



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically delivered  
November 8, 2022

Administrator  
Edenbrook Of Rochester  
1875 19th Street Northwest  
Rochester, MN 55901

RE: CCN: 245409  
Cycle Start Date: September 28, 2022

Dear Administrator:

On October 24, 2022, we notified you a remedy was imposed. On November 7, 2022 the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of November 1, 2022.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective November 8, 2022 did not go into effect. (42 CFR 488.417 (b))

However, as we notified you in our letter of October 24, 2022, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from October 11, 2022. This does not apply to or affect any previously imposed NATCEP loss.

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

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Poepping'.

Melissa Poepping, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64900  
Saint Paul, Minnesota 55164-0970  
Phone: 651-201-4117  
Email: [Melissa.Poepping@state.mn.us](mailto:Melissa.Poepping@state.mn.us)



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November 8, 2022

Administrator  
Edenbrook Of Rochester  
1875 19th Street Northwest  
Rochester, MN 55901

Re: Reinspection Results  
Event ID: HG4112 and U75Y12

Dear Administrator:

On November 7, 2022 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the surveys completed on September 28, 2022 and October 11, 2022. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Poepping'.

Melissa Poepping, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64900  
Saint Paul, Minnesota 55164-0970  
Phone: 651-201-4117  
Email: [Melissa.Poepping@state.mn.us](mailto:Melissa.Poepping@state.mn.us)



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October 24, 2022

Administrator  
Edenbrook Of Rochester  
1875 19th Street Northwest  
Rochester, MN 55901

RE: CCN: 245409  
Cycle Start Date: September 28, 2022

Dear Administrator:

On October 6, 2022, we informed you that we may impose enforcement remedies.

On October 11, 2022, the Minnesota Department of Health completed a survey and it has been determined that your facility is not in substantial compliance. Your facility was not in substantial compliance with the participation requirements and the conditions in your facility constituted **both substandard quality of care and immediate jeopardy** to resident health or safety. The most serious deficiencies in your facility were found to be isolated deficiencies that constituted immediate jeopardy (Level J), as evidenced by the electronically attached CMS-2567, whereby corrections are required.

#### REMOVAL OF IMMEDIATE JEOPARDY

On October 11, 2022, the situation of immediate jeopardy to potential health and safety cited at F0684 was removed. However, continued non-compliance remains at the lower scope and severity of D.

#### REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy(ies) listed below to the CMS Region V Office for imposition. The CMS Region V Office concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective November 8, 2022.

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective November 8, 2022. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective November 8, 2022.

You should notify all Medicare/Medicaid residents admitted on, or after, this date of the restriction. The remedy must remain in effect until your facility has been determined to be in substantial compliance or your provider agreement is terminated. Please note that the denial of payment for new admissions includes Medicare/Medicaid beneficiaries enrolled in managed care plans. It is your obligation to inform managed care plans contracting with your facility of this denial of payment for new admissions.

This Department is also recommending that CMS impose a civil money penalty. You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

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

### SUBSTANDARD QUALITY OF CARE (SQC)

SQC was identified at your facility. Sections 1819(g)(5)(C) and § 1919(g)(5)(C) of the Social Security Act and 42 CFR 488.325(h) requires that the attending physician of each resident who was found to have received substandard quality of care, as well as the State board responsible for licensing the facility's administrator, be notified of the substandard quality of care. If you have not already provided the following information, you are required to provide to this agency within ten working days of your receipt of this letter the name and address of the attending physician of each resident found to have received substandard quality of care.

Please note that, in accordance with 42 CFR 488.325(g), your failure to provide this information timely will result in termination of participation in the Medicare and/or Medicaid program(s) or imposition of alternative remedies.

Federal law, as specified in the Act at § 1819(f)(2)(B) and § 1919(f)(2)(B), prohibits approval of nurse assistant training programs offered by, or in, a facility which, within the previous two years, has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care. Therefore, Edenbrook Of Rochester is prohibited from offering or conducting a Nurse Assistant Training / Competency Evaluation Programs (NATCEP) or Competency Evaluation Programs for two years effective October 11, 2022. This prohibition remains in effect for the specified period even though substantial compliance is attained. Under Public Law 105-15 (H. R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

### ELECTRONIC PLAN OF CORRECTION (ePOC)

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

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

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

#### DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by a "F" and/or 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](mailto: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 - Health Regulation Division staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for their respective deficiencies (if any) is acceptable.

