



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

August 20, 2019

Administrator
Maple Manor Nursing and Rehab, LLC
1875 19th Street Northwest
Rochester, MN 55901

RE: Project Number H5409059C

Dear Administrator:

On August 19, 2019, the Minnesota Department of Health, completed a Post Certification Revisit (PCR) by review of your plan of correction to verify that your facility had achieved and maintained compliance. Based on our visit, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

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.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing
Licensing and Certification Program
Minnesota Department of Health
P.O. Box 64900
St. Paul, MN 55164-0900
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
August 1, 2019

Administrator
Maple Manor Nursing and Rehab, LLC
1875 19th Street Northwest
Rochester, MN 55901

RE: Project Number H5409059C

Dear Administrator:

On July 15, 2019, a standard survey was completed at your facility by the Minnesota Departments 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.

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.

OPPORTUNITY TO CORRECT - DATE OF CORRECTION

The date by which the deficiencies must be corrected to avoid imposition of remedies is August 24, 2019.

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.

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 a 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:

- Discretionary denial of payment for new Medicare and Medicaid admissions (42 CFR 88.417 (a));
- Civil money penalty (42 CFR 488.430 through 488.444).

Failure to submit an acceptable ePoC could also result in the 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" tag) i.e., the plan of correction should be directed to:

Jennifer Kolsrud Brown
Rochester Survey Team
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
18 Wood Lake Drive Southeast
Rochester, Minnesota 55904-5506
Email: jennifer.kolsrud@state.mn.us
Phone: (507) 206-2731
Fax: (507) 206-2711

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 October 15, 2019 (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 January 15, 2020 (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/ltr/idr.cfm>

Maple Manor Nursing and Rehab, LLC

August 1, 2019

Page 4

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 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.

Feel free to contact me if you have questions.

Sincerely,



Kamala Fiske-Downing

Licensing and Certification Program

Minnesota Department of Health

P.O. Box 64900

St. Paul, MN 55164-0900

Telephone: (651) 201-4112 Fax: (651) 215-9697

Email: Kamala.Fiske-Downing@state.mn.us

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/15/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245409	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/15/2019
NAME OF PROVIDER OR SUPPLIER MAPLE MANOR NURSING AND REHAB, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1875 19TH STREET NORTHWEST ROCHESTER, MN 55901		
(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	<p>INITIAL COMMENTS</p> <p>On 7/15/19 an abbreviated standard survey was completed at your facility by the Minnesota Department of Health to determine if your facility was not in compliance with requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities</p> <p>The following complaint was substantiated: H5409059C.</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance.</p> <p>Upon receipt of an acceptable electronic POC, an on-site revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.</p>	F 000			
F 689 SS=D	<p>Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)</p> <p>§483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview and document</p>	F 689	-R46 and R29 care plan have been	8/14/19	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed

