Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
July 21, 2022

Administrator
Pine Haven Care Center Inc
210 Northwest 3rd Street
Pine Island, MN 55963

RE: CCN: 245359
Cycle Start Date: May 20, 2022

Dear Administrator:

On May 31, 2022, we notified you a remedy was imposed. On July 13, 2022 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 July 11, 2022.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective June 15, 2022 be discontinued as of July 11, 2022. (42 CFR 488.417 (b))

We notified you in our letter of May 31, 2022, 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 is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from June 15, 2022. This does not apply to or affect any previously imposed NATCEP loss.

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

Feel free to contact me if you have questions.

Sincerely,

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

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

July 21, 2022

Administrator
Pine Haven Care Center Inc
210 Northwest 3rd Street
Pine Island, MN 55963

Re: Reinspection Results
Event ID: HYVS12

Dear Administrator:

On July 13, 2022 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 May 20, 2022. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

Kamala Fiske-Downing

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

An equal opportunity employer.

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Submitted
May 31, 2022

Administrator
Pine Haven Care Center Inc
210 Northwest 3rd Street
Pine Island, MN 55963

RE: CCN: 245359
Cycle Start Date: May 20, 2022

Dear Administrator:

On May 20, 2022, survey was completed at your facility by the Minnesota Department of Health and Public Safety to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

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 a pattern of deficiencies that constituted immediate jeopardy (Level K) whereby corrections were required. The Statement of Deficiencies (CMS-2567) is being electronically delivered.

REMOVAL OF IMMEDIATE JEOPARDY

On May 20, 2022, the situation of immediate jeopardy to potential health and safety cited at F806 was removed. However, continued non-compliance remains at the lower scope and severity of E.

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 for imposition: The CMS Region V Office 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 June 15, 2022.

This Department is also recommending that CMS impose a civil money penalty (42 CFR 488.430 through 488.444). You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective June 15, 2022 (42 CFR 488.417 (b)). They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective June 15, 2022, (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 $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 June 15, 2022. 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.

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, 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 November 20, 2022 (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:

Tamika.Brown@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 Tamika Brown, Principal Program Representative by phone at (312) 353-1502 or by e-mail at Tamika.Brown@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://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 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,

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

P r o t e c t i n g , M a i n t a i n i n g a n d I m p r o v i n g t h e H e a l t h o f A l l M i n n e s o t a n s

Electronically delivered
May 31, 2022

Administrator
Pine Haven Care Center Inc
210 Northwest 3rd Street
Pine Island, MN 55963

Re: State Nursing Home Licensing Orders
Event ID: HYVS11

Dear Administrator:

The above facility was surveyed on May 19, 2022 through May 20, 2022 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.

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, 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 note it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call me with any questions.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245359	A. BUILDING ______ B. WING ______	C 05/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE HAVEN CARE CENTER INC	210 NORTHWEST 3RD STREET PINE ISLAND, MN 55963

(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 5/19/22, through 5/20/22, a standard abbreviated survey was completed at your facility by surveyors from the Minnesota Department of Health (MDH). The facility was not found not to be in compliance with requirements of 42 CFR Part 483, Subpart B, the requirements for Long Term Care Facilities. The survey resulted in an immediate jeopardy (IJ) to resident health and safety. An IJ at F806 began on 5/18/22, when a dessert containing peanut butter was served to a resident (R3) who had a peanut allergy. As a result, R3 sustained a severe allergic reaction and was sent to the emergency roomwhere he was treated for anaphylaxis. The administrator and the director of nursing (DON) were notified of the IJ on 5/19/22, at 5:07 p.m. The IJ was was removed on 5/20/22, at 1:20 p.m. following verification of an acceptable removal plan. At the time of the abbreviated survey, onsite investigations were completed and the following complaint was found to be UNSUBSTANTIATED : H53591060C (MN83098 and MN83079), however, related deficiencies were cited at F806. 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. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — Electronically Signed
TITLE
(X6) DATE — 06/13/2022

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE HAVEN CARE CENTER INC	210 NORTHWEST 3RD STREET PINE ISLAND, MN 55963

