



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
March 21, 2023

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

RE: CCN: 245360
Cycle Start Date: January 30, 2023

Dear Administrator:

On February 14, 2023, we informed you of imposed enforcement remedies.

On March 9, 2023, the Minnesota Department of Health completed a survey and it has been determined that your facility continues to not to be in substantial compliance. Your facility was not in substantial compliance with the participation requirements and the conditions in your facility constituted **both substandard quality of care and immediate jeopardy** to resident health or safety. The most serious deficiencies in your facility were found to be isolated deficiencies that constituted immediate jeopardy (Level J), as evidenced by the electronically attached CMS-2567, whereby corrections are required.

REMOVAL OF IMMEDIATE JEOPARDY

On March 9, 2023, the situation of immediate jeopardy to potential health and safety cited at F684 was removed. However, continued non-compliance remains at the lower scope and severity of D.

As a result of the survey findings:

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective March 16, 2023, will remain in effect.

This Department continues to recommend 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 March 16, 2023. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective March 16, 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.

As we notified you in our letter of February 14, 2023, in accordance with Federal law, as specified in the Act at Section 1819(f)(2)(B)(iii)(I)(b) and 1919(f)(2)(B)(iii)(I)(b), your facility is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from March 16, 2023.

SUBSTANDARD QUALITY OF CARE (SQC)

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

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

Federal law, as specified in the Act at § 1819(f)(2)(B) and § 1919(f)(2)(B), prohibits approval of nurse assistant training programs offered by, or in, a facility which, within the previous two years, has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care. Therefore, Glenoaks Senior Living Campus is prohibited from offering or conducting a Nurse Assistant Training / Competency Evaluation Programs (NATCEP) or Competency Evaluation Programs for two years effective March 16, 2023. This prohibition remains in effect for the specified period even though substantial compliance is attained. Under Public Law 105-15 (H. R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

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.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Optional denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417 (a));
- Per day civil money penalty (42 CFR 488.430 through 488.444).

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:

Susie Haben, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Midtown Square
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us
Office: (320) 223-7356 Mobile: (651) 230-2334

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 July 30, 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 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

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/ 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

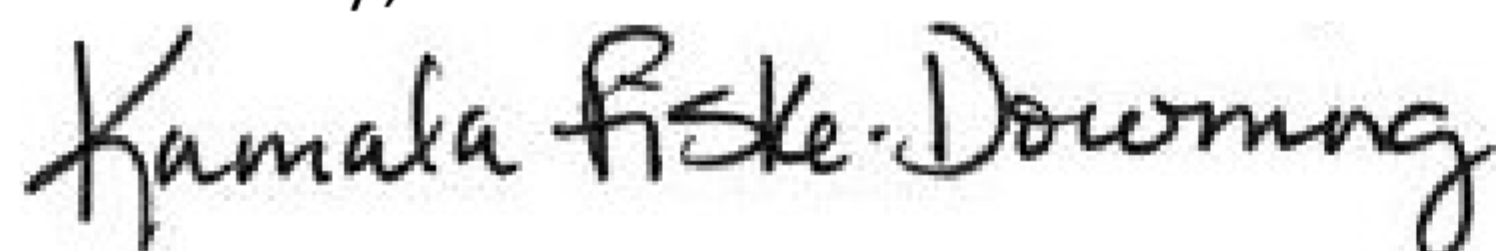
This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: https://mdhprovidercontent.web.health.state.mn.us/lrc_idr.cfm

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,



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

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

PRINTED: 04/09/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245360		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/09/2023	
NAME OF PROVIDER OR SUPPLIER GLENOAKS SENIOR LIVING CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 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 3/3/23, and 3/6/23 through 3/9/23, a standard abbreviated survey was completed at your facility by a surveyor from the Minnesota Department of Health (MDH). The facility was not found NOT to be in compliance with the requirements of 42 CFR Part 483, Subpart B, requirements for Long Term Care Facilities. The following complaints were reviewed: H53608876C (MN00091386, MN00091443) with a deficiency cited at F684. The survey resulted in an immediate jeopardy (IJ) to resident health and safety. An IJ at F684 began on 2/17/23, when the facility failed to routinely monitor and update R1's provider when the pharmacy notified the facility of an albuterol nebulizer medication national shortage and were unable to dispense R1's ordered albuterol. In addition, R1 missed 11 doses of Advair inhaler. This resulted in hospitalization for R1. The administrator and director of nursing (DON) were notified of the IJ on 3/7/23, at 7:00 p.m. The IJ was removed on 3/9/23, at 12:52 p.m. An extended survey was conducted on 3/8/23, through 3/9/23, with a deficiency cited at F730. 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.			F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		03/28/2023