TITLE

(X6) DATE
08/09/2019

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 689	<p>Continued From page 1</p> <p>review, the facility failed to implement the care plan and facility procedures for the safe use of mechanical lifts to prevent accidents for 2 of 3 residents (R46, R29) reviewed.</p> <p>Findings include:</p> <p>According to a facility Incident Report dated 7/9/19, R46 fell during a transfer with a "sit to stand lift" with one staff assist.</p> <p>R46's electronic health record (EHR) admission facesheet identified R46 had diagnoses which included history of falls, low back pain and difficulty walking.</p> <p>R46's care plan indicated a focus problem area dated 2/22/19, for limited physical mobility related to deconditioning. On 3/18/19, the care plan was updated to include an intervention that directed staff to use an EZ-stand lift (a mechanical lift used when someone can bear at least 50% of their own weight and can hang on with at least one hand) for transfers and to have two staff present while using the lift.</p> <p>Review of R46's progress note dated 7/9/19, at 9:50 a.m. indicated the nurse had been called to a resident's room where the resident was observed to be sitting on the floor in front of an EZ Stand. The note indicated the NA [nursing assistant] was behind her supporting her to sit up. It had been reported the resident's arm was out of the sling and R46 was slipping down so the NA lowered her to the floor. The nurse documented she'd assessed the resident and there was no shortening or rotation of the resident's LE [lower extremity]. AROM [active range of motion-the ability to move limbs at joints] per usual.</p>	F 689	<p>reviewed and updated to reflect current transfer status and sling size. R46 and R29 are being transferred as care planned with the appropriate lift type and sling.</p> <p>-An audit was completed on residents utilizing mechanical lifts to ensure an assessment was completed and lift type and sling size were indicated on care plans and NA Kardex.</p> <p>-An inventory of slings was completed to ensure there are various sling sizes available for resident use.</p> <p>-Nursing staff have been educated on transferring residents, use of lift, and sling sizes. Education also included checking the residents' Kardex in Point of Care of assistance needed for transfers.</p> <p>-Audits will be completed weekly x4 weeks on 4 residents' transferring with mechanical lifts to ensure proper procedure is used and sling size is appropriate. Negative findings will be immediately corrected.</p> <p>-Audit results will be reviewed at QAPI to determine patterns and necessity to continue audits.</p> <p>-DON/designee is responsible</p> <p>-Date Certain: 8/14/19</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER MAPLE MANOR NURSING AND REHAB, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1875 19TH STREET NORTHWEST ROCHESTER, MN 55901		
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F 689	Continued From page 2 R46's post fall review/summary 7/12/19, indicated the root cause of R46's fall on 7/9/19, was due to her care plan not being followed. The summary indicated R46 had been transferred with the mechanical stand lift with only one staff assist and should have had two. During an interview on 7/15/19, at 10:56 a.m. R46 recalled the 7/9/19, incident but could not recall exactly what happened, but indicated her arms gave out during the transfer and she went straight down. R46 stated it would "depend" whether one person or two persons assisted her with a transfer with the mechanical stand lift. R29's EHR admission record, indicated R29 had diagnoses which included low back pain, cerebral infarction (a stroke), hemiplegia and hemiparesis following cerebral infarction (paralysis on one side of the body) affecting left dominant side. R29's care plan had a focus problem area related to physical mobility dated 7/14/15, and revised 3/7/16, which indicated R29 had the potential for falls with injury and further indicated an impaired mobility and hemiplegia. An associated intervention that was listed was to utilize an EZ Stand lift with the assistance of two persons for all transfers. The intervention identified the proper fitting harness to use was a medium harness/beige. During an observation on 7/15/19, at 11:01 a.m. nursing assistant (NA)-A and NA-B went to R29's room to transfer R29 from the bed to an electric wheelchair. R29 was observed to be extremely thin, able to hold onto the handle with right hand, but not with the left hand. The harness applied by	F 689			

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F 689	<p>Continued From page 3</p> <p>NA-A and NA-B appeared large on R29. The two staff accomplished the transfer without incident.</p> <p>During an interview on 7/15/19, at 11:10 a.m. NA-B stated the procedure for transferring a resident, including the type of lift and number of persons to assist would be listed in a residents care plan. NA-B stated there were not different sized harnesses for the residents, but they could adjust the size by using different loops on the harness and by pulling the belt tight. NA-B confirmed the harness that was used to transfer R29 was maroon in color and had a green belt. After looking at the harness, NA-B stated she was unsure if there were different size harnesses for the EZ-stand lift.</p> <p>According to an interview 7/15/19, at 11:31 a.m. trained medication aide (TMA)-A stated there were different size slings and harnesses for all types of lifts and the correct size should be listed on the paper care guide the NAs carry with them while they work. TMA-A exhibited a sling that had a green belt and stated it was a "large" harness. TMA-A stated there was a harness with a "gold" belt that was a "medium" sized harness. TMA-A then found a sling in a storage area with a silver belt and then a sling with gold/beige belt that had a label stating it was a "medium." TMA-A stated the information for the correct size harness to use could be found in the resident's care plan and in the kardex (addition to care plan, specific to cares NAs provide.)</p> <p>According to an interview 7/15/19, at 11:37 a.m. R29 stated he had been using the EZ-stand for quite some time and denied ever having any problems with it. R29 stated there had always been two persons assisting him; however, he was</p>	F 689			

