

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered April 9, 2021

Administrator
The Estates At Greeley LLC
313 South Greeley Street
Stillwater, MN 55082

RE: CCN: 245342

Cycle Start Date: February 24, 2021

#### Dear Administrator:

On April 8, 2021, 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.

Melissa Poepping, Health Program Representative Senior

Program Assurance | Licensing and Certification

Minnesota Department of Health

Mistaig

P.O. Box 64970

Saint Paul, Minnesota 55164-0970

Phone: 651-201-4117

Email: melissa.poepping@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered March 15, 2021

Administrator The Estates At Greeley LLC 313 South Greeley Street Stillwater, MN 55082

RE: CCN: 245342

Cycle Start Date: February 24, 2021

#### Dear Administrator:

On February 24, 2021, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety, to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

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

#### ELECTRONIC PLAN OF CORRECTION (ePoC)

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

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

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

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

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

The Estates At Greeley LLC March 15, 2021 Page 2

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

#### DEPARTMENT CONTACT

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

Sarah Grebenc, Unit Supervisor Metro B District Office Licensing and Certification Program Health Regulation Division Minnesota Department of Health 85 East Seventh Place, Suite 220 P.O. Box 64900 Saint Paul, Minnesota 55164-0900 Email: sarah.grebenc@state.mn.us

Office: (651) 201-3792

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

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

#### **VERIFICATION OF SUBSTANTIAL COMPLIANCE**

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

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

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

If substantial compliance with the regulations is not verified by May 24, 2021 (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).

The Estates At Greeley LLC March 15, 2021 Page 3

In addition, if substantial compliance with the regulations is not verified by August 24, 2021 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

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

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

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

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

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

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

Feel free to contact me if you have questions.

Sincerely,

Melissa Poepping, Health Program Representative Senior

Program Assurance | Licensing and Certification

Minnesota Department of Health

P.O. Box 64970

Saint Paul, Minnesota 55164-0970

Phone: 651-201-4117

Email: melissa.poepping@state.mn.us

PRINTED: 03/31/2021 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′				E SURVEY IPLETED
		245342	B. WING				C <b>24/2021</b>
NAME OF I	PROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE	1 021	24/2021
THE EST	TATES AT GREELEY I	LC			SOUTH GREELEY STREET LWATER, MN 55082		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 000	INITIAL COMMEN	тѕ	FO	00			
	abbreviated survey to conduct a compl was found to be NO	3, and 24, 2021, a standard was completed at your facility laint investigation. Your facility DT IN compliance with 42 CFR nents for Long Term Care					
	SUBSTANTIATED H5342059C (MN00 (MN00064677) with F609, F694, and F	plaints were found to be : H5342058C (MN00069802), 0060000), and H5342060C in deficiencies identified at 760. As a result of the ional concerns were found and					
	as your allegation of Department's acce enrolled in ePOC, y	of correction (POC) will serve of compliance upon the ptance. Because you are your signature is not required be first page of the CMS-2567					
F 609 SS=D	on-site revisit of yo validate that substate regulations has been your verification. Reporting of Allege		F 6	09			4/2/21
	§483.12(c) In respo	onse to allegations of abuse, n, or mistreatment, the facility					
	involving abuse, ne	ure that all alleged violations eglect, exploitation or ding injuries of unknown					
LABORATOR'	Y DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE	-	TITLE		(X6) DATE

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.

**Electronically Signed** 

03/25/2021

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION		SURVEY PLETED
			A. BOILD				.
		245342	B. WING				24/2021
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		-
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INE EST	AIES AI GREELET L	LLC		S	STILLWATER, MN 55082		
(X4) ID		TEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
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F 609	Continued From pa	nge 1	F	509			
	•	ropriation of resident property,		,00			
		diately, but not later than 2					
		gation is made, if the events					
	that cause the allec	gation involve abuse or result in					
		, or not later than 24 hours if					
	, , , ,	se the allegation do not involve					
		esult in serious bodily injury, to					
	the administrator of	the facility and to other					
		o 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.						
	§483.12(c)(4) Repo	ort the results of all					
		e administrator or his or her					
		entative and to other officials in					
		ate law, including to the State					
		hin 5 working days of the					
	incident, and if the	alleged violation is verified					
		ive action must be taken.					
		NT is not met as evidenced					
	by:						
		and document review, the			R4 from day of admission thru 2/24		
		ort allegations of neglect to the			BS range was from 44-488 with the		
		cy for 1 of 4 residents (R4)			majority of them being 165-266. Sh	e nas	
	significant medicati	ial neglect surrounding			had 5 changes to her Basaglar, 3 changes to her scheduled Admelog	and 7	
	Significant medicati	on enois.			changes to her sliding scale admelo		
	Findings include:				There were no adverse side effects		
	ago inoludo.				resident. MD notified at time of inci		
	R4's Medication En	ror Reconciliation Form dated			and opted to hold HS Dose. MD did		
		hat an error had occurred on			deem error to be significant and/or		
		n R4 was to have received			threatening. Post incident blood su		
		a short acting insulin that			were 117-183-66-119 on 2/15 and	-	
		minutes and peaks in one			132-128-163-103-210		
		ing for 2-4 hours) 10 units					
		Q) with meals. R4 received 10			Medication error policy and procedu		
	units of Basaglar (a	long acting insulin that peaks			been reviewed and updated, includi	ng	

NAME OF PROVIDER OR SUPPLIER   THE ESTATES AT GREELEY LLC   STREET ADDRESS, CITY, STATE, ZIP CODE 313 SOUTH GREELEY STREET STILLWATER, MN 55082		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			L COMPLETED	
NAME OF PROVIDER OR SUPPLIER  THE ESTATES AT GREELEY LLC  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATION? OR LSC IDENTIFYING INFORMATION)  F 609 Continued From page 2 about 12 hours after administration and lasts for 24 hours) due to staff who misread the order. Corrective action taken was to monitor R4 for hypoglycemia (low blood sugar). Medication Error Reconciliation Form indicated the actions to prevent recurrence was education to the staff member who made the error.  During interview on 2/23/21, at 1:18 p.m. P-C stated a medication error would be significant related to insulin would depend on what monitoring needed to be done and if medications were needed to be given to raise blood sugar levels or if medications needed to be held more than once as a result of the error. P-C stated R4's insulin error was significant.  During interview on 2/24/21, at 9:13 a.m. the director of nursing (DOM) stated she did not identify R4's medication error as significant because there was no harm. The DON stated R4's Basaglar was held because the physician said to, not because there was an adverse reaction. The DON verified R4's medication error was never submitted to the state agency.  During interview on 2/24/21, at 3:21 p.m. the DON explained always trying to report as soon as she heard of reportable concerns, and would even come in on the weekend if needed to report.				A. BUILDI	ING		, ا	
THE ESTATES AT GRELEY LLC  (X4)ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFECION OF MINISTER PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 609 Continued From page 2 about 12 hours after administration and lasts for 24 hours) due to staff who misread the order. Corrective action laken was to monitor R4 for hypoglycemia (low blood sugar). Medication Error Reconciliation Form indicated the actions to prevent recurrence was education to the staff member who made the error.  During interview on 2/23/21, at 1:18 p.m. P-C stated a medication error would be significant related to insuliin would depend on what monitoring needed to be done and if medications were needed to be given to raise blood sugar levels or if medications needed to be held more than once as a result of the error. P-C stated R4's insulin error was significant.  During interview on 2/24/21, at 9:13 a.m. the director of nursing (DON) stated she did not identify R4's medication error as significant because there was no harm. The DON stated R4's blood sugar at lunch was 183. The DON stated R4's Basaglar was held because the physician said to, not because there was an adverse reaction. The DON verified R4's medication error was never submitted to the state agency.  During interview on 2/24/21, at 3:21 p.m. the DON explained always trying to report as soon as she heard of reportable concerns, and would even come in not the weekend if needed to report.			245342	B. WING				
X31 D   SUMMARY STATEMENT OF DEFICIENCIES   PREFIX TAG   PROVIDERS PLAN OF CORRECTION   CROSS-REFERENCED TO THE APPROPRIATE   CROSS-REFERENCED TO SHOULD BE A CROSS-REFERENCED TO SHOULD BE CROSS-REFERE	NAME OF I	PROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE		-
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FREERY TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  F 609  Continued From page 2 about 12 hours after administration and lasts for 24 hours) due to staff who misread the order. Corrective action taken was to monitor R4 for hypoglycemia (low blood sugar). Medication Error Reconciliation Form indicated the actions to prevent recurrence was education to the staff member who made the error.  During interview on 2/23/21, at 1:18 p.m. P-C stated a medication error would be significant related to insulin would depend on what monitoring needed to be done and if medications were needed to be given to raise blood sugar levels or if medications error as significant.  During interview on 2/24/21, at 9:13 a.m. the director of nursing (DON) stated R4's Boasglar was held because there was no harm. The DON stated R4's Basaglar was held because there was an adverse reaction. The DON verified R4's medication error was never submitted to the state agency.  During interview on 2/24/21, at 3:21 p.m. the DON explained always trying to report as soon as she heard of reportable concerns, and would even come in on the weekend if needed to report.		AILO AI ONLLLEI			STI	LLWATER, MN 55082		
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The DON had started to review nursing notes to catch concerns that needed to be looked at closer so they did not get missed.  The Medication Error Procedure last reviewed January 2020, required significant medication	F 609	about 12 hours afte 24 hours) due to se Corrective action to hypoglycemia (low Reconciliation Formation Fo	er administration and lasts for staff who misread the order. aken was to monitor R4 for blood sugar). Medication Error m indicated the actions to a was education to the staff ethe error.  1 2/23/21, at 1:18 p.m. P-C m error would be significant ould depend on what to be done and if medications given to raise blood sugar ions needed to be held more ult of the error. P-C stated R4's gnificant.  1 2/24/21, at 9:13 a.m. the (DON) stated she did not sation error as significant in the normal state and she was an The DON verified R4's as never submitted to the state of 2/24/21, at 3:21 p.m. the ways trying to report as soon as table concerns, and would ne weekend if needed to report. It tends to be looked at not get missed.	F 6	V A A A A A A A A A A A A A A A A A A A	We also reviewed the VA policy and procedure. R/T medication error re All nurses have been trained on administering medications, nursing of the resident with diabetes melliturial be doing insulin administration as well. Staff have been trained on policy and reviewed specifically secregards to med errors and requirer reporting suspected neglect that diresult in serious bodily injury to be reported within 24 hours  Insulin administration audits will be conducted on nurses twice monthly 0% error rate is maintained x 3 mo Audits on VA policy will be conducted weekly. Audit Findings will be reported within 24 hours  QAPI to determine future auditing schedule thereafter and will provide redirection/recommendations base existing audits. ¿  ADMIN/DON/designee is responsi	d porting. care us. We training the VA ction in ment of d not  / until nths. ed orted to ed on	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l	IPLE CONSTRUCTION  IG	(X3) DATE SURVEY COMPLETED	
		245342	B. WING _		C <b>02/24/2021</b>
	PROVIDER OR SUPPLIER	LC		STREET ADDRESS, CITY, STATE, ZIP CODE 313 SOUTH GREELEY STREET STILLWATER, MN 55082	02/24/2021
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	revised 7/5/19, requided not result in serior reported within 24 h failure to provide gothat are necessary mental anguish, or Parenteral/IV Fluids CFR(s): 483.25(h)  § 483.25(h) Parenter Parenteral fluids moved with professional staccordance with photomprehensive per the resident's goals This REQUIREMENT by:  Based on observative review facility failed received the ordere nutrition (TPN) in a facility failed to ensorders were obtained of 1 resident (R8) readministration.  Findings include:  R3's quarterly Minimal R3/10/20, indicated Freceived assistance (ADLs), received 50 nutrition and 501 pl	con/Vulnerable Adult Plan uired suspected neglect that cous bodily injury to be nours. Neglect was defined as cods and services to a resident to avoid physical harm, pain, emotional distress.  The administered consistent andards of practice and in ysician orders, the son-centered care plan, and and preferences.  This not met as evidenced ion, interview and document to ensure 1 of 1 resident (R3) diamount of total parental 24 hour period. In addition the ure complete administration ed and available to staff for 1	F 69		only ds to unning. macy. e been ow of based form
		dementia, tumor of the large		also includes cyclic instructions mat the original MD order and must ma	tching

