

Electronically delivered May 20, 2022

Administrator Cook Community Hospital C&nc 10 Southeast Fifth Street Cook, MN 55723

RE: CCN: 245392

Cycle Start Date: May 2, 2022

Dear Administrator:

On May 10, 2022, we notified you a remedy was imposed. On May 18, 2022 the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of May 15, 2022.

As authorized by CMS the remedy of:

• Discretionary denial of payment for new Medicare and Medicaid admissions effective May 25, 2022 did not go into effect. (42 CFR 488.417 (b))

In our letter of May 10, 2022, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from May 2, 2022 due to denial of payment for new admissions. Since your facility attained substantial compliance on May 15, 2022, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, this does not apply to or affect any previously imposed NATCEP loss.

The CMS Region V Office may notify you of their determination regarding any imposed remedies.

Feel free to contact me if you have questions.

Sincerely,

Joanne Simon, Compliance Analyst

Minnesota Department of Health

Health Regulation Division

Telephone: 651-201-4161 Fax: 651-215-9697

Email: joanne.simon@state.mn.us

cc: Licensing and Certification File



### Electronically delivered

May 20, 2022

Administrator Cook Community Hospital C&nc 10 Southeast Fifth Street Cook, MN 55723

Re: Reinspection Results

Event ID: F2HU12

### Dear Administrator:

On May 18, 2022 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on May 18, 2022. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

Joanne Simon, Compliance Analyst Minnesota Department of Health

Health Regulation Division

Telephone: 651-201-4161 Fax: 651-215-9697

Email: joanne.simon@state.mn.us

cc: Licensing and Certification File



Electronically Submitted May 10, 2022

Administrator Cook Community Hospital C&nc 10 Southeast Fifth Street Cook, MN 55723

RE: CCN: 245392

Cycle Start Date: May 2, 2022

#### Dear Administrator:

On May 2, 2022, survey was completed at your facility by the Minnesota Department 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.

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. This survey found the most serious deficiencies in your facility to be a pattern of deficiencies that constituted immediate jeopardy (Level K), whereby corrections were required. The Statement of Deficiencies (CMS-2567) is being electronically delivered.

#### REMOVAL OF IMMEDIATE JEOPARDY

On May 2, 2022, the situation of immediate jeopardy to potential health and safety cited at F689 was removed. However, continued non-compliance remains at the lower scope and severity of E.

#### 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 for imposition: The CMS Region V Office concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

• Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective May 25, 2022.

This Department is also recommending 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 May 25, 2022 August 2, 2022, (42 CFR 488.417 (b)), (42 CFR

488.417 (b)). They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective May 25, 2022, (42 CFR 488.417 (b)).

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.

#### 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 \$11,292; 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.

Therefore, your agency is prohibited from offering or conducting a Nurse Assistant Training/Competency Evaluation Programs or Competency Evaluation Programs for two years effective May 2, 2022. This prohibition is not subject to appeal. 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.

### SUBSTANDARD QUALITY OF CARE

Your facility's deficiencies with with one or more of the following: §483.10, Residents Rights, §483.12, Freedom from Abuse, Neglect, and Exploitation, §483.15, Quality of Life and §483.25, Quality of Care, 483.40 Behavioral Health Services, §483.45 Pharmacy Services, §483.70 Administration, or §483.80 Infection control has been determined to constitute substandard quality of care as defined at §488.301. Sections 1819(g)(5)(C) and 1919(g)(5)(C) of the Social Security Act and 42 CFR 488.325(h) require 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 Sections 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, Cook Community Hospital C&nc is prohibited from offering or conducting a Nurse Assistant Training / Competency Evaluation Programs (NATCEP) or Competency Evaluation Programs for two years effective May 2, 2022. 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.

### **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 "E" 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

#### 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 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 November 2, 2022 (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 DENIAL OF PAYMENT

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.

#### APPEAL RIGHTS NURSE AIDE TRAINING PROHIBITION

Pursuant to the Federal regulations at 42 CFR Sections 498.3(b)(13)(2) and 498.3(b)(15), a finding of substandard quality of care that leads to the loss of approval by a Skilled Nursing Facility (SNF) of its NATCEP is an initial determination. In accordance with 42 CFR part 489 a provider dissatisfied with an initial determination is entitled to an appeal. If you disagree with the findings of substandard quality of care which resulted in the conduct of an extended survey and the subsequent loss of approval to conduct or be a site for a NATCEP, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Department Appeals Board. Procedures governing this process are set out in Federal regulations at 42 CFR Section 498.40, et. Seq.

A written request for a hearing must be filed no later than 60 days from the date of receipt of this letter. Such a request may be made to the Centers for Medicare and Medicaid Services (formerly Health Care Financing Administration) at 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

A request for a hearing should identify the specific issues and the 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. You do not need to submit records or other documents with your hearing request. The Departmental Appeals Board (DAB) will issue instructions regarding the proper submittal of documents for the hearing. The DAB will also set the location for the hearing, which is likely to be in Minnesota or in Chicago, Illinois. You may be represented by counsel at a hearing at your own expense.