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

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F 000	Continued From page 1			F 000			
F 684 SS=J	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. Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review, the facility failed to provide routine resident condition monitoring after the facility was notified by the pharmacy of an albuterol nebulizer medication national shortage and communicate this shortage, and missed inhaler medications, to the provider for alternative medication utilization for 1 of 3 residents (R1) to prevent acute respiratory changes and hospitalization. This resulted in an immediate jeopardy for R1. In addition, the facility failed to provide the same condition monitoring and provider updating for 2 of 2 residents (R2, R3) who were ordered ipratropium-albuterol (DuoNeb) nebulizer treatment and/or demonstrated acute respiratory symptoms at the same time they were not provided ordered medication due to the shortage. The immediate jeopardy began on 2/17/23, when the facility failed to routinely monitor and update			F 684			3/10/23
					F684: Plan and/or execution of this plan of correction does not constitute admission or agreement by this provider of the truth of deficiencies. The plan of correction is prepared and executed solely because it is required in accordance with State and Federal Law. F:684 Quality of Care The facility does provide routine resident condition monitoring after notification from the Pharmacy of a national medication shortage and medication that are unavailable from the Pharmacy and does communicate the above to the appropriate provider. A. All residents including R1, R2, R3 had Albuterol and Duoneb nebulizer orders discontinued with alternate medications		

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F 684	Continued From page 2 R1's provider when the pharmacy notified the facility of an albuterol nebulizer medication national shortage and were unable to dispense R1's ordered albuterol. In addition, R1 missed 11 doses of Advair inhaler. This resulted in hospitalization for R1. Administrator, director of nursing (DON), assistant directors of nursing (ADON)-A and ADON-B, and director of clinical services (DCS)-A were notified of the immediate jeopardy at 7:00 p.m. on 3/7/23. The immediate jeopardy was removed on 3/9/23, but noncompliance remained at the lower scope and severity level D, which indicated no actual harm with potential for more than minimal harm that is not immediate jeopardy. Findings include: R1's Admission Record face sheet identified R1's primary admission diagnosis was chronic obstructive pulmonary disease (COPD). R1's COPD care plan, initiated on 7/17/22, identified R1 was at risk for SOB (shortness of breath) and respiratory infections with a goal R1 would remain free of signs/symptoms (s/s) of respiratory distress and maintain optimal functioning within limitations of the disease process. The care plan directed staff with the following interventions: administer "medications/puffers" as ordered, observe for effectiveness and side effects, monitor for signs of respiratory infection/distress, adventitious (not per R1's normal) lung sounds, SOB, coughing, elevated temperature, increased respiratory rate, report as necessary to the physician. R1's physician orders indicated R1 was prescribed on 9/6/22, albuterol sulfate (treats	F 684	ordered and medications not available were addressed appropriately. B. All residents have the potential to be affected. C. All RNs, LPNs, and TMAs were educated on the need to monitor residents with condition changes Related to Unavailable Medications, as well as the need to inform the provider of Unavailable Medications and Condition Changes related to Unavailable Medications. D. The DON/Designee will audit progress notes for identification of resident change in condition related to unavailable medications Daily times 7, Weekly times 3, Monthly times 3, and ongoing/PRN with results forwarded to the QAPI committee for review. E. The DON/Designee will audit MARS for documentation of unavailable medications Daily times 7, Weekly times 3, Monthly times 3, and ongoing/PRN with results forwarded to the QAA committee for review. Responsible Party: DON/Designee Compliance Date: 3/9/23 All Nurses were educated on Change of Resident Status and Unavailable Medication Protocols, with signature sheet to attest to their understanding. Please see attached Glen Oaks Abatement Plan dated 03/6/2023. This was completed on March 9, 2023. To prevent the deficient practice from recurring, Nursing Leadership will conduct daily monitoring of progress notes and medication administration records to		

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F 684	Continued From page 3 wheezing and shortness of breath caused by breathing problems such as asthma, chronic obstructive pulmonary disease) nebulizer solution inhaled orally three times a day (TID) for diagnosis of acute respiratory failure with hypoxia and every four hours as needed (PRN) for SOB and wheezing. In addition, R1 was prescribed on 6/30/22, Advair Diskus (fluticasone-salmeterol, steroid and bronchodilator combination medicine that is used to prevent asthma attacks) inhaler which directed one puff inhaled orally two times (BID) a day related to diagnosis of acute respiratory failure with hypoxia. The facility's pharmacy fax binder identified pharmacy Reorder Forms and Packaging Slips with the following information: -2/10/23, R1's albuterol was requested. The binder lacked evidence the albuterol was dispensed and lacked a follow-up notation related to dispensing concern. -2/14/23, R1's Advair and albuterol were requested. The binder lacked evidence the Advair or the albuterol were dispensed and lacked follow-up notation related to dispensing concerns. -2/17/23, R1's albuterol was requested. The Reorder Form identified a handwritten "Back order" next to the request. -Three other Reorder forms, undated, identify staff requested R1's Advair and albuterol. The binder lacked evidence of a follow-up notation related to Advair dispensing concerns; however, the other two forms identified handwritten notations the albuterol was on back order and was unable to be dispensed, and the other one indicated the albuterol was "out." R1's Medication Administration Record (MAR) identified R1 missed 11 of 20 doses of the Advair			F 684	ensure continued compliance. When it is identified that a deficient practice has occurred, swift intervention to include nursing education as needed to nsure proper quality of resident care and to maintain compliance. Education was provided to Nurse Leadership on March 6, 2023 with signature sheet to attest to their understanding. Please see attached Education to Glen Oaks Nursing Leadership signature page. Education was provided to Registered Nurses, Licensed Practical Nurses and Trained Medication Aides on the Identification of Change of Condition with the Medical Doctor, to include Notification of Family and notification of Medical Doctor when medications are not available from the Pharmacy. A signature sheet was used to attest to Nursing staff receiving and understanding this training. Please see attached signature sheet. Hard copies of the Medication Administration reviews are kept in a purple, 3-ring binder in the Director of Nursing office and labelled, "Medication Audit Report." Audit progress notes for identification of resident change in condition related to unavailable medications Daily times 7, Weekly times 3, Monthly times 3, and ongoing/PRN with results forwarded to the QAPI committee for review To ensure continued compliance, these audits will be reviewed at the QAPI meetings. The next QAPI meeting is		

