Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
October 1, 2024

Administrator
Harmony Gardens
1438 County Road C East
Maplewood, MN 55109

RE: CCN: 245381
Cycle Start Date: September 19, 2024

Dear Administrator:

On September 19, 2024, 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(ies) listed below to the CMS location for imposition. The CMS location concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- 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 $12,924; 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:

Annette Winters, Regional Operations Supervisor, Rapid Response
Health Regulation Division
Minnesota Department of Health
625 Robert Street N
P.O. Box 64975
Saint Paul, Minnesota 55164-0975
Email: annette.m.winters@state.mn.us
Mobile: (651) 558-7558

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
202-795-7490

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

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

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

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

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

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

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

Feel free to contact me if you have questions.

Sincerely,

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245381	A. BUILDING _____ B. WING _____	C 09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY GARDENS	1438 COUNTY ROAD C EAST MAPLEWOOD, MN 55109

(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 9/19//24, 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 complaints were reviewed: H53819102C (MN100151) H53818222C (MN106606) and a deficiency was issued at (F689) at PAST NON-COMPLIANCE. Although the provider had implemented corrective action prior to survey, harm was sustained prior to the survey. 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	Past noncompliance: no plan of correction required.	
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 planned interventions were followed during transfer for 1 of 3 residents (R1) reviewed for accidents when staff failed to use a transfer belt. This resulted in actual harm for R1 who fell during a staff assisted	F 689	Past noncompliance: no plan of correction required.	

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

Electronically Signed | 10/01/2024

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	Continued From page 1 transfer and sustained a subarachnoid hemorrhage. The deficient practice was corrected prior to the start of the survey therefore, was issued at past noncompliance. Findings include: R1's Resident Face Sheet indicated R 1 was re-admitted to the facility on 9/18/24. The face sheet identified diagnosis that included vascular dementia, cerebral infarction with left sided weakness, anemia and heart failure. R1's admission Minimum Data Set dated 9/5/24, identified intact cognition and indicated he required partial to moderate assistance for transfers. R1's care plan dated 9/3/24, indicated impaired self ability with transfers and ambulation. The care plan directed staff to provide contact guard assistance with transfers. The care plan further identified a risk for falls and directed staff to follow the toileting and repositioning schedule. R1's nursing assistant (NA) care guide, undated, directed staff to provide contact guard assitance for transfers using a two wheeled walker. R1's Physician Order Report dated 9/1/24 through 9/20/24, identified the use of Eliquis (anticoagulant medication used to treat and prevent blood clots),5 milligrams daily. A facility Event Report dated 9/11/24, indicated R1 fell in his room at 7:35 p.m. The report identified an injury on the left side of R1's face above the eyebrows and bruising on lower eyelid. The report further indicated at the time of the fall, R1 was with a nursing assistant (NA) and getting	F 689		

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F 689	Continued From page 2 ready to transfer to the bathroom. R1's Progress Notes identified the following: 9/11/24, R1 was about to be transferred to the wheelchair for a shower when he fell and hit his head. Swelling and bleeding was noted on the left anterior side of his forehead and bruising on right side of lower eyelid. R1 was sent to the hospital. 9/18/24, R1 readmitted to the facility with diagnosis of fall with subarachnoid hemorrhage. R1 was alert to himself and redirected as to time, situation and others. R1 was noted to be repeating everything that staff asked him and complained of a headache and pain. R1 had a large dry scabbed laceration across the left side of his forehead and temple area, with dark bruising and swelling under both eyes and marked swelling over left eyebrow and eyelid. R1's hospital History and Physical (H and P) dated 9/12/24, indicated R1 presented for a trauma consult after a ground level fall with head strike which resulted in the following injuries: Subarachnoid Hemorrhage (BIG3). (BIG 3 injuries are managed with admission, a neurosurgery consultation and at least one scheduled repeat head CT (computed tomography). Emergency Department (ED) workup was significant for the following injuries: Small acute subarachnoid hemorrhage, left front scalp hematoma and repaired laceration. R1's Physical Therapy Treatment Encounter Notes indicated the following: 9/11/24, Precautions included confusion and fall risk. Sit to stand with minimum assitance of one.	F 689		