			E SURVEY PLETED			
		245342	B. WING			24/2021
	PROVIDER OR SUPPLIER	LC		STREET ADDRESS, CITY, STATE, ZIP CODE 313 SOUTH GREELEY STREET STILLWATER, MN 55082		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 694	R3's order dated 8, to receive 2050 mil 14 hours with lipids R3's Medication Ac dated August 2020 started at 7:00 p.m.  An e-mail sent on 8 practioner (NP)-B, on the night of 8/26 hours without any r R3's progress note documentation that on 8/26/20.  On 2/22/21, at 1:51 verified she reporte (DON) the TPN har remember any deta On 2/23/21, at 12:0 set the TPN up on for R3 just like she RN-E stated she cl backpack and coul the TPN was infusi alarms, so she did bag.  On 2/24/21, at 9:30 morning nurse reported in the transported transported the transported transported the transported transported to the transported transported transported to the transported tr	Indicated R3 was liliters (ml) of TPN daily over standard to the TPN was to be and completed at 9:00 a.m. Indicated R3's TPN did not run solution. Indicated R3's TPN did not run solutrition. In and MAR did not contain the resident did not receive TPN In p.m. registered nurse RN-(B) and to the director of nursing did not run, but did not run, but did not run, but did not run.	F 694	TPN label. This is to be completed pharmacy and sent with the TPN Nurses will be re-educated on nutrition with emphasis on labe monitoring protocol. New policiprocedure have been developed pharmacy regarding TPN order correct labeling.  An audit tool has been developed monitor TPN administration, of and labeling.  Audits will be completed where have an order for TPN. Audit has been developed and the provide redirection /recomment based on existing audits.   DON/designee is responsible from plance.	parenteral el ey and ed with the rs and ped to pservation, ever we Findings will ne future ad will dations	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED C		
		245342	B. WING _		02	/24/2021		
	PROVIDER OR SUPPLIER	LC		STREET ADDRESS, CITY, STATE, ZIP CODE 313 SOUTH GREELEY STREET STILLWATER, MN 55082	·			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  YMUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE		
F 694	no alarms going off look at the TPN bay stated when the nig stated they only loo The DON stated the monitor the TPN the flow. The DON veribag to see if it was did not receive any and the nurses did record that R3 had 8/26/20, at 9:40 a.m. The nurse praction about R3, and order monitoring.  R8's admission MD had moderate cograssistance with AD of malnutrition and more of her nutrition hydration by parent R8's Medication Ad 2/20/21, identified milliliters/hour (ml/r date was 2/22/21.  R8 was observed on bed with an intra TPN bag to her arm pump and disconnective RN-B rev stated the pump ind was 3602 ml. RN-E ml/hr with a ramp uminutes. RN-B veri	it was infusing and there were F. RN-E indicated she did not g during her shift. The DON ght nurse was interviewed they sked at the pump not the TPN. e nurses were expected to rough out their shift including fied staff did check the TPN infusing. The DON verified R3 nutrition or fluids by mouth not document in the medical not received any nutrition from n. until 8/27/20, at 7:08 p.m. er was notified on 8/27/20, ared to draw labs but no other and the shift impairment and received Ls. MDS included diagnoses that R8 received 51 percent or n and 501 plus cc's of	F 69	4				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED C		
		245342	B. WING _		02	/24/2021	
	PROVIDER OR SUPPLIER TATES AT GREELEY L	TC		STREET ADDRESS, CITY, STATE, ZIP CODE 313 SOUTH GREELEY STREET STILLWATER, MN 55082			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F 694	the bagat 10:45 a.m. RN-I medication record of orders for TPN. Ord 95.1 ml/hr. (hour) of indicated as 10:00 lacked TPN formulated as 10:00 lacked TPN formulated as 10:00 lacked TPN formulated as all staff had to distaff were to hang the discontinued it at 10:2/19/21, TPN order volume to infuse, distaff could verify the could not tell if R8 to (MVI) with the TPN On 2/23/21 at 4:10 an extra vial of MVI most likely missed 2/19-2/21/21 becaute TPN order.  On 2/24/21 at 9:13 TPN orders were in a possible medication on 2/24/21, at 1:51 TPN orders needed number of hours the TPN was to run at, so that the nurses of received from the pwere going to run. I should be a separate	ded approximately 100 ml's in a verified electronic did not contain complete der read "TPN: Start rate at the time a day" stop time was a.m. RN-B stated the order a, total volume to be given.  2 a.m. RN-A stated the ump that was pre programmed to was start it. RN-A stated the TPN at 8:00 pm and 0:00 am. RN-A stated R8's adid not include the total id not have the formula so be correct TPN. RN-stated she was to receive Multi vitamins to p.m. RN-A verified there was for R8. RN-A stated that R8 a dose of MVI between use it was not included in the a.m. the DON of verified R8's accomplete and there had been	F 69	4			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		245342	B. WING			C <b>24/2021</b>
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 02/	Z-7/Z-0/Z 1
THE EST	ATES AT GREELEY L	LC		313 SOUTH GREELEY STREET		
				STILLWATER, MN 55082		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRECTIO  (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
F 694	sent per TPN bag a expensive.  Facility Parenteral I 2017, instructed stanutrition] order sho of all individual ingresolution, total volunt as well as orders from a routine basis. Verify orders compared ball Staff were als additives to be put add them prior to sinstructed staff to dadministered any and standard standar	Nutrition policy dated July aff, "The PN [parenteral uld include the formula or a list redients/nutrients in the base ne and rate of administration or monitoring laboratory results It further instructed staff to aring the orders to the bag o to verify if there were any in the bag. If so staff were to tarting PN. The policy also ocument when PN was	F 6	94		
F 759 SS=D	Free of Medication CFR(s): 483.45(f)(2) §483.45(f) Medicat The facility must er §483.45(f)(1) Medicat The facility must er §483.45(f)(1) Medicat This REQUIREMED by: Based on observareview, the facility of a medication errogreater. The facility of 12 percent with 3 for error involving 2	ion Errors.	F7	R5 and R6 med orders were revie ensure administration times are reasonable and appropriate. The L stated that she was very nervous of the surveyors observation of med p with R5. She didn think it would a med error report because she gas correct dose, not understanding the the surveyor not pointed it out she have given the incorrect dose.	PN Juring pass require ave the at had	4/2/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION A. BUILDING COMPLE		PLETED				
		245342	B. WING			C <b>24/2021</b>
NAME OF F	PROVIDER OR SUPPLIER		l	STREET ADDRESS, CITY, STATE, ZIP COI		
				313 SOUTH GREELEY STREET		
THE EST	ATES AT GREELEY L	LC		STILLWATER, MN 55082		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 759	Continued From pa	ge 8	F 75	9		
	R5's Admission Re- 2/24/21, indicated F dementia and rheur	cord (face sheet) dated R5 had diagnosis including		We are reviewing all resident prescribed medications to enadministration times are reas appropriate. Per our pharma	sure onable and	
	practioner (NP)-C, Give 30 milligrams for three days and to 20 mg by mouth on	included orders for Prednisone (mg) by mouth one time daily then decrease to Prednisone e time daily for three days.		meds that read to be given we also have the one hour windo of the meal.	ith meals w either side	
	daily for three days for Prednisone acu	-		Nurses are being re-educated administering medications, merror reporting, add what conmedication error. Our Polaris	edication stitutes a s Pharmacy	
	(EMAR) for 2/2021	dication administration record directed the staff to one 20 mg one time a day on		Nurse Consultant is assisting completing med pass audits on nurses.		
	2/22/21, for acute g			We will develop a calendar to semi-annual med pass audits	on nurses	
	(LPN)-A was obsermedications that incurrentin (pain mecapsules, acetamin	a.m. licensed practical nurse ved to prepare R5's cluded: aspirin 81 mg, dication) 100 mg., two sophen 500 mg two caplets, tic) 875 mg/125 mg,		to ensure safe practice is being maintained. Audit results will with our QAPI committee. Acceducation will be provided if v QAPI committee.	be shared Iditional	
	Polyethylene Glyco 6 oz. of water, Calc	I (laxative) powder 17 gram in ium-D Tablet 600-400 mg-unit		Once received medication repreviewed immediately to dete	rmine if they	
	inflammatory medic put the medications the cart and locked LPN-A picked up th toward R5's room, all of R5's medicati Surveyor requested dose with card and	prednisone(an anti- cation) 10 mg, 1 tablet. LPN-A is in the medication cart, locked the computer screen. When he medication cup and turned the surveyor asked if she had ons. LPN-A said, "yes." If that LPN-A verify prednisone eMAR order. LPN-A checked		should be reported. Reportin based upon severity, adverse actual harm to resident. Med errors, and the med error rate calculated monthly. They will the monthly QAPI agenda. E reviewed at the IDT meeting Friday.	e effects or ication e will be be added to rrors will be Monday thru	
	mgs of prednisone added a second pre	ated that there was only 10 in the medication cup. LPN-A ednisone 10 mg tablet and m. LPN-A gave R5 the morning		DON or Designee will be resp	oonsible.	

