



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
March 21, 2025

Administrator
Hilltop Healthcare Rehabilitation And Skilled Nurs
2501 Rice Lake Road
Duluth, MN 55811

RE: CCN: 245366
Cycle Start Date: March 13, 2025

Dear Administrator:

On March 13, 2025, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted actual harm that was not immediate jeopardy (Level G),

The Statement of Deficiencies (CMS-2567) is being electronically delivered. Because corrective action was taken prior to the survey, past non-compliance does not require a plan of correction (POC).

REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy listed below to the CMS location.

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

You will receive a formal notice from the CMS location only if CMS agrees with our recommendation.

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 \$13,343; 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.

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

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:

Alex Warren, Regional Operations Supervisor
Duluth District Office
Health Regulation Division
Minnesota Department of Health
11 East Superior Street, Suite 290
Duluth, MN 55082
Email: Alex.Warren@state.mn.us
Cell: 651-279-5375 Office: 218-302-6186

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.

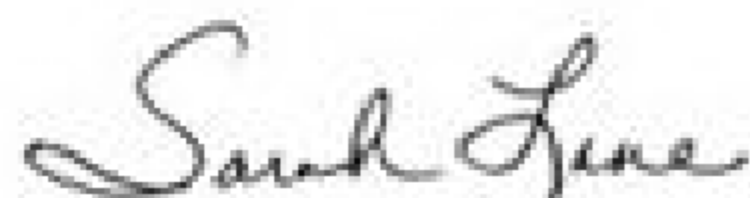
INFORMAL DISPUTE RESOLUTION (IDR)

In accordance with 42 CFR 488.331 and Minnesota Statute 144A.10 subd 15, 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: <https://forms.web.health.state.mn.us/form/NHDisputeResolution>

This request must be sent within the same ten calendar days you have for submitting an ePoC for the cited deficiencies. 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.

A copy of the Department's informal dispute resolution policies is posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

Sincerely,



Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697
Email: sarah.lane@state.mn.us

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

PRINTED: 03/21/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245366	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/13/2025
NAME OF PROVIDER OR SUPPLIER HILLTOP HEALTHCARE REHABILITATION AND SKILLED NURS			STREET ADDRESS, CITY, STATE, ZIP CODE 2501 RICE LAKE ROAD DULUTH, MN 55811		
(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 3/13/25, a standard abbreviated survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities. The following complaint was reviewed H53669962C (MN111272) and a deficiency was issued at F689 at PAST NON-COMPLIANCE. The following complaints were reviewed: H53669982C (MN111294), H53661080C (MN108015) and found in compliance. No plan of correction is required for a finding of past non-compliance; however, the facility must acknowledge receipt of the electronic documents.	F 000			
F 689 SS=G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review, the facility failed to ensure care plan interventions were implemented for 1 of 3 resident (R1) reviewed who required the use of a transfer belt during transfers reviewed for falls. R1 sustained actual harm when staff failed to	F 689	Past noncompliance: no plan of correction required.		

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

TITLE

(X6) DATE

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 689	<p>Continued From page 1</p> <p>implement the use of a transfer belt during a transfer. R1 fell, fractured multiple ribs, sustained a left sided pneumothorax (free air around lung causing some lung collapse), a left sided hemothorax (blood around the lung cause some lung collapse) that led to chest tube placement, and was sent to the emergency department (ED) requiring medical treatment. The facility implemented a corrective action prior to the survey so the deficient practice was issued at past non-compliance.</p> <p>Findings include:</p> <p>R1's admission Minimum Data Set (MDS) dated 1/30/25, identified moderate cognitive impairment and no behaviors. R1 required partial/moderate assistance with toileting hygiene, substantial/maximal assistance with personal hygiene, upper and lower body dressing, lying to sitting on the side of the bed, sit to stand, chair/bed-to-chair and toilet transfers. R1 used a wheelchair for mobility and was occasionally incontinent of bladder and always continent of bowel. Diagnoses included fractures and other multiple trauma, cataracts, glaucoma or macular degeneration (last three are diseases that affect vision). The MDS indicated 2 or more falls in the last six months prior to admission with at least one fall causing fractures.</p> <p>R1's care plan, undated, identified at risk for falls due to current medical/physical status and was on medications that can/may affect fall risk. Staff were directed to keep call light positioned for easy access and to have commonly used articles within easy reach. The care plan also identified a risk and/or potential for complications with deficits with activities of daily living (ADL) related to</p>	F 689		

