DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
January 26, 2023

Administrator
Glenoaks Senior Living Campus
100 Glen Oaks Drive
New London, MN 56273

RE: CCN: 245360
Cycle Start Date: November 17, 2022

Dear Administrator:

On December 9, 2022, we notified you a remedy was imposed. On January 17, 2023 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 December 22, 2022.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective February 17, 2023 did not go into effect. (42 CFR 488.417 (b))

In our letter of December 9, 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 was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from February 17, 2023 due to denial of payment for new admissions. Since your facility attained substantial compliance on December 22, 2022, 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 Therefore, the NATCEP prohibition is rescinded.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 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

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

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January 26, 2023

Administrator
Glenoaks Senior Living Campus
100 Glen Oaks Drive
New London, MN 56273

Re: Reinspection Results
Event ID: OPGE12

Dear Administrator:

On January 3, 2023 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 November 29, 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
Health Regulation Division
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us

Electronically delivered

December 9, 2022

Administrator
Glenoaks Senior Living Campus
100 Glen Oaks Drive
New London, MN 56273

RE: CCN: 245360
Cycle Start Date: November 17, 2022

Dear Administrator:

On December 9, 2022, we informed you that we may impose enforcement remedies.

On November 29, 2022, the Minnesota Department of Health completed a survey and it has been determined that your facility is not in substantial compliance. The most serious deficiencies in your facility were found to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567, whereby corrections are required.

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 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:

- Mandatory Denial of Payment for new Mediare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective February 17, 2023

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective February 17, 2023. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective February 17, 2023.

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.

This Department is also recommending that CMS impose a civil money penalty. You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

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

NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than $11,292, has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

If you have not achieved substantial compliance by February 17, 2023, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, Glenoaks Senior Living Campus will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from February 17, 2023. 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 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 an "E"tag), i.e., the plan of correction should be directed to:

Karen Aldinger, Unit Supervisor
St. Cloud A District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: karen.aldinger@state.mn.us
Office: (651) 201-3794 Mobile: (320) 249-2805

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 - Health Regulation Division 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 May 17, 2023 (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 § 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR § 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

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

Steven.Delich@cms.hhs.gov

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

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

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Steven Delich, Program Representative at (312) 886-5216. Information may also be emailed to Steven.Delich@cms.hhs.gov.

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

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

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

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

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

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

Feel free to contact me if you have questions.

Sincerely,

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
	245360	A. BUILDING _____ B. WING _____	C 11/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENOAKS SENIOR LIVING CAMPUS	100 GLEN OAKS DRIVE NEW LONDON, MN 56273

(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 November 29th, 2022 , a standard abbreviated survey was conducted at your facility. Your facility was found to be NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirments for Long Term Care Facilities. The following complaint was found to be UNSUBSTANTIATED: H53606205C (MN00088678). The following complaints were found to be SUBSTANTIATED: H53606179C (MN00088752) - no citation issued related to actions taken by the facility prior to entrance. H53606257C (MN00088715) - with a citation issued at F760 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 validate that substantial compliance with the regulations has been attained.	F 000		
F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced	F 760		12/22/22

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

Electronically Signed | 12/19/2022

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.