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED C	
		245342	B. WING _		02	/24/2021
	PROVIDER OR SUPPLIER TATES AT GREELEY L	LC		STREET ADDRESS, CITY, STATE, ZIP COD 313 SOUTH GREELEY STREET STILLWATER, MN 55082		-
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 759	Continued From pa medications. -At 8:26 a.m. LPN- being observed	ge 9 A stated she had been nervous	F 75	59		
	R6 had diagnoses	cord dated 2/24/21, indicated including type two diabetes atremia (low sodium levels).				
	included orders for -Metformin (diabeti mouth two times pe	ry Report dated 2/24/21, c medication) 500 mg by er day. Take with meals supplement) 1 gram by mouth				
		p.m. registered nurse (RN)-C epare the medications for R6				
	package directed: \	pel on R6's Sodium Chloride 1				
	administered with r	d the Metformin to be neals and the Sodium Chloride ered with meals. Both scheduled to be given at 4:00				
	chloride tablets. RI received the Metfor 3:50 p.m. RN-C state given one hour beforafter. RN-C stated	verified giving R6 two sodium N-C confirmed R6 had min and sodium Chloride at ted the medications could be ore 4:00 p.m. or up to one hour 4:00 p.m. was when she medications. RN-C stated				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	PLE CONSTRUCTION  G		E SURVEY IPLETED
		245342	B. WING _			C <b>24/2021</b>
	PROVIDER OR SUPPLIER	LC		STREET ADDRESS, CITY, STATE, ZIP CODE 313 SOUTH GREELEY STREET STILLWATER, MN 55082	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFEMENCY)	D BE	(X5) COMPLETION DATE
F 760 SS=D	was served around order indicated with when the resident in giving the medication medication error.  On 2/24/21, at 9:13 (DON) stated LPN-medication error reaction error reaction error reaction error reactions are also accordance to the prequired time frame "Medications are accordance to the prediction of their prescriptions (for examonders)."  Residents are Free CFR(s): 483.45(f)(2) Residents are Free CFR(s): 483.45(f)(2) Residents are Free S483.45(f)(2) Residents are S483.45(f)(2) Residents are Free Free Free Free Free Free Free	p.m.  In nurse manager stated supper 5-5:15 p.m. RN-D stated if the meals it was to be given had their meal. RN-D verified ons without food would be a sa.m. the director of nursing A had not completed a port at the time of the error. Was the expectation that error rate would be zero. The edication order indicated to give it was to be given as close to de.  Ications policy revised 2019, administer medications in onlysician orders including any and administered with in one (1) ibed time, unless otherwise ple, before and after meal at of Significant Med Errors 2)	F 75		y with	4/2/21
	hour of their prescr specified (for exam orders)." Residents are Free CFR(s): 483.45(f)(2 The facility must er §483.45(f)(2) Resid medication errors. This REQUIREMED by: Based on docume facility failed to ens	ibed time, unless otherwise ple, before and after meal of Significant Med Errors 2)  asure that its-dents are free of any significant NT is not met as evidenced on treview and interview, the ure 3 of 5 residents (R2, R1, edication errors were free	F 76	R2 discharged to community on		4/2/21

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COM		SURVEY PLETED					
		245342	B. WING			02/	24/2021
	PROVIDER OR SUPPLIER	LC		31	TREET ADDRESS, CITY, STATE, ZIP CODE  3 SOUTH GREELEY STREET TILLWATER, MN 55082	<u> </u>	-4/2021
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE IATE	(X5) COMPLETION DATE
F 760	Findings include:  R2 admitted 4/1/20 diagnoses listed in (eMR): cellulitis (sk sepsis, non-pressure left foot with necrossosteomyelitis (bone of foot.  R2's Hospital Medic Physical from a host noted R2 had a per threatening allergic R2's allergy tab in the Penicillin's as an alledated 4/1/20.  A nursing home init Nursing Home Incides to medications where intravenous (IV) Zodrug class) instead the cephalosporin of 10:00 a.m. R2 was potential allergic reassummary dated 4/1 administering the mecheck the resident of The primary physiciprescribed Benadry reaction due to que allergies. Additional	had the following medical the electronic medical record in infection) of left lower limb, re chronic ulcer of other part of is (death) of muscle, infection), cutaneous abscess sine Admission History and epitalization dated 3/21/20, nicillin anaphylaxis (life reaction) allergy.  The facility eMR noted ergy of unknown severity, and potential neglect related in a staff nurse administered syn (antibiotic in the penicillin of IV Ceftriaxone (antibiotic in large class) to R2 on 4/6/20, at prescribed Benadryl for a faction. The Investigation 3/20, explained the nurse finedication forgot to double from a potential allergic stionable history of penicillin monitoring was done with the for changes in vital signs, no	F 7	60	All residents receiving insulin, pharm interchange or IV therapy could be affected. Medication errors will repoin monthly QAPI.  Education provided to licensed staff Adm (allergies), DM, insulin, sig meterror, therapeutic interchange  Audits will be random weekly audits Audit Findings will be reported to QA determine future auditing schedule thereafter and will provide redirection/recommendations based existing audits.¿  DON/designee is responsible for compliance	on: d	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G	CON	(X3) DATE SURVEY COMPLETED C	
		245342	B. WING _			/24/2021	
	PROVIDER OR SUPPLIER	TC		STREET ADDRESS, CITY, STATE, ZIP 313 SOUTH GREELEY STREET STILLWATER, MN 55082		72-172021	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 760	the nurse practition 11:38 a.m. Order drash/allergic reaction and start Benadryl [every eight hours a reactions for 3 days. The Benadryl order medication adminis 4/6/20 at 2:45 p.m. administering 50 m on 4/6/20, at 3:00 p. There was one production of the rash was there Benadryl was given c/o SOB [complaint any breathing issue to monitor." No add monitoring could be medication error in medication and treation and treat	ders included an order from er (NP)-B dated 4/6/20, at escription: "Regarding on: Mark the area on the neck 50 mg [milligrams] q8h prn as needed] for allergic s."  I was entered onto the stration record (MAR) on Staff documented g of Benadryl to R2 one time of the stration record (MAR) at uded documented vital signs, aphylaxis reaction from a AM shift. Rash on neck was from AM nurse it is unsure if before the medication error. If at 1500 PM [3:00 p.m.] No is of shortness of breath] or es Nursing staff will continue itional documentation of erfound for R2 specific to the progress notes, or the atment administration records.  2/22/21, at 2:35 p.m.  N)-A was asked about the ution no longer worked at the other temember what follow-up sue, but recalled R2 had a enday of the medication error, the area.	F 76				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245342	B. WING			1	C <b>24/2021</b>
	PROVIDER OR SUPPLIER	LC		31	REET ADDRESS, CITY, STATE, ZIP CODE 3 SOUTH GREELEY STREET FILLWATER, MN 55082	1 021	L-1/2021
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
F 760	documented R2 warespect to the rash given another resid documented R2 wathis caused a rash on benadryl, and debreathing or rash the During interview on pharmacist (P)-C exantibiotic in the penshe wouldn't think expotent, but also risk could be greater es not stored properly, P-C felt the neck rapotential allergic reconsidered significal made aware of this During interview on director of nursing (the facility on 4/1/20. The DON did not reexpired, because sof expired medication about whether R2 rast the DON recalle was not sure. The I assess allergies from records, and reside explained she alward directly involved in reviewed the five rigadministration, and of why the error occustaff had been interroot cause of this explained she alward of why the error occustaff had been interroot cause of this explained she interroot c	that started when R2 was ent's expired Zosyn. NP is allergic to penicillin's and on R2's throat. R2 was started enied trouble with swallowing, at day.  2/23/21, at 1:18 p.m. xplained that Zosyn was an icillin class. P-C added that expired Zosyn would be as a of bacterial contamination pecially if the medication was or had no preservatives in it. is should have been a faction, and this error would be ent. P-C did not recall being error.  2/23/21, at 3:50 p.m. the (DON) stated R2 admitted to 0, and was on IV antibiotics. It is should have been a faction. There was a question eally had a penicillin allergy, d R2 thought he did, but R2 DON explained they tried to im all sources such as hospital ant knowledge. The DON sys sat down with the staff the error to review policy,	F 7	760			

