Electronically delivered
October 28, 2021

Administrator
North Shore Health
515 - 5th Avenue West
Grand Marais, MN 55604

RE: CCN: 245384
Cycle Start Date: October 14, 2021

Dear Administrator:

On October 14, 2021, 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 immediate jeopardy (Level J), as evidenced by the electronically delivered CMS-2567, whereby corrections are not required.

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

REMOVAL OF IMMEDIATE JEOPARDY

On October 5, 2021, the situation of immediate jeopardy to potential health and safety cited at F 689 was removed.

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 Region V Office forimposition: You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

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

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, North Shore Health is prohibited from offering or conducting a Nurse Assistant Training / Competency Evaluation Programs (NATCEP) or Competency Evaluation Programs for two years effectiveOctober 14, 2021. 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.

DEPARTMENT CONTACT

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

Terri Ament, Rapid Response
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
Office: (218) 302-6151 Mobile: (218) 766-2720

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:

Tamika.Brown@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 Tamika Brown, Principal Program Representative by phone at (312) 353-1502 or by e-mail at Tamika.Brown@cms.hhs.gov.

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

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

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

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

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

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

Feel free to contact me if you have questions.

Sincerely,

Joanne Simon, Enforcement Specialist
Minnesota Department of Health
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
	245384	A. BUILDING _____ B. WING _____	C 10/14/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH SHORE HEALTH	**515 - 5TH AVENUE WEST GRAND MARAIS, MN 55604**

(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 10/13/21, through 10/14/21, an abbreviated survey was completed at your facility by the Minnesota Department of Health. Your facility was found NOT in compliance with the requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities. The survey resulted in an immediate jeopardy (IJ) to resident health and safety at F689. The IJ began on 10/4/21, at 4:30 p.m. when the facility failed to correctly connect the mechanical lift sling loops to the mechanical lift. The administrator and director of nursing (DON) were informed of the IJ on 10/14/21, at 6:13 p.m. The facility had implemented corrective action to prevent recurrence by 10/5/21 and F689 is being issued at past non-compliance. At the time of the abbreviated survey, onsite investigations were completed. The following complaint was found to be SUBSTANTIATED: H5384033C (MN77370) with a deficiency cited at F689 past non-compliance.. In addition, the following complaint was found to be UNSUBSTANTIATED: H5384032C (MN77513). Although no plan of correction is required for a finding of past non-compliance, it is required the facility acknowledge receipt of the electronic documents. The facility's plan of correction (POC) will serve as your allegation of compliance upon the	F 000		

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

Electronically Signed | 11/07/2021

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F 000	Continued From page 1 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 689 SS=J	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 interview and document review, the facility failed to ensure a mechanical lift sling was properly placed for 1 of 2 residents (R1) reviewed for accidents. This resulted in an immediate jeopardy (IJ) situation for R1, when she fell from a mechanical lift, resulting in a laceration to her head that required sutures, and rib fracture. R1 died the next morning. The deficient practice was identified as an IJ situation, however, the provider had already implemented corrective action prior to the investigation so the deficiency is issued as past noncompliance. The IJ began on 10/4/21, when the facility failed	F 689	Past noncompliance: no plan of correction required.	11/7/21

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F 689	Continued From page 2	F 689		

to correctly connect the mechanical lift sling loops to the mechanical lift. One of the sling loops came out of the hook, resulting in R1 sliding out of the mechanical lift, where she fell on the floor and hit her head. R1 was sent to the emergency department (ED) where a scalp laceration was sutured, and an x-ray was taken and indicated a fractured rib. R1 returned to the facility at 11:36 p.m. R1 died on 10/5/21, at 7:30 a.m. The administrator and director of nursing (DON) were informed of the IJ on 10/14/21, at 6:13 p.m. The facility had implemented corrective action to prevent recurrence by 10/5/21, so F689 was issued at past non-compliance.

Findings include:

R1's Diagnosis List undated, indicated R1's diagnoses included dementia, chronic obstructive pulmonary disease and osteoporosis.

R1's quarterly Minimum Data Set (MDS) dated 9/28/21, indicated R1 had severely impaired cognition, and required assistance of staff with transfers.

R1's care plan dated 9/21/21, indicated R1 had impaired mobility related to a past stroke, knee contractures and a repaired hip fracture. The care plan indicated R1 was non-weight bearing, and directed staff to transfer R1 with a mechanical lift.

On 10/4/21, 11:32 p.m. a progress note indicated R1 was being transferred with the mechanical lift from the bed to the wheelchair at 4:30 p.m. when a mechanical lift sling strap came out of the hook, and R1 fell to the floor. The progress note indicated R1 did not lose consciousness, and she denied pain. The progress note indicated R1

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F 689	Continued From page 3	F 689		

received a laceration to the back of the head, and an abrasion to the right hip. R1 was transferred to the emergency department (ED) at 5:00 p.m. where she received three sutures to the laceration on the back of her head. A chest x-ray was completed, and indicated a fractured rib. R1 was noted to have shortness of breath, tachycardia (rapid heart rate) and diaphoresis (excessive abnormal sweating). Orders for oxygen parameters and as needed Ativan (a medication used to treat anxiety) were obtained. R1 was transferred back to the facility at 9:45 p.m.