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F 760	Continued From page 1 by: Based on interview and document review facility failed to ensure 1 of 3 (R3) residents reviewed for medication errors, was free of a significant medication error. Findings include: R3's quarterly Minimum Data Set (MDS) dated 11/10/22, indicated resident had diagnoses of Parkinson's Disease and Lewy Body Dementia and had severe cognitive impairment. R3's order summary report dated 11/29/22 included an order for Carbidopa-Levadopa 25-100 MG, one tablet to be given by mouth 5 times a day related to Parkinson's Disease. Carbidopa-Levadopa is used to treat symptoms of Parkinson's disease of muscle stiffness, tremors, spasms, and poor muscle control. When interviewed on 11/29/22, at 11:44 a.m. R3's family member (FM)-A stated he visited the nursing facility on 11/19/22, after speaking with R3's significant other (SO) on concerns voiced during SO's visit with R3 that day. While at the facility FM-A stated he was informed by the charge nurse R3 has not been receiving her Parkinson's medication Carbidopa-Levadopa since 11/17/22. R3's November 2022 medication administration record indicated her Carbidopa-Levadopa 25-100 MG had been omitted from the morning of 11/18/22 through the evening of 11/22/22. This resulted in R3 not receiving 24 doses of her Carbidopa-Levadopa 25-100 mg per physician order during this time period. In addition R3 had not received one out of five of her ordered doses	F 760	F 760: Medications for R3 are in place and being administered per Physician orders. Education underway for staff to include a review of Policy on Adverse Consequences and Medication Errors reporting to include notification of Director of Nursing, Medical Doctor, Resident Family, Pharmacy and Administrator. Documentation will also be completed in the resident medical record. This education will be completed by 12/22/2022. To ensure deficient practice does not recur or affect other residents, Audits will be completed on MARs/TARs, Risk Management and Progress Notes as part of the morning quality audit and as needed to ensure compliance. Additionally, random audits will completed by Nurse leadership weekly for 4 consecutive weeks and then monthly for 4 consecutive months, through 05/2023 and as needed to ensure continued compliance. Audit results will also be reviewed at QAPI meetings monthly beginning 01/2023 through 05/2023. Correction date of implementation is 12/22/2022.	

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F 760	Continued From page 2 of Carbidopa-Levadopa 25-100 MG on 11/24/22 and one out of five of her ordered doses of Carbidopa-Levadopa 25-100 MG on 11/27/22. When interviewed on 11/29/22, at 12:14 PM licensed practical nurse (LPN)-A stated that there was no Carbidopa-Levadopa medication available for R3 for several days because the facility had been in the process of switching over to a different pharmacy. LPN-A stated that he had called and faxed the new pharmacy but hadn't heard back. LPN-A stated the medication became available on 11/22/22. LPN-A stated that normally if there is a medication missing or an error the facility procedure is to fill out a paper form and then put the form in the Director of Nursing's mailbox. LPN-A stated he had not completed a medication error form at the time of no supply as he had assumed management was working on the pharmacy transition and securing supply. LPN-A stated that R3 had always had a pattern of increased and decreased physical ability related to her Parkinson's Disease and had not noticed a change in condition. When interviewed on 11/29/22, at 12:30 PM registered nurse (RN)-I stated the facility had recently attempted to change pharmaceutical providers and there had been some problems securing some medications in the transition period. RN-I stated the end date for one pharmacy was 11/17/22 at midnight with a start date for the new pharmacy scheduled for 11/18/22. RN-I stated that the new pharmacy had issues and indicated they may not have been able to get medications to the facility ahead of the start date of 11/18/22. RN-I stated in the end, the	F 760		

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F 760	Continued From page 3 facility made the decision to go with a 3rd pharmaceutical provider to ensure the facility received the needed medications. After review of R3's November 2022 medication administration record, RN-I stated that the omissions of the Carbidopa-Levadopa 25-100 MG did constitute medication errors per facility policy. RN-I counted 24 total doses of Carbidopa-Levadopa 25-100 MG missed from 11/18/22 to 11/22/22 and an additional 2 doses missed on 11/24 and 11/27/22. RN-I stated no medication error forms had been initiated. RN-I stated the expectation would have been that staff would initiate a medication error report with any error including an issue of no supply at the time of occurrence. RN-I stated R3 had no observed or reported change in condition related to the omission of the Parkinson's medication. When interviewed on 11/29/22, at 2:53 PM the facility Administrator stated when he found out the new pharmacy would not be able to get the medications to the facility before the start date of 11/18/22 he had made the decision to end their contract and began setting up services with another provider. Administrator stated that he was unaware of any missed medications during this process. Administrator stated the expectation with medication errors is that a facility report is initiated and all medication errors are reviewed for root cause, tracked and trended as part of the facilities Quality Assurance and Improvement program in their interdisciplinary meetings which include the facility Pharmacy consultant. When interviewed on 11/29/22, at 1:43 PM RN-B stated if there was a missed medication or no supply to give then staff would contact the	F 760		