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	IPLE CONSTRUCTION  NG		COMPLETED	
		245342	B. WING _		02	C // <b>24/2021</b>	
	PROVIDER OR SUPPLIER	LLC		STREET ADDRESS, CITY, STATE, ZIP CO 313 SOUTH GREELEY STREET STILLWATER, MN 55082		, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 760	grabbed the right IN The DON could no entire dose of incomistake was caugh administered.  In an interview on 2 vaguely remember rash never went be rash developed, state Benadryl, and it we reported any troubl NP-B expected state least every shift, but facility policy on more Requested docume Medication Error Refacility investigation any completed intereducation, staff other action taken occurring in the fut to find the Medication internal investigation internal investigation internal investigation and follow-up interest the facility internal incident. No addition Medication Error Redocumented training regarding this IV medication accommendation and the medication and the medication error Redocumented training regarding this IV medication accommendation and the medication accommendation and the medication error Redocumented training regarding this IV medication accommendation and the medication accommendation and the medication error Redocumented training regarding this IV medication accommendation and the medication accommendation and the medication error Redocumented training regarding this IV medication accommendation and the medication error Redocumented training regarding this IV medication error Redocumented training regard	W medication, but she did not. It remember if R2 received the rect medication, or if the rect medication on R2, but the rect marked borders. The rect marked the rash, gave R2 rect away with time. R2 never receives wallowing or breathing. If would keep an eye on R2 at rect stated would refer to the reconciliation Report, and the reconciliation Report, and the reconciliation Report, and to prevent a similar error from reconciliation Report, ation documentation.  Wiew on 2/24/21, at 2:14 p.m. of staff were unable to locate investigation file for the reconciliation Report, reconciliation R	F 76				
	indicated R1 was d	liagnosed with type 2 diabetes he following long acting insulin					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		245342	B. WING		02	C // <b>24/2021</b>
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 313 SOUTH GREELEY STREET STILLWATER, MN 55082		12-112021
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 760	order at bedtime: I (long acting insulir (mL) subcutaneous diabetes mellitus wastart date 2/1/21.  The pharmacy ser Medication Changinjection. This notion Basaglar was to be used brand, Lantunotice indicated storiginal order for Liphysician orders, ander for Basaglar currently available medication cart, and the medical record (unable to read) and The following order receipt of the Auto Change Order: Basolution pen-inject subcutaneously at diabetes mellitus was retinopathy withous 2/4/2021.  Review of the MAR staff did not remove Lantus at bedtime for 50 units of Basdocumented giving long acting insulin in a double dose.  A nursing home in	nject 50 unit of Insulin glargine n) solution 100 Unit/milliliters sly at bedtime related to type 2 with unspecified complications, at an Auto Substitution Notice to Order for the Insulin Glargine ce informed the facility that the substituted for the previously s, ordered on 2/1/21. The aff were to discontinue the antus on R1's MAR and in the and replace it with the new supply of Lantus from the and sign and place the notice in d. The notice was signed and dated 2/3/21.  The was entered in the MAR after Substitution Notice Medication saglar KwikPen 100 Unit/mL	F 7	60		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			7. BOILD			,	С
		245342	B. WING			02/	24/2021
	PROVIDER OR SUPPLIER	LLC		STREET ADDRESS, CITY, STATE, ZII 313 SOUTH GREELEY STREET STILLWATER, MN 55082	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE	
F 760	reported the alleganursing staff gave units of Lantus (bra and 50 units of Bas glargine). The inve 2/12/21, indicated to interchange one another. Nursing s procedure for access a result gave R (100 units total) of on 2/4/21. The nurnotified of the error harm because R1's normal limits.  A progress note dastaff took R1's block anything since lunched bedtime was 104 v Blood sugar was 7 juice to sip. Staff won 2/5/21, at 2:43 a sugar at 2:30 a.m. orange juice. A product to sip. Staff won 2/5/21, at 2:43 a sugar at 2:30 a.m. orange juice. A product to sip. Staff won 2/5/21, at 2:43 a sugar at 2:30 a.m. orange juice. A product to sip. Staff won 2/5/21, at 2:43 a sugar at 2:30 a.m. orange juice. A product to sip. Staff won 2/5/21, at 2:43 a sugar at 2:30 a.m. orange juice. A product to sip. Staff won 2/5/21, at 2:43 a sugar at 2:30 a.m. orange juice. A product of the sugar at 2:30 a.m. ora	tion of potential neglect when R1 a double dose of insulin; 50 and name of insulin glargine), saglar (brand name of insulin stigation summary dated the pharmacy sent paperwork long acting insulin brand for taff did not follow the correct epting the new medication, and 1 a 50 unit dose of each brand long acting insulin before bed se practitioner (NP)-B was and she did not feel it caused is blood sugars were still within atted 2/5/21, at 2:04 a.m. stated as blood sugars were still within was low for this resident. 6, so staff gave R1 orange which was low for this resident. 6, so staff gave R1 orange are to a follow-up progress note a.m. documenting R1's blood was 99, and R1 was drinking gress note dated 2/5/21, at a corders for 50 units of Lantus and bean replaced by an order for 45 pedtime. By 2:07 p.m. a sumented R1's blood sugar had R showed initials for licensed N)-A, signed off on giving the portion of the night of 2/4/21,	F 7	760			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		245342	B. WING		02	2/24/2021	
NAME OF F	PROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP COI			
				313 SOUTH GREELEY STREET			
THE EST	ATES AT GREELEY	LLC		STILLWATER, MN 55082			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG	( (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE PROPRIATE	COMPLETION DATE	
F 760	Continued From pa	age 17	F 7	60			
		e dose of insulin at bedtime. k that would occur, as if there					
		or the same type of insulin, and					
		ulin pens of the same type but					
		ept in a resident's insulin pouch					
		oouch kept on the medication					
	cart to hold insulin	pens), LPN-A would go back to					
	the order and see	which one was current. LPN-A					
		ecently had training on this					
		w to double check insulin					
		ething did not look right to go					
		s orders and see which order					
		her. LPN-A stated it did not					
		omeone would give two the same type of insulin.					
		interview at 2:08 p.m. LPN-A					
		als on the MAR which					
		g R1 two doses of insulin on the					
		N-A was confused about why					
		one that, and wondered if the					
	two insulin pens w	ere in separate pouches on the					
		ecause she did not feel she					
		vo doses of long acting insulin.					
		A added that sometimes the					
		ot send a new insulin right					
		nat happens she would either					
		nsulin ordered so the resident					
		ould take the new ordered					
		nergency kit (e-kit). LPN-A					
		way to document this would be gone insulin, and then instead					
		ving the other type of insulin,					
		tered a progress note					
		e insulin was given and the					
		N-A stated this would be the					
		ument, instead of documenting					
		loses were administered.					
		eve she gave both doses of the					
		Lantus and Basaglar, even					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		245342	B. WING		02	C / <b>24/2021</b>
	PROVIDER OR SUPPLIER	LLC		STREET ADDRESS, CITY, STATE, ZIP C 313 SOUTH GREELEY STREET STILLWATER, MN 55082		12-112021
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	(X5) COMPLETION DATE	
F 760	because giving 100 one time might can hospital from low be In an interview on 2 nurse (RN)-D reme and said R1 had rehospital, and his in the pharmacy, but new insulin had no Since the new Bas staff took the medi RN-D stated both r Basaglar, were still next day R1's nurs reviewing medicati were still current of was how the error speak with LPN-A but spoke with LPN not have given both was documentation were given. RN-D Emergency Drug k ordered Basaglar were gency Drug k grouped together won the slip was do out one Basaglar in added, after the NR RN-D removed the the medication car for R1.	mented as such on the MAR, ) units of long acting insulin at use a resident to end up in the	F7	60		
	insulin would lead	to potential for low blood sugar, ffect with long acting insulin is				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED C	
		245342	B. WING _		02	/24/2021	
	PROVIDER OR SUPPLIER TATES AT GREELEY I	LC		STREET ADDRESS, CITY, STATE, ZIP COE 313 SOUTH GREELEY STREET STILLWATER, MN 55082	<u> </u>		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 760	over 24 hours. P-C needed to monitor sweating, and fast considered this to be error, and did not reerror. P-C wanted to ensure staff were full interview on 2/23/2 pharmacy manage pharmacy did not so on the day the auto Basaglar was faxed the process for me pharmacist reviewed order accuracy, the to the facility to indipharmacy faxed the new medication from see how there might play stated they fax and then there was substitution noticed new medication to make sure the facility substitution, which paperwork ahead coalong with any new Review of the Medi Form dated 2/4/21, R1 had received a because he was as since readmission the alleged error or available for intervint Attached to the form re-educate all nurs	expected staff would have R1 for shaking, dizziness, heartbeat, to name a few. P-C be a significant medication emember being notified of this to follow-up on the error to collowing proper procedures.  If, at 2:04 p.m. with the r (PM) confirmed the send out the Basaglar insuling a substitution of Lantus to do to the facility. PM described dication substitutions. After the end the substitution to ensure early faxed the substitution notice in a copy to the facility first, another copy of the that is printed and sent with the the facility. PM wanted to lity got notification to sending it					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED	
		245342	B. WING		02	C 2/24/2021
	PROVIDER OR SUPPLIER	TC		STREET ADDRESS, CITY, STATE, ZIP 313 SOUTH GREELEY STREET STILLWATER, MN 55082		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION (EACH CORRECTIVE ACTION (EACH) (EA	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 760	clarified the auto-supharmacy, and wrowhen medications areceive an auto subtrained the nurses or recently there was coming from the phout to the pharmacifelt there was a higget this figured out could re-train staff R4's Medication Er 2/15/21, indicated t 2/15/21, at 9:30 a.m. Admelog Solostar (starts to work in 15 hour. It keeps work subcutaneous (subunits of Basaglar (a about 12 hours after 24 hours) due to storder. Corrective after the correcti	p.m. the DON confirmed she ubstitution process from the te up a protocol on what to do are substituted and staff ostitution form. The DON on this protocol, but stated a different notification form tarmacy, so the DON reached y consultant about it. The DON h risk for errors, and wanted to with the pharmacy so she on the new form. For Reconciliation Form dated that an error had occurred on and the short acting insulin that minutes and peaks in one ing for 2-4 hours) 10 units Q) with meals. R4 received 10 a long acting insulin that peaks or administration and lasts for aff member misreading the ction taken was to monitor R4 ow blood sugar). Medication a Form indicated the actions to was education to staff e error.  The arge Summary dated 2/12/21, nosis of metabolic and imbalance in the blood) ecurrent hypoglycemia likely	F 76			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		245342	B. WING			02	C / <b>24/2021</b>	
	PROVIDER OR SUPPLIER			313 SOUTH G	ESS, CITY, STATE, ZIP COE Greeley Street R, MN 55082	•		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EAC	ROVIDER'S PLAN OF CORR CH CORRECTIVE ACTION SI S-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 760	activities including R4's progress not and indicated that R4's blood sugar (milligram/decilite range 70 to 130 m -At 8:15 a.m. RN- because R4 was blood sugar came -At 9:30 a.m. RNAt 12:02 p.m. R4 -At 12:30 p.m. R4 -At 5:52 p.m. Prio was 66 mg/dl. Ora Blood sugar was remained at 66 m Progress note dat indicated R4's sup Blood sugar at 7:4 held At 12:59 p.m. nu for R4 insulin mea  During interview of stated a medication raise blood sugar to be held more th P-C stated R4's in  During interview of DON stated she cerror as significan The DON stated F 183. The DON stated 183. The DON stated	es for 2/15/21, were reviewed at 8:05 a.m. prior to breakfast was 55 mg/dl r). The normal blood sugar ng/dl.  F gave R4 oral glucose gel unable to swallow juice. R4's up to 117 mg/dl  F gave R4 Basaglar Insulin l's blood sugar was 183 mg/dl l's physician was notified. It to dinner R4's blood sugar al glucose gel was given. R4's checked after supper and g/dl.  ed 2/16/21, at 3:23 a.m. oper time insulin was held. R4's l4 p.m. was 119 and insulin was	F7	760				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED	
		245342	B. WING _			C / <b>24/2021</b>
	PROVIDER OR SUPPLIER	LC		STREET ADDRESS, CITY, STATE, ZIP CO 313 SOUTH GREELEY STREET STILLWATER, MN 55082		72-172021
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 760	was and adverse re On 2/24/21, at 3:21 administrator stated and performance in monthly, and was n a pharmacy represe not a line item on th errors, although ad committee reviewed needed. The DON errors was being ad starting in March 20 audits regarding IV were requested. No The Medication Error Re addition the proced pharmacist and dod document the medi record, complete in significant errors to education or follow- regarding medicatio consequences and	p.m. the DON and d the QAPI (quality assurance approvement) committee met adde up of key staff, including centative. There was currently a agenda for medication ministrator explained the d medication errors as anoted the topic of medication dded to the regular agenda 021. Staff competencies or medications and insulin errors	F 76			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered March 15, 2021

Administrator The Estates At Greeley LLC 313 South Greeley Street Stillwater, MN 55082

Re: State Nursing Home Licensing Orders

Event ID: 8QTT11

#### Dear Administrator:

The above facility was surveyed on February 22, 2021 through February 24, 2021 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 <u>only a suggestion</u> 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. 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.