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F 684	Continued From page 4 from 2/12/23 through 2/21/23, and 15 of 18 doses of the albuterol from 2/16/23 through 2/21/23. Indications for the missed doses identified "med not available." R1's MAR, and associated Treatment Administration Record (TAR) 2/1/23 through 2/28/23, lacked documented evidence R1's respiratory status was monitored in relation to the missed doses of Advair and albuterol. R1's progress notes identified the following entries: -2/12/23, 7:50 a.m. Advair was not located in the cart or found in his room. -2/12/23, 8:25 p.m. Advair was not available. -2/13/23, Advair was "out waiting on pharmacy." -2/14/23, Advair request was faxed to pharmacy. -2/16/23, 11:48 p.m. R1 was weak and seemed "a bit off." He had been coughing, his pulse was elevated at 109, and he was assessed to have slight expiratory wheezes in his upper left lobe. -2/17/23, 11:42 a.m. Advair request was faxed to the pharmacy. -2/17/23, 11:43 a.m. albuterol was not administered due to a "shortage." -2/17/23, 12:37 p.m. albuterol was not administered due to a "shortage." -2/17/23, 4:38 p.m. entered by ADON-B, R1 had an order for albuterol nebulizers; however, the pharmacy reached out and stated, "There is a shortage and that they are unable to get albuterol at this time." -2/19/23, 4:28 p.m. R1 complained of chest pain. Vitals were assessed without identified concerns and his lung sounds were clear. -2/19/23, 8:49 p.m. R1 was provided cough syrup in response to a "bad cough" in which he was "losing [his] voice." -2/20/23, 5:59 a.m. R1 reported a stuffy nose. -2/20/23, 10:27 p.m. albuterol was not	F 684	scheduled for March 29, 2023.		

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F 684	Continued From page 5 administered due to a "national shortage." -2/20/23, 10:27 p.m. Advair will be ordered. -2/20/23, 12:48 p.m. albuterol was not administered due to a "national shortage." -2/20/23, 11:07 p.m. R1 coughed "all PM [evening] shift" in which his cough was "loose and productive." R1 was administered PRN cough syrup. -2/21/23, 12:44 p.m. albuterol was not administered due to a "national shortage." -2/21/23, 10:20 p.m. R1 was provided emergency room (ER) transport orders due to "wheezing, chest congestion and mild chest tightness and discomfort." -2/21/23, 10:30 p.m. R1 was sent to the ER as he complained of chest pain, coughing, audible wheeze and chest congestion. R1's progress notes dated 2/12/23 through 2/21/23, lacked documented evidence R1's provider was updated related to missed medications, the albuterol national shortage, and/or his change in respiratory condition prior to 2/21/23, order to send R1 to the ER. R1's ED provider note dated 2/21/23, identified R1 presented with chest pain and SOB. R1 reported the nursing home "did not have any nebs for him and he usually receive[d] one." Note indicated, R1 had diffuse wheezing and bibasilar crackles and R1 complained of "a lot of chest pain." He received three doses of DuoNeb and one dose of an intravenous (IV) steroid. On 2/22/23, at 1:35 a.m. R1 required 2 liters of oxygen for oxygen saturations of 81% and diagnosed with a COPD exacerbation. R1's hospital History and Physical dated 2/22/23, identified R1 reported 7-10 days worth of cough,	F 684			

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F 684	Continued From page 6 runny nose, congestion leading up to ER visit. Additionally, the facility "apparently" failed to provide R1 with his "normal albuterol treatments for two weeks prior to this episode." R1 wheezed and demonstrated course upper airway sounds, wet cough. R1's Discharge Summary dated 2/27/23, identified the discharge diagnosis was "Acute hypoxic respiratory failure - COPD exacerbation - resolved." He was medically stable, and his lungs were clear to auscultation bilaterally on room air. On 3/3/23, at 9:58 a.m.: R3 was observed sitting in his room. No obvious signs of respiratory distress noted, appeared comfortable. When interviewed on 3/3/23, at 10:13 a.m. R1's hospital medical provider (MD)-B stated if R1 were provided his ordered inhaler [Advair] and albuterol "he would not have had that flair [exacerbation]" and thus R1 would not have required hospitalization. R1 likely had a "viral illness" which could have been managed in the facility if he were administered the inhaler and nebulizer, with a possible clinic visit for follow-up of symptoms and adjusted treatment at most. MD-B indicated she based her thoughts on his hospital symptoms and how well he responded to the nebulizer medication he received at the hospital. During an interview on 3/3/23, at 12:57 p.m. pharmacy tech (PT)-A stated albuterol sulfate shortages have occurred for "at least two months." This shortage included DuoNeb and did not include Advair, adding the medications were last supplied to the pharmacy the beginning of February and a restock time frame was unknown.	F 684			