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F 689	<p>Continued From page 4</p> <p>unaware that harnesses came in different sizes. R29 stated that to his knowledge, the harness used during the earlier observation was the same harness that was always used.</p> <p>According to an interview 7/15/19, at 11:44 a.m. NA-A Stated the size of harness to use on a resident went according to the size of the resident and would be listed on the care sheet. She stated staff should use a medium sling when assisting R29. Then NA-A said, "come to think of it, we used a large, I think." NA-A stated they could tell the harness apart by the color, and that a medium was sort of beige.</p> <p>According to an interview and observation on 7/15/19, at 12:00 p.m. TMA-A stated, "the slings (harness) are usually right here on the EZ-stand. You can see there are two different kinds on this one. This one is large, it has kind of a green belt and this one is a medium, you can see it is sort of beige or gold." Then TMA-A showed the tags that were attached to the harnesses, the green being marked "L" (large) and the beige being marked "M" (medium.) NA-C was present and confirmed this information and confirmed that the information about what size sling to use would be listed on the resident's care plan. They confirmed that two person should be used when utilizing the EZ-stand lift.</p> <p>According to an interview 7/15/19, at 1:26 p.m. the director of nursing (DON) and administrator confirmed there had been an incident on 7/9/19, where R46 was being transferred with the EZ-stand lift and ended up being lowered to the floor by staff. The DON stated they were immediately informed of the incident that day and removed NA-D from her duties while they</p>	F 689			

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F 689	<p>Continued From page 5</p> <p>investigated. According to the administrator, NA-D had stated she was aware she should have had a second person assist with the EZ-stand transfer, but when a co-worker was busy, NA-D had decided it would be safe to perform the transfer independently. Furthermore, the administrator stated NA-D had reported she forgot to buckle the belt that secures the harness to prevent the resident from slipping down if they let go of the machine. The DON said NA-D had reported R46 lost her grip on the lift and began to slide so NA-D went behind her and helped her down to the floor. In addition, the DON stated NA-A and NA-B had self-reported they had used the wrong sling while transferring R29 earlier in the day. The DON stated the facility had immediately instituted re-training before allowing the staff to return to providing cares. DON confirmed an expectation for staff to follow a resident's care plan or to look up the size of sling to be used in a resource book available at the nurses' station.</p> <p>A request was made for a policy related to the use of mechanical lifts. Facility provided a document titled Policy & Procedure, Using a Mechanical lift, dated 8/1/15. The procedure indicated that the portable lift "should be used by two nursing assistants to perform the procedure."</p> <p>The facility provided an undated Sit-to Stand Mechanical lift procedure guide. The document included procedures for testing caregivers on the appropriate use of such equipment. The procedure included; "Two caregivers to assist at all times. The sling and lift should be inspected prior to use ...place sling around resident; use appropriate loop. Secures belt around resident's waist. One caregiver stays by the resident and</p>	F 689			

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F 689	Continued From page 6 assures the sling is secure and the standing motion is safe. The resident's arms must be on the outside of the sling! The resident should hold on to the grab bars throughout the transfer. Second caregiver operates the controls to bring resident to a standing position. The caregiver by the resident tightens the belt once the resident is slightly up from the sitting position."	F 689			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

August 1, 2019

Administrator
Maple Manor Nursing And Rehab, LLC
1875 19th Street Northwest
Rochester, MN 55901

Re: State Nursing Home Licensing Orders - Complaint Number H5409059C

Dear Administrator:

A complaint investigation was completed on July 15, 2019. At the time of the investigation, the investigator assessed compliance with Minnesota Department of Health Nursing Home Rules. The investigator from the Minnesota Department of Health, Office of Health Facility Complaints, noted one or more violations of these rules. These state licensing orders are issued in accordance with Minnesota Statute section 144.653 and/or Minnesota Statute Section 144A.10. If, upon reinspection, it is found that the violations 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 of the Minnesota Department of Health.

To assist in complying with the licensing 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 violation. 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 violation within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

The State licensing orders are delineated on the Minnesota Department of Health order form. The Minnesota Department of Health is documenting the state licensing 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 after the statement, "This Rule is not met as evidenced by." Following investigator's findings are the Suggested Method of Correction and the Time Period For Correction.

Maple Manor Nursing And Rehab, LLC

August 1, 2019

Page 2

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.

When all licensing orders are corrected, the form should be signed and returned electronically to:

Jennifer Kolsrud Brown
Rochester Survey Team
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
18 Wood Lake Drive Southeast
Rochester, Minnesota 55904-5506
Email: jennifer.kolsrud@state.mn.us
Phone: (507) 206-2731 Fax: (507) 206-2711

You may request a hearing on any assessments that result from non-compliance with these licensing orders by providing a written request 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.