R1's ED visit note dated 10/4/21, indicated the computed tomography (CT) of R1's head and neck showed no intracranial bleeding and the cervical (neck) spine without any acute injury. R1's laceration to the head was cleansed and sutured. R1's oxygen needs were volatile while in the ED. A call was placed to the facility to assess weather R1 was at baseline. The facility reported R1 had been in times of oxygen desaturation but had not ever been air hungry of which R1 appeared while in the ED. R1 was not hospitalized and returned to the facility due to her do not resuscitate, do not intubate (DNR/DNI) status. R1 departed the ED to the facility in guarded condition.

On 10/5/21, at 1208 a.m. a progress note indicated R1 continued to be short of breath and was using accessory muscles to breathe (a sign of abnormal or labored breathing).

On 10/5/21, at 7:42 a.m. a progress note indicated the day shift nurse went into check on R1 at the beginning of her shift. R1 was noted to have had a medium sized emesis the color and

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F 689	Continued From page 4	F 689		

consistency of coffee grounds. The emesis was checked for blood and was positive. R1 was clammy and had an abnormal breathing pattern. R1's family was notified and were on their way to the facility. R1 died at 7:30 a.m.

A facility Incident Investigation Report Summary dated 10/9/21, indicated on the evening of 10/4/21, R1 was being transferred from the bed to the wheelchair by nursing assistant (NA)-A and the director of nursing (DON) using a mechanical lift. One of the lift sling straps came off of the lift, causing R1 to fall from the sling onto the floor. R1 received a laceration to the back right side of the head, an abrasion on the right hip and a skin tear on the left leg. R1 was sent to the ED where she had imaging of the head and neck, and the laceration to her head was cleaned and sutured. R1 was transferred back to the facility that evening. R1 died the next morning

The Medical Examiners Preliminary Summary undated, indicated R1 died on 10/5/21. The summary indicated a postmortem limited examination with radiographs was performed of which showed no evidence of life threatening trauma. Injuries included a laceration to the posterior scalp with surgical repair, and a fracture of the left rib without associate internal hemorrhage. The manner of R1's death was natural, and the cause of death was pending medical records.

On 10/13/21, at 12:45 p.m. the administrator was interviewed and stated the facility recreated the fall, and felt the sling was placed correctly. The administrator stated they also interviewed staff. The administrator also stated maintenance checked all mechanical lifts following the fall, and

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F 689	Continued From page 5 they do this on a monthly basis. The administrator stated there were no concerns with any of their mechanical lifts. On 10/13/21, at 2:15 p.m. the DON was interviewed. The DON stated he was helping NA-A transfer R1 when she fell out of the mechanical lift. The DON stated he helped attach the sling to the mechanical lift, heard the sling "click" into place, but did not recall how many clicks he heard, so was unsure if all of the loops on the sling were attached. The DON stated R1 was being transferred from the bed to the wheelchair, and when she was close to the wheelchair, R1 fell and landed on the floor. The DON stated the strap under R1's right leg had come off of the mechanical lift. On 10/13/21, at 3:55 p.m. NA-A was interviewed. NA-A stated she and the DON were transferring R1. NA-A stated she heard the sling lift loops click into place. NA-A stated she had no idea how R1 fell out of the mechanical lift. On 10/14/21, at 10:00 a.m. The lift company (SMT Health Systems) representative was interviewed. The representative stated the facility informed him there was no damage or malfunction of the mechanical lift. The representative stated the only time he had seen something similar was when the operator didn't get the sling strap on the hook of the mechanical lift. The representative stated with the hook guards, the loop can't lift off of the lift, so the sling stays intact. The representative again stated he believed the fall from the lift was caused by operator error. On 10/14/21, at 2:33 p.m. R1's medical doctor	F 689		

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F 689	Continued From page 6 (MD)-A was interviewed. MD-A stated the laceration to R1's head was caused by the fall from the mechanical lift. MD-A stated R1's rib fracture was probably caused by the fall from the lift, although R1 did have severe osteoporosis, so it was difficult to tell. The facility's Mechanical Lift policy dated 1/25/17, indicated the mechanical lifts were used for safe transfer of non and partial weight bearing residents per their individual care plan. The IJ was removed on 10/5/21, when the facility conducted a root cause analysis of the fall, re-educated all nursing staff on the proper placement of mechanical lift slings and on use of the mechanical lifts, and on reporting any concerns with a mechanical lift. This was verified through observations and interviews.	F 689		

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
October 28, 2021

Administrator
North Shore Health
515 - 5th Avenue West
Grand Marais, MN 55604

Re: Event ID: WE9811

Dear Administrator:

The above facility survey was completed on October 14, 2021 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
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

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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 10/13/21, and 10/14/21, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found not in compliance with the MN State Licensure. The following complaint was found to be	2 000		

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2 000	Continued From page 1 SUBSTANTIATED: H5384033C (MN77370), with no licensing orders issued. The following complaint was found to be UNSUBSTANTIATED: H5384032 (MN77513). The 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		