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F 684	Continued From page 7 She expected the facility to update the providers for alternative orders if the pharmacy was unable to dispense medications. R1's albuterol was last dispensed on 2/6/23, for an equivalent of 30 doses (10 days based on the TID order) and the Advair was last dispensed on 2/20/23. When interviewed on 3/3/23, at 1:29 p.m. registered nurse (RN)-A explained R1 missed albuterol doses due to the shortage. She was unsure why R1 missed Advair doses and was unaware of any Advair dispensing concerns, indicating she "just hoped [the Advair] was in the room but it was not there." RN-A confirmed R1's provider was not updated on the missed Advair and albuterol, which were missed for "maybe a couple weeks" despite managements knowledge of the shortage. Additionally, RN-A stated it had been "a while" since these medications were last dispensed for any resident, "a few" residents continued to have scheduled and/or PRN albuterol/DuoNeb orders. RN-A stated R1's acute respiratory status changes and reported chest pain should have been reported to the provider when first noted in order to "get a hold of" the concerns and keep on top of it to prevent hospitalization especially due to R1's increased risk for respiratory concerns related to his diagnosis, decreased mobility, and time of year. RN-A stated the facility lacked a protocol for respiratory monitoring when acute changes or medication concerns were present; however, monitoring was important to keep "tabs" on the resident to update the provider with more specific details, and if monitoring was not completed, the resident could get worse, could be detrimental, and could lead to hospitalization. RN-A added, "We saw it with [R1].	F 684			

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F 684	Continued From page 8 When interviewed on 3/3/23, at 2:32 p.m. trained medication aide (TMA)-A stated she would be significantly concerned if R1 complained of chest pain as this was not a complaint he reported, and potentially indicated something was going on with his health. R1's complaints of chest pain, especially with his lung issues, was a change in R1's condition and she expected the nurses to update providers when residents presented with changes in condition for follow-up orders to manage the change. During an interview on 3/3/23, at 2:54 p.m. licensed practical nurse (LPN)-A stated she assessed R1's complaints of chest pain on 2/19/23, which was not a reoccurring complaint for him. She was aware of the albuterol shortage; however, not aware of the DuoNeb shortage. On 2/19/23, R1 was free of any immediate signs of distress. She did not doubt he had chest pain but felt the pain was food related; however, chest pain potentially indicated a change in condition which required the provider to be updated. She passed this information on to the night shift and asked them to keep an eye on R1; however, she denied she initiated respiratory and/or cardiac monitoring for R1 or contacted the provider. She denied it was facility practice to set up monitoring for acute changes. During an interview on 3/3/23, at 3:31 p.m. R1 stated he had a "terrible cold," in which "everything is congested," he had increased phlegm and terrible chest pain because he "did not get this machine." As R1 pointed to his nebulizer machine he stated, "This thing helps me a lot ...if I do not get it, kaput" and performed a thumbs down movement with his hand. Additionally, he stated there was a pharmacy	F 684			

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F 684	Continued From page 9 issue for why he was not provided the nebulizer and if staff would have figured it out, he would have avoided hospitalization. He also required the inhaler (as he made a motion as if to self-administer an inhaler) to help manage his respiratory condition, which he was not "often" administered before the hospitalization. The symptoms started about a week before he went to the hospital when he experienced chest pain "like a mule kicking [him]." This chest pain scared him. He updated staff about the chest pain and his not feeling well; however, "they did not do anything for me ...they should have called [his provider] sooner." R1 added that he was "much worse" on 2/21/23, but now he continued to have periods of chest pain which comes and goes; however, this no longer scared him as he overall felt better. When interviewed on 3/3/23, at 4:09 p.m. ADON-B stated when a resident experienced condition changes she expected them to assess the resident, update the provider, and initiate monitoring each shift for approximately a week related to the signs and symptoms presented to prevent any progressive sickness that could occur and to assist with updating the provider with comprehensive assessed details on the status changes. She was aware of R1's missed albuterol due to the shortage; however, was unaware he missed inhaler doses. It was important to monitor and update the provider with changes to prevent adverse impacts to the resident, such as R1's hospitalization. When interviewed on 3/6/23, at 12:53 p.m. MD-C stated she first learned of R1's hospitalization "after the fact ...through the grapevine" and was	F 684			

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F 684	Continued From page 10 first updated on the shortage when she visited for rounds on 2/23/23. She reviewed R1's clinic record during the interview and indicated there were no records the facility contacted the clinic related to R1's missed medications and/or his acute respiratory changes. She expected the facility to contact her "right away" after they were unable to procure medications and after changes in resident status, especially a sign or symptom change not improved with ordered and/or standing order medications, for alternative medication and/or treatment orders to be provided. R1's Advair was ordered as a "preventative medicine" after he experienced several ER visits, and because R1 was not administered the inhaler as ordered, he was hospitalized. If the facility had updated her as expected, she would have adjusted R1's Advair and/or albuterol orders and potentially kept him from being hospitalized. During an interview on 3/6/23, at 2:28 p.m. RN-C stated there were a couple residents having respiratory issues who were sent to the hospital because the facility did not have any nebs to treat them, adding R1 was one of them. RN-C indicated she was unaware of a systemic process to ensure all the residents were reviewed for the impacted medication shortage or if all the providers were updated. It was important to update providers for alternative orders, especially if the residents were ordered PRN nebulizers and required this for acute respiratory distress. Residents were at risk of increased respiratory concerns with ceased breathing if they were not administered ordered respiratory medications timely. She explained the facility did not utilize standing orders and if a resident were unable to be provided an ordered as needed nebulizer, staff	F 684			

