



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

Electronically delivered  
October 9, 2023

Administrator  
Parmly On The Lake LLC  
28210 Old Towne Road  
Chisago City, MN 55013

RE: CCN: 245328  
Cycle Start Date: September 8, 2023

Dear Administrator:

On September 21, 2023, we notified you a remedy was imposed. On October 4, 2023 the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of September 25, 2023.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective October 6, 2023 did not go into effect. (42 CFR 488.417 (b))

However, as we notified you in our letter of September 21, 2023, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from September 8, 2023. This does not apply to or affect any previously imposed NATCEP loss.

The CMS Region V Office may notify you of their determination regarding any imposed remedies.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, 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)



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October 9, 2023

Administrator  
Parmly On The Lake LLC  
28210 Old Towne Road  
Chisago City, MN 55013

Re: Reinspection Results  
Event ID: PYGP12

Dear Administrator:

On October 4, 2023 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 September 14, 2023. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in blue 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 25, 2023

Administrator  
Parmly On The Lake LLC  
28210 Old Towne Road  
Chisago City, MN 55013

RE: CCN: 245328  
Cycle Start Date: September 8, 2023

Dear Administrator:

On September 21, 2023, we informed you of imposed enforcement remedies.

On September 14, 2023, the Minnesota Department of Health completed a survey and it has been determined that your facility continues to not to be in substantial compliance. The most serious deficiencies in your facility were found to be isolated deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567, whereby corrections are required.

As a result of the survey findings:

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective October 6, 2023, will remain in effect.

This Department continues to recommend that CMS impose a civil money penalty. (42 CFR 488.430 through 488.444). You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective October 6, 2023. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective October 6, 2023.

You should notify all Medicare/Medicaid residents admitted on, or after, this date of the restriction. The remedy must remain in effect until your facility has been determined to be in substantial compliance or your provider agreement is terminated. Please note that the denial of payment for new admissions includes Medicare/Medicaid beneficiaries enrolled in managed care plans. It is your obligation to inform managed care plans contracting with your facility of this denial of payment for new admissions.

As we notified you in our letter of September 21, 2023, in accordance with Federal law, as specified in the Act at Section 1819(f)(2)(B)(iii)(I)(b) and 1919(f)(2)(B)(iii)(I)(b), your facility is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from September 8, 2023.

#### **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

*An equal opportunity employer.*

Parmly On The Lake LLC

September 25, 2023

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of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

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

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

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:

- Optional denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417 (a));
- Per day civil money penalty (42 CFR 488.430 through 488.444).

#### DEPARTMENT CONTACT

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

Susie Haben, Rapid Response  
Licensing and Certification Program  
Health Regulation Division  
Minnesota Department of Health  
Midtown Square  
3333 Division Street, Suite 212  
Saint Cloud, Minnesota 56301-4557  
Email: susie.haben@state.mn.us  
Office: (320) 223-7356 Mobile: (651) 230-2334

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

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health - Health Regulation Division staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for their respective deficiencies (if any) is acceptable.

#### VERIFICATION OF SUBSTANTIAL COMPLIANCE

Parmly On The Lake LLC

September 25, 2023

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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 SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by March 8, 2024 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. 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.

#### APPEAL RIGHTS

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at <https://dab.efile.hhs.gov> no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request shall be submitted electronically to:

[Steven.Delich@cms.hhs.gov](mailto:Steven.Delich@cms.hhs.gov)

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

Department of Health & Human Services  
Departmental Appeals Board, MS 6132  
Director, Civil Remedies Division  
330 Independence Avenue, S.W.  
Cohen Building – Room G-644  
Washington, D.C. 20201  
202-795-7490

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you

Parmly On The Lake LLC

September 25, 2023

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disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Steven Delich, Program Representative at (312) 886-5216. Information may also be emailed to [Steven.Delich@cms.hhs.gov](mailto:Steven.Delich@cms.hhs.gov).

#### INFORMAL DISPUTE RESOLUTION/ 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 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.



