Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
March 12, 2025

Administrator
Good Shepherd Lutheran Home
800 Home Street
Box 747
Rushford, MN 55971

RE: CCN: 245393
Cycle Start Date: February 12, 2025

Dear Administrator:

On March 7, 2025, the Minnesota Department of Health, completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3A 3rd Floor
Office: 651-201-4384
Email: holly.zahler@state.mn.us

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Electronically delivered
March 12, 2025

Administrator
Good Shepherd Lutheran Home
800 Home Street, Box 747
Rushford, MN 55971

Re: Reinspection Results
Event ID: SGKQ12

Dear Administrator:

On March 7, 2025, 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 February 12, 2025. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3A 3rd Floor
Office: 651-201-4384
Email: holly.zahler@state.mn.us

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
February 21, 2025

Administrator
Good Shepherd Lutheran Home
800 Home Street, Box 747
Rushford, MN 55971

RE: CCN: 245393
Cycle Start Date: February 12, 2025

Dear Administrator:

On February 12, 2025, a survey was completed at your facility by the Minnesota Department of Health, to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

ELECTRONIC PLAN OF CORRECTION (ePoC)

Within **ten (10) calendar days** after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved.

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting

the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

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

DEPARTMENT CONTACT

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

Lisa Krebs, Regional Operations Supervisor, Rapid Response
Health Regulation Division
Minnesota Department of Health
Rochester District Office
3425 40th Avenue NW, Suite 115
Rochester, MN 55901
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of

the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

If substantial compliance with the regulations is not verified by May 12, 2025 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by August 12, 2025 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

INFORMAL DISPUTE RESOLUTION (IDR)

In accordance with 42 CFR 488.331 and Minnesota Statute 144A.10 subd 15, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to: https://forms.web.health.state.mn.us/form/NHDisputeResolution

This request must be sent within the same ten calendar days you have for submitting an ePoC for the cited deficiencies. Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

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

INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

In accordance with 42 CFR § 488.431 and Minnesota Statute 144A.10 subd 16, when a CMP subject to being collected and placed in an escrow account is imposed, you have one opportunity to question cited deficiencies through an Independent IDR process. You may also contest scope and severity assessments for deficiencies which resulted in a finding of SQC or immediate jeopardy. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:
https://forms.web.health.state.mn.us/form/NHDisputeResolution

A facility may not use both IDR and independent IDR for the same deficiency citation(s) arising from the same survey unless the IDR process was completed prior to the imposition of the CMP. This request must be sent within ten calendar days of receipt of this offer. An incomplete Independent IDR process will not delay the effective date of any enforcement action.

Feel free to contact me if you have questions.

Sincerely,

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3A 3rd Floor
PO Box 64900
625 Robert Street North
St. Paul, MN 55155
Office: 651-201-4384
Email: holly.zahler@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245393	A. BUILDING ______ B. WING ______	C 02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SHEPHERD LUTHERAN HOME	800 HOME STREET, BOX 747 RUSHFORD, MN 55971

(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 2/11/25 and 2/12/25, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaint was reviewed H53935340C (MN00109891), with a deficiency cited at F684. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments 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 onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	F 000		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record	F 684	Corrective Action:	3/14/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 02/28/2025