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F 760	Continued From page 4 Director of Nursing, call or fax the primary physician and contact the family. RN-B stated with a medication error staff would fill out a medication error form and place it in the Director of Nursing's mailbox and make a progress note. When interviewed on 11/29/22, at 1:46 PM RN-C stated staff would fill out the medication error form, do a progress note and make notifications to the primary physician, family and the Director of Nursing. RN-C stated there was an issue with the change in pharmacies with some missing medications and thought that family and physicians had been contacted. When interviewed on 11/29/22, at 2:07 PM the facility's Pharmaceutical Consultant (PharmD) stated she had reviewed R3's medication administration record and progress notes for the time periods before, after and during the time of the medication omissions. PharmD stated she had also had spoken with staff and did not feel that there was any change in the resident's overall condition related to the omission of R3's Parkinson's medication. When interviewed on 11/30/22, at 11:55 AM RN-Z (R3's Neurology provider's office) stated R3's neurologist response to the medication error notification was that R3's quality of life would be affected only if there was an increase in stiffness or rigidity. The Facility Policy "Adverse Consequences and Medication Errors" dated April 2014 identified a medication error as "the preparation or administration of drugs or biologicals which is not in accordance with physician's orders, manufacturer specifications, or accepted	F 760		

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F 760	Continued From page 5 professional standards and principles of the professional (s) providing services. Examples of medication errors include: Omission, unauthorized drug, wrong dose, route of administration, dosage, drug, time and failure to follow manufacturer instructions." The Facility Policy "Adverse Consequences and Medication Errors" dated April 2014 also identified the following guidance in the event of a medication error: "The Attending Physician is notified promptly of any significant error or adverse consequence." "The following information is documented in an incident report and in the resident's clinical record: a. Factual description of the error or adverse consequence b. Name of physician and time notified C. Physician's subsequent orders. d. resident's condition for 24 to 72 hours or as directed." "Each incident report is forwarded to: a. Director of Nursing b. Quality Assurance Nurse c. Medical Director and d. Consultant Pharmacist."	F 760		

Electronically delivered
December 9, 2022

Administrator
Glenoaks Senior Living Campus
100 Glen Oaks Drive
New London, MN 56273

Re: State Nursing Home Licensing Orders
Event ID: OPGE11

Dear Administrator:

The above facility was surveyed on November 29, 2022 through November 29, 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:

Karen Aldinger, Unit Supervisor
St. Cloud A District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: karen.aldinger@state.mn.us
Office: (651) 201-3794 Mobile: (320) 249-2805

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00314	A. BUILDING: _____ B. WING _____	C 11/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENOAKS SENIOR LIVING CAMPUS	100 GLEN OAKS DRIVE NEW LONDON, MN 56273

(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) COMPLETE DATE
2 000	Initial Comments *****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 November 29, 2022, 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. The following complaint was found to be UNSUBSTANTIATED:	2 000		

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2 000	Continued From page 1 H53606205C (MN00088678). The following complaints were found to be SUBSTANTIATED: H53606179C (MN00088752) - no licensing order written H53606257C (MN00088715) - with a licensing order written at 1545, Medication errors. 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	2 000		