### 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: <a href="https://mdhprovidercontent.web.health.state.mn.us/ltc">https://mdhprovidercontent.web.health.state.mn.us/ltc</a> 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,

Joanne Simon, Compliance Analyst Minnesota Department of Health

Health Regulation Division

Telephone: 651-201-4161 Fax: 651-215-9697

Email: joanne.simon@state.mn.us

cc: Licensing and Certification File

(X1) PROVIDER/SUPPLIER/CLIA

IDENTIFICATION NUMBER:

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION

PRINTED: 05/13/2022 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

COMPLETED

		245392	B. WING			200	C
NAME OF PR	ROVIDER OR SUPPLIER	2-10002		_	STREET ADDRESS, CITY, STATE, ZIP CODE	05/	02/2022
		NA C			10 SOUTHEAST FIFTH STREET		
COOK CO	MMUNITY HOSPITAL C8	INC			COOK, MN 55723		
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F 000	INITIAL COMMENTS		F	000			
	survey was completed Minnesota Department found NOT in compliated of 42 CFR Part 483, S	5/2/221, an abbreviated d at your facility by the nt of Health. Your facility was ance with the requirements Subpart B, and ang Term Care Facilities.					
	to resident health and began on 4/23/22, at failed to correctly place resident by crossing t R1 falling out of the lift (DON) was informed	n an immediate jeopardy (IJ) I safety at F689. The IJ 2:40 p.m. when the facility ce a toileting sling to a he leg straps, resulting in ft. The director of nursing of the IJ on 4/29/22, at 2:00 oved on 5/2/22/22, at 3:18					
	10 T 20	onstituted Substandard n extended survey was					
	The following compla SUBSTANTIATED: H a deficiency cited at F	5392024C (MN82971) with					
	as your allegation of on Department's accepta enrolled in ePOC, you at the bottom of the fi	ance. Because you are ur signature is not required rst page of the CMS-2567 submission of the POC will					
	on-site revisit of your validate that substant	ceptable electronic POC, an facility may be conducted to ial compliance with the attained in accordance with					
	DIRECTOR'S OR PROVIDER/S cally Signed	SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE 05/12/2022
LICUIONI	cally Signed						03/12/2022

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

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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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION  IG	(X3) DATE SURVEY COMPLETED	
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F 000 F 689 SS=K	your verification. Free of Accident Haze CFR(s): 483.25(d)(1) §483.25(d) Accidents The facility must ensu §483.25(d)(1) The result as free of accident has §483.25(d)(2)Each resupervision and assist accidents. This REQUIREMENT by: Based on observation review, the facility fail manufacturer's recomplacement of a toiletin mechanical lift for 1 of or accidents. This resign in England that required surface that resulting in Resulting sling to a restraps, resulting in Resulting in Resulting sling to a restraps, resulting in Resulting sling to a restraps, resulting in Resulting in Resulting sling to a restraps, resulting in Re	ards/Supervision/Devices (2)	F 0		bi n os	

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F 689	R1's diagnoses include behavioral disturbance wheelchair depender falls.  R1's quarterly Minimus 4/4/22, indicated R1 Imemory loss, was absunderstood and usual was totally dependent R1's care plan last retransferred with a meuse two staff for trans. The care plan also in hitting at staff, trying meds and oral cares.  On 4/23/22, at a progp.m. R1 was being trand a toileting sling, sto the floor. R1 was no (cm) by 5 cm hemato causes blood to collewith laceration to her	rinted on 4/29/22, indicated ded dementia with ded dementia with dees, scoliosis, pain, ance, weakness and repeated demand long term and short term deto make herself defended on the staff for transfers.  It is no one staff for	F 6		ions, and ch patient ent safety. week 6 weeks, veeks, then iudit cator, form the eviewed by  ent R1 was a she was and size andition, vas ment fall out of fest option to only be Size (M) ang will
	On 4/23/22, an emergindicated R1 was being mechanical lift sling affect in height, and the supported R1's upper and R1 fell to the floor ground. The ED reported some vision significant memory principles in the supported some vision significant memory principles.	gency department (ED) note		New Sling Assessment form wa by the DON and was completed sling assessment change. The is based on manufacturer recommendations and will be ut going forward for all residents w sling need.  R1's Care Plan, pocket care pla sling list were updated and the assessment was shared with all	d for this new form  tilized who have a  nn, and

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F 689	words. R1 had bleedithe right occipitoparies area) of the skull. R1 R1's right occipitopariand a three cm long of laceration. Three stap laceration.  On 4/27/22, at 2:23 p lift transfer was observed assistant (NA)-B and using the toileting slir legs were not crossed manufacturer.  On 4/28/22, at 9:09 a and stated when using leg straps were to be toileting sling, staff diwere not crossed bed crossed staff could not consider the state of the sta	Intelligible to clear simple and a hematoma from the part of the p	F 68		who the new those moval and changes y the sling will e ty or y impact for a ommittee tN and e
	on 4/28/22, at 9:45 a (TMA)-A was intervied R1 fell from the lift, shelp and went into R2 head and shoulders were still in the lift.			4/30/22: All new admissions requiring a sl assessment will have this comple admission following the Mechanic and Patient Safety Policies.  4/30/22: Policies updated The DON reviewed and updated Mechanical Lift and Patient Safet	eted upon cal Lift the