(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	Continued From page 1 validate that substantial compliance with the regulations has been attained.	F 000		
F 806 SS=K	Resident Allergies, Preferences, Substitutes CFR(s): 483.60(d)(4)(5) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(4) Food that accommodates resident allergies, intolerances, and preferences; §483.60(d)(5) Appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice; This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure staff were aware of resident food allergies for 1 of 3 residents (R3) reviewed for food allergies. R3 was served a Candy Bar Cheesecake dessert which contained chopped Reese's Peanut Butter Cup and Butterfingers candies causing an anaphylaxis reaction requiring Benadryl and an EpiPen at treatment at the facility, and R3 was sent to the emergency department (ED) for treatment. The deficient practice was identified as an immediate jeopardy (IJ). The IJ began on 5/18/22, at lunch time when R3 was served a lunch tray which included a Candy Bar Cheesecake dessert containing Reese's Peanut Butter Cup and Butterfingers candies. R3 unknowingly ate approximately half of the dessert which contained peanut allergens and this caused a severe allergic reaction requiring immediate interventions including: 50 milligrams	F 806	Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. For the purposes of any allegation that the center is not in substantial compliance with federal requirements of participation, this response and plan of correction constitutes the centers allegation of compliance in accordance with section 7305 of the State Operations Manual. 1. It is the policy and procedure for Pine Haven Care Center to ensure that residents who reside at the facility are served food that accommodates resident	6/14/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245359	A. BUILDING ______ B. WING ______	C 05/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE HAVEN CARE CENTER INC	210 NORTHWEST 3RD STREET PINE ISLAND, MN 55963

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F 806	Continued From page 2 (mg) of Benadryl (antihistamine), use of an EpiPen (an auto-injectable device that delivers the drug epinephrine, used when someone is having an allergic reaction) and ultimately R3 was sent to the emergency department (ED) due to progressing anaphylaxis (a severe, potentially life-threatening allergic reaction). The administrator and director of nursing (DON) were informed of the IJ on 5/19/22, at 5:07 p.m. The IJ was removed on 5/20/22, at 1:20 p.m. but scope and severity remained at a level E, no actual harm with potential for more than minimal harm. Findings include: R3's Diagnosis List printed on 5/20/22, indicated R3 diagnoses included muscle weakness, atrial fibrilation (an irregular, often rapid heart rate that commonly causes poor blood flow), and syncope (commonly known as fainting). R3's significant change Minimum Data Set (MDS) dated 4/28/22, indicated R3 was cognitively intact. R3's Care Plan printed on 5/20/22, indicated R3's allergies included allergies to nuts and peanut-containing products. Review of R3's progress notes on 5/18/22 revealed the following: -5/18/22, at 1:01 p.m. R3 was served a cream cheesecake for dessert which carried risks of peanut contamination. The progress note indicated R3 was given 50 mg of Benadryl and had his EpiPen in hand. R3 had a tight throat, and frequent checks were to be made to monitor his condition.	F 806	allergies, intolerances, and preferences. 2. This has the potential to effect all 52 residents in the facility. 3. All staff who serve food were in-service covering our food allergy and intolerance, and tray identification policy beginning on 05/19/2022 and will continue on 05/20/2022. The Martin Brother system is being updated to remove items that residents are allergic to from options on their menus beginning on 05/20/2022. Labels have been purchased to label food items that contain items that residents are allergic to so that it is visible for everyone to know that the items contain something a resident is allergic to. Any employee that missed this in-service was contacted to set up a time to complete this in-service prior to be allowed to return to work. Employees will not be allowed to work until in-serviced. 4. Audits for all food allergy will be checked to ensure that our policy was followed will begin 05/20/2022 daily x 10 days, weekly x 4 weeks then monthly to ensure compliance. Administrator, DNS and/or designee will be responsible for compliance. Any deviations to the policy will be immediately reported to the DNS and Administrator for immediate review and recommendations. These will be presented at QAPI for on-going review.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE HAVEN CARE CENTER INC	210 NORTHWEST 3RD STREET PINE ISLAND, MN 55963

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F 806	Continued From page 3	F 806		

-5/18/22, at 2:11 p.m. indicated epinephrine (EpiPen) had been given and was ineffective. 911 was called at approximately 1:25 p.m. due to progression of anaphylaxis.

On 5/19/22, at 11:39 a.m. R3 was interviewed and stated on 5/18/22, he was served his lunch which included a dessert cake. R3 stated he ate some of the dessert, and it turned out to have peanut butter in it. R3 stated he had to use his EpiPen, but it didn't relieve his symptoms, and he was eventually sent to the hospital via ambulance.

On 5/19/22, at 1:16 p.m. C-B and C-C were interviewed. C-B and C-C both stated they were not aware R3 had an allergic reaction on 5/18/22. C-C stated all the desserts were made from scratch, and she would produce the recipe book.

On 5/19/22, at 1:20 p.m. C-A was interviewed. C-A stated the meal ticket did not include a list of the menu ingredients on the ticket, it was the dietary aide's (DA) responsibility to look at the ingredients in the recipe book. C-A stated the prep cook dished up the desserts each day. C-A stated a dietary aide dished up the dessert onto R3's tray without knowing it contained peanut butter. C-A provided a copy of the recipe which showed a list of the allergens used in making the candy bar cheesecake and listed peanuts, soy, gluten, wheat, and milk as allergens.