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F 689	Continued From page 3 Ambulation with rolling walker and contact guard assitance 100 feet times two. Response to session: tolerated treatment well. 9/19/24, Precautions included confusion and fall risk. R1 ambulated five feet laterally, forward and retro with minimal assitance. Cueing on sequencing of walker and taking steps in proper direction. Response to session interventions: Decreased awareness, ability to follow cues, often repeats what is said without performing the action. During observation and interview on 9/19/24 at 10:27 a.m. R1 was laying in bed. R1 had black bruises under both eyes. Across both eyes was bruising in varying shades of red and purple. R1 also had a bump above his left eye approximately the size of a golf ball. R1 stated he had a fall of some kind but did not remember much about the fall. R1 said he had not been moving around much since he returned from the hospital. When asked if he felt safe transferring with staff, R1 replied, "sort of." During interview on 9/19/24 at 12:49 p.m. NA-A stated she had been taking care of R1 since he admitted to the facility. NA-A stated the day of the fall she placed the wheelchair next to the bed to transfer for a shower and said R1's legs gave out. NA-A stated she had not used a gait belt because she knew R1 could grab onto the chair. NA-A said when R1 fell, he was on his knees and she grabbed him around his waist and R1 hit his head on the floor. NA-A stated she was aware the facility transfer policy directed staff to use a transfer belt and stated R1 was supposed to have a gait belt on when transferring. NA-A further stated she was re-educated on the use of the	F 689		

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F 689	Continued From page 4 transfer belts after the incident occurred. During interview on 9/19/24 at 12:59 p.m., the director of nursing (DON) stated when R1 fell on 9/11/24, she called NA-A the next morning and asked specifically if she had used a transfer belt and indicated staff were educated to always use a transfer belt unless otherwise indicated by therapy. The DON said NA-A told her she had not used a transfer belt because R1 had been transferring well. The DON stated after the incident the facility had educated all staff and had been performing audits to ensure the care plan was followed. During interview on 9/19/24 at 1:15 p.m., the certified nurse practitioner reviewed R1's hospital H and P and stated there had been no indication R1 had suffered a stroke at the time of the fall. During interview on 9/19/24 at 1:20 p.m., occupational therapist (OT)-A said prior to R1's fall he required assistance from one staff in his room using a walker. OT-A clarified, assist of one meant he required some physical assistance and the use of a gait belt and said contact guard assistance would also require the use of a gait belt. During interview on 9/19/24 at approximately 1:45 p.m. physical therapist (PT)-A stated he had worked with R1 quite a bit. PT-A stated he had seen changes since the fall and said R1 was having difficulty processing and following cues and said R1 had been repeating everything he said that morning. PT-A said prior to the fall R1 had been able to consistently follow directions. PT-A stated R1 seemed weaker and said he could physically transfer but the processing, "he	F 689		

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F 689	Continued From page 5 doesn't get it." Facility policy Transfer/Ambulation Assist Using Gait/Transfer Belt dated 3/25/24, indicated transfer belts will be used for all residents who require physical support for mobility or safety in transfers. Prior to the start of the survey the facility initiated education related to the transfer belt policy and use of transfer belts. Further the facility initiated compliance audits to ensure staff were following the plan of care. The education and audits were verified through interview and document review.	F 689		

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

October 1, 2024

Administrator
Harmony Gardens
1438 County Road C East
Maplewood, MN 55109

Re: Event ID: 9BI811

Dear Administrator:

The above facility survey was completed on September 19, 2024 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,

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00492	A. BUILDING: _____ B. WING _____	C 09/19/2024

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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 9/19/24, 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: H53819102C (MN100151)	2 000		

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2 000	Continued From page 1 H53818222C (MN106606) NO licensing orders were issued. 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		