including treatments and R1 received enteral feeding.</p> <p>During a review of the February 2019 Medication Administration Records (MAR's), Treatment Administration Records (TAR's) and the Interdisciplinary Notes from 2/15/19, through 2/18/19, it was revealed nurses had documented R1 had refused the enteral feeding Osmolite 1.5, 90 milliliter (ml) per hour continuously for 12 hours from 6:00 p.m. to 6:00 a.m. In addition, a review of the February MAR's and TAR's indicated R1 was prescribed four scheduled daily 190 ml water flushes which was a total of 760 ml. The record indicated R1 had received the following instead:</p> <ul style="list-style-type: none"> - 2/15/19, 380 ml, . 380 ml less than the prescribed amount - 2/16/19, 470 ml, 290 ml less than the prescribed amount - 2/17/19, 570 ml, 190 ml less than the prescribed 	F 684	<p>regarding hydration and change in condition.</p> <p>All residents who are receiving tube feeding were reviewed for appropriate intake for hydration and physician/NP notification if resident is refusing.</p> <p>Education was provided to nurses regarding hydration plan of care related to residents receiving tube feeding and water flushes. Education includes the process of updating NP/MD if a resident is refusing, updating the responsible party, and educating resident/family on risks of inadequate hydration or feeding.</p> <p>DON/Designee will audit all residents receiving tube feeding & water flushes 3x/week x 4 weeks, then 2x/week x 4 weeks for appropriate hydration and physician/NP notification when required per policy.</p> <p>Results of the audits will be brought through the facility quality assurance and performance improvement committee for review and further action as needed.</p>		

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

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F 684	<p>Continued From page 2</p> <p>amount - 2/18/19, 90 ml, 670 ml less than the prescribed amount</p> <p>On 3/3/19, at 8:22 a.m. R1 was observed in her room lying in bed. When approached and asked how she was doing, R1 stated she was in pain as she pointed to the stomach area where a gastrostomy (G) tube (a tube placed through the abdominal wall into the stomach) was located. When asked about the G-tube, R1 stated she had been in the hospital and before she went to the hospital it was uncomfortable, hurt and leaked a lot causing irritation to the skin around the G-tube. When asked if staff had explained the risks and benefits when she did not take the enteral feeding and scheduled water flushes for nutrition and hydration as ordered, R1 stated "No. It hurt" At 8:34 a.m. registered nurse (RN)-A administered R1's medications. RN-A stated all of R1's enteral feeding, water flushes and medications were now being administered via Nasogastric (NG) feeding tube as the G-tube on her stomach had caused a lot of pain and skin irritation due to leaking and R1 had been hospitalized from 2/18/19, through 2/25/19. At 11:42 a.m. RN-A approached R1 and stated she was going to change the dressing around the G-tube. RN-A was observed to remove the tape that was used to secure the gauze to the skin. RN-A removed gauze dressing saturated with pink drainage from around the G-tube site. The skin was observed to be red and slightly inflamed to the left. RN-A stated the tube was still leaking and looked like the stomach contents leaked more to left. RN-A then cleaned the area with wound cleanser, used a Q-tip to clean and pick some debris off the folds then applied clean dressing on the G-tube site and secured with</p>	F 684			