On 5/19/22, at 2:02 p.m. C-D was interviewed. C-D stated she was the one who put the dessert on R3's tray. C-D stated meal tickets have residents' allergies typed in red. C-D stated she delivered the meal tray to R3. C-D stated when

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE HAVEN CARE CENTER INC	210 NORTHWEST 3RD STREET PINE ISLAND, MN 55963

(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 806		F 806		

Continued From page 4

she was done with the lunch meal service, she went to eat lunch. C-D stated she took a bite of the dessert and knew immediately there was peanut butter in it. C-D stated she ran to stop R3 from eating it, but he had already eaten it; nurses and aides were already there. C-D stated she felt dietary staff should not have to look through the cookbook for allergens in a food, the food should be labeled.

On 5/19/22, at 2:30 p.m. the DON stated whoever dished up the cheesecake candy dessert didn't know it contained the peanut allergen. The DON stated staff knew of R3's severe allergy and called 911 immediately. The DON's stated R3 was her son, and she was trying to remain neutral and allow the investigation to move forward without her providing bias.

On 5/19/22, at 2:56 p.m. the administrator stated R3 had an allergic reaction to his dessert. The administrator stated staff told him R3 was given a dessert that contained a peanut allergen. Kitchen staff had initially told the administrator the recipe was new which was not true, he knows as he does the food orders himself and knows the ingredients have been ordered for some time. The administrator stated the facility used a Martin Brothers computer system which has the recipes in the computer system which prints the meal tickets. The administrator stated the Martin Brothers computer system should have been set up to automatically remove foods with allergens from R3's meal ticket, or any other residents meal ticket when an allergen is served.

R3's meal ticket dated 5/18/22, for the noon meal, included Candy Bar Cheesecake. R3's meal ticket listed R3's food allergies: peanuts, tree

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	245359	A. BUILDING ______ B. WING ______	C 05/20/2022

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F 806	Continued From page 5	F 806		

nuts, all nuts.

The facility Tray Identification Policy revised on 4/2007, directed the Food Services Manager or supervisor will check trays for correct diets before the food carts are transported to their designated areas. Nursing staff shall check each food tray for the correct diet before serving the resident.

The facility implemented corrective action to remove the IJ on 5/20/22, when all resident allergies were reviewed by the DON and administrator, staff were educated on food allergies and intolerance, the facility updated their tray identification policy, the facility updated the Martin Brother system to ensure foods containing allergens were removed from the residents food labels, menus, and meal tickets. Food allergy audits were completed and will continue daily for 10 days, weekly for four weeks, and then monthly thereafter. This was verified through interview and document review.

Minnesota Department of Health

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2 000	Initial Comments	2 000		

*****ATTENTION******

NH LICENSING CORRECTION ORDER

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.

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.

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.

INITIAL COMMENTS:
On 5/19/22, through 5/20/22, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found NOT in compliance with the MN State Licensure. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date when they will be completed.

Minnesota Department of Health

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2 000	Continued From page 1 The following complaint was found to be UNSUBSTANTIATED: H53591060C (MN83098 and MN83079), however, related licensing orders were issued at 4658.0020 Subp. 2. 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 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. 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.	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		
2 965	MN Rule 4658.0600 Subp. 2 Dietary Service -Nutritional Status Subpart. 2. Nutritional status. The nursing home must ensure that a resident is offered a diet which supplies the caloric and nutrient needs as determined by the comprehensive resident assessment. Substitutes of similar nutritive value must be offered to residents who refuse food served. This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure staff were aware of resident food allergies for 1 of 3 residents (R3) reviewed for food allergies. R3 was served a Candy Bar Cheesecake dessert which contained chopped Reese's Peanut Butter Cup and Butterfingers candies causing an anaphylaxis reaction requiring Benadryl and an EpiPen at treatment at the facility, and R3 was sent to the emergency department (ED) for treatment. The deficient practice was identified as an immediate jeopardy (IJ). The IJ began on 5/18/22, at lunch time when R3 was served a lunch tray which included a Candy Bar Cheesecake dessert containing Reese's	2 965	Corrected	6/14/22

