Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
April 26, 2023

Administrator
Minnesota Masonic Home Care Center
11501 Masonic Home Drive
Bloomington, MN 55437

RE: CCN: 245343
Cycle Start Date: April 12, 2023

Dear Administrator:

On April 12, 2023, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted immediate jeopardy (Level J), as evidenced by the electronically delivered CMS-2567, whereby corrections are not required.

The Statement of Deficiencies (CMS-2567) is being electronically delivered. Because corrective action was taken prior to the survey, past non-compliance does not require a plan of correction (POC).

REMOVAL OF IMMEDIATE JEOPARDY

On January 25, 2023, the situation of immediate jeopardy to potential health and safety cited at F689 was removed.

REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy listed below to the CMS Region V Office forimposition: You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

- Civil money penalty, (42 CFR 488.430 through 488.444).

NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered

professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than $11,292; has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

Therefore, your agency is prohibited from offering or conducting a Nurse Assistant Training/Competency Evaluation Programs or Competency Evaluation Programs for two years effective April 12, 2023. This prohibition is not subject to appeal. Under Public Law 105-15 (H.R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

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

SUBSTANDARD QUALITY OF CARE (SQC)

SQC was identified at your facility. Sections 1819(g)(5)(C) and § 1919(g)(5)(C) of the Social Security Act and 42 CFR 488.325(h) requires that the attending physician of each resident who was found to have received substandard quality of care, as well as the State board responsible for licensing the facility's administrator, be notified of the substandard quality of care. **If you have not already provided the following information, you are required to provide to this agency within ten working days of your receipt of this letter the name and address of the attending physician of each resident found to have received substandard quality of care.**

Please note that, in accordance with 42 CFR 488.325(g), your failure to provide this information timely will result in termination of participation in the Medicare and/or Medicaid program(s) or imposition of alternative remedies.

Federal law, as specified in the Act at § 1819(f)(2)(B) and § 1919(f)(2)(B), prohibits approval of nurse assistant training programs offered by, or in, a facility which, within the previous two years, has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care. Therefore, Minnesota Masonic Home Care Center is prohibited from offering or conducting a Nurse Assistant Training / Competency Evaluation Programs (NATCEP) or Competency Evaluation Programs for two years effective April 12, 2023. This prohibition remains in effect for the specified period even though substantial compliance is attained. Under Public Law 105-15 (H. R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

DEPARTMENT CONTACT

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

Terri Ament, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Duluth Technology Village
11 East Superior Street, Suite 290
Duluth, Minnesota 55802-2007
Email: teresa.ament@state.mn.us
Office: (218) 302-6151 Mobile: (218) 766-2720

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

APPEAL RIGHTS

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

Steven.Delich@cms.hhs.gov

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

Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201
(202) 565-9462

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you

have any questions regarding this matter, please contact Steven Delich, Program Representative at (312) 886-5216. Information may also be emailed to Steven.Delich@cms.hhs.gov.

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: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

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

Feel free to contact me if you have questions.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245343	A. BUILDING _____ B. WING _____	C 04/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MINNESOTA MASONIC HOME CARE CENTER	11501 MASONIC HOME DRIVE BLOOMINGTON, MN 55437

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS On 4/11/23, through 4/12/23, a standard abbreviated survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities. The following complaint was reviewed: H53431071C (MN92527) and a deficiency was issued at F689 at PAST NON-COMPLIANCE. Although the provider had implemented corrective action prior to survey, immediate jeopardy was sustained prior to the survey. No plan of correction is required for a finding of past non-compliance; however, the facility must acknowledge receipt of the electronic documents.	F 000		
F 689 SS=J	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure one of three residents (R1) remained free of an avoidable accident with significant injury when R1 was transferred using a full body mechanical lift, and fell to the ground. R1 sustained a head injury that required treatment in the emergency department (ED). R1	F 689	Past noncompliance: no plan of correction required.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 05/05/2023

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

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F 689	Continued From page 1 died that same day from the head injury sustained during the fall from the lift. The deficient practice was identified as an immediate jeopardy (IJ) situation; however, the provider had implemented corrective action prior to the investigation, so the deficiency remained as past non-compliance. The IJ began on 1/20/23, when the facility failed to provide support to R1's right side while transferring with a full body mechanical lift, and R1 fell out of the sling, striking her head on the ground. R1's fall resulted in a head injury. R1 was sent to the ED, where she received staples to a cut to her head. While in the ED, R1 had had several syncopal episodes (a sudden drop in heart rate and blood pressure that can lead to passing out), and vomiting episodes. R1 died in the emergency room, on 1/20/23, at 9:43 p.m. The administrator and director of nursing were notified of the IJ on 4/12/23, at 5:08 p.m. The facility had implemented action to prevent recurrence by 1/25/23, so F689 was issued at past non-compliance. Findings include: A report submitted to the State Agency (SA) indicated on 1/20/23, at 11:05 a.m. R1 was being transferred with an EZ Way mechanical lift from the wheelchair to her bed. Nursing assistant (NA)-B was at the controls, NA-A was at R1's feet, guiding R1's legs. Once clear of the wheelchair, NA-A was moving R1's feet to turn to get closer to the bed. NA-B remained at the controls. As R1 was being turned, the right side of her body started to move to the right. R1's upper body slipped off the right side of the sling, and she hit the right side of her head on the floor.	F 689		