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F 684	<p>Continued From page 3 paper tape.</p> <p>On 3/3/19, at 12:12 p.m. the director of nursing was interviewed via telephone. The DON stated he was out of town. When asked about R1's G-tube site issues, the DON stated R1 had been to the emergency department on two different occasions prior to the admission on 2/18/19. The DON stated the G-tube site was leaking and had caused a lot of irritation to the site which had caused R1 to develop cellulitis and she had been treated with an antibiotic leading to the 2/18/19, hospitalization. When asked if he was aware R1 had refused the enteral feeding and scheduled water flushes for three days, the DON stated he thought it was one day and had instructed the nurses to monitor R1 close for dehydration indicating, "one day but three is a lot." The DON stated he would have expected the nurses to notify the NP and/or MD but he was not able to answer why this had not been done. The DON stated he would have to review R1's medical record to see if either the NP/MD had documented in the progress notes. The DON acknowledged R1 was at risk for dehydration as she did not eat or drink anything by mouth.</p> <p>On 3/3/19, at 1:20 p.m. the clinical nurse consultant reviewed the medical record and verified R1 had not received the scheduled ordered enteral feeding and water flushes for three days and the NP/MD had not been notified. She acknowledged the nurses should have notified the provider(s) of the refusal so other interventions would be put in place to prevent dehydration.</p> <p>On 3/3/19, at 1:29 p.m. RN-A stated R1 was at a high risk for dehydration and aspiration because</p>	F 684			

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F 684	<p>Continued From page 4</p> <p>R1 did not take anything by mouth. When asked what the nurses were supposed to do if R1 refused the water flushes and enteral feeding, RN-A stated they should have notified the doctor or NP as R1 was at high risk for dehydration.</p> <p>On 3/7/19, at 2:31 p.m. via telephone when asked if a risk and benefit had been provided to R1 when she had refused the water flushes and enteral feeding, the DON stated "I don't know if that would have popped into anyone's head during that time. I don't see anything in the record." the DON stated the staff had reviewed R1's medical record and were not able to find any documentation of the MD/NP being notified.</p> <p>The facility Notification of Changes Guideline policy directed staff nurses to notify the resident, resident's representative(s) and the physician immediately if there was a significant change in the resident's physical, mental or psychosocial status that was deteriorating in the health, mental or psychosocial status in either life threatening conditions or clinical complication. In addition, the nurse(s) were to educate the resident and/or resident representative about the proposed plan to treatment or alternative that they prefer.</p> <p>The facility Enteral Nutrition policy revised January 2014, indicated the nursing staff and physician were to monitor the resident for signs and symptoms of inadequate nutrition and altered hydration. Also the nursing staff and physician was to monitor resident for worsening of conditions that placed the resident at risk.</p>	F 684			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
March 18, 2019

Administrator
Rose Of Sharon A Villa Center
1000 Lovell Avenue
Roseville, MN 55113

Re: State Nursing Home Licensing Orders - Project Number H5326074C

Dear Administrator:

The above facility was surveyed on March 3, 2019 through March 3, 2019 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 <http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm> . The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are

Rose Of Sharon A Villa Center

March 18, 2019

Page 2

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:

Susanne Reuss, Unit Supervisor
Metro C Survey Team
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: susanne.reuss@state.mn.us
Phone: (651) 201-3793
Fax: (651) 215-9697

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,



Douglas Larson, Enforcement Specialist
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division

Rose Of Sharon A Villa Center

March 18, 2019

Page 3

Telephone: 651-201-4118 Fax: 651-215-9697

Email: doug.larson@state.mn.us

cc: Licensing and Certification File

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00126	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/03/2019
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NAME OF PROVIDER OR SUPPLIER ROSE OF SHARON A VILLA CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 LOVELL AVENUE ROSEVILLE, MN 55113
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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: A abbreviated standard survey to investigate complaint #H5326074C was completed. The following correction order are issued. When correction are completed, please sign and date, make a copy of these orders and mail or email to:</p> <p>During the survey complaint H5326074C was</p>	2 000		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE
03/23/19

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00126	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/03/2019
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NAME OF PROVIDER OR SUPPLIER ROSE OF SHARON A VILLA CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 LOVELL AVENUE ROSEVILLE, MN 55113
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2 000	<p>Continued From page 1</p> <p>found to be substantiated at State tag 0830 (4658.0520 Subp 1) - Adequate and Proper Nursing Care</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.</p> <p>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 surveyors findings are the Suggested Method of Correction and Time period for Correction.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.</p>	2 000		
2 830	<p>MN Rule 4658.0520 Subp. 1 Adequate and Proper Nursing Care; General</p> <p>Subpart 1. Care in general. A resident must receive nursing care and treatment, personal and custodial care, and supervision based on individual needs and preferences as identified in</p>	2 830		4/3/19