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2 965	Continued From page 3 Peanut Butter Cup and Butterfingers candies. R3 unknowingly ate approximately half of the dessert which contained peanut allergens and this caused a severe allergic reaction requiring immediate interventions including: 50 milligrams (mg) of Benadryl (antihistamine), use of an EpiPen (an auto-injectable device that delivers the drug epinephrine, used when someone is having an allergic reaction) and ultimately R3 was sent to the emergency department (ED) due to progressing anaphylaxis (a severe, potentially life-threatening allergic reaction). The administrator and director of nursing (DON) were informed of the IJ on 5/19/22, at 5:07 p.m. The IJ was removed on 5/20/22, at 1:20 p.m. but scope and severity remained at a level E, no actual harm with potential for more than minimal harm. Findings include: R3's Diagnosis List printed on 5/20/22, indicated R3 diagnoses included muscle weakness, atrial fibrilation (an irregular, often rapid heart rate that commonly causes poor blood flow), and syncope (commonly known as fainting). R3's significant change Minimum Data Set (MDS) dated 4/28/22, indicated R3 was cognitively intact. R3's Care Plan printed on 5/20/22, indicated R3's allergies included allergies to nuts and peanut-containing products. Review of R3's progress notes on 5/18/22 revealed the following: -5/18/22, at 1:01 p.m. R3 was served a cream cheesecake for dessert which carried risks of peanut contamination. The progress note	2 965		

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2 965	Continued From page 4	2 965		

indicated R3 was given 50 mg of Benadryl and had his EpiPen in hand. R3 had a tight throat, and frequent checks were to be made to monitor his condition.

-5/18/22, at 2:11 p.m. indicated epinephrine (EpiPen) had been given and was ineffective. 911 was called at approximately 1:25 p.m. due to progression of anaphylaxis.

On 5/19/22, at 11:39 a.m. R3 was interviewed and stated on 5/18/22, he was served his lunch which included a dessert cake. R3 stated he ate some of the dessert, and it turned out to have peanut butter in it. R3 stated he had to use his EpiPen, but it didn't relieve his symptoms, and he was eventually sent to the hospital via ambulance.

On 5/19/22, at 1:16 p.m. C-B and C-C were interviewed. C-B and C-C both stated they were not aware R3 had an allergic reaction on 5/18/22. C-C stated all the desserts were made from scratch, and she would produce the recipe book.

On 5/19/22, at 1:20 p.m. C-A was interviewed. C-A stated the meal ticket did not include a list of the menu ingredients on the ticket, it was the dietary aide's (DA) responsibility to look at the ingredients in the recipe book. C-A stated the prep cook dished up the desserts each day. C-A stated a dietary aide dished up the dessert onto R3's tray without knowing it contained peanut butter. C-A provided a copy of the recipe which showed a list of the allergens used in making the candy bar cheesecake and listed peanuts, soy, gluten, wheat, and milk as allergens.

On 5/19/22, at 2:02 p.m. C-D was interviewed. C-D stated she was the one who put the dessert

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2 965	Continued From page 5	2 965		

on R3's tray. C-D stated meal tickets have residents' allergies typed in red. C-D stated she delivered the meal tray to R3. C-D stated when she was done with the lunch meal service, she went to eat lunch. C-D stated she took a bite of the dessert and knew immediately there was peanut butter in it. C-D stated she ran to stop R3 from eating it, but he had already eaten it; nurses and aides were already there. C-D stated she felt dietary staff should not have to look through the cookbook for allergens in a food, the food should be labeled.

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R3's meal ticket dated 5/18/22, for the noon meal,

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2 965	Continued From page 6	2 965		

Continued From page 6

included Candy Bar Cheesecake. R3's meal ticket listed R3's food allergies: peanuts, tree nuts, all nuts.

The facility Tray Identification Policy revised on 4/2007, directed the Food Services Manager or supervisor will check trays for correct diets before the food carts are transported to their designated areas. Nursing staff shall check each food tray for the correct diet before serving the resident.

The facility implemented corrective action to remove the IJ on 5/20/22, when all resident allergies were reviewed by the DON and administrator, staff were educated on food allergies and intolerance, the facility updated their tray identification policy, the facility updated the Martin Brother system to ensure foods containing allergens were removed from the residents food labels, menus, and meal tickets. Food allergy audits were completed and will continue daily for 10 days, weekly for four weeks, and then monthly thereafter. This was verified through interview and document review.

SUGGESTED METHOD OF CORRECTION: The dietary manager, the director of nursing (DON) or designee could develop, review, and/or revise policies and procedures that address residents food allergies.

The dietary manager, the DON or designee could educate all appropriate staff on the policies and procedures addressing residents food allergies

The dietary manager, the DON or designee could develop monitoring systems to ensure ongoing compliance.

TIME PERIOD FOR CORRECTION: Fourteen

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2 965	Continued From page 7 (14) days.	2 965		