



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

March 11, 2025

Administrator
Lyngblomsten Care Center
1415 Almond Avenue
Saint Paul, MN 55108

RE: CCN: 245347
Cycle Start Date: March 11, 2025
Event ID: N8QJ11

Dear Administrator

On January 17, 2025, a survey was completed at your facility by the Minnesota Department of Health to investigate a complaint 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. The investigation resulted in no deficiencies being issued.

At the time of the investigation, the investigator also assessed compliance with Minnesota Department of Health Nursing Home Rules. The investigator from the Minnesota Department of Health, found no violations of these rules promulgated under Minnesota Statute section 144.653 and/or Minnesota Statute section 144A.10.

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. Electronically attached is your copy of the Federal Form CMS-2567 stating that no violations were noted at the time of this investigation.

Please contact me if you have any questions.

A handwritten signature in black ink, appearing to read 'Melissa Poepping'.

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

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

PRINTED: 03/11/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245347	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/29/2024
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NAME OF PROVIDER OR SUPPLIER LYNGBLOMSTEN CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1415 ALMOND AVENUE SAINT PAUL, MN 55108
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(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
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F 000	<p>INITIAL COMMENTS</p> <p>On 8/28/24 through 8/29/24, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.</p> <p>The following complaint was reviewed: H53476980C (MN00105717) An unrelated deficiency was cited at F578.</p> <p>The survey resulted in an Immediate Jeopardy (IJ) at F578 when the facility failed to ensure the Physician Order for Life Sustaining Treatment (POLST) accurately reflected current resuscitation wishes for 2 of 4 residents (R1, R4) reviewed for advance directives. This deficient practice resulted in an immediate jeopardy (IJ) for R1 and R4 who would have received cardiopulmonary resuscitation (CPR), contrary to their wishes, in the absence of a pulse or respirations. The IJ began on 8/13/24, and the immediacy was removed on 8/29/24.</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance.</p> <p>Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.</p>	F 000		
F 578 SS=J	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v)	F 578		9/10/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 09/10/2024
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 578	Continued From page 1 §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate. §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State law. (v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide	F 578			

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F 578	<p>Continued From page 2</p> <p>the information to the individual directly at the appropriate time.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review, the facility failed to ensure the Physician Order for Life Sustaining Treatment (POLST) accurately reflected current resuscitation wishes for 2 of 4 residents (R1, R4) reviewed for advance directives. This deficient practice resulted in an immediate jeopardy (IJ) for R1 and R4 who would have received cardiopulmonary resuscitation (CPR), contrary to their wishes, in the absence of a pulse or respirations.</p> <p>The IJ began on 8/13/24 when R1's POLST dated 8/13/24 indicated full code status with comfort cares contrary to R1's wishes for do not resuscitate (DNR) status with comfort cares. The administrator and director of nursing (DON) were notified of the IJ on 8/29/24 at 1:25 p.m. The IJ was removed on 8/29/24 at 4:33 p.m. when the facility had implemented corrective action, however; non-compliance remained at the lower scope and severity level of D, isolated with no actual harm but potential to cause more than minimal harm.</p> <p>Findings include:</p> <p>R1's admission Minimum Data Set (MDS) dated 7/14/24, indicated R1 had moderately impaired cognition with a diagnosis of stroke</p> <p>R1's POLST signed 8/13/24 identified R1 desired full code status (initiate cardio-pulmonary resuscitation [CPR]).</p> <p>R1's Provider Order dated 8/13/24 instructed</p>	F 578	<p>The preparation of the following plan of correction for this deficiency does not constitute and should not be interpreted as an admission nor an agreement by the facility of the truth of the facts alleged on conclusions set forth in the statement of deficiency. The plan of correction prepared for this deficiency was executed solely because it is required by provisions of State and Federal law. Without waiving the foregoing statement, the facility states that:</p> <p>F578 It is the policy of Lyngblomsten to assure each resident has the right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. To assure continued compliance the following plan has been implemented: Regarding cited residents: With respect to resident R1 and R4, new POLST forms were created on 8-28-24 immediately after discovery that reflect their stated desire to be DNR status. Orders from providers supporting the residents stated wishes were obtained. Actions taken to identify other potential residents having similar occurrences: A complete audit of all resident POLST forms- sections A and B was completed 8-28-24, noting only the 2 indicated in the immediate jeopardy evidence to have</p>	