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00126	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/03/2019
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NAME OF PROVIDER OR SUPPLIER ROSE OF SHARON A VILLA CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 LOVELL AVENUE ROSEVILLE, MN 55113
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2 830	<p>Continued From page 2</p> <p>the comprehensive resident assessment and plan of care as described in parts 4658.0400 and 4658.0405. A nursing home resident must be out of bed as much as possible unless there is a written order from the attending physician that the resident must remain in bed or the resident prefers to remain in bed.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to ensure the nurse practitioner and/or medical doctor was notified for 1 of 2 residents (R1) reviewed for hydration and change in condition.</p> <p>Findings include:</p> <p>R1's hospital admitting diagnoses included skin breakdown at Gastrostomy tube site, dehydration, carcinoma of floor of mouth, dysphagia and cellulitis of the gastrostomy tube site obtained from the Hospital Admission Interagency Transfer Form dated 2/18/19.</p> <p>R1's quarterly Minimum Data Set (MDS) dated 11/27/18, indicated her long and short term memory were okay; R1 did not reject cares including treatments and R1 received enteral feeding.</p> <p>During a review of the February 2019 Medication Administration Records (MAR's), Treatment Administration Records (TAR's) and the Interdisciplinary Notes from 2/15/19, through 2/18/19, it was revealed nurses had documented R1 had refused the enteral feeding Osmolite 1.5,</p>	2 830	<p>R1 has had physician notification regarding hydration and change in condition.</p> <p>All residents who are receiving tube feeding were reviewed for appropriate intake for hydration and physician/NP notification if resident is refusing.</p> <p>Education was provided to nurses regarding hydration plan of care related to residents receiving tube feeding and water flushes. Education includes the process of updating NP/MD if a resident is refusing, updating the responsible party, and educating resident/family on risks of inadequate hydration or feeding.</p> <p>DON/Designee will audit all residents receiving tube feeding & water flushes 3x/week x 4 weeks, then 2x/week x 4 weeks for appropriate hydration and physician/NP notification when required per policy.</p> <p>Results of the audits will be brought through the facility quality assurance and</p>	

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2 830	<p>Continued From page 3</p> <p>90 milliliter (ml) per hour continuously for 12 hours from 6:00 p.m. to 6:00 a.m. In addition, a review of the February MAR's and TAR's indicated R1 was prescribed four scheduled daily 190 ml water flushes which was a total of 760 ml. The recored indicated R1 had received the following instead:</p> <ul style="list-style-type: none"> - 2/15/19, 380 ml,. 380 ml less than the prescribed amount - 2/16/19, 470 ml, 290 ml less than the prescribed amount - 2/17/19, 570 ml, 190 ml less than the prescribed amount - 2/18/19, 90 ml, 670 ml less than the prescribed amount <p>On 3/3/19, at 8:22 a.m. R1 was observed in her room lying in bed. When approached and asked how she was doing, R1 stated she was in pain as she pointed to the stomach area where a gastrostomy (G) tube (a tube placed through the abdominal wall into the stomach) was located. When asked about the G-tube, R1 stated she had been in the hospital and before she went to the hospital it was uncomfortable, hurt and leaked a lot causing irritation to the skin around the G-tube. When asked if staff had explained the risks and benefits when she did not take the enteral feeding and scheduled water flushes for nutrition and hydration as ordered, R1 stated "No. It hurt" At 8:34 a.m. registered nurse (RN)-A administered R1's medications. RN-A stated all of R1's enteral feeding, water flushes and medications were now being administered via Nasogastric (NG) feeding tube as the G-tube on her stomach had caused a lot of pain and skin irritation due to leaking and R1 had been hospitalized from 2/18/19, through 2/25/19. At 11:42 a.m. RN-A approached R1 and stated she</p>	2 830	performance improvement committee for review and further action as needed.	