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 25, 2023

Administrator  
Parmly On The Lake LLC  
28210 Old Towne Road  
Chisago City, MN 55013

Re: State Nursing Home Licensing Orders  
Event ID: PYGP11

Dear Administrator:

The above facility was surveyed on September 13, 2023 through September 14, 2023 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a "suggested method of correction" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the order within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at [https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\\_8.html](https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html). The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

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

Parmly On The Lake LLC

September 25, 2023

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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:

Susie Haben, Rapid Response  
Licensing and Certification Program  
Health Regulation Division  
Minnesota Department of Health  
Midtown Square  
3333 Division Street, Suite 212  
Saint Cloud, Minnesota 56301-4557  
Email: susie.haben@state.mn.us  
Office: (320) 223-7356 Mobile: (651) 230-2334

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

Please feel free to call me with any questions.



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

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

PRINTED: 10/04/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245328</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/14/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>PARMLY ON THE LAKE LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>28210 OLD TOWNE ROAD</b> <b>CHISAGO CITY, MN 55013</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 9/13/23 to 9/14/23, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.  The following complaints were reviewed. H53285402C (MN00096689C) with a deficiency issued at F580.  The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance.  Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	F 000			
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)  §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or	F 580		9/15/23	

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

TITLE

(X6) DATE

Electronically Signed

09/25/2023

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.

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

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NAME OF PROVIDER OR SUPPLIER  <b>PARMLY ON THE LAKE LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>28210 OLD TOWNE ROAD</b> <b>CHISAGO CITY, MN 55013</b>		
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F 580	<p>Continued From page 1</p> <p>clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on interviews and records review, the facility did not ensure timely provider notification</p>	F 580	R1 Surgical Site has been assessed. Provider and family have been updated	

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F 580	<p>Continued From page 2</p> <p>pertaining to persistent right shoulder pain for 1 of 1 resident (R1) reviewed for change in condition.</p> <p>Findings include:</p> <p>R1's admission Minimum Data Set (MDS), dated 7/5/23, showed an admission date of 6/28/23. The MDS indicated R1 had intact cognition. The MDS also indicated R1 was receiving occupational and physical therapy. The MDS further indicated R1 was frequently in moderate pain and was on pain medications.</p> <p>R1's face sheet undated showed R1's diagnoses including generalized muscle weakness, cellulitis and abscess to mouth, unspecified pain, and right knee pain.</p> <p>R1's care plan indicated alteration in comfort with a goal for R1 to have adequate pain relief as evidenced by verbalization, and freedom from signs and symptoms of pain. The care plan directed staff to document effect of pain medications. The care plan directed staff to monitor skin integrity daily during cares and for nurses to do weekly skin inspection. The care plan also directed staff to monitor for signs and symptoms of skin inspection, and to report these to the medical director (MD) or to the physician's assistant (PA). The care plan further directed staff to document skin condition and keep the MD or PA informed of changes.</p> <p>R1's treatment administration record (TAR) showed R1 received the scheduled Tylenol 1000 milligrams (mg) three times a day as pain medication from 8/31/23 through 9/4/23.</p> <p>The therapy notes indicated R1 complained of</p>	F 580	<p>with the change of condition with surgical site. Resident orders and care plan have been reviewed and updated.</p> <p>Like residents have had their surgical sites inspected for signs and symptoms of infection. Like residents orders and care plans have been reviewed and updated.</p> <p>The DON or designee has initiated re-education to nursing staff on what pertains to a Change of Condition Status and Notification of Provider Procedures especially pertaining to s/s of infection to surgical sites.</p> <p>The DON or designee will complete audits weekly x 4 and then monthly x2. Audits will include education to nursing staff on Change of Condition Procedure along with notification of the provider in regard to the resident's health status, including s/s of surgical site infections. Audit results will be reviewed by the QAPI Committee for further recommendations.</p>	