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 684	Continued From page 1 review the facility failed to comprehensively assess and monitor high blood pressure and rectal bleeding for 1 of 3 residents (R2) reviewed for change in condition. Findings include The American Heart Association (AHA) defines hypertensive crisis as a systolic blood pressure higher than 180 and/or diastolic pressure higher than 120. Blood pressure in this range can result in but not limited to stroke, heart attack, loss of kidney function, and aortic dissection. AHA directs for blood pressures that meet this criteria to wait at least 1-2 minutes and take the blood pressure again and "consult your doctor immediately." R2's face sheet dated 2/12/25, identified diagnoses of malignant neoplasm (cancerous tumor) of left lower lobe, neoplasm of bone, type 2 diabetes (condition that affects how the body uses sugar as fuel), hypertension (high blood pressure), anemia (low red blood cells), thrombocytopenia (low platelets), irritable bowel syndrome (chronic stomach and intestinal disorder that causes diarrhea, abdomen pain, cramps, bloating, and gas), gastroenteritis and colitis (inflammation of the digestive tract), and diverticular disease of intestines (inflammation or infection of the pouches formed in the colon). R2's quarterly Minimum Data Set (MDS) dated 1/16/25, identified R2 did not have cognitive impairment, R2 needed maximum assistance with toilet hygiene, and staff assistance on and off the toilet. R2 was continent of bowel and had occasional incontinence of bladder.	F 684	Facility reviewed policies and procedures related to falls, blood pressure monitoring and provider notification when there is a change of condition. Updates were made to include nurse follow up procedures and provider notifications specifically addressing processes to address hypo/hypertensive episodes. R2's blood pressures were reviewed for further hypertensive episodes and found to all be under the American Heart Association's definition of a hypertensive crisis (systolic blood pressure higher than 180 and/or diastolic pressure higher than 120). Identification: Reviewed all current residents blood pressure reading entries in EMR. Those identified as having readings of 140 or higher will be scheduled for review by their Provider for potential medication/lifestyle management adjustments in attempts to avoid a future complications such as a hypertensive crisis. Measures: All nursing department staff will be educated on the definition of a hypertensive crisis and the processes to address these episodes with the Provider when indicated. The facility Resident Status Change and Notification of Attending Physician Policy and Procedure was also updated to include notifying the provider when the resident's systolic is 180 or above and/or diastolic pressure higher than 120 x2. The facility Incident Temporary Care Plan which is filled out when a resident falls, was updated to	

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F 684	Continued From page 2 R2's progress note dated 12/31/24 at 3:43 a.m., identified at 12:45 a.m. R2 fell while self transferring from toilet to wheelchair. A medium amount of blood was noted in the toilet. Blood pressure reading was 200/72 (normal blood pressure range for adults is 120/80). The note did not identify where the blood originated from. In review of R2's record dated 12/31/24, there was no indication R2 vital signs were rechecked or monitored nor a comprehensive assessment and monitoring of the bleeding until approximately 3:00 a.m. when R2 had large amounts of bleeding from the rectum. R2's progress note dated 12/31/24 at 3:51 a.m., identified at 3:30 a.m., R2 was sent to the hospital via ambulance for large amount of rectal bleeding/clotting. R2's ambulance run report dated 2/12/25, identified ambulance dispatched to facility at 3:04 a.m., and arrived at emergency department at 4:21 a.m. for hemorrhage with primary impression blood in vomit or stood (GI bleed). Blood pressure readings from ambulance were as follows: -3:34 a.m. 138/64 -3:39 a.m. 111/62 -4:00 a.m. 119/63 -4:14 a.m. 97/62 R2's hospital discharge summary dated 1/6/25, identified R2 had an intensive care unit (ICU) hospital stay from 12/31/24-1/6/25 with a diagnosis of hemorrhagic shock (life threatening condition that occurs when a person loses a lot of blood and the body cannot get enough oxygen to the organs), gastrointestinal hemorrhage,	F 684	include additional direction for the nurse to recheck all blood pressure readings in this range and to contact the Provider immediately if blood pressure remains in this range x2. Monitoring: Incident Temporary Care Plan vital signs section will be reviewed for Provider notifications when indicated by the Director of Nursing or designee with each fall x 2 months and as needed after based on audit findings. Weekly vital sign entries in EMR will be reviewed by DON or designee for Provider notifications if indicated weekly x 4 weeks then monthly x 2. Results of audits will be reviewed during quarterly Quality Assurance Committee meeting.	

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F 684	Continued From page 3 secondary to a colonic arterial bleed as per imaging of the abdomen, and underwent inferior mesenteric artery embolization and given a blood transfusion. Discharged back to facility 1/6/25. During a phone interview on 2/13/25 at 9:41 a.m., nursing assistant (NA)-A stated R2 had been in bed at the beginning of the shift on 12/31/24. R2 required assistance of one person to transfer and was surprised when R2's bathroom call light was on. NA-A went to R2's room and found her on the floor in the bathroom. NA-A noted blood in the toilet but R2 did not complain of pain or tenderness and did not appear hurt from the fall. NA-A assisted R2 back to bed after licensed practical nurse (LPN)-A assessed R2. NA-A stated not long after the fall, R2 again put her call light on and when she entered her room R2 said "I think I made a mess in my pants." NA-A noted R2's brief was full of bright red blood and completely full. NA-A left room to get supplies and notified the nurse of blood overflowing from R2's brief. NA-A called LPN-A to the room when she realized that the blood was not stopping and they could not get ahead of it. NA-A told LPN-A that she thought R2 should be sent in and LPN-A agreed and called an ambulance. NA-A stated R2 required three complete bed changes before the ambulance got there from all the blood. NA-A was not sure if LPN-A had taken R2's vital signs again after she had fallen. During a phone interview on 2/13/25 at 9:27 a.m., LPN-A stated R2 fell while transferring from the toilet to the wheelchair on 12/31/24. LPN-A was surprised R2 did not call for help to transfer from the toilet as she required assistance of one staff for help. LPN-A noted a small amount of blood in the toilet and examined R2's rectal area and saw	F 684		