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		243392	D. WING			05/0	02/2022
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				С	OOK, MN 55723		
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F 689	stated if the upper str were hooked too low, gravity was off, and the the sling.  On 4/28/22, at 10:45 and stated she went to wheelchair to the bed incontinent brief. NAsix straps and the bel stated she told R1 to was sitting up, held or seconds and then let stiffened and arched the sling onto the floor arched, stiffened, and center of gravity off. Now if R1 went over through the bottom of did not identify anythis sling.  On 4/28/22, at 10:55 (DON) was interviewed fall from the lift, they in happened. The DON "fluke." The DON stated not to use a toileting sing, and have two stated not to use a toileting sing, and have two stated they R1's changes. The Doi identify anything that education, and would staff at the next staff in	to the lift incorrectly. TMA-A ap and hood neck guard the resident's center of the resident could flip out of the to check and/or change the the to check and/or change the the tof the toileting sling. NA-A thang on to the straps. R1 the straps for a few go. NA-A stated R1 there back and came out of the resident of the sling or the sling or the sling. NA-A stated she did not the top of the sling or the sling. NA-A stated she ing wrong with the lift or the the top of the sling or the sling. NA-A stated she ing wrong with the lift or the stated R1's fall was a ted by the way it was the top of the sling and slid they updated R1's care plantsling, to only use a full body that the top of the sling lift transfers. The total care in the sling that they updated R1's care plantsling, to only use a full body that they did not they d	F	689	Policies to include the updated Sling Assessment form, with updates to the overall protocol. The ongoing Restorati monitoring of slings weekly form was included and the process which will be followed to ensure slings are in good repair, and are not frayed or worn. This will ensure another check of the slings staff must inspect every sling before us included previously in these policies.	as	

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION		500000000000000000000000000000000000000	LETED
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F 689	staff and physical the using either one staff by an RN and restoral manufacturer's algority was put into the care ceiling lift transfers whas istance of one stable behaviors or had received the checked monthly. The could be used on result as it was easier to charce and the lift sling, this would would fall out of the shad stiffened and archad some contributions tated letting go of the cause a resident to fall out of the sling manufacturer's of (CED)-A was interviewed to check and change CED-A stated the leg must be crossed to keep were found tanged the resident's and outside of the sling to sliding through, but resont the sling. CED-A controlled the sling to sliding through, but resont the sling. CED-A controlled the sling.	rapy staff. The DON stated or two staff was determined ative staff using the thm, and the determination plan. The DON stated ere typically done with the ff, unless the resident had ent changes, then two staff sident. The DON stated the weekly, and the lifts were a DON stated toileting slings idents who were incontinent, eck and change incontinent	F	889			

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	ROVIDER OR SUPPLIER	anc		10	TREET ADDRESS, CITY, STATE, ZIP CODE  0 SOUTHEAST FIFTH STREET  COOK, MN 55723	00.	OLI LULL
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 689	policy. CED-A further since 2009, and had a arching their back and CED-A stated staff costraps connected to the incorrect length. If the were not crossed, their the sling and could stated the sling chest not the resident could resident slipped out on the propriate for the not hooked up correct.  On 4/29/22, at 10:56 and stated when usin resident, the straps at stated if staff crossed difficult to lower the cloth of the straps were able to put the resident pants. NA-C further strould hang on to the stoileting sling.  On 4/29/22, at 11:20 and stated she had woff for 27 years. NA-E straps were not cross to be able to lower the was to be under the restrap held the resident.  On 4/29/22, at 11:26 and 1	depended on the facility's stated she had been a CED not heard of a resident difalling out of a sling. It is incorrectly, or at the excileting sling leg straps are resident would not be held fall out of the sling. CED-A strap needed to be snug, if a slip out. CED-A stated if a fa sling, either the sling was are resident, or the sling was are resident, or the sling was are not to be crossed. NA-B the straps, it would be too othing to toilet a resident.  The straps of the sling on a recent to be crossed to be not on the toileting sling on a recent to be crossed to be not on the toilet and lower the stated only residents who sling straps could use the stated the toileting sling leg ed when going on the toilet are resident's pants. The sling resident's arm and the chest	F	689			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245392	B. WING	8.		100	02/2022
	ROVIDER OR SUPPLIER	kNC		1	TREET ADDRESS, CITY, STATE, ZIP CODE 0 SOUTHEAST FIFTH STREET COOK, MN 55723	1 03/	02/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 689	make it difficult to pull down.  On 4/29/22, at 11:40 using a toileting sling crossed. The DON st directed on the manuschecklist.  On 4/29/22, at 11:45 demonstrate and exp sling. NA-B applied the stated and demonstrate toileting sling went un around the same thig not cross the straps a manufacturer's compound on 4/29/22, at 11:50 again. CED-A stated competency checklists sling needed to be convas not done, the respotential to fall from the competency checklists sling needed to be convas not done, the respotential to fall from the competency checklists sling needed to be convas not done, the respotential to fall from the competency checklists sling needed to be convas not done, the respotential to fall from the competency checklists sling needed to be convas not done, the respotential to fall from the competency checklists sling needed to be convas not done, the respotential to fall from the competency checklists sling needed to be convas not done, the respotential to fall from the competency checklists sling needed to be convas not done, the responsible demonstrated, but did straps as directed on NA-F stated when us don't cross the straps difficult to get resident up and down and pro	a.m. the DON stated when the straps need to be ated this was how it was facturer's competency  a.m. the DON had NA-B lain how to apply a toileting the sling to herself. NA-B ated the leg strap of the ader the thigh and came up the creating a seat. NA-B did as directed on the etency checklist.  a.m. CED-A was interviewed per the manufacturer's to the straps on the toileting cossed. CED-A stated if this sident would have the he sling.  p.m. NA-F demonstrated thing sling. NA-F of not correctly cross the the competency checklist. In gling, staff to because that would make it ts' pants or incontinent brief vide pericare.	F	689			
	undated, directed who	Competency Assessment en using the toileting sling, ly under each thigh. Cross er each thigh. Cross leg					