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F 580	<p>Continued From page 3</p> <p>right shoulder pain on 8/31/23 and reiterated on 9/1/23. The therapy notes also indicated on 9/2/23, R1 continued to complain about right shoulder pain, which was also noted as red, warm, swollen, and nursing suspected cellulitis. The therapy notes on 9/4/23, documented, "therapist advised nurse on staff that pt [patient] needed to be sent out to have shoulder properly investigated, as symptoms have been worsening since last Friday [8/31/23]."</p> <p>The progress notes also showed that on 9/3/23, R1 complained of right shoulder pain. The progress notes indicated nursing assessment as noted "a very hard unmovable area that is painful, light red in color and warm to the touch area when temp taken on area was 99.9 while forehead temp 97.2, resident stated that she does not want any PT [physical therapy] in the am [morning] feels that they work her [too] much and that is the problem." The progress notes also identified that R1 had possible cellulitis. The progress notes on 9/4/23, showed R1 was sent to the hospital due to extreme pain, heat, and redness to right shoulder.</p> <p>During interview on 9/14/23 at 9:46 a.m., nursing assistant (NA)-A stated R1 complained of right shoulder pain about three days (8/31/23) prior to R1's hospitalization (9/4/23). NA-A stated she had reported R1's complaint to the nurse "right away" but could not remember who the nurse was at the time.</p> <p>During interview on 9/14/23 at 10:39 a.m., registered nurse (RN)-A stated she worked day shifts on 9/1/23 through 9/4/23. RN-A verified that she did not make any documentation that R1 had right shoulder pain. RN-A stated if she had</p>	F 580		

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NAME OF PROVIDER OR SUPPLIER  <b>PARMLY ON THE LAKE LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>28210 OLD TOWNE ROAD</b> <b>CHISAGO CITY, MN 55013</b>		
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F 580	<p>Continued From page 4</p> <p>no documentation nor made any reports to the provider, it was because she was not aware of R1's right shoulder pain during her shifts. RN-A stated she only came to know of R1's right shoulder pain in the morning of Labor Day (9/4/23) and that was when she sent R1 to the hospital.</p> <p>During interview on 9/14/23 at 12:33 p.m., RN-B stated she worked with R1 during the evening shifts on 9/2/23 and 9/3/23. RN-B stated R1 "was at her baselines for cognition and vitals during the time I took care of her but reported right shoulder pain." RN-B stated she was aware of R1's right shoulder pain and stated the interdisciplinary team (IDT) was watching for it. RN-B reported that she assessed R1's right shoulder and saw an old surgical scar, which R1 reported felt the same. RN-B verified the lack of documentation regarding R1's verbal complaint of right shoulder pain. RN-B stated she did not feel the need to report R1's right shoulder pain to the provider because it "did not get worse" during the times she took care of R1.</p> <p>During interview on 9/14/23 at 12:38 p.m., the nurse manager (NM)-A stated she never became aware of R1's right shoulder pain. NM-A stated, "I only learned about it on the 5th [9/5/23] when I came back and read notes."</p> <p>During interview on 9/14/23 at 11:42 a.m., nurse consultant (NC)-B verified the physical therapy notes showed that R1's right shoulder pain was reported to facility staff on 8/31/23, and that staff further noticed persistent signs and symptoms as documented on the days that followed on 9/1/23 through 9/4/23, when R1 was finally sent to the hospital. NC-B verified the lack of evidence to</p>	F 580		

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

PRINTED: 10/04/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245328</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/14/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>PARMLY ON THE LAKE LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>28210 OLD TOWNE ROAD</b> <b>CHISAGO CITY, MN 55013</b>		
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F 580	<p>Continued From page 5</p> <p>show any notification to provider/s of R1's change in condition.</p> <p>During interview on 9/14/23 at 2:00 PM, the regional director of operations (RDO) and the director of nursing (DON) verified that R1 complained to staff about shoulder pain, showed signs and symptoms of infection, indicating change in R1's condition but were not reported to the provider/s. The RDO and the DON acknowledged the importance of provider notification for prompt intervention.</p> <p>The policy titled, Change in a Resident's Condition or Status, undated, directs staff to promptly notify the resident, the physician/healthcare provider, and the resident representative of changes in the resident's medical/mental condition and/or status. The policy directs the nurse to notify the resident's attending physician or physician on call when there has been an injury of unknown source, and the need to transfer a resident to the hospital for treatment. The policy's definition of "significant change" of condition includes a major decline or improvement in the resident's status that will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions. The policy further directs the nurse to record in the resident's medical record information relative to changes in the resident's medical/mental condition or status.</p>	F 580		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/14/2023</b>
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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;"><b>NH LICENSING CORRECTION ORDER</b></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 9/13/23 to 9/14/23, a complaint survey was conducted at your facility by surveyor from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing order was issued. Please indicate in your electronic plan of correction you have reviewed these orders and</p>	2 000		
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <b>Electronically Signed</b>	TITLE	(X6) DATE <b>09/25/23</b>
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Minnesota Department of Health

