Electronically delivered
November 8, 2020

Administrator
Grand Village
923 Hale Lake Pointe
Grand Rapids, MN 55744

RE: CCN: 245368
Cycle Start Date: October 20, 2020

Dear Administrator:

On October 20, 2020, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety, to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility 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.

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.

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.

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

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:

- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by an "F" tag), i.e., the plan of correction should be directed to:

Teresa Ament, Unit Supervisor
Duluth District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Duluth Technology Village
11 East Superior Street, Suite 290
Duluth, Minnesota 55802-2007
Email: teresa.ament@state.mn.us
Phone: (218) 302-6151

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the 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 THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

If substantial compliance with the regulations is not verified by January 20, 2021 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by April 20, 2021 (six months after the identification of noncompliance) your provider agreement will be terminated. 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.

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,

Joanne Simon, Enforcement Specialist
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: 651-201-4161 Fax: 651-215-9697
Email: joanne.simon@state.mn.us

cc: Licensing and Certification File

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245368	A. BUILDING _____ B. WING _____	C 10/20/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND VILLAGE	**923 HALE LAKE POINTE GRAND RAPIDS, MN 55744**

(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 10/19/20, through 10/20/20, an abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was found NOT to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. The following complaints were found to be SUBSTANTIATED: H5368057C H5368056C H5368055C The facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's 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 on-site revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.	F 000		
F 600 SS=D	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from	F 600		12/4/20

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

Electronically Signed | 11/10/2020

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 600	Continued From page 1 corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed ensure residents were free from verbal abuse for 1 of 1 residents (R1) reviewed for verbal abuse. Findings include: R1's significant change Minimum Data Set (MDS) dated 9/4/20, indicated R1 had severe cognitive impairment, and had diagnoses that included Alzheimer's and non-Alzheimer's dementia. R1's behavioral symptoms Care Area Assessment (CAA) dated 9/4/20, indicated R1 resident was recently placed on Hospice services due to a decline from Alzheimer's disease. R1's care plan 10/1/20, indicated R1 had altered cognition with dementia. Interventions included calm approach, careful explaining of treatments, if resident is resistive - reproach after a few minutes, different staff members, let resident do thing on his own time and do not rush. Review of R1's progress notes lacked indication of employee to resident abuse. Review of NA-A's employee record indicated he	F 600	Corrective action NA-A was terminated. There were no negative effects identified with this resident from this incident.-All residents have the potential to be affected by this deficient practice. Recurrence will be prevented by: NA-A was terminated. At time of the investigation several team members were interviewed if they had ever witnessed any abuse, all denied ever witnessing any abuse,and properly stated what to do if they witnessed abuse. Several residents were interviewed and asked if they had ever been abused or witnessed abuse, all residents interviewed denied both. Team members will be re-educated on abuse prevention prior to 12/4/2020, any team member not completing the education prior to 12/4/2020 will complete prior to the start of their next shift. Resident and staff interviews about abuse will be conducted daily for one week, then weekly for four weeks, then monthly. QAPI committee will determine when interviews can be discontinued. Corrective Action will be monitored by DON or designee.	

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F 600	Continued From page 2	F 600		

had abuse and dementia training completed 6/5/20.

On 10/1/20, at 7:09 a.m. a Nursing Home Incident Report (NHIR) indicated trained medication aide (TMA)-A overheard NA-A making a potentially abusive statement to R1, when R1 was uncooperative with care.

On 10/5/20, at 1:12 p.m. the facility submitted their investigation report. The report indicated TMA-A said NA-A was in R1's room, and about 5:50 a.m. she became concerned when she heard NA-A say to R1, "I don't care, God damn it." She then heard R1 say, "I told you not to fuck with me." TMA-A stated she heard NA-A state, "I told you not to fuck with me, Ooooo. Knock it off and let me do my job." TMA-A went to check on R1, he was laying in bed and appeared to be sleeping. TMA-A reported the incident to the supervisor. NA-A was placed on leave pending investigation. The facility's investigative report indicated NA-A was interviewed. NA-A stated he told R1 "Hey come on now, this is childish." NA-A then admitted he said, "Don't fucking kick me there please" to R1. NA-A had not read R1's care plan, and did not know what interventions he was to be using with R1's behaviors. NA-A denied mocking R1 when he repeated, "I told you not to fuck with me." NA-A asked why would he do that, R1 was a 80 year old man. The facility completed interviews with residents and staff, and none of them had any concerns with care provided by NA-A. The facility determined NA-A did admit to swearing at R1, was not following his care plan, and NA-A was terminated. The facility investigative reported concluded R1 had not shown sign or symptoms of fearfulness with staff, and R1 had not had any negative effects from

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F 600	Continued From page 3	F 600		

incident.

On 10/19/20, at 3:47 p.m. TMA-A was interviewed, and stated R1 could get worked up easily, and staff were to reproach if needed. TMA-A stated NA-A went into R1's room. TMA-A she overheard things that were very R1 and NA-A argue. TMA-A stated R1 told NA-A not to mess with him, and NA-A was mocking, and repeated it back to R1. TMA-A stated when she heard what was going on, she quickly put her medications away, and went to see what was happening. TMA-A said by that time it was over. TMA-A stated she spoke with her supervisor, and sent an email to the unit manager and director of nursing (DON). TMA-A stated the incident happened at end of her shift.

On 10/20/20, at 11:13 a.m. registered nurse (RN) -A said it was reported to her via email that TMA-A over heard some concerning comments from NA-A to R1. TMA-A reported immediately to overnight supervisor. The overnight supervisor went to find NA-A, but it was the end of his shift and he had left already. Following that, the supervisor reported the incident to the State Agency (SA). RN-A stated when she found out, she attempted to contact NA-A and discuss the alleged abuse, but was unable to contact him. RN-A stated NA-A was removed from the schedule, and she started calling and interviewing night staff and residents.

The facility's Abuse Prevention Plan dated 2/3/20, directed, "The facility will develop and implement policies and procedures for screening and training employees, protection of residents, and the prevention, identification reporting of maltreatment/mistreatment." The plan also

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F 600	Continued From page 4 directed staff is educated to job responsibilities and orientated to job description responsibilities, and to the individual plan of care.	F 600		

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
November 8, 2020

Administrator
Grand Village
923 Hale Lake Pointe
Grand Rapids, MN 55744

Re: Event ID: 6D1711

Dear Administrator:

The above facility survey was completed on October 20, 2020 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,

Joanne Simon, Enforcement Specialist
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: 651-201-4161 Fax: 651-215-9697
Email: joanne.simon@state.mn.us

cc: Licensing and Certification File

Minnesota Department of Health

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	00298	A. BUILDING: _____ B. WING _____	C 10/20/2020

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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 10/19/20, through 10/20/20, an abbreviated survey was conducted to determine compliance with State Licensure. Your facility was found to be NOT in compliance with the MN State Licensure. Please indicate in your electronic plan of correction that you have reviewed these orders, and identify the date when they will be completed.	2 000		

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

Electronically Signed | 11/10/20

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2 000	Continued From page 1 The following complaint was found to be SUBSTANTIATED: H5368055C, H5368056C, H5368057C, with a licensing order issued. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form.	2 000		