Sincerely,



Kamala Fiske-Downing
Licensing and Certification Program
Minnesota Department of Health
P.O. Box 64900
St. Paul, MN 55164-0900
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00916	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/15/2019
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NAME OF PROVIDER OR SUPPLIER MAPLE MANOR NURSING AND REHAB, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1875 19TH STREET NORTHWEST ROCHESTER, MN 55901
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(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	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>INITIAL COMMENTS: On 7/15/19, an abbreviated standard survey was conducted at your facility by the Minnesota Department of health to investigate a complaint. The following correction orders are issued. Please indicate in your electronic plan of correction that you have reviewed these order, and identify the date when they will be corrected.</p>	2 000		

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

TITLE

(X6) DATE
08/09/19

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00916	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/15/2019
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2 000	Continued From page 1 The following complaint was found to be substantiated: H#5409059C. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.	2 000		
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 document review, the facility failed to implement the care plan and facility procedures for the safe use of mechanical lifts to prevent accidents for 2 of 3 residents (R46, R29) reviewed. Findings include:	2 830	Corrected.	8/14/19

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2 830	<p>Continued From page 2</p> <p>According to a facility Incident Report dated 7/9/19, R46 fell during a transfer with a "sit to stand lift" with one staff assist.</p> <p>R46's electronic health record (EHR) admission facesheet identified R46 had diagnoses which included history of falls, low back pain and difficulty walking.</p> <p>R46's care plan indicated a focus problem area dated 2/22/19, for limited physical mobility related to deconditioning. On 3/18/19, the care plan was updated to include an intervention that directed staff to use an EZ-stand lift (a mechanical lift used when someone can bear at least 50% of their own weight and can hang on with at least one hand) for transfers and to have two staff present while using the lift.</p> <p>Review of R46's progress note dated 7/9/19, at 9:50 a.m. indicated the nurse had been called to a resident's room where the resident was observed to be sitting on the floor in front of an EZ Stand. The note indicated the NA [nursing assistant] was behind her supporting her to sit up. It had been reported the resident's arm was out of the sling and R46 was slipping down so the NA lowered her to the floor. The nurse documented she'd assessed the resident and there was no shortening or rotation of the resident's LE [lower extremity]. AROM [active range of motion-the ability to move limbs at joints] per usual.</p> <p>R46's post fall review/summary 7/12/19, indicated the root cause of R46's fall on 7/9/19, was due to her care plan not being followed. The summary indicated R46 had been transferred with the mechanical stand lift with only one staff assist and should have had two.</p>	2 830		

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2 830	<p>Continued From page 3</p> <p>During an interview on 7/15/19, at 10:56 a.m. R46 recalled the 7/9/19, incident but could not recall exactly what happened, but indicated her arms gave out during the transfer and she went straight down. R46 stated it would "depend" whether one person or two persons assisted her with a transfer with the mechanical stand lift.</p> <p>R29's EHR admission record, indicated R29 had diagnoses which included low back pain, cerebral infarction (a stroke), hemiplegia and hemiparesis following cerebral infarction (paralysis on one side of the body) affecting left dominant side.</p> <p>R29's care plan had a focus problem area related to physical mobility dated 7/14/15, and revised 3/7/16, which indicated R29 had the potential for falls with injury and further indicated an impaired mobility and hemiplegia. An associated intervention that was listed was to utilize an EZ Stand lift with the assistance of two persons for all transfers. The intervention identified the proper fitting harness to use was a medium harness/beige.</p> <p>During an observation on 7/15/19, at 11:01 a.m. nursing assistant (NA)-A and NA-B went to R29's room to transfer R29 from the bed to an electric wheelchair. R29 was observed to be extremely thin, able to hold onto the handle with right hand, but not with the left hand. The harness applied by NA-A and NA-B appeared large on R29. The two staff accomplished the transfer without incident.</p> <p>During an interview on 7/15/19, at 11:10 a.m. NA-B stated the procedure for transferring a resident, including the type of lift and number of persons to assist would be listed in a residents care plan. NA-B stated there were not different sized harnesses for the residents, but they could</p>	2 830		