#### VERIFICATION OF SUBSTANTIAL COMPLIANCE

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

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

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

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by March 28, 2023 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at § 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR § 488.412 and § 488.456.

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

## APPEAL RIGHTS

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at <https://dab.efile.hhs.gov> no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request shall be submitted electronically to:

**Tamika.Brown@cms.hhs.gov**

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

Department of Health & Human Services  
Departmental Appeals Board, MS 6132  
Director, Civil Remedies Division  
330 Independence Avenue, S.W.  
Cohen Building – Room G-644  
Washington, D.C. 20201  
(202) 565-9462

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are

Edenbrook Of Rochester

October 24, 2022

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incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Tamika Brown, Principal Program Representative by phone at (312) 353-1502 or by e-mail at [Tamika.Brown@cms.hhs.gov](mailto:Tamika.Brown@cms.hhs.gov).

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

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

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

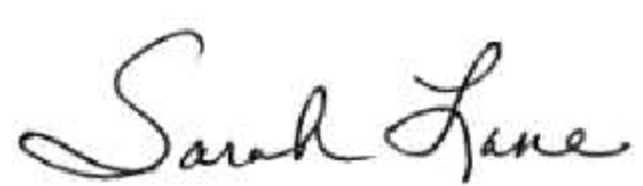
This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: [https://mdhprovidercontent.web.health.state.mn.us/lrc\\_idr.cfm](https://mdhprovidercontent.web.health.state.mn.us/lrc_idr.cfm)

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](https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html)

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

Feel free to contact me if you have questions.

Sincerely,



Sarah Lane, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64900  
Saint Paul, MN 55164-0900  
Telephone: 651-201-4308 Fax: 651-215-9697  
Email: [sarah.lane@state.mn.us](mailto:sarah.lane@state.mn.us)



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Electronically delivered  
October 24, 2022

Administrator  
Edenbrook Of Rochester  
1875 19th Street Northwest  
Rochester, MN 55901

Re: State Nursing Home Licensing Orders  
Event ID: U75Y11

Dear Administrator:

The above facility was surveyed on October 6, 2022 through October 11, 2022 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a "suggested method of correction" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is 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](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

Edenbrook Of Rochester

October 24, 2022

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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.

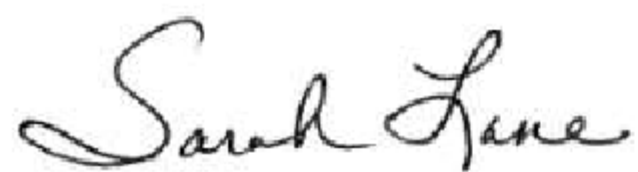
Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting 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](mailto: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.

Sincerely,



Sarah Lane, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64900  
Saint Paul, MN 55164-0900  
Telephone: 651-201-4308 Fax: 651-215-9697  
Email: [sarah.lane@state.mn.us](mailto:sarah.lane@state.mn.us)

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

PRINTED: 10/31/2022  
FORM APPROVED  
OMB NO. 0938-0391

|                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                                                                                                          |  |                                                                    |
|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>245409</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                                                     |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>09/28/2022</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>EDENBROOK OF ROCHESTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1875 19TH STREET NORTHWEST</b><br><b>ROCHESTER, MN 55901</b>                 |  |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                          | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ID<br>PREFIX<br>TAG                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETION<br>DATE                                         |
| F 000                                                             | INITIAL COMMENTS<br><br>On 9/27/22 and 9/28/22, a standard abbreviated survey was conducted at your facility. Your facility was found to be NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirments for Long Term Care Facilities.<br><br>The following complaints were found to be SUBSTANTIATED: H54094816C (MN87015 and MN87052), and H54094771C (MN87046) with a deficiency cited at F684 and F689.<br><br>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.<br><br>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<br>SS=D                                                     | Quality of Care<br>CFR(s): 483.25<br><br>§ 483.25 Quality of care<br>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.<br>This REQUIREMENT is not met as evidenced by:                                                                                                                                                                                                                                                                                                                                                                                                                                                              | F 684                                                                      |                                                                                                                          |  | 10/25/22                                                           |

|                                                                       |       |            |
|-----------------------------------------------------------------------|-------|------------|
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE  |
| Electronically Signed                                                 |       | 10/14/2022 |

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.