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F 578	<p>Continued From page 3 DNR comfort care.</p> <p>On 8/28/24 at 11:19 a.m., R1 stated he wished to be Do Not Resuscitate (DNR) status.</p> <p>R4's admission MDS dated 8/25/24 indicated moderately impaired cognition with a diagnosis of femur fracture.</p> <p>R4's POLST signed 8/14/24 identified R4 desired full code status.</p> <p>R4's Provider Order dated 8/19/24 directed R4's POLST be changed to a DNR status. R4's medical record lacked the new POLST reflecting his wishes for change in code status.</p> <p>On 8/28/24 at 4:07 p.m., R4 stated he wished to be DNR status.</p> <p>On 8/28/24 at 2:28 p.m., registered nurse (RN)-B stated she assisted R1 with filling out the POLST form. R1 had requested DNR status with comfort cares. She had checked the wrong box on the POLST form. Staff are required to view the paper POLST form when a resident has no pulse and was not breathing. If R1 had no pulse and was not breathing, staff would perform CPR against his wishes because the POLST form instructed them to do so.</p> <p>On 8/28/24 at 2:50 p.m., licensed practical nurse (LPN)-A stated she would look at the paper POLST form to determine a resident's code status. LPN-A confirmed R1's POLST instructed staff to perform CPR.</p> <p>On 8/28/24 at 3:29 p.m., the director of nursing (DON) stated staff should look at the paper</p>	F 578	<p>inaccurate selections for Life Sustaining Treatment. All others POLST forms were accurate, reflective of the patient/resident wishes and consistent with orders entered into the electronic health record.</p> <p>Measures put in place to ensure deficient practice does not occur: Facility Advanced Directive policy, which defines the use of POLST forms, along with other code status and life sustaining treatment policy was reviewed by the Administrator, Medical Director and Nursing Administration team, no changes were deemed necessary.</p> <p>Nursing Administration conducted meetings with licensed nursing staff and health unit coordinators on the current processing of POLST forms and code status orders. Discussions led to the development of new procedures for processing POLST forms and Code Status orders. The existing process was clarified and streamlined to assure accurate and efficient implementation of any code status or life sustaining treatment scenarios expressed by a patient/resident.</p> <p>All existing POLST forms that were uploaded into our EHR have been deleted, keeping only the most current POLST in the patient/resident hard chart in paper form only in the front section near the face sheet, any previous/outdated POLST forms will be kept in the back of the hard chart and/or in Medical Records thinned records.</p> <p>Patient/residents who express a desire to change their code status or any other life sustaining treatments may do so at</p>	