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F 689	Continued From page 2 NA-A reported seeing R1's upper body start to slide. This scared NA-A, and she may have lifted R1's legs, while attempting to move towards R1's trunk that was sliding. This resulted in R1 tipping to the right. R1 was about 2 ½ feet from the floor. R1 sustained a laceration to the right side of her head. Ice and pressure were applied, and she was sent to the ED for sutures. R1's Diagnosis List indicated diagnoses which included Alzheimer's disease, cervical spinal stenosis, deep vein thrombosis (DVT), and a non-displaced fracture of the right clavicle (collar bone). R1's significant change Minimum Data Set (MDS) dated 11/5/22, indicated R1 had moderate cognitive impairment. The MDS also indicated R1 was totally dependent on two staff for transfers. In addition, the MDS identified R1 had an impairment to one side of her upper body, and utilized a wheelchair. R1's Order Summery dated 8/22/22, indicated R1 was on Eliquis (blood thinner) 5 milligrams (mg) twice daily. R1's care plan dated 11/9/22, indicated R1 required total assistance of two staff and the EZ Lift (full body mechanical lift) for transfers. The care plan lacked interventions related to R1's special circumstances of leaning to the right due to a history of kyphosis (abnormal curvature of the spine) and arm fracture. On 1/20/23, at 12:23 p.m. a progress note indicated R1 fell out of the EZ Lift while being transferred from her wheelchair to her bed at 11:05 a.m. R1 had a laceration to the right side of	F 689		

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F 689	Continued From page 3 her scalp, and had an emesis during the transfer from floor to bed. R1 was sent to the hospital. On 4/11/23, at 1:40 p.m. nursing assistant (NA)-A was interviewed. NA-A stated she was called to assist NA-B with transferring R1 with the mechanical lift. NA-A stated she held R1's legs while NA-B used the controls to lift R1 up. NA-A stated R1 always leaned to the right side. NA-A stated R1 slipped right out of the side of the sling, and hit her head on the floor. NA-A stated, "It happened so fast, it was within seconds." NA-A stated the sling was the correct size, and was applied correctly. NA-A stated once R1 fell, they called for help, and the nurses took over. On 4/11/23, at 2:46 p.m. NA-B was interviewed. NA-B stated NA-A came to help him transfer R1 with the mechanical lift. NA-B stated both he and NA-A double checked to ensure the sling was correctly attached to the mechanical lift. NA-B stated NA-A held R1's legs while he used the controls to lift R1. NA-B stated R1 was leaning to the right. NA-B stated it was so quick, R1 "just slipped off the sling to the floor." NA-B stated the nurses were informed, and took over care. On 4/11/23, at 3:09 p.m. the assistant director of nursing (ADON) was interviewed. The ADON stated she was in charge of investigating R1's fall from the mechanical lift. The ADON stated she arrived in R1's room after she had fallen and had been placed back in bed. The ADON stated the sling was still attached to the mechanical lift, and was attached correctly. The ADON stated the sling was intact, with no signs of wear. The ADON stated R1 always had her right arm close to her body, guarding it, and had limited range of motion (ROM). The ADON stated she did speak with	F 689		

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F 689	Continued From page 4 both NA-A and NA-B to find out what happened. The ADON stated she was unable to determine the root cause of R1's fall. On 4/12/23, at 2:46 p.m. the ADON stated R1's care plan lacked individualized interventions to manage her leaning to the right while being transferred with the mechanical lift. On 4/11/23, at 3:36 p.m. registered nurse (RN)-A (the director of quality and reimbursement) was interviewed and stated R1's fall from the mechanical lift was really just an accident. RN-A stated when they reenacted the fall, R1's body structure (her kyphosis) and pain contributed to the fall. On 4/12/23, at 8:49 a.m. a representative (R)-A from the EZ Way lift company was interviewed. R-A stated the only way someone could fall out of a EZ Way mechanical lift would be because of "operator error." On 4/12/23, at 10:27 a.m. the director of nursing (DON) was interviewed. The DON stated she was called to R1's room the day R1 fell from the mechanical lift. The DON stated the ADON took the lead in conducting the investigation as to how R1 fell from the mechanical lift. On 4/12/23, at 2:09 p.m. nurse practitioner (NP)-A stated once R1 presented to the ED, she had multiple emesis, and syncopal episodes with loss of consciousness. R1 arrived at the ED at 12:30 p.m. and died at 9:43 p.m. On 4/12/23, at 2:48 p.m. RN-B (staff development nurse) was interviewed. RN-B stated staff was provided with reeducation on transfers with a mechanical lift.	F 689		

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F 689	Continued From page 5 The Hennepin County Medical Examiner Final Report indicated date of death 1/20/23 at 9:43 p.m. Manner of death: accident. Immediate cause: complications of closed head injury. Due to a consequence of: fall. Other significant conditions: Alzheimer's Disease, history of breast cancer, hypertension, diabetes mellitus, diastolic heart failure, deep vein thrombosis (on anticoagulation). How injury occurred: decedent fell from mechanical lift during transfer at her care facility. The facility policy Resident Transfer with EZ Lift undated, directed it must state in the care plan the resident is an EZ lift transfer. Only trained staff can use the EZ Lift to transfer a resident, and at least two staff members must be there for the transfer. The IJ was removed on 1/25/23, when the facility re-educated all staff on transferring residents with a mechanical lift. The facility completed this education on 1/25/23. Staff were interviewed on 4/11/23, and 4/12/23, and verified re-education had occurred. The facility quality assurance and performance improvement (QAPI) committee met, to review the incident. The mechanical lift policy was reviewed at that time with no changes. The facility completed undated random audits by observing transfers with mechanical lifts with no concerns. F689 was issued at past non-compliance.	F 689		

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

April 26, 2023

Administrator
Minnesota Masonic Home Care Center
11501 Masonic Home Drive
Bloomington, MN 55437

Re: Event ID: 68QL11

Dear Administrator:

The above facility survey was completed on April 12, 2023 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

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

Please feel free to call me with any questions.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us