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2 000	<p>Continued From page 1</p> <p>identify the date when they will be completed.</p> <p>The following complaint was reviewed. H53285402C (MN00096689C) with a licensing order issued at 0265.</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction.</p> <p>You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at <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</p>	2 000		
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2 000	Continued From page 2  state form.  PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.	2 000		
2 265	<p>MN Rule 4658.0085 Notification of Chg in Resident Health Status</p> <p>A nursing home must develop and implement policies to guide staff decisions to consult physicians, physician assistants, and nurse practitioners, and if known, notify the resident's legal representative or an interested family member of a resident's acute illness, serious accident, or death. At a minimum, the director of nursing services, and the medical director or an attending physician must be involved in the development of these policies. The policies must have criteria which address at least the appropriate notification times for:</p> <p>A. an accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>B. a significant change in the resident's physical, mental, or psychosocial status, for example, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications;</p> <p>C. a need to alter treatment significantly, for example, a need to discontinue an existing form of treatment due to adverse consequences, or to begin a new form of treatment;</p>	2 265		9/15/23

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2 265	<p>Continued From page 3</p> <p>D. a decision to transfer or discharge the resident from the nursing home; or</p> <p>E. expected and unexpected resident deaths.</p> <p>This MN Requirement is not met as evidenced by: Based on interviews and records review, the facility did not ensure timely provider notification pertaining to persistent right shoulder pain for 1 of 1 resident (R1) reviewed for change in condition.</p> <p>Findings include:</p> <p>R1's admission Minimum Data Set (MDS), dated 7/5/23, showed an admission date of 6/28/23. The MDS indicated R1 had intact cognition. The MDS also indicated R1 was receiving occupational and physical therapy. The MDS further indicated R1 was frequently in moderate pain and was on pain medications.</p> <p>R1's face sheet undated showed R1's diagnoses including generalized muscle weakness, cellulitis and abscess to mouth, unspecified pain, and right knee pain.</p> <p>R1's care plan indicated alteration in comfort with a goal for R1 to have adequate pain relief as evidenced by verbalization, and freedom from signs and symptoms of pain. The care plan directed staff to document effect of pain medications. The care plan directed staff to monitor skin integrity daily during cares and for nurses to do weekly skin inspection. The care plan also directed staff to monitor for signs and symptoms of skin inspection, and to report these to the medical director (MD) or to the physician's assistant (PA). The care plan further directed staff</p>	2 265	<p>R1 Surgical Site has been assessed. Provider and family have been updated with the change of condition with surgical site. Resident orders and care plan have been reviewed and updated.</p> <p>Like residents have had their surgical sites inspected for signs and symptoms of infection. Like residents orders and care plans have been reviewed and updated.</p> <p>The DON or designee has initiated re-education to nursing staff on what pertains to a Change of Condition Status and Notification of Provider Procedures especially pertaining to s/s of infection to surgical sites.</p> <p>The DON or designee will complete audits weekly x 4 and then monthly x2. Audits will include education to nursing staff on Change of Condition Procedure along with notification of the provider in regard to the resident's health status, including s/s of surgical site infections. Audit results will be reviewed by the QAPI Committee for further recommendations.</p>	

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2 265	<p>Continued From page 4</p> <p>to document skin condition and keep the MD or PA informed of changes.</p> <p>R1's treatment administration record (TAR) showed R1 received the scheduled Tylenol 1000 milligrams (mg) three times a day as pain medication from 8/31/23 through 9/4/23.</p> <p>The therapy notes indicated R1 complained of right shoulder pain on 8/31/23 and reiterated on 9/1/23. The therapy notes also indicated on 9/2/23, R1 continued to complain about right shoulder pain, which was also noted as red, warm, swollen, and nursing suspected cellulitis. The therapy notes on 9/4/23, documented, "therapist advised nurse on staff that pt [patient] needed to be sent out to have shoulder properly investigated, as symptoms have been worsening since last Friday [8/31/23]."</p> <p>The progress notes also showed that on 9/3/23, R1 complained of right shoulder pain. The progress notes indicated nursing assessment as noted "a very hard unmovable area that is painful, light red in color and warm to the touch area when temp taken on area was 99.9 while forehead temp 97.2, resident stated that she does not want any PT [physical therapy] in the am [morning] feels that they work her [too] much and that is the problem." The progress notes also identified that R1 had possible cellulitis. The progress notes on 9/4/23, showed R1 was sent to the hospital due to extreme pain, heat, and redness to right shoulder.</p> <p>During interview on 9/14/23 at 9:46 a.m., nursing assistant (NA)-A stated R1 complained of right shoulder pain about three days (8/31/23) prior to R1's hospitalization (9/4/23). NA-A stated she had reported R1's complaint to the nurse "right away"</p>	2 265		