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F 684	Continued From page 11 contacted the provider for stat (immediate) orders which had the potential to delay treatment. In addition, it was not standard practice to implement respiratory monitoring when respiratory symptoms were identified and thus, she did not set up monitoring for R1. She denied she updated R1's provider after she assessed his condition changes during two of the five days prior to his hospitalization, nor updated the provider related to R1's missed medications; however, she was expected to update the provider with such assessed changes, for example., productive cough, expiratory wheezes, and lack of ordered medication supply. When interviewed on 3/6/23, at 3:15 p.m. the DON stated she was updated on the albuterol shortage on 2/27/23, after she contacted the pharmacy about R1's missed albuterol. She denied knowledge of the DuoNeb shortage or that R1 missed multiple doses of his Advair. She instructed the floor nurses to notify providers of the shortage; however, did not follow up to ensure this was completed, did not conduct any audits to determine the scope of the albuterol shortage in the facility, did not reach out to additional pharmacies or to the consulting pharmacist to inquire about the shortage, and did not contact the medical director. She expected staff to notify the providers right away when there was a medication concern or a change in resident condition, especially if there was chest pain to avoid further changes and/or hospitalization. She confirmed the facility currently worked on initiating facility standing orders and she expected staff to routinely check the pharmacy book to ensure requested medications were brought by the pharmacy. If not, a pharmacy inquiry was expected: "This is not happening as expected."	F 684			

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F 684	Continued From page 12 The DON stated R1's provider should have been updated on 2/16/23, and staff should have initiated respiratory monitoring due to his risk of further condition changes and respiratory distress, along with pneumonia. During a follow-up interview on 3/7/23, at 12:20 p.m. ADON-B stated she personally spoke to the pharmacy on or around 2/17/23 (Friday) about their inability to dispense R1's albuterol due to shortage. She updated the floor nurses after the conversation; however, did not perform any additional actions related to the shortage for R1 or any other residents with albuterol or DuoNeb orders. On 2/20/23 (Monday), management discussed the shortage in the "morning meeting" and in response R1's provider was to be updated during 2/23/23, provider rounds. She denied an all-house audit was completed to look for other impacted residents after the meeting. The immediate jeopardy that began on 2/17/23, was removed on 3/9/23, after the facility obtained alternative nebulizer orders for those residents who were prescribed albuterol and/or DuoNeb, audited 72-hours of all resident progress notes for changes in condition and updated providers and families with identified changes, and audited 72-hours of all medications charted as "unavailable" and obtained alternative provider orders. In addition, the facility communicated with the dispensing pharmacy and the medical director related to processes for medication dispensing concerns, implemented a process for resident assessments and monitoring in the event of dispensing concerns, educated nursing staff related to provider notification with status changes and medication dispensing concerns, and educated nursing leadership related to			F 684			

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F 684	Continued From page 13 system management and expectations related to identification of missed medications and follow-up, but the noncompliance remained at the lower scope and severity level D. R2's Admission Record face sheet identified R2 was diagnosed with COPD, obstructive sleep apnea (OSA), chronic oxygen dependence, nicotine dependence, and morbid obesity with alveolar hypoventilation (rare disorder in which a person does not take enough breaths per minute). R2's COPD care plan, initiated 12/27/22, identified R2 was at risk for SOB, impaired breathing, and respiratory infections with a goal R2 would remain free of complaints and/or s/s of SOB. The care plan directed staff with the following interventions: administer "medications/puffers" as ordered, observe for effectiveness and side effects, monitor for signs of respiratory infection/distress, adventitious lung sounds, SOB, coughing, elevated temperature, increased respiratory rate, report as necessary to the physician. R2's MAR, dated 2/23, directed staff to administer DuoNeb four times (QID) to R2 for chronic respiratory failure with hypoxia. The MAR identified R2 missed 5 of 15 doses of the DuoNeb from 2/20/23 through 2/23/23. Indications for the missed doses identified "med not available." R2's MAR, and associated treatment administration record (TAR), 2/1/23 through 2/28/23, lacked documented evidence R2's respiratory status was monitored in relation to the missed doses. R2's progress notes identified the following entries:	F 684			