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	245393	A. BUILDING ______ B. WING ______	C 02/12/2025

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GOOD SHEPHERD LUTHERAN HOME	800 HOME STREET, BOX 747 RUSHFORD, MN 55971

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F 684	Continued From page 4	F 684		

a small amount of blood but thought it was from hemorrhoids. R2's blood pressure was elevated at 200/72 at the time of the fall. A short time after the fall, R2 put her call light on again and said she had an incontinent episode, the incontinent garment contained a significant amount of blood. LPN-A stated she missed documentation of the incident. LPN-A stated she did recheck R2's blood pressure in-between the times R2 put in her call light on, but did not document it and did not recall what the vital signs were or if they were abnormal.

During an interview on 2/15/25 at 9:13 a.m., LPN-B was unsure what signs or symptoms to monitor for high blood pressure aside from providing ordered medications and giving water to drink. LPN- B reviewed R2's chart for vital signs and fall follow-up from 12/31/24 and verified no vital signs were completed after the initial set after R2's fall and no additional documentation was completed on rectal bleeding.

During an interview on 2/12/25 at 10:02 a.m., registered nurse (RN)-A stated after a fall vital signs are done immediately and then residents are assessed for the next three shifts for fall follow-up but that did not necessarily include completing vital signs. High blood pressure is typically above 140-150 systolic (top number). Right after a fall a fall you would expect the blood pressure to be a little bit higher, however, LPN-A should have re-checked R2's blood pressure to verify it did not remain that high. R2 did not have rectal bleeding prior to the fall.

During an interview on 2/12/25 at 12:50 p.m., director of nursing (DON) stated anything greater than 140 systolic medical doctor (MD)-A was to

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F 684	Continued From page 5	F 684		

be notified. 200/72 is a high blood pressure. DON would expect the licensed nurses to complete an assessment and take a manual blood pressure to verify the blood pressure results. DON felt the assessments and vital signs were taken but just not documented after the fall. DON stated every person is different and it being emergent would depend on the individual situation. MD-A was always available and requested phone calls if staff were on the fence about a situation.

During a phone interview on 2/13/25 at 10:21 a.m., MD-A stated he would want to be notified of a blood pressure that was 180 or above systolically and would want the blood pressure monitored every few minutes to see if it comes down.

The facilities blood pressure monitoring guidelines, undated, identified to provide trained medication aides and licensed nurses with direction regarding blood pressure and pulse monitoring when a resident is prescribed an ace inhibitor/angiotensin receptor blocker, or beta blocker. The policy does not address when high or low blood pressure is obtained when not taking these medications.

The facilities procedure for falls dated 8/22, identified the nurse call MD-A's cell phone directly (with the phone number provided) as needed. MD-A must be notified by phone if a resident is on a blood thinner with active bleeding/bruising/head injury, or internal injury is suspected related to unstable vital signs, neuro exam or if the resident sustains other significant injury resulting in new or worsening pain.

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
February 21, 2025

Administrator
Good Shepherd Lutheran Home
800 Home Street, Box 747
Rushford, MN 55971

Re: State Nursing Home Licensing Orders
Event ID: SGKQ11

Dear Administrator:

The above facility was surveyed on February 11, 2025, through February 12, 2025, 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 https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html. 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:

Lisa Krebs, Regional Operations Supervisor, Rapid Response
Health Regulation Division
Minnesota Department of Health
Rochester District Office
3425 40th Avenue NW, Suite 115
Rochester, MN 55901
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728

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 feel free to call me with any questions.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3A 3rd Floor
Office: 651-201-4384
Email: holly.zahler@state.mn.us

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00123	A. BUILDING: ________ B. WING ________	C 02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SHEPHERD LUTHERAN HOME	**800 HOME STREET, BOX 747 RUSHFORD, MN 55971**