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.

The Estates At Greeley LLC March 15, 2021 Page 2

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:

Sarah Grebenc, Unit Supervisor Metro B District Office Licensing and Certification Program Health Regulation Division Minnesota Department of Health 85 East Seventh Place, Suite 220 P.O. Box 64900 Saint Paul, Minnesota 55164-0900 Email: sarah.grebenc@state.mn.us

Office: (651) 201-3792

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.

· Pri-6

Melissa Poepping, Health Program Representative Senior

Program Assurance | Licensing and Certification

Minnesota Department of Health

P.O. Box 64970

Saint Paul, Minnesota 55164-0970

Phone: 651-201-4117

Email: melissa.poepping@state.mn.us

PRINTED: 03/31/2021 FORM APPROVED

(X6) DATE

Minnesota Department of Health

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	(X3) DATE S COMPL	
			A. BOILDING.		C	
		00947	B. WING			4/2021
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
THE EST	ATES AT GREELEY L	I C:	H GREELEY ER, MN 550			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
2 000	2 000 Initial Comments		2 000			
	****ATTENTION*****					
	NH LICENSING CORRECTION ORDER					
	144A.10, this correpursuant to a surver found that the deficion herein are not correnot corrected shall with a schedule of the Minnesota Deputermination of with the Minnesota Deputermination of with the Minnesota MN Ruwhen a rule contain comply with any of lack of compliance re-inspection with a result in the assess	hether a violation has been				
	that may result from orders provided that the Department wit	hearing on any assessments n non-compliance with these at a written request is made to hin 15 days of receipt of a ent for non-compliance.				
	compliance with Sta found to be NOT in Licensure. Please i of correction that yo			Minnesota Department of Health i documenting the State Licensing Correction Orders using federal s Tag numbers have been assigned Minnesota state statutes/rules for Homes.	oftware.	

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

**Electronically Signed** 03/25/21

TITLE

STATE FORM 6899 If continuation sheet 1 of 26 8QTT11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:	BUILDING.		С	
00947		00947	B. WING		02/24/2021		
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
THE EST	ATES AT GREELEY L	I C	H GREELEY				
(VA) ID	SHIMMADV STA	ATEMENT OF DEFICIENCIES	TER, MN 55	PROVIDER'S PLAN OF CORRECTION	)NI	(VE)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE	
2 000	Continued From pa	ige 1	2 000				
	Continued From page 1 completed.  The following complaints were found to be SUBSTANTIATED: H5342058C (MN00069802), H5342059C (MN00060000), and H5342060C (MN00064677) with licensing orders issued.			The assigned tag number appears far left column entitled "ID Prefix". The state statute/rule number and corresponding text of the state statut out of compliance is listed in the "Summary Statement of Deficience column and replaces the "To Comportion of the correction order. The column also includes the findings are in violation of the state statute statement, "This Rule is not met a evidenced by." Following the sumfindings are the Suggested Method Correction and the Time Period For Correction.  PLEASE DISREGARD THE HEAD THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES THE FEDERAL DEFICIENCIES ONLY. WILL APPEAR ON EACH PAGE.  THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION SITURDING STATUTES/RULES.	Tag." the tute/rule ies" ply" nis s which after the s veyors d of or DING OF THIS O DN FOR		
2 930	MN Rule 4658.052 Nasogastric, Gastro	5 Subp. 7 B. Rehab - ostomy tubes	2 930			4/2/21	
	and feeding syringes. Based o	tric tubes, gastrostomy tubes, on the comprehensive resident sing home must ensure that:					
	gastrostomy tube o	who is fed by a nasogastric or or feeding syringe receives the ent and services to prevent					

Minnesota Department of Health

STATE FORM 8QTT11 If continuation sheet 2 of 26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE COMP	SURVEY LETED
			A. BOILBING.		С	
00947		B. WING			4/2021	
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
THE EST	TATES AT GREELEY L	I.C.	TH GREELEY TER, MN 55			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
2 930	dehydration, metab	nia, diarrhea, vomiting, olic abnormalities, and lcers and to restore, if	2 930			
	This MN Requirement is not met as evidenced by: Based on observation, interview and document review facility failed to ensure 1 of 1 resident (R3) received the ordered amount of total parental nutrition (TPN) in a 24 hour period. In addition the facility failed to ensure complete administration orders were obtained and available to staff for 1 of 1 resident (R8) reviewed for TPN administration.			corrected		
	8/10/20, indicated F received assistance (ADLs), received 5 nutrition and 501 pl hydration by parent	num Data Set (MDS) dated R3 was cognitively intact, with activities of daily living 1 percent or more of her us cubic centimeters (cc) eral (intravenous) route. dementia, tumor of the large us to the abdomen				
	R3's order dated 8/ to receive 2050 mil 14 hours with lipids	12/20, instructed staff R3 was liliters (ml) of TPN daily over				
	dated August 2020, started at 7:00 p.m.	ministration Record (MAR) indicated the TPN was to be and completed at 9:00 a.m.				
		ndicated R3's TPN did not run				

Minnesota Department of Health

STATE FORM 8QTT11 If continuation sheet 3 of 26

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
				С		
		00947	B. WING		02/2	4/2021
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		
THE EST	TATES AT GREELEY L	I C	H GREELEY			
		STILLWAT	TER, MN 550	082		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPERTION OF THE APPROPERTIES OF THE A	D BE	(X5) COMPLETE DATE
2 930	Continued From pa	ge 3	2 930			
	on the night of 8/26 hours without any n	/20, and that R3 went 36 utrition.				
		s and MAR did not contain resident did not receive TPN				
	verified she reporte	p.m. registered nurse RN-(B) d to the director of nursing d not run, but did not nils.				
	On 2/23/21, at 12:09 p.m. RN-E stated she had set the TPN up on the the pump in the back pack for R3 just like she did every time she worked. RN-E stated she checked the window in the backpack and could see the pump that indicated the TPN was infusing. RN-E stated there were no alarms, so she did not actually look at the TPN bag.					
	morning nurse reports. The number of the TPN and told her	a.m. the DON stated the orted to her at about 10:00 had not infused. The DON viewed the RN-E who had N-E walked through the ompleted. The DON stated that she had checked the it was infusing and there were it. RN-E indicated she did not g during her shift. The DON the nurse was interviewed they ked at the pump not the TPN. In e nurses were expected to rough out their shift including fied staff did check the TPN infusing. The DON verified R3 nutrition or fluids by mouth not document in the medical not received any nutrition from				

Minnesota Department of Health

STATE FORM 8QTT11 If continuation sheet 4 of 26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVE COMPLETED	
			A. BUILDING.		С	
00947		B. WING		02/24/2021		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE EST	TATES AT GREELEY L	I C	H GREELEY ER, MN 550			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
2 930	Continued From pa	ge 4	2 930			
	8/26/20, at 9:40 a.n The nurse praction	n. until 8/27/20, at 7:08 p.m. er was notified on 8/27/20, red to draw labs but no other				
	had moderate cogr assistance with AD of malnutrition and	S dated 2/22/21, indicated R8 litive impairment and received Ls. MDS included diagnoses that R8 received 51 percent or n and 501 plus cc's of eral route.				
	R8's Medication Administration Record dated 2/20/21, identified TPN start rate at 95.1 milliliters/hour (ml/hr) one time a day. Order stop date was 2/22/21.					
	R8 was observed on 2/22/21, at 10:38 a.m. lying in bed with an intravenous (IV) line going from the TPN bag to her arm. RN-B stopped the TPN pump and disconnected R8 from the IV line correctly. RN-B reviewed the pump settings and stated the pump indicated total volume infused was 3602 ml. RN-B stated the main rate was 95.1 ml/hr with a ramp up and down of 1 hour 24 minutes. RN-B verified the total volume for the TPN bag was 1200 ml with some overfill. she stated there remained approximately 100 ml's in the bag.  -at 10:45 a.m. RN-B verified electronic medication record did not contain complete orders for TPN. Order read "TPN: Start rate at 95.1 ml/hr. (hour) one time a day" stop time was indicated as 10:00 a.m. RN-B stated the order lacked TPN formula, total volume to be given.					
	On 2/22/21 at 11:42 a.m. RN-A stated the pharmacy sent a pump that was pre programmed so all staff had to do was start it. RN-A stated staff were to hang the TPN at 8:00 pm and					

Minnesota Department of Health

STATE FORM 8QTT11 If continuation sheet 5 of 26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
00947		B. WING		C <b>02/24/2021</b>		
NAME OF	PROVIDER OR SUPPLIER		l.	STATE, ZIP CODE	ULIZ	-12021
THE EST	ATES AT GREELEY L	313 SOUT	H GREELEY			
		STILLWAT	TER, MN 550			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  ' MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
2 930	Continued From pa	ge 5	2 930			
	discontinued it at 10 2/19/21, TPN order volume to infuse, di staff could verify the could not tell if R8 v (MVI) with the TPN  On 2/23/21 at 4:10 an extra vial of MVI most likely missed 2/19-2/21/21 becaus TPN order.  On 2/24/21 at 9:13 TPN orders were in a possible medicati	D:00 am. RN-A stated R8's did not include the total d not have the formula so e correct TPN. RN-stated she was to receive Multi vitamins p.m. RN-A verified there was for R8. RN-A stated that R8 a dose of MVI between se it was not included in the a.m. the DON of verified R8's complete and there had been				
	TPN orders needed to include the formula, the number of hours the TPN was to run, the rate the TPN was to run at, the total volume to be infused so that the nurses could reconcile the TPN received from the pharmacy with the TPN they were going to run. P-B stated multivitamin orders should be a separate line item to ensure they were not missed. P-B stated one vial of MVI was sent per TPN bag as the MVI vial was very expensive.  Facility Parenteral Nutrition policy dated July 2017, instructed staff, "The PN [parenteral nutrition] order should include the formula or a list of all individual ingredients/nutrients in the base					
	solution, total volume and rate of administration as well as orders for monitoring laboratory results on a routine basis." It further instructed staff to verify orders comparing the orders to the bag label Staff were also to verify if there were any additives to be put in the bag. If so staff were to add them prior to starting PN. The policy also					