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F 684	Continued From page 14 -2/20/23, DuoNeb was not administered due to "out of stock." -2/21/23, 1:19 p.m. DuoNeb was not administered due to "national shortage." -2/23/23, 2:35 a.m. R2 was congested with audible wheezes and SOB. PRN albuterol nebulizer was administered. Follow up at 5:41 a.m. identified the PRN nebulizer was "Ineffective." -2/23/23, 7:58 a.m. R2 coughed and wheezed. PRN albuterol was administered. -2/23/23, 9:43 a.m. DuoNeb was not administered due to "faxed pharm shortage." -2/23/23, 12:43 p.m. DuoNeb was not administered due to "shortage." -2/23/23, 7:40 p.m. an unidentified TMA requested LPN-B to assess R2's lung sounds. R2 was wheezing with short rapid breathing. TMA was instructed to administer a nebulizer. R2 declined provider/ED follow-up. The progress notes lacked R2's provider or the on-call provider was updated. In addition, R2's progress note lacked a follow-up assessment or evidence of routine monitoring related to her changes in condition. -2/24/23, 5:46 a.m. At 2:18 p.m. R2 left for the ER after staff found her pale purple lips. Her breathing was "very deep and rapid" with expiratory and inspiratory wheezes. Oxygen saturation was 83% on 4 liters of oxygen, and her pulse was 110. R2 initially did not want to present to the ER; however, after about 10 minutes of staff encouragement she agreed to ER transport. R2's ER Provider Note, dated 2/24/23, indicated R2 was provided a DuoNeb enroute to the hospital and she required 10 liters of oxygen per mask. R2 was unable to give additional history on arrival due to increased work of breathing. Later,	F 684			

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F 684	Continued From page 15 R2's oxygen was decreased to 5 liters per a mask and was able to maintain oxygen saturation level of 94%; however, she continued with diffuse wheezing, increased work of breathing, and productive cough. She was initially diagnosed with pneumonia and COPD exacerbation. R2's hospital Discharge Summary, dated 2/27/23, identified R2 passed away on 2/26/23. She was admitted for cough, exertional dyspnea, and hypoxemia and subsequently diagnosed with acute on chronic hypoxic and hypercapnic respiratory failure, healthcare associated pneumonia, acute exacerbation of end-stage COPD. R2 was treated with antibiotics and required intermittent noninvasive positive pressure ventilation (ventilation provided by a mask). She "held her own" for the first two days but on 2/26/23 began to deteriorate. That evening, after she removed her mask briefly "she died rather quickly." R3's Admission Record face sheet identified R3 was diagnosed with obstructive sleep apnea. The face sheet was free of additional respiratory diagnoses. R3's COPD care plan, initiated 12/15/22, identified R3 was at risk for medical complications and/or discomfort related to OSA. Interventions directed staff to observe for and report to the provider s/s of sleep apnea which included excessive daytime sleepiness and cognitive decline related to fatigue R3's hospital Discharge Summary, dated 3/3/23, indicated R3 was hospitalized for systemic inflammatory response syndrome (SIRS - exaggerated defense response) due to viral	F 684			

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F 684	Continued From page 16 gastroenteritis. His discharge examination identified he was alert, and his lungs were clear without any signs or symptoms of respiratory illness. His condition was stable. R3's progress notes identified the following entries: -3/3/23, 9:54 p.m. R3 was lethargic, not responding and not wanting to bear weight and stand up. The DON "checked the [R3] and [he] was deemed to be 'OK.' R3 declined to "go to the Dr again." Staff attempted to contact family; however, the note lacked evidence facility contacted the provider. -3/5/23, 10:41 a.m. R3 fell asleep twice during the meal and was observed to be SOB at rest. -3/5/23, 4:25 p.m. R3 presented with heavy breathing, and he was assessed to have expiratory wheezes in the upper and lower left lobes. -3/6/23, 5:50 a.m. R3 presented with wheezing. He was lethargic and hard to arouse. -3/7/23, 8:05 a.m. R3's provider was updated via fax at 8:00 a.m. R3 was assessed to have course lung sounds with crackles and expiratory wheezes and 3+ bilateral feet pitting edema. He was very lethargic and was unable to stay awake. His respiratory rate was 25. -3/7/23, 12:52 p.m. R3 was transported to the ER. The progress notes lacked evidence R3's provider or the on-call provider were updated prior to 3/7/23. In addition, R3's progress note lacked evidence of routine monitoring in response to his condition changes. R3's MAR, dated 3/23, directed staff to administer DuoNeb QID PRN for SOB, cough or with exercise, ordered 3/3/23 and discontinued 3/6/23. Budesonide one vial inhaled PRN for prophylaxis	F 684			

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F 684	Continued From page 17 for one day was ordered on 3/6/23. The MAR lacked evidence R3 was administered the PRN DuoNeb from 3/5/23 through 3/6/23 or the Budesonide on 3/6/23 in response to his respiratory s/s. The facility's pharmacy fax binder identified pharmacy Reorder Forms and Packaging Slips with the following information: -2/19/23, R2's DuoNeb was requested. -One Reorder Form, undated, identified R2's DuoNeb was requested, and the form identified a handwritten "out" under the request. -The binder lacked documented evidence staff requested R3's DuoNeb and/or a rationalization as to why it was not dispensed. On 3/6/23, at 2:15 p.m. R3 was observed sitting up in wheelchair in day room. No s/s of respiratory distress or ancillary muscles to breath. Surveyor attempted to interview R3 but he appeared to be sleeping. During a follow-up interview on 3/6/23, at 12:13 p.m. PT-A stated R2's DuoNeb was last dispensed to the facility on 11/29/22 (30-day equivalent). R3's DuoNeb was never dispensed. When interviewed on 3/6/23, at 12:53 p.m. MD-C reviewed R3's clinic record, and current pile of faxes, and indicated there were no records the facility contacted the clinic related to R3's acute respiratory changes and/or a request for an alternative PRN nebulizer. She explained at R3's baseline he was "very with-it and can talk to you." After she was updated on R3's 3/3/23 to 3/6/23 progress note entries, she stated she expected R3 would be administered his PRN DuoNeb and if the facility was unable to obtain it, they should	F 684			