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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		245392	B. WING	*		500	C <b>02/2022</b>
	ROVIDER OR SUPPLIER	kNC		10	TREET ADDRESS, CITY, STATE, ZIP CODE  SOUTHEAST FIFTH STREET  OOK, MN 55723	03/	02/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	2000	(X5) COMPLETION DATE
F 689	of opposite strap. Atta leg straps to spreade shoulder loops to sho patient 1-2 inches about perform a safety check securely attached and properly. Lift patient to the facility policy Med Attached dated 4/13/2 the lifts were to ensur canvas/cloth slings. It the slings were properesident. Before lifting the resident. Before lifting the resident the loops of the sling bottom of the hook of One or two Person Transe would evaluadmission and with commental state using determine whether or were required with the lift a resident was common two-person transfer will an aide is unable to resident, a two-person Anytime the aide felt resident without assist The Algorithm for Use 7/14, directed if the rewight, if the resident have behaviors, was had upper body strent and hold on to the sline.	the strap through the red loop ach green or blue loops of robar. Attach red or yellow studder hooks, raise the love the surface. Stop-lock - ensure the loops are do the sling is positioned to intended surface.  In the sling is positioning of the was extremely important the surface of the lift, the surface are securely placed into the surface of the lift.  In the sling is a loop of the surface of the lift algorithm to the lift algorithm to the lift algorithm to the lift algorithm to the lift.  In the ceiling lift algorithm to the lift algorithm to the lift.  In the surface of the lift algorithm to the lift algorithm to the lift.  In the surface of the lift algorithm to the lift.  In the surface of the lift algorithm to the lift.  In the surface of the lift algorithm to the lift algorithm to the lift.  In the surface of the lift algorithm to the lift algorithm to the lift.  In the surface.  In the surface.	F	689			

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	ROVIDER OR SUPPLIER	.NC		STREET ADDRESS, CITY, STATE, ZIP CODE  10 SOUTHEAST FIFTH STREET  COOK, MN 55723			
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F 689	reviewed and assessing appropriateness of the correct sling size. Can toileting plans were relicensed nurses and provided manufacture proper sling placement assessments. Audits competency training times a week for six voor a regular basis by the education would be possible annually with competent Mechanical Lift policy sling assessment that MDS/RN educator, Dought admission, with any conformation of the Safe Patie updated to include the restorative nursing sling assessment in assurance and performation had been created to ecorrectly and appropriate use as performed five times per week ongoing as determined	on 5/2/22, when the facility ed all residents for the e use of a lift sling and re plans, sling lists, and eviewed and updated. Inursing assistants were er education, training for ent and use and competency for appropriate use as per would be performed five exeks and then ongoing on MDS/RN educator. Sling rovided upon hire and ency testing. The example was updated to include a twould be completed by the ON or nurse manager upon condition changes, requests and quarterly. To ensure the st sling for their specific ent Handling policy was easing assessment and ing monitoring to be ly basis. To ensure the good condition. A quality mance improvement (QAPI) ensure that staff were liately utilizing slings during in The MDS/RN educator deprovide ongoing audits for er competency training will es week for six weeks, then	F 68	39			



Electronically delivered May 10, 2022

Administrator Cook Community Hospital C&nc 10 Southeast Fifth Street Cook, MN 55723

Re: State Nursing Home Licensing Orders

Event ID: F2HU11

#### Dear Administrator:

The above facility was surveyed on April 27, 2022 through May 2, 2022 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a "suggested method of correction" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is <u>only a suggestion</u> and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the order within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at <a href="https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\_8.html">https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\_8.html</a>. The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are

the Suggested Method of Correction and the Time Period For Correction.

PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

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

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.

Please note it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call me with any questions.

Sincerely,

Joanne Simon, Compliance Analyst Minnesota Department of Health

Health Regulation Division

Telephone: 651-201-4161 Fax: 651-215-9697

Email: joanne.simon@state.mn.us

cc: Licensing and Certification File

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	0350 80	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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2 000	Initial Comments		2 000			
	****ATTEN	TION*****				
	NH LICENSING CO	ORRECTION ORDER				
	144A.10, this correction pursuant to a survey. found that the deficier herein are not correction to corrected shall be with a schedule of fine the Minnesota Depart.  Determination of whete corrected requires concequirements of the runumber and MN Rule. When a rule contains comply with any of the lack of compliance.	ther a violation has been mpliance with all ule provided at the tag number indicated below. several items, failure to e items will be considered ack of compliance upon				
	result in the assessme	ritem of multi-part rule will ent of a fine even if the item ng the initial inspection was				
	that may result from n orders provided that a	earing on any assessments non-compliance with these a written request is made to n 15 days of receipt of a for non-compliance.				
	was conducted at you the Minnesota Depart	: 5/2/22, a complaint survey or facility by surveyors from tment of Health (MDH). Your T IN compliance with the				
	The following complai	int was found to be				

