Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

March 30, 2023

Administrator
Little Falls Care Center
1200 First Avenue Northeast
Little Falls, MN 56345

RE: CCN: 245399
Cycle Start Date: February 22, 2023

Dear Administrator:

On March 21, 2023, 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.

Please contact me with any questions regarding this letter.

Sincerely,

Lori Hagen, Compliance Analyst
Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Telephone: 651-201-4306
E-Mail: Lori.Hagen@state.mn.us

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

March 30, 2023

Administrator
Little Falls Care Center
1200 First Avenue Northeast
Little Falls, MN 56345

Re: Reinspection Results
Event ID: FS1912

Dear Administrator:

On March 21, 2023, 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 22, 2023. At this time these correction orders were found corrected.

Please contact me with any questions regarding this letter.

Sincerely,

Lori Hagen, Compliance Analyst
Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Telephone: 651-201-4306
E-Mail: Lori.Hagen@state.mn.us

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

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March 2, 2023

Administrator
Little Falls Care Center
1200 First Avenue Northeast
Little Falls, MN 56345

RE: CCN: 245399
Cycle Start Date: February 22, 2023

Dear Administrator:

On February 22, 2023, 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, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Rochester District Office
18 Woodlake Drive, Rochester MN, 55904
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 22, 2023, (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 22, 2023, (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

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

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

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

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

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

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

Please contact me with any questions regarding this letter.

Sincerely,

Lori Hagen, Compliance Analyst
Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Telephone: 651-201-4306
E-Mail: Lori.Hagen@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245399	A. BUILDING _____ B. WING _____	C 02/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LITTLE FALLS CARE CENTER	1200 FIRST AVENUE NORTHEAST LITTLE FALLS, MN 56345

(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 2/17/23, 2/21/23 and 2/22/23 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 complaints were reviewed. H53998557C (MN00091125) with a deficiency issued at F580 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 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial	F 580		3/15/23

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

Electronically Signed | 03/08/2023

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 580	Continued From page 1 status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on interview and document review the	F 580	Little Falls Health Services was found to	

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F 580	Continued From page 2 facility failed to notify the physician and resident representative (RR) of a sudden change in condition for 1 of 1 resident (R1) who developed an acute respiratory that subsequently resulted in hospitalization. Findings include: R1's admission Minimum Data Set (MDS) dated 11/9/22, identified R1 had diagnoses that included cancer of the nasal pharynx, cancer of left lung, dysphagia (difficulty swallowing), and paraplegia (decreased or no movement in lower extremities). R1 did not have cognitive impairment, did not have problems with swallowing, and did not require oxygen. Further identified R1 was totally dependent on two staff for transfers and extensive assist of two staff for bed mobility. House Standing Orders signed by the physician on 4/6/2022, for Cough/Respiratory Symptoms included: -Oxygen 1-4 liters by nasal cannula or mask as needed for respiratory distress, acute dyspnea (shortness of breath), hypoxia (to bring oxygen levels above 88%) or acute chest pain. No greater than 2 liters for residents with COPD (chronic obstructive pulmonary disease); notify MD/NP. -In case of a code or emergency room situation, oxygen 5-10 liters per mask for acute dyspnea, cyanosis (blue color tinge to skin or lips), or shock; contact emergency medical services. R1's progress note dated 2/7/23, at 10:36 p.m. included resident was very sleepy for most of the shift. His appetite and fluid consumption is very poor. Vital signs within normal limits. Resident was gurgling. He took all his medications.	F 580	have inadequate practice for notifying appropriate personnel with apparent change in condition for resident R1. Inadequate practices were found under the following circumstances; R1 was found to have a change in condition starting evening shift of 2/7/23 where noted deficits occurred to Respiratory System. R1 was sent into the ER the morning of 2/8/23; was later transported to ANW Hospital. R1 did not return to facility. Comprehensive Respiratory Assessments were completed for all residents in house that have a Pulmonary Diagnosis or are currently showing deficits within the Respiratory System such as the need for oxygen use. Alert charting was implemented for residents whom appeared to have a change from their baseline. VS, lung sounds and additional documentation to be completed every shift until resident returns to baseline. Potential of this occurring with other residents regarding changes in condition and inadequate notification to appropriate personal. DON or designee to review progress notes to ensure no changes in condition are apparent and that adequate notification is completed if changes are present. If change in condition is noted, alert charting to be initiated and monitored until resident returns to baseline. Policies were reviewed; showing no changes to be needed. Education to be provided to all staff regarding appropriate action for the need of notification to DON, family and physician. Education to be completed for nursing staff before next scheduled shift. Educations to be	