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F 684	Continued From page 18 have requested an alternative right away. In addition, she expected staff would have updated her on 3/3/23 related to his status changes especially as he did not have respiratory concerns during his recent hospital stay and newly presented onset of wheezing and altered cognitive level; adding, he was at risk for developing heart failure as he experienced an MI (myocardial infarction) during his hospital stay so his respiratory s/s potentially were cardiac in nature. During interview on 3/6/23, at 1:42 p.m. MD-C reviewed R2's clinic record and indicated there was no evidence the facility contacted the clinic related to R2's acute respiratory changes and/or an update related to her missed DuoNeb medication. MD-C also denied the facility contacted him related to any of his other residents adding, he found out about R2's status and passing when he received a request for the death certificate. MD-C indicated he was unaware of an albuterol or DuoNeb shortage and he expected the facility to contact him with changes in resident statuses, especially as respiratory concerns "cannot wait long" to be addressed and if there were issues obtaining medications stating, if the facility would have updated him on her progress when the symptoms started, he most likely would have ordered steroid medication as he would have presumed she was having an exacerbation of her respiratory diagnoses. However, he did not feel her exacerbation was attributed to five missed DuoNeb doses as R2 also received a long-acting nebulizer medication, was a smoker, lacked "good underlying health," had terrible lung disease, and had a higher mortality rate, thus her being sent to the ER was unavoidable. In addition, R2 "was finding a way to	F 684			

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F 684	Continued From page 19 exit this mortal coil," and he was unsurprised by her death. On 3/6/23, at 2:15 p.m. R3 was approached, and an interview attempted. He was free of s/s of observed respiratory distress. His eyes were closed, his head slightly bent (appeared asleep) and did not arouse to his name being called and/or physical touch. When interviewed on 3/3/23, at 1:29 p.m. RN-A stated R3 was very tired and slow to wait up earlier that morning; however, he was "not feeling good." R3 lacked any outward s/s of respiratory distress; however, she did not listen to his lungs or assess his respiratory status as shift report lacked indicated of any respiratory concerns. RN-A stated R4 was "slowly declining" and coughed more with eating. R4 was free of s/s of respiratory concerns earlier that morning. She stated neither R3 nor R4 had a DuoNeb supply in the med cart. Based on this, if R3 required a PRN DuoNeb, she would call MD-C, or the on-call provider, and request alternative treatment. She explained this was a difficult process as their pharmacy was "in Willmar" and she questioned how she was supposed to get the adjusted PRN medication "other than sending [the resident] to the ER. RN-A stated residents lacked the ability "to just bounce back." As residents required ordered medications, it was "not going to be good" if the medications were not administered as ordered. During interview on 3/6/23, at 2:28 p.m. RN-C stated R2's assessed cough, congestion, short rapid breathing, and audible wheezes on 2/23/23 were new; however, the SOB was "normal for her." RN-C was unable to remember if she	F 684			

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F 684	Continued From page 20 updated the provider after she assessed R2 and/or a reason as to why R2's provider was not updated. RN-C stated R3 experienced a status decline recently where he "was off," and staff did not think he "was breathing well," the first night after a hospital return. Due to this, the DON was asked if she would assess R3. RN-C denied she went back to reassess R2 after the DON stated R2 "was okay" or set up any routine respiratory monitoring. RN-C stated R4 "has been okay" and lacked evidence of any distress on the overnights. When interviewed on 3/6/23, at 3:15 p.m. the DON stated she expected staff would have updated R2, R3, and R4's providers, or an on-call provider, related to their status changes and related to the shortage to obtain additional orders. She denied she reviewed R2's medical record once the facility was updated on R2's death to audit the record for any concerns or to see if R2 was potentially impacted by the shortage. The DON stated she expected R3 would have received a PRN nebulizer treatment when he presented with respiratory s/s. She denied R4 displayed any changes in his respiratory status; however, she was frustrated "as him of all people need [the nebulizer medication]" related to his diagnoses. The DON explained residents were at a risk for changes in condition and increased risk of hospitalization, "or even worse," if staff failed to perform as expected. A policy Resident Examination and Assessment, dated 2/14, directed staff to notify the physician if any of the following abnormalities were identified: abnormal vital signs, labored breathing, breath sounds that are not clear, productive or nonproductive cough, worsening pain, and other	F 684			