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F 689	<p>Continued From page 2</p> <p>current medical/physical status. Staff were directed to transfer with an assist of 1 using walker to transfer in and out of bed and recliner with gait belt.</p> <p>R1's Fall Assessment Tool dated 1/25/25 at 6:02 a.m., identified a risk for falls.</p> <p>R1's discharge MDS dated 3/5/25, identified R1 had one fall since admission with major injury.</p> <p>R1's progress notes from 3/5/25 through 3/6/25, identified the following:</p> <p>-3/5/25 at 7:40 p.m., writer alerted for witnessed fall. Per nurse assistant (NA)-A was getting R1 up to use the bathroom and she had a hard time standing because R1 leans backwards. R1 stood up and turned. NA-A was holding onto R1's pants at that time and R1 fell backwards onto the ground. R1 started complaining of her back hurting. R1 stated "excruciating" pain in her back. Assessment completed and noted swelling upper left rib cage area that was tender to touch. R1 was Hoyer (full body mechanical lift) lift transferred to the recliner, the primary care provider was notified and orders received to send to emergency room for evaluation emergency services called and transferred R1 to the emergency room at 7:25 p.m.</p> <p>-3/6/25 at 3:51 p.m. follow up call to emergency department. Resident was admitted to hospital with a diagnosis of fractured ribs.</p> <p>R1's Emergency Department (ED) notes dated 3/5/25 at 8:30 p.m. identified chief complaint: fall. She was a 91-year-old female who came in after a reported fall. Patient reported she was being</p>	F 689		

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F 689	<p>Continued From page 3</p> <p>transferred by nursing staff and was dropped on her left side. She did not hit her head or lose consciousness. She is complaining right rib and pelvis pain. Reports she already had a couple rods placed in her hip. She stated she had left rib pain. Physical exam identified: some chest wall tenderness over the lower inferior mid axillary ribs without crepitus and no bruising.</p> <p>R1's computed tomography (the use of x-rays and a computer to create 3D digital images of your organs, bones, and other tissues) (CT) scan of the chest without contrast dated 3/5/25, identified a small left pneumothorax (<10% by volume of the left chest) and a small hemothorax (<10% by volume of the left chest). The CT scan also identified new minimally displace fractures of the left posterior ribs 6 through 9 and new fractures of the left transverse thoracic spine process at T7, T8, and T9. Age-indeterminate compression fractures in the thoracic spine at T3 and T9 with possible additional superior endplate deformity at T11. Critical result related to the pneumothorax and hemothorax reported to the provider.</p> <p>R1's hospital progress notes from 3/7/25 through 3/13/25, identified:</p> <p>-3/6/25 at 8:11 a.m., active problem list included closed fractures of the transverse process of thoracic vertebra, thoracic compression fracture, closed fracture of multiple ribs of left side, hemothorax with pneumothorax and fall.</p> <p>-3/11/25 at 9:30 a.m., hemoglobin is down to 7.2 today from 9.0 yesterday. Repeat CT scan of chest indicated a now moderate left chest hemothorax with no other signs of bleeding. Will have a chest tube placed in the left chest.</p>	F 689		

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F 689	<p>Continued From page 4</p> <p>-3/11/25 at 2:54 p.m., left sided chest tube placed without complication. 100 milliliters (ML) of bloody fluid sent to lab for analysis.</p> <p>-3/13/25 at 12:46 p.m. Chest tube still in place with 70 ML of bloody fluid out in the last 24 hours. Will keep chest tube in and continue to monitor.</p> <p>Facility investigation dated 3/5/25, identified R1 was an assist of one with walker and gait belt and had gait balance concerns. Staff were assisting R1 to the restroom when the fall occurred. She stood up but leaned back when she stood up. Staff had a hold of R1's pants when R1 fell backwards onto the floor. The investigation found that staff did not follow the care plan due to staff not using a gait belt during the transfer process.</p> <p>During an interview on 3/13/25 at 1:20 p.m., physical therapy assistant (PTA)-A stated R1 tended to lean backwards when she stood up and when she tried to walk. Therapy decided to keep use of the Sabina (machine to assist resident when standing) because of the leaning backwards and her fear of falling again. PTA-A upgraded R1's transfer status to an assist of 1 staff member with walker and gait belt about two weeks prior to her fall. Nursing staff was updated that they needed to utilize the gait belt with R1 since she did have the backwards lean when she stood up and walked, which gave her an increased chance of another fall. The reason we tell nursing staff to use a gait belt is because the belt gives the staff more control of the resident and if there is a fall, the staff have better control to take the resident to the floor safely.</p> <p>During an interview on 3/13/25 at 1:57 p.m., registered nurse (RN)-A stated the staff were aware R1 would lean backwards when she stood</p>	F 689		