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F 580	Continued From page 3 R1's progress note dated 2/8/23, at 12:58 a.m. included, Supplemental oxygen (O2) initiated due to resident O2 saturation at 79% (above 90% is normal) on room air. Staff went to assist resident during rounds and resident unable to use urinal appropriately, difficult to arise, audible wheezing and gurgling present. Vital signs at time of observation blood pressure (BP) 94/64, heart rate (HR) 87, temp 98.2 (respirations were not recorded). O2 sats increased to 90% on 6 Liters (L), as needed albuterol (respiratory medication) administered. Staff will continue to monitor resident for changes. R1's progress note dated 2/8/23, at 7:08 a.m. included, Resident slow to respond to verbal stimuli. Unable to take morning medications, unable to swallow them. Note indicated R1 refused transfer to hospital. Vital signs obtained BP 118/62, HR 98, O2 on 6 L 92%, respirations 36, and temp 98.1. Will update case manager and discuss contacting resident representative. In review of R1's record it was not evident the physician was notified of R1's sudden change in respiratory status that required initiating standing order for oxygen to maintain R1's oxygen saturations above 88% per the standing order directive. Further not evident the resident representative was notified when R1's condition changed. The record identified the physician and resident representative were not notified until approximately 8:46 a.m., almost 8 hours after R1 demonstrated worsening of respiratory function. R1's progress note dated 2/8/23, at 8:46 a.m. included Resident slow to respond to verbal stimuli, weak, and unable to hold phone and stay	F 580	completed with staff whom do not complete appropriate alert charting and whom do not notify appropriate personal when a change in condition is noted. DON or designee to complete audits 3x / week for 4 weeks, then 1x / week for 4 weeks. Audits to reflect review of progress notes within eMAR system to ensure no changes in condition occurred. If changes in condition are present, DON or designee to ensure that appropriate personnel were notified and alert charting to be placed within eMAR system until resident returns to baseline. Results of audits will be brought to QAPI for review for further recommendations for monitoring. Completion date of 3/22/23.	

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F 580	Continued From page 4 awake to talk on phone. Resident's representative spoke with resident over speaker. Resident in agreement to go to emergency room. The note further indicated the physician was contacted for order to be sent to the emergency room. During an interview on 2/17/23 at 10:11 a.m. resident representative (RR)-1 indicated he was the person that was supposed to be contacted for changes. RR-1 stated on 2/7/23, he had taken R1 outside the facility; he brought R1 back to the facility between 4:30 p.m. and 5:00 p.m. Upon return, licensed practical nurse (LPN)-A gave R1 his medications, within 30 minutes R1 was drowsy and lethargic. RR-1 explained he had asked LPN-A if they had noticed anything different about R1. LPN-A stated had not noticed anything different. RR-1 then left the facility. He tried to call R1 at 8:30 p.m. but R1 was not able to carry on conversation. RR-1 then tried to call the facility a few times however, was not able to reach anyone. RR-1 indicated the facility called him the next morning (2/8/23) at 8:30 a.m., (NM)-A, informed him R1 had a change of respiratory status that required oxygen, was incoherent, and weak. RR-1 explained he had then talked to R1 about going to the hospital, R1 agreed to go. During an interview on 2/17/23 at 2:25 p.m. LPN-A stated they were the evening shift nurse on 2/7/22. LPN-A explained R1 was having problems breathing, he did not listen to lung sounds, and could not remember if R1 had oxygen on when he took care of him. LPN-A indicated he reported R1's condition to the oncoming nurse however did not notify the physician or the resident representative .	F 580		

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F 580	Continued From page 5 During an interview on 2/21/23 at 8:35 a.m. NM-A reviewed R1's record; explained staff should have notified the physician and resident representative should have been informed of R1's change of condition when R1 required oxygen and had mental status changes. During interview on 2/21/23 at 1:17 p.m. director of nursing, explained the physician and resident representative should have been notified when R1 was started on oxygen because of a change in respiratory condition. During an interview on 2/22/23 at 8:44 a.m. MD-A reviewed R1's record. MD-A indicated staff should have contacted the on-call RN per policy and then medical provider when R1 required oxygen administration. The facility revised policy Notification of Significant Changes dated 1/7/19, indicated: -The charge nurse will immediately (as directed by the change of condition) inform the resident, consult with the physician, and notify the resident representative, for the following significant change situations: -A deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinic complications. -In the case of sudden illness or accident, the designated resident representative or family member, as appropriate, will be notified of significant changes in the resident's health status because the resident may not be able to notify them personally. -When the resident is not capable of making decision, care center staff will contact the designated representative to make any required	F 580		