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2 000	Continued From page 2 not required at the bottom of the first page of state form. 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		
21545	MN Rule 4658.1320 A.B.C Medication Errors A nursing home must ensure that: A. Its medication error rate is less than five percent as described in the Interpretive Guidelines for Code of Federal Regulations, title 42, section 483.25 (m), found in Appendix P of the State Operations Manual, Guidance to Surveyors for Long-Term Care Facilities, which is incorporated by reference in part 4658.1315. For purposes of this part, a medication error means: (1) a discrepancy between what was prescribed and what medications are actually administered to residents in the nursing home; or (2) the administration of expired medications. B. It is free of any significant medication error. A significant medication error is: (1) an error which causes the resident discomfort or jeopardizes the resident's health or safety; or (2) medication from a category that usually requires the medication in the resident's blood to be titrated to a specific blood level and a single medication error could alter that level and precipitate a reoccurrence of symptoms or toxicity. All medications are administered as prescribed. An incident report or medication error report must be filed for any medication error that occurs. Any significant medication errors or	21545		12/22/22

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21545	Continued From page 3 resident reactions must be reported to the physician or the physician's designee and the resident or the resident's legal guardian or designated representative and an explanation must be made in the resident's clinical record. C. All medications are administered as prescribed. An incident report or medication error report must be filed for any medication error that occurs. Any significant medication errors or resident reactions must be reported to the physician or the physician's designee and the resident or the resident's legal guardian or designated representative and an explanation must be made in the resident's clinical record. This MN Requirement is not met as evidenced by: Based on interview and document review facility failed to ensure 1 of 3 (R3) residents reviewed for medication errors, was free of a significant medication error. Findings include: R3's quarterly Minimum Data Set (MDS) dated 11/10/22, indicated resident had diagnoses of Parkinson's Disease and Lewy Body Dementia and had severe cognitive impairment. R3's order summary report dated 11/29/22 included an order for Carbidopa-Levadopa 25-100 MG, one tablet to be given by mouth 5 times a day related to Parkinson's Disease. Carbidopa-Levadopa is used to treat symptoms of Parkinson's disease of muscle stiffness, tremors, spasms, and poor muscle control. When interviewed on 11/29/22, at 11:44 a.m. R3's	21545	CORRECTED	

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21545	Continued From page 4 family member (FM)-A stated he visited the nursing facility on 11/19/22, after speaking with R3's significant other (SO) on concerns voiced during SO's visit with R3 that day. While at the facility FM-A stated he was informed by the charge nurse R3 has not been receiving her Parkinson's medication Carbidopa-Levadopa since 11/17/22. R3's November 2022 medication administration record indicated her Carbidopa-Levadopa 25-100 MG had been omitted from the morning of 11/18/22 through the evening of 11/22/22. This resulted in R3 not receiving 24 doses of her Carbidopa-Levadopa 25-100 mg per physician order during this time period. In addition R3 had not received one out of five of her ordered doses of Carbidopa-Levadopa 25-100 MG on 11/24/22 and one out of five of her ordered doses of Carbidopa-Levadopa 25-100 MG on 11/27/22. When interviewed on 11/29/22, at 12:14 PM licensed practical nurse (LPN)-A stated that there was no Carbidopa-Levadopa medication available for R3 for several days because the facility had been in the process of switching over to a different pharmacy. LPN-A stated that he had called and faxed the new pharmacy but hadn't heard back. LPN-A stated the medication became available on 11/22/22. LPN-A stated that normally if there is a medication missing or an error the facility procedure is to fill out a paper form and then put the form in the Director of Nursing's mailbox. LPN-A stated he had not completed a medication error form at the time of no supply as he had assumed management was working on the pharmacy transition and securing supply. LPN-A stated that R3 had always had a pattern of	21545		