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2 830	<p>Continued From page 4</p> <p>was going to change the dressing around the G-tube. RN-A was observed to remove the tape that was used to secure the gauze to the skin. RN-A removed gauze dressing saturated with pink drainage from around the G-tube site. The skin was observed to be red and slightly inflamed to the left. RN-A stated the tube was still leaking and looked like the stomach contents leaked more to left. RN-A then cleaned the area with wound cleanser, used a Q-tip to clean and pick some debris off the folds then applied clean dressing on the G-tube site and secured with paper tape.</p> <p>On 3/3/19, at 12:12 p.m. the director of nursing was interviewed via telephone. The DON stated he was out of town. When asked about R1's G-tube site issues, the DON stated R1 had been to the emergency department on two different occasions prior to the admission on 2/18/19. The DON stated the G-tube site was leaking and had caused a lot of irritation to the site which had caused R1 to develop cellulitis and she had been treated with an antibiotic leading to the 2/18/19, hospitalization. When asked if he was aware R1 had refused the enteral feeding and scheduled water flushes for three days, the DON stated he thought it was one day and had instructed the nurses to monitor R1 close for dehydration indicating, "one day but three is a lot." The DON stated he would have expected the nurses to notify the NP and/or MD but he was not able to answer why this had not been done. The DON stated he would have to review R1's medical record to see if either the NP/MD had documented in the progress notes. The DON acknowledged R1 was at risk for dehydration as she did not eat or drink anything by mouth.</p> <p>On 3/3/19, at 1:20 p.m. the clinical nurse</p>	2 830		

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2 830	<p>Continued From page 5</p> <p>consultant reviewed the medical record and verified R1 had not received the scheduled ordered enteral feeding and water flushes for three days and the NP/MD had not been notified. She acknowledged the nurses should have notified the provider(s) of the refusal so other interventions would be put in place to prevent dehydration.</p> <p>On 3/3/19, at 1:29 p.m. RN-A stated R1 was at a high risk for dehydration and aspiration because R1 did not take anything by mouth. When asked what the nurses were supposed to do if R1 refused the water flushes and enteral feeding, RN-A stated they should have notified the doctor or NP as R1 was at high risk for dehydration.</p> <p>On 3/7/19, at 2:31 p.m. via telephone when asked if a risk and benefit had been provided to R1 when she had refused the water flushes and enteral feeding, the DON stated "I don't know if that would have popped into anyone's head during that time. I don't see anything in the record." the DON stated the staff had reviewed R1's medical record and were not able to find any documentation of the MD/NP being notified.</p> <p>The facility Notification of Changes Guideline policy directed staff nurses to notify the resident, resident's representative(s) and the physician immediately if there was a significant change in the resident's physical, mental or psychosocial status that was deteriorating in the health, mental or psychosocial status in either life threatening conditions or clinical complication. In addition, the nurse(s) were to educate the resident and/or resident representative about the proposed plan to treatment or alternative that they prefer.</p> <p>The facility Enteral Nutrition policy revised</p>	2 830		

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2 830	<p>Continued From page 6</p> <p>January 2014, indicated the nursing staff and physician were to monitor the resident for signs and symptoms of inadequate nutrition and altered hydration. Also the nursing staff and physician was to monitor resident for worsening of conditions that placed the resident at risk</p> <p>Suggested Method of Correction: The Director of Nursing or designee could review policies and procedures, train staff, and implement measures to prevent assure changes in condition are reported to medical doctor and/or nurse practitioner, to minimize the risk for dehydration for residents at risk to assure they are receiving the necessary treatment/services. The director of nursing or designee, could conduct random audits of the delivery of care; to ensure appropriate care and services are implemented.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	2 830		