



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
September 17, 2024

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

RE: CCN: 245347
Cycle Start Date: August 29, 2024

Dear Administrator:

On September 5, 2024, we notified you a remedy was imposed. On September 12, 2024 the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of September 10, 2024.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective September 20, 2024 did not go into effect. (42 CFR 488.417 (b))

In our letter of September 5, 2024, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from September 20, 2024 due to denial of payment for new admissions. Since your facility attained substantial compliance on September 10, 2024, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, this does not apply to or affect any previously imposed NATCEP loss.

The CMS Location may notify you of their determination regarding any imposed remedies.

Feel free to contact me if you have questions.

Sincerely,

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

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



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

September 17, 2024

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

Re: Reinspection Results
Event ID: ON4112

Dear Administrator:

On September 12, 2024 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on August 29, 2024. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

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

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



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Submitted
September 5, 2024

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

RE: CCN: 245347
Cycle Start Date: August 29, 2024

Dear Administrator:

On August 29, 2024, 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.

Your facility was not in substantial compliance with the participation requirements and the conditions in your facility constituted **immediate jeopardy** to resident health or safety. This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted immediate jeopardy (Level J) whereby corrections were required. The Statement of Deficiencies (CMS-2567) is being electronically delivered.

REMOVAL OF IMMEDIATE JEOPARDY

On August 29, 2024, the situation of immediate jeopardy to potential health and safety cited at F578 was removed. However, continued non-compliance remains at the lower scope and severity of D.

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(ies) listed below to the CMS location for imposition. The CMS location concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective September 20, 2024.

The CMS location may determine to impose other remedies such as a Civil Money Penalty.

The CMS location will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective September 20, 2024, (42 CFR 488.417 (b)). They will also

notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective September 20, 2024, (42 CFR 488.417 (b)).

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

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 \$12,924; 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.

If you have not achieved substantial compliance by September 20, 2024, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, Lyngblomsten Care Center will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from September 20, 2024. You will receive further information regarding this from the State agency. This prohibition is not subject to appeal. Further, this prohibition may be rescinded at a later date if your facility achieves substantial compliance prior to the effective date of denial of payment for new admissions.

However, under Public Law 105-15, you may contact the State agency and request a waiver of this prohibition if certain criteria are met.

ELECTRONIC PLAN OF CORRECTION (ePOC)

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable plan of correction (ePOC) for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

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

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same

deficient practice.

- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

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 "E" tag), i.e., the plan of correction should be directed to:

Terri Ament, Regional Operations Supervisor, 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

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 their 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 SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by March 1, 2025 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

APPEAL RIGHTS DENIAL OF PAYMENT

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
202-795-7490

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.

APPEAL RIGHTS NURSE AIDE TRAINING PROHIBITION

Pursuant to the Federal regulations at 42 CFR Sections 498.3(b)(13)(2) and 498.3(b)(15), a finding of substandard quality of care that leads to the loss of approval by a Skilled Nursing Facility (SNF) of its NATCEP is an initial determination. In accordance with 42 CFR part 489 a provider dissatisfied with an initial determination is entitled to an appeal. If you disagree with the findings of substandard quality of care which resulted in the conduct of an extended survey and the subsequent loss of approval to conduct or be a site for a NATCEP, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Department Appeals Board. Procedures governing this process are set out in Federal regulations at 42 CFR Section 498.40, et. Seq.

A written request for a hearing must be filed no later than 60 days from the date of receipt of this letter. Such a request may be made to the Centers for Medicare and Medicaid Services (formerly Health Care Financing Administration) at 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

A request for a hearing should identify the specific issues and the 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. You do not need to submit records or other documents with your hearing request. The Departmental Appeals Board (DAB) will issue instructions regarding the proper submittal of documents for the hearing. The DAB will also set the location for the hearing, which is likely to be in Minnesota or in Chicago, Illinois. You may be represented by counsel at a hearing at your own expense.

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://forms.web.health.state.mn.us/form/NHDisputeResolution>

Lyngblomsten Care Center

September 5, 2024

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You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at:

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

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,

A handwritten signature in black ink, appearing to read "Melissa Poepping". The signature is fluid and cursive, with a large initial "M" and a long, sweeping underline.

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



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
September 5, 2024

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

Re: State Nursing Home Licensing Orders
Event ID: ON4111

Dear Administrator:

The above facility was surveyed on August 27, 2024 through August 29, 2024 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

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

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html. 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.

Lyngblomsten Care Center

September 5, 2024

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PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

Terri Ament, Regional Operations Supervisor, 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

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

Please feel free to call me with any questions.



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

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

PRINTED: 09/11/2024
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
NAME OF PROVIDER OR SUPPLIER LYNGBLOMSTEN CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1415 ALMOND AVENUE SAINT PAUL, MN 55108		
(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	<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	<p>Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir</p> <p>CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v)</p>	F 578		9/10/24	

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

TITLE

(X6) DATE

Electronically Signed

09/10/2024

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.

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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F 578	<p>Continued From page 1</p> <p>§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.</p> <p>§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.</p> <p>§483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives).</p> <p>(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.</p> <p>(ii) This includes a written description of the facility's policies to implement advance directives and applicable State law.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>Follow-up procedures must be in place to provide</p>	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</p> <p>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:</p> <p>Regarding cited residents:</p> <p>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:</p> <p>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>	

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
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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F 578	<p>Continued From page 3</p> <p>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:</p> <p>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>	

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
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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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 through 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.</p> <p>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.</p> <p>Effective implementation of actions will be monitored by:</p> <p>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.</p> <p>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>	

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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

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 08/29/2024
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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	2 000		
2 620	<p>MN Rule 4658.0445 Subp. 4 A-N Clinical Record; Admission Information</p> <p>Subp. 4. Admission information. Identification information must be collected and maintained for each resident upon admission and must include, at a minimum:</p> <ul style="list-style-type: none"> 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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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 through 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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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		