Minnesota Department of Health

STATE FORM 8QTT11 If continuation sheet 6 of 26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
					1	С	
00947		B. WING		02/2	24/2021		
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
THE EST	TATES AT GREELEY L	I C	H GREELEY				
(V4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION		(VE)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE	
2 930	Continued From pa	ge 6	2 930				
	administered any a	ocument when PN was dditives and any ventions or changes to the PN					
	SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee, could develop and implement policies and procedures related to administration of medication and enteral feeding solution by a feeding tube. The DON or designee, could provide training for all nursing staff related to the administration of medications and enteral feeding solution by a feeding tube. The quality assessment and assurance committee could perform random audits to ensure compliance.						
	TIME PERIOD FOR CORRECTION: Twenty-one (21) days.						
21545	MN Rule 4658.1320	A.B.C Medication Errors	21545			4/2/21	
	percent as described Guidelines for Code 42, section 483.25 the State Operation Surveyors for Long-incorporated by refe purposes of this pa (1) a discrepair prescribed and what administered to res (2) the administered to res medications.  B. It is free of a error. A significant	on error rate is less than five ed in the Interpretive e of Federal Regulations, title (m), found in Appendix P of its Manual, Guidance to Term Care Facilities, which is erence in part 4658.1315. For it, a medication error means: incy between what was at medications are actually idents in the nursing home; or stration of expired					

Minnesota Department of Health

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IVIIIIIICSC	ta Department of Tie	aiti i				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
						•
		00947	B. WING			, 4/2021
		00347			02/2	4/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
TUE	313 SOL			STREET		
IHE ESI	ATES AT GREELEY L	.LC STILLWAT	ER, MN 55	082		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	)N	(X5)
PREFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	PRIATE	DATE
				DEFICIENCY)		
21545	Continued From pa	ge 7	21545			
	discomfort or ieona	rdizes the resident's health or				
	safety; or	raizes the resident's fiedith of				
	•	on from a category that usually				
		ation in the resident's blood to				
		cific blood level and a single				
		uld alter that level and				
		irrence of symptoms or				
		ions are administered as				
	prescribed. An incident report or medication					
		e filed for any medication error				
		gnificant medication errors or				
		nust be reported to the				
	physician or the phy	sician's designee and the				
	resident or the resident	dent's legal guardian or				
	designated represe	ntative and an explanation				
		e resident's clinical record.				
	<ul><li>C. All medication</li></ul>	ons are administered as				
		dent report or medication error				
		for any medication error that				
		cant medication errors or				
		nust be reported to the				
		ysician's designee and the				
		dent's legal guardian or				
		ntative and an explanation				
	must be made in th	e resident's clinical record.				
	This MALD					
	•	ent is not met as evidenced				
	by:	on interview and decument		corrected		
		on, interview and document		corrected		
		ailed to ensure they were free				
		or rate of five percent or				
		had a medication error rate				
		B errors out of 25 opportunities				
		of 11 residents (R5, R6) who				
	were observed duri	ng the medication pass.				
	Findings include:					

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					С	
00947		00947	B. WING		02/2	4/2021
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE EST	TATES AT GREELEY L	I C	H GREELEY			
		STILLWAT	TER, MN 550	082		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
21545	Continued From pa	ge 8	21545			
	R5's Admission Record (face sheet) dated 2/24/21, indicated R5 had diagnosis including dementia and rheumatoid arthritis.					
	practioner (NP)-C, i Give 30 milligrams for three days and t 20 mg by mouth on Then give Predniso	lated 2/17/21, from nurse included orders for Prednisone (mg) by mouth one time daily then decrease to Prednisone e time daily for three days. In a 10 mg by mouth one time then discontinue. Diagnosis the gout flair.				
	R5's electronic medication administration record (EMAR) for 2/2021, directed the staff to administer prednisone 20 mg one time a day on 2/22/21, for acute gout flair.					
	(LPN)-A was obsermedications that increase neurontin (pain medications) and polyethylene Glycologo oz. of water, Calcologo oz.	cluded: aspirin 81 mg, dication) 100 mg., two ophen 500 mg two caplets, cic) 875 mg/125 mg, I (laxative) powder 17 gram in ium-D Tablet 600-400 mg-unit				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		00047	B. WING		C <b>02/24/2021</b>	
		00947	D. WING		02/2	4/2021
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
THE EST	ATES AT GREELEY L	I C	H GREELEY ER, MN 550			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
21545	Continued From page 9		21545			
	-At 8:26 a.m. LPN-A stated she had been nervous being observed					
	R6's Admission Record dated 2/24/21, indicated R6 had diagnoses including type two diabetes mellitus, and hyponatremia (low sodium levels).					
	included orders for: -Metformin (diabetic mouth two times pe	ry Report dated 2/24/21, c medication) 500 mg by er day. Take with meals supplement) 1 gram by mouth				
		p.m. registered nurse (RN)-C epare the medications for R6				
	package directed: v	oel on R6's Sodium Chloride 1				
	administered with n	d the Metformin to be neals and the Sodium Chloride ered with meals. Both cheduled to be given at 4:00				
	chloride tablets. Ri received the Metfor 3:50 p.m. RN-C sta given one hour befor after. RN-C stated 4	verified giving R6 two sodium N-C confirmed R6 had min and sodium Chloride at ted the medications could be pre 4:00 p.m. or up to one hour 4:00 p.m. was when she medications. RN-C stated p.m.				
		nurse manager stated supper 5-5:15 p.m. RN-D stated if the				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		00947 B. WING 0		1	C <b>02/24/2021</b>	
THE ESTATES AT GREEL BY LLC 313 SOUT			DRESS, CITY, S TH GREELEN			-
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
21545	order indicated with when the resident has giving the medication error.  On 2/24/21, at 9:13 (DON) stated LPN-medication error reaction error reactions and the properties of	a.m. the director of nursing A had not completed a port at the time of the error. was the expectation that error rate would be zero. The dication order indicated to give it was to be given as close to	21545			

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					С	
		00947	B. WING		02/2	4/2021
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE EST	TATES AT GREELEY L	1 C	H GREELEY			
	ALOAI GREELLI	STILLWAT	TER, MN 550	082		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
21545	Continued From pa	ge 11	21545			
	Based on document review and interview, the facility failed to ensure 3 of 5 residents (R2, R1, R4) reviewed for medication errors were free from significant medication errors.					
	Findings include:					
	R2 admitted 4/1/20, had the following medical diagnoses listed in the electronic medical record (eMR): cellulitis (skin infection) of left lower limb, sepsis, non-pressure chronic ulcer of other part of left foot with necrosis (death) of muscle, osteomyelitis (bone infection), cutaneous abscess of foot.					
	Physical from a hos	cine Admission History and spitalization dated 3/21/20, nicillin anaphylaxis (life reaction) allergy.				
		he facility eMR noted lergy of unknown severity,				
A nursing home initial report submitted to the Nursing Home Incident Reporting Website 4/7/20, showed an allegation of potential neglect related to medications when a staff nurse administered intravenous (IV) Zosyn (antibiotic in the penicillin drug class) instead of IV Ceftriaxone (antibiotic in the cephalosporin drug class) to R2 on 4/6/20, at 10:00 a.m. R2 was prescribed Benadryl for a potential allergic reaction. The Investigation Summary dated 4/13/20, explained the nurse administering the medication forgot to double check the resident name on the antibiotic bottle. The primary physician was notified and prescribed Benadryl for a potential allergic reaction due to questionable history of penicillin allergies. Additional monitoring was done with the						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		2004	B. WING		C <b>02/24/2021</b>	
		00947	b. WING		02/2	4/2021
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
THE EST	THE ESTATES AT GREELEY LLC 313 SOUTH STILLWAY					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION DEFICIENCY)	.D BE	(X5) COMPLETE DATE
21545	Continued From page 12 resident to watch for changes in vital signs, no		21545			
	adverse reaction wa					
	the nurse practition 11:38 a.m. Order do rash/allergic reaction and start Benadryl	ders included an order from er (NP)-B dated 4/6/20, at escription: "Regarding on: Mark the area on the neck 50 mg [milligrams] q8h prn as needed] for allergic				
	The Benadryl order was entered onto the medication administration record (MAR) on 4/6/20 at 2:45 p.m. Staff documented administering 50 mg of Benadryl to R2 one time on 4/6/20, at 3:00 p.m.					
	10:35 p.m. that incl and "No signs of ar medication error on outlined, per report the rash was there Benadryl was given c/o SOB [complaint any breathing issue to monitor." No add monitoring could be medication error in	gress note dated 4/6/20, at uded documented vital signs, aphylaxis reaction from AM shift. Rash on neck was from AM nurse it is unsure if before the medication error. at 1500 PM [3:00 p.m.] No s of shortness of breath] or s Nursing staff will continue itional documentation of a found for R2 specific to the progress notes, or the atment administration records.				
	registered nurse (R incident. RN-A vague but knew the the nuincorrect IV medica facility. RN-A did nowas done for the issue the second	2/22/21, at 2:35 p.m. N)-A was asked about the pely remembered the incident, arse involved in giving the tion no longer worked at the pet remember what follow-up use, but recalled R2 had a eday of the medication error, the area.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					С	
		00947	B. WING		1	4/2021
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE EST	ATES AT GREELEY L	I C	H GREELEY			
	01844504074		TER, MN 550		201	
(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 SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
21545	Continued From pa	ge 13	21545			
	respect to the rash given another resid documented R2 was this caused a rash on benadryl, and debreathing or rash the During interview on pharmacist (P)-C exantibiotic in the penshe wouldn't think expotent, but also risk could be greater es not stored properly, P-C felt the neck rapotential allergic residue.	s reportedly stable with that started when R2 was ent's expired Zosyn. NP is allergic to penicillin's and on R2's throat. R2 was started enied trouble with swallowing, at day.  2/23/21, at 1:18 p.m. explained that Zosyn was an icillin class. P-C added that expired Zosyn would be as a of bacterial contamination pecially if the medication was or had no preservatives in it. sh could have been a action, and this error would be ant. P-C did not recall being				
	director of nursing ( the facility on 4/1/20 The DON did not re expired, because so of expired medication about whether R2 r as the DON recalled was not sure. The D assess allergies fro records, and reside explained she alway directly involved in reviewed the five rig administration, and of why the error occ staff had been inter	2/23/21, at 3:50 p.m. the (DON) stated R2 admitted to (D), and was on IV antibiotics. It is a call the IV Zosyn being taff were supposed to get rid ons. There was a question eally had a penicillin allergy, d R2 thought he did, but R2 DON explained they tried to im all sources such as hospital int knowledge. The DON yes sat down with the staff the error to review policy, ghts of medication tried to get to the root cause curred, for example whether rupted. When asked about the prore the DON remembered				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION ( A. BUILDING:			(X3) DATE SURVEY COMPLETED				
		00947	B. WING		02/2	24/2021			
					1 0212	. <del>4</del> /2021			
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE  313 SOUTH GREELEY STREET								
THE EST	TATES AT GREELEY L	I C	TER, MN 550						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE			
21545	1 0		21545						
	grabbed the right IV The DON could not entire dose of incor	felt bad, and thought she medication, but she did not. remember if R2 received the rect medication, or if the t before the full dose							
	vaguely remembere rash never went be rash developed, sta Benadryl, and it we reported any trouble NP-B expected staf	/23/21, at 4:30 p.m. NP-B ed a small rash on R2, but the yond the marked borders. The aff marked the rash, gave R2 nt away with time. R2 never a swallowing or breathing. If would keep an eye on R2 at t stated would refer to the nitoring.							
	Medication Error Refacility investigation any completed interadditional resident re-education, staff other action taken to occurring in the fututo find the Medication	entation of the internal econciliation Report, and the including but not limited to rviews at the time of the error, monitoring, training and competencies or audits, and o prevent a similar error from ure. Facility staff were not able on Error Reconciliation Report, tion documentation.							
	the DON confirmed the facility internal in incident. No addition Medication Error Re documented training	riew on 2/24/21, at 2:14 p.m. staff were unable to locate nvestigation file for the nal resident monitoring, econciliation Report, g, audits or competencies edication error were received.							
	indicated R1 was di	ministration record (MAR) agnosed with type 2 diabetes e following long acting insulin							