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

**Electronically Signed** 05/12/22

STATE FORM 6899 If continuation sheet 1 of 11 F2HU11

TITLE

(X6) DATE

Winnesot	a Department of Healtr	<u>n</u>				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
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2 000	Continued From page	<u> </u>	2 000			
		5392024C (MN82971), with				
	a licensing order issu	ed at 4658.0520 Subp 2.B.				
	The Minnesota Depar	rtment of Hoolth is				
	5/	te Licensing Correction				
	Orders using Federal					
		d in ePOC and therefore a				
		red at the bottom of the first				
	page of state form. Al	lthough no plan of correction				
	is required, it is requir	The state of the s				
	acknowledge receipt	of the electronic documents.				
2 830	MN Rule 4658.0520 S		2 830			5/15/22
	Proper Nursing Care;	General				
		eneral. A resident must				
	custodial care, and su	and treatment, personal and				
		preferences as identified in				
	STATE OF THE PROPERTY OF THE P	esident assessment and				
		ribed in parts 4658.0400 and				
		g home resident must be out				
	and the second s	ossible unless there is a				
		attending physician that the				
	1000 PC 5750 EC 100	in bed or the resident				
	prefers to remain in b	ed.				
	This MN Requiremen	t is not met as evidenced				
	by:					
		n, interview, and document		0830:		
	review, the facility fail	ed to follow the		Immediately at 1430 on 4/29/22:		
		nmendation on the proper		DON began retraining and performing	İ	
		ng sling for the overhead		proper placement and use of Tollos		
		of 3 residents (R1) reviewed		toileting/hygiene slings, full slings, cor		
	for accidents. This res	sulted in an immediate		slings and ceiling lifts with competenc	У	

Minnesota Department of Health

jeopardy (IJ) for R1, when she fell from the

STATE FORM 6899 F2HU11 If continuation sheet 2 of 11

checks for all Nursing Assistants and

iviinnesot	a Department of Healtr	<u>)</u>			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	E CONSTRUCTION	(X3) DATE SURVEY	
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		COOK, MN	55/23	T	T <sup>c</sup>
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			<del> </del>		
2 830	Continued From page	∍ 2	2 830		
		ing in a laceration to her		Licensed Nursing per manufacturer	
	head that required su	tures.		guidelines. Each current staff member	
				were trained prior to starting their shift	
		rdy (IJ) began on 4/23/22, at		The last staff member will be trained of	on
	2:40 p.m. when the fa	acility failed to correctly place		5/15/22 as she has not been on the	
	a toileting sling to a re	esident by crossing the leg		schedule until this time. All other staff	
	straps, resulting in R1	1 falling out of the lift. The		have been re-trained.	
		ON) was informed of the IJ		The DON also created an updated Tol	llos
		.m. The IJ was removed on		Sling Assessment Competency test.	1.00000.0000
		n. but non-compliance			
		r scope and severity of E,		New nursing assistants and licensed	
	and thought question and analysis and a page and an account documents	ctual harm with potential for		nursing will be provided the sling train	ning
		arm that is not immediate		per manufacturer guidelines with	g
	jeopardy.	IIII that is not infinediate		competency checks prior to beginning	, I
	Jeopardy.	,		their orientation on the floor.	<b>,</b>
	Findings include:	1		their orientation on the noor.	
	Findings include:	1		OADI	
	D41- Dimasia Liata			QAPI was created 4/30/22:	<b>7</b>
		rinted on 4/29/22, indicated		The QAPI will ensure the nursing staff	rare
	R1's diagnoses includ	MANUEL STATES AND ADDRESS OF THE STATES AND ADDRESS AN		appropriately placing slings per	91
	behavioral disturbanc			retraining/manufacturer instructions, a	
	LOSS DOM	nce, weakness and repeated		using the assigned sling for each patie	
	falls.	,		that have slings to ensure resident sat	
				Audits will be performed 5 x per week	
	R1's quarterly Minimu	um Data Set (MDS) dated		beginning the week of 5/2/22 x 6 weel	ks,
	4/4/22, indicated R1 h	had long term and short term		then three times per week x 4 weeks,	then
	memory loss, was abl	le to make herself		ongoing as determined by the audit	
		lly understood others, and		results.	
		t on one staff for transfers.		The MDS Coordinator/RN Educator,	
				Nurse Manager or DON will perform the	he
	R1's care plan last re	viewed 4/8/22, indicated R1		audits. All audit results will be reviewe	
		chanical lift, and staff could		the DON to ensure compliance.	
	The state of the s	sfers if R1 had behaviors.			
	STATE OF THE PROPERTY OF THE P	dicated R1 had behaviors of		On 4/29/22 and 4/30/22 -Resident R1	was
		at bite at staff, and refusing		reviewed by the DON to ensure she w	
	meds and oral cares.	And Addition of the Control of the C		assigned the appropriate sling and siz	
	Illeus allu oral cares.			based on weight, changes in condition	
	0- 4/22/22 at a prog	rece note indicated at 2:40			i.,
		gress note indicated at 2:40		trunk control and behaviors. It was	
	the same of the control of the contr	ansferred with the ceiling lift		determined through this assessment	£
	and a toileting sling, s	she let go of the sling and fell		process and due to her recent fall out	of