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F 580	Continued From page 6 decisions.	F 580		

Electronically delivered

March 2, 2023

Administrator
Little Falls Care Center
1200 First Avenue Northeast
Little Falls, MN 56345

Re: State Nursing Home Licensing Orders
Event ID: FS1911

Dear Administrator:

The above facility was surveyed on February 17, 2023, through February 22, 2023, 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 only a suggestion 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, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Rochester District Office
18 Woodlake Drive, Rochester MN, 55904
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 contact me with any questions regarding this letter.

Sincerely,

Lori Hagen, Compliance Analyst
Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Telephone: 651-201-4306
E-Mail: Lori.Hagen@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00382	A. BUILDING: _____ B. WING _____	C 02/22/2023

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LITTLE FALLS CARE CENTER	1200 FIRST AVENUE NORTHEAST LITTLE FALLS, MN 56345

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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 2/17/23, 2/21/23 and 2/22/23, 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 order was issued. Please indicate in your electronic plan of correction you	2 000		

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	00382	A. BUILDING: _____ B. WING _____	C 02/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LITTLE FALLS CARE CENTER	1200 FIRST AVENUE NORTHEAST LITTLE FALLS, MN 56345

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2 000	Continued From page 1 have reviewed these orders and identify the date when they will be completed. The following complaints were reviewed. H53998557C (MN00091125) with a licensing order issued at 0265. 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	2 000		

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2 265	MN Rule 4658.0085 Notification of Chg in Resident Health Status A nursing home must develop and implement policies to guide staff decisions to consult physicians, physician assistants, and nurse practitioners, and if known, notify the resident's legal representative or an interested family member of a resident's acute illness, serious accident, or death. At a minimum, the director of nursing services, and the medical director or an attending physician must be involved in the development of these policies. The policies must have criteria which address at least the appropriate notification times for: A. an accident involving the resident which results in injury and has the potential for requiring physician intervention; B. a significant change in the resident's physical, mental, or psychosocial status, for example, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications; C. a need to alter treatment significantly, for example, a need to discontinue an existing form of treatment due to adverse consequences, or to begin a new form of treatment; D. a decision to transfer or discharge the resident from the nursing home; or E. expected and unexpected resident deaths. This MN Requirement is not met as evidenced by: Based on interview and document review the	2 265	Corrected	3/6/23

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2 265	Continued From page 3 facility failed to notify the physician and resident representative (RR) of a sudden change in condition for 1 of 1 resident (R1) who developed an acute respiratory that subsequently resulted in hospitalization. Findings include: R1's admission Minimum Data Set (MDS) dated 11/9/22, identified R1 had diagnoses that included cancer of the nasal pharynx, cancer of left lung, dysphagia (difficulty swallowing), and paraplegia (decreased or no movement in lower extremities). R1 did not have cognitive impairment, did not have problems with swallowing, and did not require oxygen. Further identified R1 was totally dependent on two staff for transfers and extensive assist of two staff for bed mobility. House Standing Orders signed by the physician on 4/6/2022, for Cough/Respiratory Symptoms included: -Oxygen 1-4 liters by nasal cannula or mask as needed for respiratory distress, acute dyspnea (shortness of breath), hypoxia (to bring oxygen levels above 88%) or acute chest pain. No greater than 2 liters for residents with COPD (chronic obstructive pulmonary disease); notify MD/NP. -In case of a code or emergency room situation, oxygen 5-10 liters per mask for acute dyspnea, cyanosis (blue color tinge to skin or lips), or shock; contact emergency medical services. R1's progress note dated 2/7/23, at 10:36 p.m. included resident was very sleepy for most of the shift. His appetite and fluid consumption is very poor. Vital signs within normal limits. Resident was gurgling. He took all his medications.	2 265		