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F 684	Continued From page 21 information in accordance with professional standards of practice. A policy Acute Condition Changes - Clinical Protocol, dated 3/18, directed staff to monitor and document acute condition changes until the problem or condition has resolved or stabilized. In addition, the policy directed staff to contact the physician based on the urgency of the situation in which the provider was expected to respond in a timely manner to notifications of problems or changes in condition and status. A policy Pharmacy Services Overview, dated 4/19, identified residents were to have a sufficient supply of their prescribed medications and receive those medications in a timely manner. If a medication were not available, staff were to communicate with the pharmacy. The policy lacked directions specifically related to medication shortages and/or the inability of the pharmacy to dispense a requested resident medication.	F 684			
F 730 SS=C	Nurse Aide Peform Review-12 hr/yr In-Service CFR(s): 483.35(d)(7) §483.35(d)(7) Regular in-service education. The facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews. In-service training must comply with the requirements of §483.95(g). This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure an annual performance evaluation was conducted for 5 of 5 nursing	F 730	F730: All Nurse Aide employee files were		3/15/23

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F 730	Continued From page 22 assistants (NA-B, NA-C, NA-D, NA-E, NA-F) whose files were reviewed. Findings include: When interviewed on 3/9/23, at 10:27 a.m. the director of nursing (DON) stated the facility performed NA performance evaluations yearly; however, she stated she was unaware it was a regulation to complete them yearly despite an explanation she was involved in a "corporate call" about a week ago in which performance evaluations were discussed. She denied she completed any NA evaluations since she started the DON role the past fall and was unsure as to the reason why the evaluations were late. She denied a current plan to get the evaluations caught up. The DON stated the evaluations were important to determine staff strengths and weakness for improved education processes, and if not completed as required, quality of care standards would potentially be impacted, and the residents would potentially be provided "poor care." During an interview, on 3/9/23, at 12:06 p.m. with human resources (HR)-A, employee records were reviewed and identified the following information: -NA-B was hired on 11/10/20 (over two years prior) and she was an as needed (PRN) employee. HR-A stated NA-B worked "about every other pay period." NA-B's record lacked evidence annual performance evaluations were completed after hire. -NA-C was hired on 6/21/17 and was a full-time employee. NA-B's record contained an annual performance evaluation dated 7/1/19 (three years prior) and lacked evidence of any subsequent	F 730	reviewed and nurse aide performance reviews were updated. The Human Resources Director educated to the Director of Nursing and designees of Director of Nursing on the timely completion of performance reviews. Audit tool has been created to ensure completion of Nurse Aide performance reviews. Administrator/Designee will audit performance review log monthly to ensure compliance. The results to the QA/QAPI Committee. The Human Resources Director/Designee will be responsible for ensuring continued compliance. This was corrected on March 15, 2023.		

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F 730	Continued From page 23 evaluations. -NA-D was hired on 8/16/13 and was a full-time employee. NA-D's record contained an annual performance evaluation dated 10/25/18 (four years prior) and lacked evidence of any subsequent evaluations. -NA-E was hired on 1/23/15 and was a full-time employee. NA-E's record contained an annual performance evaluation dated 6/3/19 (three years prior) and lacked evidence of any subsequent evaluations. -NA-F was hired on 9/21/21 (over one year prior) and was a full-time employee. NA-F's record lacked evidence of any annual performance evaluations were completed after hire. HR-A stated NA performance evaluations were required annually which the facility "usually" completed in December; however, due to a change in management, and management being unfamiliar with the staff, a decision was made by management to hold off on the evaluations until "spring." She was aware the evaluations were late because of management's decision, and further stated she was unsure if the corporate office was made aware the December evaluations were not completed. She denied she completed evaluation audits after she started the HR role in September. HR-A stated evaluations were important to ensure appropriate training was completed based off determined training needs and if this training was not completed the facility would be "creating a risk to the residents" as staff and the facility would be unaware of any identified concerns. When interviewed on 3/9/23, at 12:31 p.m. NA-F stated she had not had a performance evaluation completed on and/or with her since hire.	F 730			

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F 730	Continued From page 24 During interview on 3/9/23, at 1:02 p.m. NA-D stated a performance evaluation was completed on and/or with her "a long time ago." NA-D reviewed the performance evaluation from 10/25/18 and stated she thought that may have been the last evaluation she had. When interviewed on 3/9/23, at 1:27 p.m. the administrator stated NA performance evaluations were expected to be completed annually by their supervisor. He explained he expected he would have been updated back in December when the evaluations were not completed, instead of 3/9/23. The administrator stated the evaluations were important for staff feedback and to address any required training based on determined improvement needs. The lack of evaluations increased the risk of potential lags in skills being updated, ultimately putting the residents at risk for improper care. A policy related to NA performance evaluations was requested: one was not provided.	F 730			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

March 21, 2023

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

Re: Event ID: 9J6811

Dear Administrator:

The above facility survey was completed on March 9, 2023 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

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

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads '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

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00314	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/09/2023
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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 3/3/23, and 3/6/23 through 3/9/23, a complaint survey was conducted at your facility a by surveyor from the Minnesota Department of Health (MDH). Your facility was found IN compliance with the MN State Licensure. The following complaints were reviewed during the survey: H53608876C (MN00091386,	2 000			

Minnesota Department of Health

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

Electronically Signed

TITLE

(X6) DATE

03/28/23

Minnesota Department of Health

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2 000	Continued From page 1 MN00091443). Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.	2 000			