to the floor. R1 was noted to have a 5 centimeter

STATE FORM 6899 F2HU11 If continuation sheet 3 of 11

the sling on 4/23/22 that the safest option

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STATEMENT	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
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2 830	Continued From page	e 3	2 830		
	/ XI 5 1 1			C D4 - 111 - C - L - L - L - L	•
	(T) (T) (T)	ma (occurs when an injury		for R1 would be to change her to only	
		ct and pool under the skin)		transferred with a Combi Sling, Size (	
		head. R1 was sent to the		with two assist of staff. This sling will	
	emergency departme	ent (ED) where she required		provide improved stability and control	to
	three staples to the la	aceration.		the resident during transfers.	
	On 4/23/22, an emerg	gency department (ED) note		New Sling Assessment form was crea	ited
	indicated R1 was being	ng transferred with a		by the DON and was completed for the	is
	mechanical lift sling a	at approximately four to five		sling assessment change. The new fo	rm
	feet in height, and the	e portion of the sling that		is based on manufacturer	
		r half of her body slid down		recommendations and will be utilized	
		r. R1 struck her head on the		going forward for all residents who ha	ve a
		rt further indicated R1		sling need.	10 4
		abnormalities, but had		Sing riccu.	
		roblems and dementia. R1		R1's Care Plan, pocket care plan, and	i l
				sling list were updated and the	1
		R1's eyes were open, and		THE PERSON OF TH	
	[[]	ntelligible to clear simple		assessment was shared with all staff	
		ng and a hematoma from		alerting them of the changes put in pla	ace.
	11 TO 1 T	etal region (back side upper			
		was in no apparent distress.		4/30/22: All Five other residents who	
		ietal skull had a hematoma		require the use of a sling, were	
	and a three cm long of			reassessed by the DON utilizing the n	ew
		oles were placed to close the		Sling Assessment Form.	
	laceration.			Changes were made for each of those	
				residents as described in the Remova	d
	On 4/27/22, at 2:23 p	.m. an overhead mechanical		Plan.	
	lift transfer was obser	rved with R2 by nursing		All Pocket care plans, care plans and	sling
	assistant (NA)-B and	NA-C. R2 was transferred		lists were updated with the changes a	nd
	using the toileting slin	ng. The leg straps under R2's		the staff were made aware by the DO	N.
		d as recommended by the			Schriften
	manufacturer.	an indiana. Indiana and an analas and an an and an		4/30/22: All residents requiring a sling	will
	A CONTROL OF THE PROPERTY OF T			be reviewed for continued appropriate	
	On 4/28/22 at 9:09 a	.m. NA-D was interviewed		based on the manufacturer instruction	
		ig the full body lift sling, the		and the Mechanical Lift and Patient S	0.007 11
			1	The state of the s	шоту
		crossed. When using the		Policies which include a review for	.oot
		d not cross the leg straps		condition changes that potentially imp	act
		cause if the leg straps were		their ability to transfer, requests for a	L Department
	crossed staff could no	ot lower the resident's pants.	1	different sling and annually. A commi	ttee
			1	of The DON, MDS Coordinator/RN	

On 4/28/22, at 9:33 a.m. registered nurse (RN)-A

STATE FORM 6899 F2HU11 If continuation sheet 4 of 11

Educator, PT/OT representative and

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
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		10 SOUTHE	AST FIFTH S	TREET		
COOK CO	MMUNITY HOSPITAL C8	COOK, MN	55723			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE	E
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	IATE DATE	
				DEFICIENCY)	7	
2 830	Continued From page	<del>2</del> 4	2 830			
	stated she was the nu	urse that came in to assess		restorative will participate in these		
	R1 following the fall fr	om the lift. RN-A stated		reassessments. The Sling Assessmer	t	
		lers were on the floor, and		form will be utilized during the		
	R1's legs were still in			assessments.		
	attached to the lift. RN	N-A stated NA-A reported to				
		ne top of the sling. RN-A		4/30/22:		
	stated R1 was sent to	the ED.		All new admissions requiring a sling		
				assessment will have this completed u	ıpon	
	On 4/28/22, at 9:45 a	.m. trained medication aide		admission following the Mechanical Li	ft	
	(TMA)-A was interview	wed. TMA-A stated the day		and Patient Safety Policies.		
	R1 fell from the lift, sh	ne heard someone call for				
	The Contract of the Contract o	's room. TMA-A stated R1's		4/30/22: Policies updated		
	THE STATE OF THE S	vere on the floor, and her		The DON reviewed and updated the		
	feet were still in the lif	[18] 이렇게 이렇게 <del></del>		Mechanical Lift and Patient Safety Po		
		)-A told her R1 fell out of the		to include the updated Sling Assessm	-cont.25-c	
	lift. TMA-A stated it lo			form, with updates to the overall proto	A CONTRACTOR OF THE PROPERTY O	
		to the lift incorrectly. TMA-A		The ongoing Restorative monitoring o		
		ap and hood neck guard		slings weekly form was included and t		
	Contract Con	the resident's center of		process which will be followed to ensu	re	
	1978 AC	ne resident could flip out of		slings are in good repair, and are not frayed or worn. This will ensure anoth		
	the sling.			check of the slings as staff must inspe		
	On 4/28/22 at 10:45	a.m. NA-A was interviewed		every sling before use, included previous		
	The same of the sa	to transfer R1 from the		in these policies.	Judiy	
		to check and/or change the		The DON educated all staff on the		
	The same and the same of the same of	A stated she connected the		updated policies during the re-educati	on	
		t of the toileting sling. NA-A		and competency trainings performed.		
	167	hang on to the straps. R1		and composition and go personness		
		nto the straps for a few				
	seconds and then let					
		her back and came out of				
	the sling onto the floo	r. NA-A stated when R1				
		l let go, this possibly set the				
		NA-A stated she did not				
	know if R1 went over					
		the sling. NA-A stated she				
	did not identify anythi	ng wrong with the lift or the				
	sling.					