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2 265	Continued From page 4 R1's progress note dated 2/8/23, at 12:58 a.m. included, Supplemental oxygen (O2) initiated due to resident O2 saturation at 79% (above 90% is normal) on room air. Staff went to assist resident during rounds and resident unable to use urinal appropriately, difficult to arise, audible wheezing and gurgling present. Vital signs at time of observation blood pressure (BP) 94/64, heart rate (HR) 87, temp 98.2 (respirations were not recorded). O2 sats increased to 90% on 6 Liters (L), as needed albuterol (respiratory medication) administered. Staff will continue to monitor resident for changes. R1's progress note dated 2/8/23, at 7:08 a.m. included, Resident slow to respond to verbal stimuli. Unable to take morning medications, unable to swallow them. Note indicated R1 refused transfer to hospital. Vital signs obtained BP 118/62, HR 98, O2 on 6 L 92%, respirations 36, and temp 98.1. Will update case manager and discuss contacting resident representative. In review of R1's record it was not evident the physician was notified of R1's sudden change in respiratory status that required initiating standing order for oxygen to maintain R1's oxygen saturations above 88% per the standing order directive. Further not evident the resident representative was notified when R1's condition changed. The record identified the physician and resident representative were not notified until approximately 8:46 a.m., almost 8 hours after R1 demonstrated worsening of respiratory function. R1's progress note dated 2/8/23, at 8:46 a.m. included Resident slow to respond to verbal stimuli, weak, and unable to hold phone and stay awake to talk on phone. Resident's representative spoke with resident over speaker.	2 265		

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2 265	Continued From page 5 Resident in agreement to go to emergency room. The note further indicated the physician was contacted for order to be sent to the emergency room. During an interview on 2/17/23 at 10:11 a.m. resident representative (RR)-1 indicated he was the person that was supposed to be contacted for changes. RR-1 stated on 2/7/23, he had taken R1 outside the facility; he brought R1 back to the facility between 4:30 p.m. and 5:00 p.m. Upon return, licensed practical nurse (LPN)-A gave R1 his medications, within 30 minutes R1 was drowsy and lethargic. RR-1 explained he had asked LPN-A if they had noticed anything different about R1. LPN-A stated had not noticed anything different. RR-1 then left the facility. He tried to call R1 at 8:30 p.m. but R1 was not able to carry on conversation. RR-1 then tried to call the facility a few times however, was not able to reach anyone. RR-1 indicated the facility called him the next morning (2/8/23) at 8:30 a.m., (NM)-A, informed him R1 had a change of respiratory status that required oxygen, was incoherent, and weak. RR-1 explained he had then talked to R1 about going to the hospital, R1 agreed to go. During an interview on 2/17/23 at 2:25 p.m. LPN-A stated they were the evening shift nurse on 2/7/22. LPN-A explained R1 was having problems breathing, he did not listen to lung sounds, and could not remember if R1 had oxygen on when he took care of him. LPN-A indicated he reported R1's condition to the oncoming nurse however did not notify the physician or the resident representative . During an interview on 2/21/23 at 8:35 a.m. NM-A reviewed R1's record; explained staff should have	2 265		

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2 265	Continued From page 6 notified the physician and resident representative should have been informed of R1's change of condition when R1 required oxygen and had mental status changes. During interview on 2/21/23 at 1:17 p.m. director of nursing, explained the physician and resident representative should have been notified when R1 was started on oxygen because of a change in respiratory condition. During an interview on 2/22/23 at 8:44 a.m. MD-A reviewed R1's record. MD-A indicated staff should have contacted the on-call RN per policy and then medical provider when R1 required oxygen administration. The facility revised policy Notification of Significant Changes dated 1/7/19, indicated: -The charge nurse will immediately (as directed by the change of condition) inform the resident, consult with the physician, and notify the resident representative, for the following significant change situations: -A deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinic complications. -In the case of sudden illness or accident, the designated resident representative or family member, as appropriate, will be notified of significant changes in the resident's health status because the resident may not be able to notify them personally. -When the resident is not capable of making decision, care center staff will contact the designated representative to make any required decisions. SUGGESTED METHOD OF CORRECTION: The director of nursing or designee, should re-educate	2 265		

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2 265	Continued From page 7 staff on the policies and procedures and have a system for evaluating and monitoring consistent implementation of these policies, with results of those audits being brought to the facility's Quality Assurance Committee for review to determine compliance or the need for further monitoring. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	2 265		