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F 578	<p>Continued From page 4</p> <p>POLST form to determine a resident's code status.</p> <p>On 8/28/24 at 4:26 p.m., RN-D confirmed R4's wishes were to be DNR status, and the paper POLST in his chart was inaccurate and instructed staff to perform CPR on R4.</p> <p>On 8/29/24, at 10:37 LPN-C stated any nurse can assist a resident with changing their POLST after confirming the resident was able to make their own decisions.</p> <p>On 8/29/24 at 11:17 a.m., medical director (MD)-A stated nurses and social workers can assist residents with changing code status with the POLST form.</p> <p>The facility policy Advance Directive dated 8/23, directed changes to the resident choices for advance directives will be documented, including the resident medical record, the POLST will be updated as necessary, physician orders will be obtained to reflect new choices as applicable, and all items will be communicated to those staff responsible for resident care.</p> <p>The IJ that began on 8/13/24 was removed on 8/29/24 at 4:33 p.m., when the facility completed an audit of all resident POLST forms to be reflective of resident wishes and consistent with provider orders, facility policy was reviewed with no changes deemed necessary, new procedures for processing POLST forms and code status orders were developed, and all licensed nursing staff were educated on the new procedures. This was verified though observation, interview and document review.</p>	F 578	<p>anytime and licensed staff (nurses or Social workers) can facilitate that change. The POLST form will be used to accomplish the change, with a new POLST being completed and the old version moved to the thinned record, corresponding orders will be entered into the EHR. Likewise, upon return from any hospitalization, licensed staff will revisit the individuals code status and other life sustaining treatment wishes and update the POLST and EHR records if necessary.</p> <p>POLST forms will be used for all residents as the facility communication tool to define their code status and/or other life sustaining wishes, even if the patient/resident or their representative declines to sign the document. Facility created training defining the procedure for processing code status orders and documenting patient/residents preferences for life sustaining treatment, and all licensed nursing, staff were re-educated on the process for determining an individuals code status in the event of a cardiac or respiratory arrest. The POLST form in the individuals hard chart, paper form, is the only location used to determine what resuscitative efforts to employ. Effective implementation of actions will be monitored by: Facility has initiated training 8-29-24 for all licensed nursing staff on the POLST form and Codes Status order processing and all nurses will be trained prior to their next scheduled shift. Effective immediately, Kristine Rogers,</p>	

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F 578	Continued From page 5	F 578	<p>RN, ADON or designee, will be responsible for tracking and assuring all nurse are trained prior to their next scheduled shift.</p> <p>Those responsible to maintain compliance will be: The Director of Nursing and/or designee will audit all newly completed POLST forms for accuracy. Monthly Clinical Managers will review POLST, Code Status and other Life Sustaining preferences and forward any discrepancies to the DON and/or designee. The data collected will be presented and discussed monthly at the Quality Assurance Committee meetings by the Director of Nursing. At that time the Quality Assurance committee will make the decision/recommendation regarding any necessary follow-up studies or actions.</p> <p>Completion date for certification purposes only is 9-10-24.</p>		

Minnesota Department of Health

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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 8/28/24 through 8/29/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing orders were issued. Please indicate in your electronic plan of correction you have reviewed these orders</p>	2 000		
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 09/10/24
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Minnesota Department of Health

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2 000	<p>Continued From page 1</p> <p>and identify the date when they will be completed.</p> <p>The following complaint was reviewed: H53476980C (MN00105717) with an unrelated licensing order issued at 4658.0445 Subp. 4H Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction.</p> <p>You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at <https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html> The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form.</p>	2 000		
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2 000	Continued From page 2 PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.	2 000		
2 620	MN Rule 4658.0445 Subp. 4 A-N Clinical Record; Admission Information Subp. 4. Admission information. Identification information must be collected and maintained for each resident upon admission and must include, at a minimum: A. the resident's legal name and preferred name; B. previous address; C. social security number; D. gender; E. marital status; F. date and place of birth; G. date and hour of admission; H. advance directives, & Do Not Resuscitate (DNR) & Do Not Intubate (DNI) status, if any; I. name, address, and telephone number of designated relative or significant other, if any; J. name, address, and telephone number of person to be notified in an emergency; legal representative, designated representative, or representative payee, if any; K. legal representative, designated representative, or representative payee, if any; L. religious affiliation, place of worship, and clergy member; M. hospital preference; and N. name of attending physician.	2 620		9/10/24