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On 4/28/22, at 10:55 a.m. the director of nursing

STATE FORM 6899 F2HU11 If continuation sheet 5 of 11

Minnesot	<u>a Department of Health</u>	<u>n</u>				
STATEMENT	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SUR	RVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETE	
	!		7. 55.25			
	!	70 cm (200 m) (200 m) (200 m)	2 14/11/0		С	
		00586	B. WING		05/02/	2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TF 7IP CODE		
THE STREET	101121111111111111111111111111111111111					
соок со	MMUNITY HOSPITAL C8	&NC	EAST FIFTH S	IKEEI		
		COOK, MN	55/23	T		
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	7,902771	(X5)
PREFIX	하나 보겠다면 하는 것 같아 하나 하나 하나 나를 하는데 되었다.	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		COMPLETE DATE
TAG	NEGGE (IGINI C.)	230 IDENTIFICATION COMPANY	TAG	DEFICIENCY)		
			<del> </del>	in our multiple of the characters of	<del></del>	
2 830	Continued From page	e 5	2 830			
	(DON) intervious	d state d fallowing D4lo				
		ed and stated following R1's				
	- The state of the	reenacted what could have				
		stated R1's fall was a				
	"fluke." The DON stat					
	7.	ed, let go of the sling and slid				
		they updated R1's care plan				
	E	sling, to only use a full body				
	sling, and have two st	staff with ceiling lift transfers.				
	The DON stated they	had emailed all staff on				
	R1's changes. The D	ON stated they did not				
	identify anything that					
		d review the incident with				
		meeting the third week of				
		d the sling type and size				
		as determined by restorative				
		erapy staff. The DON stated				
		f or two staff was determined				
	by an RN and restora					
	The same same same same same same same sam	ithm, and the determination				
		plan. The DON stated				
		vere typically done with the				
		aff, unless the resident had				
	AND AND THE CONTRACT OF THE CO	ent changes, then two staff				
	Annual Control of the	sident. The DON stated the				
		weekly, and the lifts were				
	(5)	e DON stated toileting slings				
		sidents who were incontinent,				
	as it was easier to ch	neck and change incontinent				
	residents.					
	İ					
	On 4/28/22, at 2:25 p.	o.m. the DON was				
		d stated if a resident let go of				
	the lift sling, this woul	ld not mean the resident				
		sling. The DON stated R1				
	ACCOUNT OF THE PROPERTY OF THE	ched her back, and obviously				
		ig factor to her fall. The DON				
		e sling alone would not				
		all out of the toileting sling.				
	cause a resident to la	in out of the tolleting siling.				

On 4/28/22, at 4:05 p.m. the Tollo ceiling lift and

STATE FORM 6899 F2HU11 If continuation sheet 6 of 11

Minnesot	<u>a Department of Healtl</u>	h			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					С
		00586	B. WING		terrorise and considerate and the con-
		00380			05/02/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		10 SOUTH	IEAST FIFTH S	TREET	
COOK CO	MMUNITY HOSPITAL C8	KNC COOK, MI	N 55723		
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	V (X5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	RIATE DATE
			1	DEFICIENCY)	15
2 830	Continued From page	- 6	2 830		
	Continued From page				
	sling manufacturer's	clinical education director			
	(CED)-A was interview	wed. CED-A stated the			
		ed for showers, toileting, or			
	to check and change	a resident for incontinence.			
	CED-A stated the leg	straps of the toileting sling			
	must be crossed to ke	eep the legs secure, and if			
	they were not crossed	d, that could be why R1's			
	legs were found tangl	led in the sling. CED-A			
	stated the resident's a	arms should be on the			
	outside of the sling to	keep the resident from			
	sliding through, but re	esidents do not need to hold			
	onto the sling. CED-A	A stated the manufacturer			
	recommends using tw	vo staff when using the			
	overhead lift, but this	depended on the facility's			
	policy. CED-A further	stated she had been a CED			
	since 2009, and had i	not heard of a resident			
		d falling out of a sling.			
		ould have had the sling			
	straps connected to the	he lift incorrectly, or at the			
	Al-	e toileting sling leg straps			
		e resident would not be held			
		fall out of the sling. CED-A			
		strap needed to be snug, if			
		I slip out. CED-A stated if a			
		of a sling, either the sling was			
		e resident, or the sling was			
	not hooked up correct	tly to the ceiling lift.			
		a.m. NA-B was interviewed			
		g the toileting sling on a			
		re not to be crossed. NA-B			
		the straps, it would be too			
	difficult to lower the c	lothing to toilet a resident.			
	1100105				
		a.m. NA-C was interviewed			
		g the toileting sling on a			
		ere not to be crossed to be			
		nt on the toilet and lower the			
	pants. NA-C further s	tated only residents who	1		

could hang on to the sling straps could use the

STATE FORM 6899 F2HU11 If continuation sheet 7 of 11

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	0330 - 50	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		00586	B. WING		05/0	; 2/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
COOK COMMUNITY HOSPITAL C&NC 10 SOUTH COOK, M			AST FIFTH S 55723	TREET			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE	
2 830	and stated she had woff for 27 years. NA-E straps were not cross to be able to lower the was to be under the restrap held the resident.  On 4/29/22, at 11:26 a aide, stated when using straps were not cross make it difficult to pull down.  On 4/29/22, at 11:40 a using a toileting sling, crossed. The DON stated and the manufacted on the manufacted on the manufacted and demonstrate and explicitly sling. NA-B applied the stated and demonstrate toileting sling went un around the same thigh not cross the straps a manufacturer's competency checklist sling needed to be crowas not done, the respotential to fall from the	a.m. NA-E was interviewed orked at the facility on and a stated the toileting sling leg ed when going on the toilet e resident's pants. The sling esident's arm and the chest at in the sling.  a.m. NA-F, the restorative region a toileting sling, the ed because that would a resident's pants up and  a.m. the DON stated when the straps need to be reated this was how it was facturer's competency  a.m. the DON had NA-B reating to herself. NA-B reating to herself. NA-B reating to herself. NA-B reating a seat. NA-B reating reating a seat. NA-B reating	2 830				