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F 689	<p>Continued From page 5</p> <p>up and first start to walk. Leaning backwards would increase a resident's risk of falls because of imbalance issues, which is part of the reason we told staff to make sure to utilize gait belts when they assist in transfers. RN-A stated that right after R1's fall was investigated, education was started with all nursing staff on the use of gait belts and following resident care plans.</p> <p>During an interview on 3/13/25 at 2:17 p.m., nursing assistant (NA)-B stated an awareness R1 would lean back when she stood up and this would increase the risk of falls. Because of leaning backwards, staff needed to use a gait belt to have better ability to assist R1 to stand and transfer safely. R1 would never rush or refuse to utilize the gait belt for transfers. We have received training in gait belt usage and care plan training since the fall occurred.</p> <p>During an interview on 3/13/25 at 2:43 p.m., NA-A stated it was close to the end of her shift on 3/5/24 when R1 placed her call light on. NA-A answered the call light to assist R1 to the bathroom. R1 was assisted to a standing position by holding onto R1's pants. Once R1 was standing, NA-A switched from R1's right side to her left side. R1 had leaned backwards slightly during the transfer. Before a step could be taken R1 fell backwards and fell on the floor hitting her left side of the body on the floor. NA-A stated the gait belt was not in place, but should have been prior to getting R1 out of bed. NA-A stated she received educational counseling related to gait belt usage and following the resident's care plan.</p> <p>During an interview on 3/13/25 at 2:48 p.m., registered nurse (RN)-B stated he was made aware of the fall when NA-A reported a witnessed</p>	F 689		

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F 689	<p>Continued From page 6</p> <p>fall in R1's room. When RN-B entered the room, found R1 on the floor laying on her left side. There was no gait belt around R1. RN-B performed assessment and noted R1 had a complaint of pain on the left side of the ribs and had swelling, notified the provider right away and received orders to transfer R1 to the emergency room for evaluation. After R1 was transferred to the emergency room RN-B educated NA-A on care plans because the care plan had not been followed. R1 did not have a gait belt on.</p> <p>During an interview on 3/13/26 at 2:53 p.m., the director of nursing (DON) stated R1 was supposed to have a gait belt on anytime she transferred according to her care plan. The gait belt is used to keep control and keep the resident safe when transferred anywhere. After the investigation was finished, a decision was made that the care plan was not followed since the gait belt was not utilized, which in part led to the fall. After the fall occurred and investigation was completed, staff education was started on the use of gait belts and following care plans. NA-A was educated by myself and the nurse the evening of the fall. Lastly management began audits to make sure staff would utilize gait belts and follow resident care plans.</p> <p>The facility gait belt policy was requested but not provided.</p> <p>The facility care plan policy was requested but not provided.</p>	F 689		



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

March 21, 2025

Administrator
Hilltop Healthcare Rehabilitation And Skilled Nurs
2501 Rice Lake Road
Duluth, MN 55811

Re: Event ID: PSZN11

Dear Administrator:

The above facility survey was completed on March 13, 2025 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 cursive script that reads 'Sarah Lane'.

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697
Email: sarah.lane@state.mn.us

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00598	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/13/2025
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NAME OF PROVIDER OR SUPPLIER HILLTOP HEALTHCARE REHABILITATION AND	STREET ADDRESS, CITY, STATE, ZIP CODE 2501 RICE LAKE ROAD DULUTH, MN 55811
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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 3/13/25, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found IN compliance with the MN State Licensure. The following complaints were reviewed H53669962C (MN111272),</p>	2 000		
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Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Minnesota Department of Health

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2 000	<p>Continued From page 1</p> <p>H53669982C(MN111294), H53661080C(MN108015). NO licensing orders were issued.</p> <p>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.</p>	2 000		