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2 620	<p>Continued From page 3</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure the Physician Order for Life Sustaining Treatment (POLST) accurately reflected current resuscitation wishes for 2 of 4 residents (R1, R4) reviewed for advance directives. This deficient practice resulted in an immediate jeopardy (IJ) for R1 and R4 who would have received cardiopulmonary resuscitation (CPR), contrary to their wishes, in the absence of a pulse or respirations.</p> <p>The IJ began on 8/13/24 when R1's POLST dated 8/13/24 indicated full code status with comfort cares contrary to R1's wishes for do not resuscitate (DNR) status with comfort cares. The administrator and director of nursing (DON) were notified of the IJ on 8/29/24 at 1:25 p.m. The IJ was removed on 8/29/24 at 4:33 p.m. when the facility had implemented corrective action, however; non-compliance remained at the lower scope and severity level of D, isolated with no actual harm but potential to cause more than minimal harm.</p> <p>Findings include:</p> <p>R1's admission Minimum Data Set (MDS) dated 7/14/24, indicated R1 had moderately impaired cognition with a diagnosis of stroke</p> <p>R1's POLST signed 8/13/24 identified R1 desired full code status (initiate cardio-pulmonary resuscitation [CPR]).</p> <p>R1's Provider Order dated 8/13/24 instructed DNR comfort care.</p>	2 620	corrected	
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2 620	<p>Continued From page 4</p> <p>On 8/28/24 at 11:19 a.m., R1 stated he wished to be Do Not Resuscitate (DNR) status.</p> <p>R4's admission MDS dated 8/25/24 indicated moderately impaired cognition with a diagnosis of femur fracture.</p> <p>R4's POLST signed 8/14/24 identified R4 desired full code status.</p> <p>R4's Provider Order dated 8/19/24 directed R4's POLST be changed to a DNR status. R4's medical record lacked the new POLST reflecting his wishes for change in code status.</p> <p>On 8/28/24 at 4:07 p.m., R4 stated he wished to be DNR status.</p> <p>On 8/28/24 at 2:28 p.m., registered nurse (RN)-B stated she assisted R1 with filling out the POLST form. R1 had requested DNR status with comfort cares. She had checked the wrong box on the POLST form. Staff are required to view the paper POLST form when a resident has no pulse and was not breathing. If R1 had no pulse and was not breathing, staff would perform CPR against his wishes because the POLST form instructed them to do so.</p> <p>On 8/28/24 at 2:50 p.m., licensed practical nurse (LPN)-A stated she would look at the paper POLST form to determine a resident's code status. LPN-A confirmed R1's POLST instructed staff to perform CPR.</p> <p>On 8/28/24 at 3:29 p.m., the director of nursing (DON) stated staff should look at the paper POLST form to determine a resident's code status.</p>	2 620		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00501	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/29/2024
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NAME OF PROVIDER OR SUPPLIER LYNGBLOMSTEN CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1415 ALMOND AVENUE SAINT PAUL, MN 55108
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2 620	<p>Continued From page 5</p> <p>On 8/28/24 at 4:26 p.m., RN-D confirmed R4's wishes were to be DNR status, and the paper POLST in his chart was inaccurate and instructed staff to perform CPR on R4.</p> <p>On 8/29/24, at 10:37 LPN-C stated any nurse can assist a resident with changing their POLST after confirming the resident was able to make their own decisions.</p> <p>On 8/29/24 at 11:17 a.m., medical director (MD)-A stated nurses and social workers can assist residents with changing code status with the POLST form.</p> <p>The facility policy Advance Directive dated 8/23, directed changes to the resident choices for advance directives will be documented, including the resident medical record, the POLST will be updated as necessary, physician orders will be obtained to reflect new choices as applicable, and all items will be communicated to those staff responsible for resident care.</p> <p>The IJ that began on 8/13/24 was removed on 8/29/24 at 4:33 p.m., when the facility completed an audit of all resident POLST forms to be reflective of resident wishes and consistent with provider orders, facility policy was reviewed with no changes deemed necessary, new procedures for processing POLST forms and code status orders were developed, and all licensed nursing staff were educated on the new procedures. This was verified though observation, interview and document review.</p> <p>SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee could review all resident's POLST forms to ensure they</p>	2 620		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00501	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/29/2024
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2 620	<p>Continued From page 6</p> <p>have the accurate resident resuscitation status. The DON or designee could review and revise policies and procedures for processing POLST forms. The DON or designee could educate all licensed nurses on these policies and procedures. The DON or designee could audit resident medical records to ensure this information is correct, and bring the audit information to the QAPI committee.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	2 620		
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