Minnesota Department of Health

STATE FORM 6899 F2HU11 If continuation sheet 8 of 11

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	0350 50	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	Y
ANDFLANC	OF CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLETED	
		00586	B. WING		C <b>05/02/202</b>	22
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
COOK CO	MMUNITY LICEDITAL CO	10 SOUTH	EAST FIFTH S	TREET		
COOK CO	MMUNITY HOSPITAL C8	COOK, MN	55723			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COM	(X5) MPLETE DATE
2 830	Continued From page	e 8	2 830			
	demonstrated, but did	not correctly cross the				
		the competency checklist.				
		ing the toileting sling, staff				
		because that would make it				
		ts' pants or incontinent brief				
	up and down and pro	vide pericare.				
	The manufacturer's C	Competency Assessment				
		en using the toileting sling,				
		ly under each thigh. Cross				
		er each thigh. Cross leg				
		e strap through the red loop				
		ach green or blue loops of				
	leg straps to spreader	r bar. Attach red or yellow				
		ulder hooks, raise the				
	INDICATE STORES STORES STORES STORES	ove the surface. Stop-				
	The company of the first property of the contract of the contr	ck - ensure the loops are				
		d the sling is positioned				
	properly. Lift patient to	o intended surface.				
	The facility policy Med	chanical Lifts with Algorithms				
		21, directed staff operating				
		e proper positioning of				
	11-	was extremely important				
	the slings were prope	rly placed under the				
	resident.	lant with the lift make our				
	150	lent with the lift, make sure are securely placed into the				
	bottom of the hook of					
	One or two Person Tr					
	CONTROLLE STATE AND AND AND THE PROPERTY OF TH	uate the resident upon				
		hanges in medical, physical,				
		the ceiling lift algorithm to				
		ne or two person transfers				
	were required with the					
	THE PARTY OF THE P	bative and or aggressive, a				
	two-person transfer w	- 1000 A 100 A				
		successfully position the				
		n transfer was necessary.				
	Anytime the aide felt	uncomfortable to transfer a				

Minnesota Department of Health

STATE FORM 6899 F2HU11 If continuation sheet 9 of 11

Minnesot	a Department of Health	1			FORM	APPROVED
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SI	URVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	0340 50		COMPLE	
				<del></del>		
		20500	B. WING		С	
		00586	B. WING		05/02	2/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	ATE, ZIP CODE		
COOK CO	MANUALITY LICEDITAL CO	10 SOUT	HEAST FIFTH S	TREET		
COOK CO	MMUNITY HOSPITAL C8	COOK, N	IN 55723			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	RIATE	DATE
				1		
2 830	Continued From page	9	2 830			
	resident without assis	stance, use two people.				
	Toolaont Willoat accid	names, ass two people.				
	The Algorithm for Use	e of Ceiling Lifts revised				
	7/14, directed if the re	esident could not bear				
	weight, if the residen	t was cooperative, did not				
	have behaviors, was	able to follow commands,				
	had upper body stren	gth and was able to sit up				
	and hold on to the slir					
		th the ceiling lift if compliant				
	with physical therapy	toward the second secon				
	caregiver felt safe doi	ng so.				
	The Llwas removed	on 5/2/22, when the facility				
		ed all residents for the				
		e use of a lift sling and				
		re plans, sling lists, and				
	The stability of the first of the stability of the stabil	eviewed and updated.				
	The state of the s	nursing assistants were				
		er education, training for				
	1000	nt and use and competency				
	100 II 100 II 100 II 100 II 100 II 100 II 100 II 100 II 100 II 100 II 100 II 100 II 100 II 100 II 100 II 100 I	for appropriate use as per				
	competency training v	would be performed five				
	times a week for six v	veeks and then ongoing on				
	a regular basis by the	MDS/RN educator. Sling				
		rovided upon hire and				
	annually with compete					
	10 (20)	was updated to include a				
		t would be completed by the				
		ON or nurse manager upon				
		ondition changes, requests				
	E9	and quarterly. To ensure the				
		st sling for their specific				
		ent Handling policy was				
		e sling assessment and				
	restorative nursing sli					
	completed on a week	ly basis. To ensure the				

slings are safe and in good condition. A quality assurance and performance improvement (QAPI) had been created to ensure that staff were correctly and appropriately utilizing slings during

STATE FORM 6899 F2HU11 If continuation sheet 10 of 11

	IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) D A. BUILDING:		COMPLETED
				С
	00586	B. WING		05/02/2022
NAME OF PROVIDER OR SUPPLIER		RESS, CITY, STA		
COOK COMMUNITY HOSPITAL C&NO	C 10 SOUTHE COOK, MN	AST FIFTH ST 55723	TREET	
PREFIX (EACH DEFICIENCY M	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
appropriate use as per of be performed five times three times per week for ongoing as determined I verified through observation document review.  SUGGESTED METHOD The DON or designee of the pool of	The MDS/RN educator provide ongoing audits for competency training will a week for six weeks, then or four weeks, then by audit results. This was ations, interviews and  D OF CORRECTION: could develop, review, and procedures related to ants safely. The DON or eall appropriate staff on ures. The DON or or monitoring systems to ance.	2 830		

Minnesota Department of Health

STATE FORM F2HU11 If continuation sheet 11 of 11