



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
February 23, 2024

Administrator
Mother Of Mercy Senior Living
230 Church Avenue, Box 676
Albany, MN 56307

RE: CCN: 245339
Cycle Start Date: January 24, 2024

Dear Administrator:

On February 22, 2024, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in cursive script that reads 'Sarah Lane'.

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697
Email: sarah.lane@state.mn.us

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

PRINTED: 02/12/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245339	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/24/2024
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NAME OF PROVIDER OR SUPPLIER MOTHER OF MERCY SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 230 CHURCH AVENUE, BOX 676 ALBANY, MN 56307
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F 000	<p>INITIAL COMMENTS</p> <p>On 1/23/24 and 1/24/24 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: H53398955C (MN00100078, MN00100019) and H53399126C (MN00099730) with no deficiencies issued.</p> <p>As a result of the investigation, deficiencies were issued at F607 and F609.</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 607 SS=C	<p>Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(5)(ii)(iii)</p> <p>§483.12(b) The facility must develop and implement written policies and procedures that:</p> <p>§483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,</p> <p>§483.12(b)(2) Establish policies and procedures</p>	F 607		2/9/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 02/05/2024
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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 607	<p>Continued From page 1 to investigate any such allegations, and</p> <p>§483.12(b)(3) Include training as required at paragraph §483.95,</p> <p>§483.12(b)(4) Establish coordination with the QAPI program required under §483.75.</p> <p>§483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements.</p> <p>§483.12(b)(5)(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act.</p> <p>§483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to have an updated policy on abuse reporting that addressed reporting all incidents of abuse within 2 hours of the allegation. This had the potential to affect all residents that reside at this facility.</p> <p>Findings include: Review of the facility's undated Abuse Prevention and Vulnerable Adult Procedure Program Policy indicated, the facility was to report all alleged violations and substantiated incidents to the state agency and to all other agencies as required within 24 hours for any reportable incident and two hours for those involving a significant injury</p>	F 607	<p>F607 Plan of correction survey 1/24/2024</p> <p>Corrective action taken for those residents alleged to have been affected by the deficient practice: VA report submitted on R1's behalf. Investigation completed. R1 states that she feels safe here. Actions taken to identify other residents that may have been affected by the deficient practice: Resident and staff interviews completed. Residents encouraged to report grievances to staff. New grievance form created to include follow up/resolution. Grievance forms located at all nurses' stations and in the front lobby.</p>	

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F 607	Continued From page 2 and take all necessary corrective actions depending on the results of the investigation. The facility policy lacked evidence of current regulatory requirements. During an interview on 1/23/24 at 12:15 p.m., the administrator verified the Vulnerable Adult Procedure Program Policy did not include the current regulatory language. Further stated the prior management company took all the policies when they vacated the facility in November of 2023 and the facility was left with policies that were outdated and had not been revised in the past two years.	F 607	What measures has the facility taken to ensure the issue will not reoccur: Staff educated on VA policy and reporting procedure. VA policy updated to include reporting requirements. Facility purchased up to date policy and procedure manual through Med Pass. Hired a consultant through Pathway Health and joined Leading Age. Quality assurance plan to monitor plan of correction. QAPI team will continue to monitor for compliance. Audits will be completed weekly for four weeks to assure that all VA incidences are reported within the federal and state guidelines.	
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.	F 609		2/16/24

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F 609	<p>Continued From page 3</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review the facility failed to report an allegation of abuse timely (with in two hours) to the State Agency for 1 of 1 resident (R2) reviewed for allegations of physical abuse.</p> <p>Findings include:</p> <p>During an interview on 1/22/24 at 4:20 p.m., R2 stated a black girl came into her room about a week ago and hit her on the back and that she "got smart" with her. R2 further stated she had not told any of the staff because she didn't know what the girl's name was.</p> <p>On 1/22/24 at 4:25 p.m., the director of nursing (DON) was notified of R2's allegation of abuse.</p> <p>During an interview on 1/22/24 at 5:40 p.m., the DON stated she had interviewed R2 and had enough information to determine who the alleged perpetrator (AP) probably was. Further stated she notified the administrator, and the next step was to interview the AP.</p> <p>During an interview on 1/22/24 at 5:45 p.m., the administrator stated she was aware of the alleged abuse by R2 and would work through their process.</p>	F 609	<p>F609 Plan of correction survey 1/24/2024</p> <p>Corrective action taken for those residents alleged to have been affected by the deficient practice: Policy and procedure manuals purchased through Med Pass. Facility has a consultant through Pathways Health. Staff educated on VA reporting policy and procedures. Actions taken to identify other residents that may have been affected by the deficient practice: Resident and staff interviews completed. Residents encouraged to report grievances to staff. New grievance form created to include follow up/resolution. Grievance forms located at all nurses' stations and in the front lobby.</p> <p>What measures has the facility taken to ensure the issue will not reoccur:</p> <p>Staff educated on VA policy and reporting procedure. VA policy updated to include reporting requirements. Facility purchased up to date policy and procedure manual through Med Pass. Hired a consultant through Pathway Health and joined Leading Age.</p> <p>Quality assurance plan to monitor plan of correction. QAPI team will continue to</p>	

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F 609	<p>Continued From page 4</p> <p>During an interview on 1/23/24 at 10:35 a.m., the DON indicated they were continuing to investigate. The DON stated they had not reported the alleged abuse to the State Agency.</p> <p>During an interview on 1/23/24 at 10:40 a.m., the administrator stated their process is to make sure the resident is safe, look for injury, and do an investigation. The administrator verified they had not reported the alleged abuse to the State Agency because she didn't think it was a reportable incident.</p> <p>The undated, facility Abuse Prevention and Vulnerable Adult Procedure Program Policy indicated, the facility was to report all alleged violations and substantiated incidents to the state agency and to all other agencies as required within 24 hours for any reportable incident and two hours for those involving a significant injury and take all necessary corrective actions depending on the results of the investigation.</p> <p>The facility policy included direction and language that did not reflect the current regulatory guidance.</p>	F 609	monitor for compliance. Audits will be completed weekly for four weeks to assure that all VA incidences are reported within the federal and state guidelines.	

Minnesota Department of Health

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2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 1/22/24 and 1/23/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found IN compliance with the MN State Licensure.</p> <p>The following complaints were reviewed with no</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 02/05/24
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Minnesota Department of Health

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2 000	<p>Continued From page 1</p> <p>licensing orders issued. H53398955C (MN00100078, MN00100019) and H53399126C (MN00099730).</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.</p> <p>Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.</p>	2 000		
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