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2 830	<p>Continued From page 4</p> <p>adjust the size by using different loops on the harness and by pulling the belt tight. NA-B confirmed the harness that was used to transfer R29 was maroon in color and had a green belt. After looking at the harness, NA-B stated she was unsure if there were different size harnesses for the EZ-stand lift.</p> <p>According to an interview 7/15/19, at 11:31 a.m. trained medication aide (TMA)-A stated there were different size slings and harnesses for all types of lifts and the correct size should be listed on the paper care guide the NAs carry with them while they work. TMA-A exhibited a sling that had a green belt and stated it was a "large" harness. TMA-A stated there was a harness with a "gold" belt that was a "medium" sized harness. TMA-A then found a sling in a storage area with a silver belt and then a sling with gold/beige belt that had a label stating it was a "medium." TMA-A stated the information for the correct size harness to use could be found in the resident's care plan and in the kardex (addition to care plan, specific to cares NAs provide.)</p> <p>According to an interview 7/15/19, at 11:37 a.m. R29 stated he had been using the EZ-stand for quite some time and denied ever having any problems with it. R29 stated there had always been two persons assisting him; however, he was unaware that harnesses came in different sizes. R29 stated that to his knowledge, the harness used during the earlier observation was the same harness that was always used.</p> <p>According to an interview 7/15/19, at 11:44 a.m. NA-A Stated the size of harness to use on a resident went according to the size of the resident and would be listed on the care sheet. She stated staff should use a medium sling when assisting</p>	2 830		

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2 830	<p>Continued From page 5</p> <p>R29. Then NA-A said, "come to think of it, we used a large, I think." NA-A stated they could tell the harness apart by the color, and that a medium was sort of beige.</p> <p>According to an interview and observation on 7/15/19, at 12:00 p.m. TMA-A stated, "the slings (harness) are usually right here on the EZ-stand. You can see there are two different kinds on this one. This one is large, it has kind of a green belt and this one is a medium, you can see it is sort of beige or gold." Then TMA-A showed the tags that were attached to the harnesses, the green being marked "L" (large) and the beige being marked "M" (medium.) NA-C was present and confirmed this information and confirmed that the information about what size sling to use would be listed on the resident's care plan. They confirmed that two person should be used when utilizing the EZ-stand lift.</p> <p>According to an interview 7/15/19, at 1:26 p.m. the director of nursing (DON) and administrator confirmed there had been an incident on 7/9/19, where R46 was being transferred with the EZ-stand lift and ended up being lowered to the floor by staff. The DON stated they were immediately informed of the incident that day and removed NA-D from her duties while they investigated. According to the administrator, NA-D had stated she was aware she should have had a second person assist with the EZ-stand transfer, but when a co-worker was busy, NA-D had decided it would be safe to perform the transfer independently. Furthermore, the administrator stated NA-D had reported she forgot to buckle the belt that secures the harness to prevent the resident from slipping down if they let go of the machine. The DON said NA-D had reported R46 lost her grip on the lift and began to</p>	2 830		

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2 830	<p>Continued From page 6</p> <p>slide so NA-D went behind her and helped her down to the floor. In addition, the DON stated NA-A and NA-B had self-reported they had used the wrong sling while transferring R29 earlier in the day. The DON stated the facility had immediately instituted re-training before allowing the staff to return to providing cares. DON confirmed an expectation for staff to follow a resident's care plan or to look up the size of sling to be used in a resource book available at the nurses' station.</p> <p>A request was made for a policy related to the use of mechanical lifts. Facility provided a document titled Policy & Procedure, Using a Mechanical lift, dated 8/1/15. The procedure indicated that the portable lift "should be used by two nursing assistants to perform the procedure."</p> <p>The facility provided an undated Sit-to Stand Mechanical lift procedure guide. The document included procedures for testing caregivers on the appropriate use of such equipment. The procedure included; "Two caregivers to assist at all times. The sling and lift should be inspected prior to use ...place sling around resident; use appropriate loop. Secures belt around resident's waist. One caregiver stays by the resident and assures the sling is secure and the standing motion is safe. The resident's arms must be on the outside of the sling! The resident should hold on to the grab bars throughout the transfer. Second caregiver operates the controls to bring resident to a standing position. The caregiver by the resident tightens the belt once the resident is slightly up from the sitting position."</p> <p>SUGGESTED METHOD OF CORRECTION: The Director of Nursing (DON) or designee could assure all staff review recommendations and</p>	2 830		

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2 830	<p>Continued From page 7</p> <p>procedures for all mechanical lifts in the facility, including the proper size for slings/harnesses and the safe use of such devices. Additionally, DON or designee could audit/ monitor staff use of the mechanical lifts to ensure that all safety precautions are followed and staff follow resident care plans when choosing a sling/harness during transfers.</p> <p>TIME PERIOD FOR CORRECTION: Twenty one (21) days.</p>	2 830		