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2 265	<p>Continued From page 5</p> <p>but could not remember who the nurse was at the time.</p> <p>During interview on 9/14/23 at 10:39 a.m., registered nurse (RN)-A stated she worked day shifts on 9/1/23 through 9/4/23. RN-A verified that she did not make any documentation that R1 had right shoulder pain. RN-A stated if she had no documentation nor made any reports to the provider, it was because she was not aware of R1's right shoulder pain during her shifts. RN-A stated she only came to know of R1's right shoulder pain in the morning of Labor Day (9/4/23) and that was when she sent R1 to the hospital.</p> <p>During interview on 9/14/23 at 12:33 p.m., RN-B stated she worked with R1 during the evening shifts on 9/2/23 and 9/3/23. RN-B stated R1 "was at her baselines for cognition and vitals during the time I took care of her but reported right shoulder pain." RN-B stated she was aware of R1's right shoulder pain and stated the interdisciplinary team (IDT) was watching for it. RN-B reported that she assessed R1's right shoulder and saw an old surgical scar, which R1 reported felt the same. RN-B verified the lack of documentation regarding R1's verbal complaint of right shoulder pain. RN-B stated she did not feel the need to report R1's right shoulder pain to the provider because it "did not get worse" during the times she took care of R1.</p> <p>During interview on 9/14/23 at 12:38 p.m., the nurse manager (NM)-A stated she never became aware of R1's right shoulder pain. NM-A stated, "I only learned about it on the 5th [9/5/23] when I came back and read notes."</p> <p>During interview on 9/14/23 at 11:42 a.m., nurse</p>	2 265		
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2 265	<p>Continued From page 6</p> <p>consultant (NC)-B verified the physical therapy notes showed that R1's right shoulder pain was reported to facility staff on 8/31/23, and that staff further noticed persistent signs and symptoms as documented on the days that followed on 9/1/23 through 9/4/23, when R1 was finally sent to the hospital. NC-B verified the lack of evidence to show any notification to provider/s of R1's change in condition.</p> <p>During interview on 9/14/23 at 2:00 PM, the regional director of operations (RDO) and the director of nursing (DON) verified that R1 complained to staff about shoulder pain, showed signs and symptoms of infection, indicating change in R1's condition but were not reported to the provider/s. The RDO and the DON acknowledged the importance of provider notification for prompt intervention.</p> <p>The policy titled, Change in a Resident's Condition or Status, undated, directs staff to promptly notify the resident, the physician/healthcare provider, and the resident representative of changes in the resident's medical/mental condition and/or status. The policy directs the nurse to notify the resident's attending physician or physician on call when there has been an injury of unknown source, and the need to transfer a resident to the hospital for treatment. The policy's definition of "significant change" of condition includes a major decline or improvement in the resident's status that will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions. The policy further directs the nurse to record in the resident's medical record information relative to changes in the resident's medical/mental condition or status.</p>	2 265		

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2 265	<p>Continued From page 7</p> <p><b>SUGGESTED METHOD OF CORRECTION:</b> The administrator, director of nursing (DON), or designee could develop and implement measure to ensure timely notification to the physician. The facility could update policies and procedures, educate staff on these changes, and audit periodically to ensure the needs of resident(s) are maintained. The facility should perform measurable audits and report the findings of those audits to the Quality Assessment and Performance Improvement (QAPI) committee to ensure compliance and determine the need for further improvement.</p> <p><b>TIME PERIOD FOR CORRECTION:</b> Twenty-one (21) days.</p>	2 265		
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