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			B. WING		C	
		00947	B. WING		02/2	4/2021
NAME OF	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
THE EST	TATES AT GREELEY L	I C	TH GREELEY TER, MN 550			
(V4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON.	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	COMPLETE DATE
21545	Continued From pa	ge 15	21545			
	(long acting insulin) (mL) subcutaneous diabetes mellitus w start date 2/1/21.	nject 50 unit of Insulin glargine solution 100 Unit/milliliters by at bedtime related to type 2 ith unspecified complications, an Auto Substitution Notice				
	Medication Change injection. This notice Basaglar was to be used brand, Lantus notice indicated state original order for Laphysician orders, and order for Basaglar. currently available signedication cart, an	e Order for the Insulin Glargine e informed the facility that substituted for the previously of ordered on 2/1/21. The ff were to discontinue the antus on R1's MAR and in the end replace it with the new Staff would then remove any supply of Lantus from the d sign and place the notice in The notice was signed				
	receipt of the Auto Change Order: Bas solution pen-injector subcutaneously at I diabetes mellitus w	was entered in the MAR after Substitution Notice Medication saglar KwikPen 100 Unit/mL or. Inject 50 Unit bedtime related to type 2 ith unspecified diabetic macular edema. Start date				
	staff did not remove Lantus at bedtime to for 50 units of Basa documented giving	from February 2021, showed the prior order for 50 units of pefore adding the new order aglar at bedtime. Staff R1 50 units of each brand of at bedtime on 2/4/21, resulting				
	Nursing Home Incid	ial report submitted to the dent Reporting Website 2/5/21, tion of potential neglect when				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					C	
		00947	B. WING		02/2	4/2021
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
THE EST	TATES AT GREELEY L	I C	H GREELEY ER, MN 550			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE
21545	Continued From pa	ge 16	21545			
	nursing staff gave Funits of Lantus (bra and 50 units of Bas glargine). The inves 2/12/21, indicated to interchange one another. Nursing st procedure for accelas a result gave R1 (100 units total) of I on 2/4/21. The nursinotified of the error	R1 a double dose of insulin; 50 and name of insulin glargine), aglar (brand name of insulin stigation summary dated he pharmacy sent paperwork long acting insulin brand for aff did not follow the correct pting the new medication, and a 50 unit dose of each brand ong acting insulin before bed se practitioner (NP)-B was and she did not feel it caused s blood sugars were still within				
	A progress note dated 2/5/21, at 2:04 a.m. stated staff took R1's blood sugar due to R1 not eating anything since lunchtime, and blood sugar at bedtime was 104 which was low for this resident. Blood sugar was 76, so staff gave R1 orange juice to sip. Staff wrote a follow-up progress note on 2/5/21, at 2:43 a.m. documenting R1's blood sugar at 2:30 a.m. was 99, and R1 was drinking orange juice. A progress note dated 2/5/21, at 1:11 p.m. noted the orders for 50 units of Lantus and 50 units of Basaglar at bedtime had been discontinued, and replaced by an order for 45 units of Lantus at bedtime. By 2:07 p.m. a progress note documented R1's blood sugar had come up to 132.  Review of the MAR showed initials for licensed practical nurse (LPN)-A, signed off on giving the					
	During interview 2/2 not remember the r R1 getting a double	on the night of 2/4/21, ble dose.  22/21, at 1:41 p.m. LPN-A did medication error resulting in e dose of insulin at bedtime. that would occur, as if there				

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PRINTED: 03/31/2021 FORM APPROVED

Minneso	Minnesota Department of Health							
STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE S	SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	_ETED		
			B. WING		C			
		00947	B. WING		02/2	4/2021		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, §	STATE, ZIP CODE				
THE EST	TATES AT GREELEY L	1 C	H GREELEY					
	,	SIILLVVAI	TER, MN 550	U82				
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)		
PREFIX		Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF		COMPLETE DATE		
TAG	REGULATORY OR E	SCIDENTIL TING INI CHIMATION,	TAG	DEFICIENCY)	TIAIL	5, =		
				,				
21545	Continued From pa	ige 17	21545					
ļ	-							
		r the same type of insulin, and						
		ulin pens of the same type but						
		pt in a resident's insulin pouch						
		ouch kept on the medication						
		pens), LPN-A would go back to						
ļ		which one was current. LPN-A						
		cently had training on this						
		to double check insulin						
		ething did not look right to go						
	back to the doctor's	s orders and see which order						
	superceded the oth	ner. LPN-A stated it did not						
	make sense that so	omeone would give two						
		the same type of insulin.						
		interview at 2:08 p.m. LPN-A						
		lls on the MAR which						
		R1 two doses of insulin on the						
		N-A was confused about why						
		ne that, and wondered if the						
		ere in separate pouches on the						
		cause she did not feel she						
	· ·	o doses of long acting insulin.						
ļ		added that sometimes the						
		ot send a new insulin right						
		at happens she would either						
		sulin ordered so the resident						
ļ		ould take the new ordered						
	1							
		ergency kit (e-kit). LPN-A						
ļ		yay to document this would be						
		one insulin, and then instead						
		ing the other type of insulin,						
		ered a progress note						
		insulin was given and the						
		I-A stated this would be the						
		ment, instead of documenting						
ļ		oses were administered.						
		eve she gave both doses of the						
ļ		Lantus and Basaglar, even						
ļ		mented as such on the MAR,						
		units of long acting insulin at						
	one time might cau	se a resident to end up in the						

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PRINTED: 03/31/2021 FORM APPROVED

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '			(X3) DATE SURVEY COMPLETED	
7442 1 2744	or contraction	IDENTIFICATION IDENT	A. BUILDING:		С		
		00947			1	4/2021	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE			
THE EST	THE ESTATES AT GREELEY LLC 313 SOU STILLWA			STREET 082			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIED TO THE	.D BE	(X5) COMPLETE DATE	
21545	Continued From pa	ge 18	21545				
	hospital from low blood sugar.						
	In an interview on 2 nurse (RN)-D reme and said R1 had red hospital, and his inst the pharmacy, but to new insulin had not Since the new Basastaff took the medic RN-D stated both masaglar, were still next day R1's nurse reviewing medication were still current on was how the error was documentation were given. RN-D paregency Drug Kingrouped together was documentation were given. RN-D paregency Drug Kingrouped together was documentation were given. RN-D paregency Drug Kingrouped together was documentation were given. RN-D paregency Drug Kingrouped together was documentation was documentation were given. RN-D paregency Drug Kingrouped together was documentation was documentation was documentation were given. RN-D paregency Drug Kingrouped together was documentation was documentation was documentation were given. RN-D paregency Drug Kingrouped together was documentation was documentation was documentation was documentation were given. RN-D paregency Drug Kingrouped together was documentation were given. RN-D paregency Drug Kingrouped together was documentation were given. RN-D paregency Drug Kingrouped together was documentation were given. RN-D paregency Drug Kingrouped together was documentation were given. RN-D paregency Drug Kingrouped together was documentation were given. RN-D paregency Drug Kingrouped together was documentation were given. RN-D paregency Drug Kingrouped together was documentation were given. RN-D paregency Drug Kingrouped together was documentation were given. RN-D paregency Drug Kingrouped together was documentation were given. RN-D paregency Drug Kingrouped together was documentation were given. RN-D paregency Drug Kingrouped together was documentation were given. RN-D paregency Drug Kingrouped together was documentation were given. RN-D paregency Drug Kingrouped together was documentation were given. RN-D paregency Drug Kingrouped together was documentation were given.	/22/21, at 3:47 p.m. registered mbered the medication error cently come back from the sulin orders were sent out to the evening of the error the arrived from the pharmacy. Aglar insulin had not arrived, action from the e-kit to use. The dications, Lantus and on the medication list. The expractitioner (NP)-A was ons, and noticed both insulins the medication list, and that was discovered. RN-D did not at the time of error discovery, -A today, who felt she would a doses. RN-D confirmed there in the MAR as if both doses trovided a copy of an at Slip, showing the newly as taken out of the e-kit. The at Slip was undated, but ith other slips dated 2/4/21. Sumentation that LPN-A took sulin pen at 8 p.m. RN-D -A found the medication error, old insulin pen (Lantus) from so that it could not be used p.m. pharmacist (P)-C double dose of long acting to potential for low blood sugar, fect with long acting insulin is expected staff would have R1 for shaking, dizziness, neartbeat, to name a few. P-C e a significant medication					