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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 2/11/25 and 2/12/25, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing orders were issued. Please indicate in your electronic plan of correction you have reviewed these orders	2 000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00123	A. BUILDING: ______ B. WING ______	C 02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SHEPHERD LUTHERAN HOME	**800 HOME STREET, BOX 747 RUSHFORD, MN 55971**

(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) COMPLETE DATE
2 000	Continued From page 1 and identify the date when they will be completed. The following complaints were reviewed: H53935340C (MN00109891) with a licensing order issued at 0830. 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 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 which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction. 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 <https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html> The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. 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. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of	2 000		

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2 000	Continued From page 2 state form. 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.	2 000		
2 830	MN Rule 4658.0520 Subp. 1 Adequate and Proper Nursing Care; General Subpart 1. Care in general. A resident must receive nursing care and treatment, personal and custodial care, and supervision based on individual needs and preferences as identified in the comprehensive resident assessment and plan of care as described in parts 4658.0400 and 4658.0405. A nursing home resident must be out of bed as much as possible unless there is a written order from the attending physician that the resident must remain in bed or the resident prefers to remain in bed. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review the facility failed to comprehensively assess and monitor high blood pressure and rectal bleeding for 1 of 3 residents (R2) reviewed for change in condition. Findings include The American Heart Association (AHA) defines hypertensive crisis as a systolic blood pressure higher than 180 and/or diastolic pressure higher	2 830	CORRECTED	3/14/25

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2 830	Continued From page 3 than 120. Blood pressure in this range can result in but not limited to stroke, heart attack, loss of kidney function, and aortic dissection. AHA directs for blood pressures that meet this criteria to wait at least 1-2 minutes and take the blood pressure again and "consult your doctor immediately." R2's face sheet dated 2/12/25, identified diagnoses of malignant neoplasm (cancerous tumor) of left lower lobe, neoplasm of bone, type 2 diabetes (condition that affects how the body uses sugar as fuel), hypertension (high blood pressure), anemia (low red blood cells), thrombocytopenia (low platelets), irritable bowel syndrome (chronic stomach and intestinal disorder that causes diarrhea, abdomen pain, cramps, bloating, and gas), gastroenteritis and colitis (inflammation of the digestive tract), and diverticular disease of intestines (inflammation or infection of the pouches formed in the colon). R2's quarterly Minimum Data Set (MDS) dated 1/16/25, identified R2 did not have cognitive impairment, R2 needed maximum assistance with toilet hygiene, and staff assistance on and off the toilet. R2 was continent of bowel and had occasional incontinence of bladder. R2's progress note dated 12/31/24 at 3:43 a.m., identified at 12:45 a.m. R2 fell while self transferring from toilet to wheelchair. A medium amount of blood was noted in the toilet. Blood pressure reading was 200/72 (normal blood pressure range for adults is 120/80). The note did not identify where the blood originated from. In review of R2's record dated 12/31/24, there was no indication R2 vital signs were rechecked or monitored nor a comprehensive assessment	2 830		

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2 830	Continued From page 4 and monitoring of the bleeding until approximately 3:00 a.m. when R2 had large amounts of bleeding from the rectum. R2's progress note dated 12/31/24 at 3:51 a.m., identified at 3:30 a.m., R2 was sent to the hospital via ambulance for large amount of rectal bleeding/clotting. R2's ambulance run report dated 2/12/25, identified ambulance dispatched to facility at 3:04 a.m., and arrived at emergency department at 4:21 a.m. for hemorrhage with primary impression blood in vomit or stood (GI bleed). Blood pressure readings from ambulance were as follows: -3:34 a.m. 138/64 -3:39 a.m. 111/62 -4:00 a.m. 119/63 -4:14 a.m. 97/62 R2's hospital discharge summary dated 1/6/25, identified R2 had an intensive care unit (ICU) hospital stay from 12/31/24-1/6/25 with a diagnosis of hemorrhagic shock (life threatening condition that occurs when a person loses a lot of blood and the body cannot get enough oxygen to the organs), gastrointestinal hemorrhage, secondary to a colonic arterial bleed as per imaging of the abdomen, and underwent inferior mesenteric artery embolization and given a blood transfusion. Discharged back to facility 1/6/25. During a phone interview on 2/13/25 at 9:41 a.m., nursing assistant (NA)-A stated R2 had been in bed at the beginning of the shift on 12/31/24. R2 required assistance of one person to transfer and was surprised when R2's bathroom call light was on. NA-A went to R2's room and found her on the floor in the bathroom. NA-A noted blood in the	2 830		