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21545	Continued From page 5 increased and decreased physical ability related to her Parkinson's Disease and had not noticed a change in condition. When interviewed on 11/29/22, at 12:30 PM registered nurse (RN)-I stated the facility had recently attempted to change pharmaceutical providers and there had been some problems securing some medications in the transition period. RN-I stated the end date for one pharmacy was 11/17/22 at midnight with a start date for the new pharmacy scheduled for 11/18/22. RN-I stated that the new pharmacy had issues and indicated they may not have been able to get medications to the facility ahead of the start date of 11/18/22. RN-I stated in the end, the facility made the decision to go with a 3rd pharmaceutical provider to ensure the facility received the needed medications. After review of R3's November 2022 medication administration record, RN-I stated that the omissions of the Carbidopa-Levadopa 25-100 MG did constitute medication errors per facility policy. RN-I counted 24 total doses of Carbidopa-Levadopa 25-100 MG missed from 11/18/22 to 11/22/22 and an additional 2 doses missed on 11/24 and 11/27/22. RN-I stated no medication error forms had been initiated. RN-I stated the expectation would have been that staff would initiate a medication error report with any error including an issue of no supply at the time of occurrence. RN-I stated R3 had no observed or reported change in condition related to the omission of the Parkinson's medication. When interviewed on 11/29/22, at 2:53 PM the facility Administrator stated when he found out the new pharmacy would not be able to get the medications to the facility before the start date of	21545		

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21545	Continued From page 6 11/18/22 he had made the decision to end their contract and began setting up services with another provider. Administrator stated that he was unaware of any missed medications during this process. Administrator stated the expectation with medication errors is that a facility report is initiated and all medication errors are reviewed for root cause, tracked and trended as part of the facilities Quality Assurance and Improvement program in their interdisciplinary meetings which include the facility Pharmacy consultant. When interviewed on 11/29/22, at 1:43 PM RN-B stated if there was a missed medication or no supply to give then staff would contact the Director of Nursing, call or fax the primary physician and contact the family. RN-B stated with a medication error staff would fill out a medication error form and place it in the Director of Nursing's mailbox and make a progress note. When interviewed on 11/29/22, at 1:46 PM RN-C stated staff would fill out the medication error form, do a progress note and make notifications to the primary physician, family and the Director of Nursing. RN-C stated there was an issue with the change in pharmacies with some missing medications and thought that family and physicians had been contacted. When interviewed on 11/29/22, at 2:07 PM the facility's Pharmaceutical Consultant (PharmD) stated she had reviewed R3's medication administration record and progress notes for the time periods before, after and during the time of the medication omissions. PharmD stated she had also had spoken with staff and did not feel that there was any change in the resident's overall condition related to the omission of R3's Parkinson's medication.	21545		

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21545	Continued From page 7 When interviewed on 11/30/22, at 11:55 AM RN-Z (R3's Neurology provider's office) stated R3's neurologist response to the medication error notification was that R3's quality of life would be affected only if there was an increase in stiffness or rigidity. The Facility Policy "Adverse Consequences and Medication Errors" dated April 2014 identified a medication error as "the preparation or administration of drugs or biologicals which is not in accordance with physician's orders, manufacturer specifications, or accepted professional standards and principles of the professional (s) providing services. Examples of medication errors include: Omission, unauthorized drug, wrong dose, route of administration, dosage, drug, time and failure to follow manufacturer instructions." The Facility Policy "Adverse Consequences and Medication Errors" dated April 2014 also identified the following guidance in the event of a medication error: "The Attending Physician is notified promptly of any significant error or adverse consequence." "The following information is documented in an incident report and in the resident's clinical record: a. Factual description of the error or adverse consequence b. Name of physician and time notified C. Physician's subsequent orders. d. resident's condition for 24 to 72 hours or as directed." "Each incident report is forwarded to: a. Director of Nursing b. Quality Assurance Nurse c. Medical Director and d. Consultant Pharmacist."	21545		

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21545	Continued From page 8 SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee could review and revise policies and procedures for medication errors. The director of nursing or designee could develop a system to educate staff and develop a monitoring system to ensure medication were correctly administered. The quality assurance committee could monitor these measures to ensure compliance. TIME PERIOD FOR CORRECTION: Twenty One (21) days	21545		