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PRINTED: 03/31/2021 FORM APPROVED

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
00947		B. WING		02/2	2 4/2021	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE ECT	ATEC AT ODEEL EVI	313 SOUT	H GREELE			
THE EST	ATES AT GREELEY L	STILLWAT	TER, MN 55	082		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROL DEFICIENCY)	D BE	(X5) COMPLETE DATE
21545	Continued From pa	ge 19	21545			
	error. P-C wanted to	emember being notified of this of follow-up on the error to ollowing proper procedures.				
	pharmacy manager pharmacy did not so on the day the auto Basaglar was faxed the process for med pharmacist reviewed order accuracy, the to the facility to indipharmacy faxed the new medication from see how there migh PM stated they faxed and then there was substitution notice to new medication to to make sure the facility substitution, which is paperwork ahead of along with any new Review of the Medit Form dated 2/4/21, R1 had received a substitution of the alleged error of available for interview Attached to the form re-educate all nurses	cation Error Reconciliation revealed NP-A did not believe second dose of insulin ymptomatic and at baseline from the hospital shortly before curred. NP-A was not ew at the time of survey. In included a plan to less for the correct process of ementing auto-substitutions				
	On 2/24/21, at 2:14	p.m. the DON confirmed she ubstitution process from the				

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pharmacy, and wrote up a protocol on what to do

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	00047		B. WING		C <b>02/24/2021</b>	
00947			l.		02/2	4/2021
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S TH GREELEY	TATE, ZIP CODE		
THE EST	TATES AT GREELEY L	I C	TER, MN 550			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
21545	when medications a receive an auto subtrained the nurses of recently there was a coming from the phout to the pharmacy felt there was a high get this figured out could re-train staff of R4's Medication Erro 2/15/21, indicated to 2/15/21, at 9:30 a.n. Admelog Solostar (starts to work in 15 hour. It keeps work subcutaneous (subunits of Basaglar (a about 12 hours after 24 hours) due to starts order. Corrective action for hypoglycemia (le Error Reconciliation prevent recurrence member making the R4's Hospital Dischindicated R4's diagrence phalopathy (arconsciousness due was secondary to redue to unintentional R4's admission MD cognitive impairment activities including the R4's progress notes.	are substituted and staff ostitution form. The DON on this protocol, but stated a different notification form narmacy, so the DON reached y consultant about it. The DON in risk for errors, and wanted to with the pharmacy so she on the new form.  For Reconciliation Form dated that an error had occurred on in R4 was to have received a short acting insulin that minutes and peaks in one ing for 2-4 hours) 10 units Q) with meals. R4 received 10 in long acting insulin that peaks is administration and lasts for aff member misreading the cition taken was to monitor R4 ow blood sugar). Medication in Form indicated the actions to was education to staff it error.  The arge Summary dated 2/12/21, mosis of metabolic in alteration in brain function or to an imbalance in the blood) ecurrent hypoglycemia likely I insulin overdose.  The Stated 2/19/21, indicated in and assistance with meeding to be partially fed.	21545			
and indicated that at 8:05 a.m. prior to breakfast R4's blood sugar was 55 mg/dl						

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Minnesota Department of Health STATE FORM

8QTT11 If continuation sheet 21 of 26

A. BUILDING:  O0947  B. WING  O2/24/2021  NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	
02/24/2021		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		
	NAME OF PROVIDER OR SUPPL	
THE ESTATES AT GREELEY LLC  313 SOUTH GREELEY STREET  STILLWATER, MN 55082	THE ESTATES AT GREELE	
(X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  SUMMARY STATEMENT OF DEFICIENCIES  ID PROVIDER'S PLAN OF CORRECTION (X5)  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	PREFIX (EACH DEFICIE	
(milligram/deciliter). The normal blood sugar range 70 to 130 mg/dl.  -At 8:15 a.m. RN-F gave R4 oral glucose gel because R4 was unable to swallow juice. R4's blood sugar came up to 117 mg/dl  -At 9:30 a.m. RN-F gave R4 Basaglar Insulin  -At 12:02 p.m. R4's photod sugar was 183 mg/dl  -At 12:30 p.m. R4's physician was notified.  -At 5:52 p.m. Prior to dinner R4's blood sugar was 66 mg/dl. Oral glucose gel was given. R4's Blood sugar was 66 mg/dl. Oral glucose gel was given. R4's Blood sugar was othecked after supper and remained at 66 mg/dl.  Progress note dated 2/16/21, at 3:23 a.m. indicated R4's supper time insulin was held. R4's Blood sugar at 7:44 p.m. was 119 and insulin was held.  - At 12:59 p.m. nurse practioner gave new orders for R4 insulin meal coverage.  During interview on 2/23/21, at 1:18 p.m. the P-C stated a medication error would be significant related to insulin would depend on what monitoring needed to be done, what the residents and if medications were needed to be given to raise blood sugar levels or if medications needed to be held more than once as a result of the error. P-C stated R4's insulin error was significant.  During interview on 2/24/21, at 9:13 a.m. the DON stated She did not identify R4's medication error as significant because there was no harm. The DON stated R4's blood sugar at lunch was 183. The DON stated R4's Basaglar was held because the physician said to, not because there was and adverse reaction.  On 2/24/21, at 3:21 p.m. the DON and administrator stated the QAPI (quality assurance and performance improvement) committee met	(milligram/decilir range 70 to 130 -At 8:15 a.m. RN because R4 was blood sugar can -At 9:30 a.m. RN -At 12:02 p.m. F -At 12:30 p.m. F -At 5:52 p.m. Pr was 66 mg/dl. C Blood sugar was remained at 66 Progress note d indicated R4's s Blood sugar at 7 held.  - At 12:59 p.m. If for R4 insulin m During interview stated a medicar related to insulir monitoring need and if medicatio raise blood sugar to be held more P-C stated R4's During interview DON stated she error as significant The DON stated 183. The DON stated 183. The DON stated 183 administrator stated and adversion 2/24/21, at 3 administrator stated significant rate of the physical rate of the physic	

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STATE FORM 8QTT11 If continuation sheet 22 of 26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
00947		B. WING		02/2	2 4/2021	
NAME OF	<u> </u>			STATE, ZIP CODE	•	
I THE ESTATES AT GREELEY LLC		H GREELEY ER, MN 550				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODE DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
21545	a pharmacy represent a line item on the errors, although addicommittee reviewed needed. The DON represent was being as starting in March 20 audits regarding IV were requested. Not The Medication Error Readdition the proced pharmacist and document the medi record, complete in significant errors to education or follow-regarding medication consequences and Assurance committed SUGGESTED MET The director of nurs review and revise psignificant medication ursing or designed educate staff and densure significant in received from the phaudits for effectiver be completed. The could monitor these compliance.	entative. There was currently be agenda for medication ministrator explained the dimedication errors as moted the topic of medication lided to the regular agenda 121. Staff competencies or medications and insulin errors	21545			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '			ATE SURVEY OMPLETED	
AND FLAN OF CORRECTION IDENTIFICATION NUMBER.		IDENTIFICATION NOWBER.	A. BUILDING:		CONFECTED	
00947		B. WING		02/2	24/2021	
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADD			STATE, ZIP CODE		
THE EST	ATES AT GREELEY L	I C 313 SOUT	H GREELEY	STREET		
	AILO AI ONEELEI E	STILLWAT	ER, MN 55	082		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
21995	Continued From pa	ge 23	21995			
21995	MN St. Statute 626 Maltreatment of Vu	.557 Subd. 4a Reporting - Inerable Adults	21995			4/2/21
	(a) Each facility shongoing written proapplicable licensing of suspected maltrefacility has an interrogandated reporter requirements of this internally. However responsible for compression reporting requirements of this internally. However responsible for compression requirements.  This MN Requirements and the survey Agent reviewed for potents significant medication. Findings include:  R4's Medication Errogandated to 2/15/21, indicated to 2/15/21, at 9:30 a.m.	ent is not met as evidenced and document review, the ort allegations of neglect to the cy for 1 of 4 residents (R4) ial neglect surrounding		corrected		
	starts to work in 15 hour. It keeps work subcutaneous (sub units of Basaglar (a	minutes and peaks in one ing for 2-4 hours) 10 units Q) with meals. R4 received 10 long acting insulin that peaks				
	24 hours) due to st Corrective action ta hypoglycemia (low Reconciliation Forn	er administration and lasts for taff who misread the order. It was to monitor R4 for blood sugar). Medication Error in indicated the actions to was education to the staff at the error.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		00947	B. WING			C <b>24/2021</b>
THE ESTATES AT GREEL EY LLC 313 SOUT			H GREELEY			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
21995	During interview on stated a medication related to insulin wo monitoring needed were needed to be levels or if medication than once as a resuinsulin error was signal in the medication of nursing (identify R4's medication there was R4's blood sugar at stated R4's Basagla physician said to, nadverse reaction. To medication error was agency.  During interview on DON explained alw she heard of report even come in on the The DON had start catch concerns that closer so they did not result in ser reported within 24 feilure to provide go	2/23/21, at 1:18 p.m. P-C rerror would be significant ould depend on what to be done and if medications given to raise blood sugar ons needed to be held more all of the error. P-C stated R4's gnificant.  2/24/21, at 9:13 a.m. the (DON) stated she did not ation error as significant no harm. The DON stated alunch was 183. The DON ar was held because the ot because there was an the DON verified R4's as never submitted to the state as never submitted to the state.  2/24/21, at 3:21 p.m. the asys trying to report as soon as able concerns, and would e weekend if needed to report. The end of the state and the end of	21995			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			B WING			С
		00947	B. WING		02/2	24/2021
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
THE EST	TATES AT GREELEY L	I C	H GREELEY ER, MN 550			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
21995	administrator or des procedures to ensu allegations of abuse appropriate timefrai could re-educate st policies and proced of alleged abuse or time. The results of to the Quality Assur Improvement (QAP need for further mo	THOD OF CORRECTION: The signee could review policies or timely reporting of all e or neglect are within me's for reporting. The facility raff identified in the citation to lures, and audit all complaints reglect for a set determined those audits could be taken	21995	DEFICIENCY)		

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