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2 830	Continued From page 5	2 830		

toilet but R2 did not complain of pain or tenderness and did not appear hurt from the fall. NA-A assisted R2 back to bed after licensed practical nurse (LPN)-A assessed R2. NA-A stated not long after the fall, R2 again put her call light on and when she entered her room R2 said "I think I made a mess in my pants." NA-A noted R2's brief was full of bright red blood and completely full. NA-A left room to get supplies and notified the nurse of blood overflowing from R2's brief. NA-A called LPN-A to the room when she realized that the blood was not stopping and they could not get ahead of it. NA-A told LPN-A that she thought R2 should be sent in and LPN-A agreed and called an ambulance. NA-A stated R2 required three complete bed changes before the ambulance got there from all the blood. NA-A was not sure if LPN-A had taken R2's vital signs again after she had fallen.

During a phone interview on 2/13/25 at 9:27 a.m., LPN-A stated R2 fell while transferring from the toilet to the wheelchair on 12/31/24. LPN-A was surprised R2 did not call for help to transfer from the toilet as she required assistance of one staff for help. LPN-A noted a small amount of blood in the toilet and examined R2's rectal area and saw a small amount of blood but thought it was from hemorrhoids. R2's blood pressure was elevated at 200/72 at the time of the fall. A short time after the fall, R2 put her call light on again and said she had an incontinent episode, the incontinent garment contained a significant amount of blood. LPN-A stated she missed documentation of the incident. LPN-A stated she did recheck R2's blood pressure in-between the times R2 put in her call light on, but did not document it and did not recall what the vital signs were or if they were abnormal.

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2 830	Continued From page 6	2 830		

Continued From page 6

During an interview on 2/15/25 at 9:13 a.m., LPN-B was unsure what signs or symptoms to monitor for high blood pressure aside from providing ordered medications and giving water to drink. LPN- B reviewed R2's chart for vital signs and fall follow-up from 12/31/24 and verified no vital signs were completed after the initial set after R2's fall and no additional documentation was completed on rectal bleeding.

During an interview on 2/12/25 at 10:02 a.m., registered nurse (RN)-A stated after a fall vital signs are done immediately and then residents are assessed for the next three shifts for fall follow-up but that did not necessarily include completing vital signs. High blood pressure is typically above 140-150 systolic (top number). Right after a fall a fall you would expect the blood pressure to be a little bit higher, however, LPN-A should have re-checked R2's blood pressure to verify it did not remain that high. R2 did not have rectal bleeding prior to the fall.

During an interview on 2/12/25 at 12:50 p.m., director of nursing (DON) stated anything greater than 140 systolic medical doctor (MD)-A was to be notified. 200/72 is a high blood pressure. DON would expect the licensed nurses to complete an assessment and take a manual blood pressure to verify the blood pressure results. DON felt the assessments and vital signs were taken but just not documented after the fall. DON stated every person is different and it being emergent would depend on the individual situation. MD-A was always available and requested phone calls if staff were on the fence about a situation.

During a phone interview on 2/13/25 at 10:21 a.m., MD-A stated he would want to be notified of a blood pressure that was 180 or above

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2 830		2 830		

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systolically and would want the blood pressure monitored every few minutes to see if it comes down.

The facilities blood pressure monitoring guidelines, undated, identified to provide trained medication aides and licensed nurses with direction regarding blood pressure and pulse monitoring when a resident is prescribed an ace inhibitor/angiotensin receptor blocker, or beta blocker. The policy does not address when high or low blood pressure is obtained when not taking these medications.

The facilities procedure for falls dated 8/22, identified the nurse call MD-A's cell phone directly (with the phone number provided) as needed. MD-A must be notified by phone if a resident is on a blood thinner with active bleeding/bruising/head injury, or internal injury is suspected related to unstable vital signs, neuro exam or if the resident sustains other significant injury resulting in new or worsening pain.

SUGGESTED METHOD OF CORRECTION:
The director of nursing (DON) or designee, could review/revise policies and procedures related to falls, vital signs, and change of condition to assure proper assessment and interventioins are being implemented. They could re-educate staff on the policies and procedures. A system for evaluating and monitoring consistent implementation of these policies could be developed, with the results of these audits being brought to the facility's Quality Assurance Committee for review.

TIME PERIOD FOR CORRECTION: Twenty-one (21) days.