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

PRINTED: 10/31/2022  
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|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>245409</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><br><b>09/28/2022</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>EDENBROOK OF ROCHESTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1875 19TH STREET NORTHWEST</b><br><b>ROCHESTER, MN 55901</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                        |
| (X4) ID<br>PREFIX<br>TAG                                          | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ID<br>PREFIX<br>TAG                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | (X5)<br>COMPLETION<br>DATE                                             |
| F 684                                                             | <p>Continued From page 1</p> <p>Based on observation, interview, and document review the facility failed to have policy and procedure for ensuring residents were transported to scheduled outpatient appointments following hospitalization for 2 of 3 residents (R1, R3) which caused a delay in ongoing care and/or treatments.</p> <p>Findings include:</p> <p>R1's hospital discharge summary printed on 9/8/22, identified R1 had a primary diagnosis of nephrolithiasis (kidney stones). R1 also had diagnoses of bacteremia urinary tract infection, acute kidney injury, and stroke with dysphagia (difficulty swallowing). Imaging studies dated 8/4/22, identified a large 27-millimeter (mm) stone in the left renal pelvis and a 17 mm stone in the left lower pole calyx (these stones usually require active treatment as these are less likely to pass spontaneously).</p> <p>R1's admission Minimum Data Set (MDS) dated 9/13/22, identified R1 had severely impaired cognition, unclear speech, sometimes made self-understood, and sometimes understood others. MDS identified R1 did not walk and used wheelchair for mobility. Further the MDS identified R1 was totally dependent on one staff with eating and for locomotion, totally dependent on two staff for transfers, extensive assist of two staff for bed mobility and toileting, and extensive assist of one staff with hygiene and dressing. R1 had impairment of range of motion (ROM) on one upper and lower side of body.</p> <p>R1's physician visit dated 9/12/22, identified R1 had recent stroke on 7/6/22, with aphasia (loss of ability to understand or express speech) and right</p> | F 684                                                                      | <ul style="list-style-type: none"> <li>R1: appointments rescheduled for 10/5/2022 and 11/3/2022.</li> <li>R3: appointment was rescheduled for 11/22/22.</li> <li>Facility prepared a procedure flow sheet that defines each duty or task regarding appointment scheduling, expected follow up timeline, assigned responsible party, alternative responsible party, daily audit of appointments in Epic supplemented with a daily cross reference audit of facility's records, daily log tracking appointments, etc.</li> <li>Education on this procedure was initiated immediately which included all parties involved in appointments: receptionist, nurse managers, social worker, and HUC for appointment scheduling and follow up; nurses, and CNAs for proper appointment etiquette, escort services, and timeliness.</li> <li>All residents with outside of facility appointments have a potential of being affected.</li> <li>Facility completed review of the past 30 days of appointment of current residents to validate no other missed appointments have occurred. If any missed appointments, provider and resident or responsible party notified, and appointment rescheduled for earliest convenience.</li> <li>New procedure implemented: orders will be reviewed by IDT in morning meeting during business days to ensure appointments ordered have been scheduled.</li> </ul> |  |                                                                        |

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

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| F 684                                                             | <p>Continued From page 2</p> <p>sided hemiparesis (loss of strength to one side of the body). R1's neurological condition did not improve during her hospital stay. R1 was scheduled for a neurology outpatient appointment on 9/12/22. R1's left nephrostomy tube placed at last hospitalization for chronic staghorn calculi. R1 also scheduled to follow up with urology on 9/21/22, for staghorn calculi (type of kidney stone) removal with pre and post procedure antibiotic prophylaxis.</p> <p>R1's Appointment Schedule and Instructions identified an outside appointment on 9/12/22, at 7:00 a.m. with neurology. Further identified an appointment on 9/21/22, for a lab visit at 12:00 p.m. followed by consultation with urologist MD-B at 1:15 p.m.</p> <p>R1's September 2022 medication administration record, (MAR) identified the appointment on 9/12/22, with neurology at 7:00 a.m. The box had a chart code number "9" which instructed to see progress notes. Upon review of progress notes for 9/12/22, there was nothing documented regarding this appointment. The MAR also included an appointment on 9/21/22 at 12:00 p.m., come to appointment with full bladder. The corresponding box had a staff member's initials with a time stamp of 11:11 a.m. indicating R1 went to the appointment. No further documentation pertaining to the appointment was noted in R1's record.</p> <p>R1's Order Summary dated 9/7/22, included oxycodone 2.5 milligrams (mg) three times daily via G-tube for pain.</p> <p>Review of R1's record did not identify an increase of pain and/or infection symptoms between</p> | F 684                                                                      | <ul style="list-style-type: none"> <li>Weekly audits will be completed x 1 month to validate that ordered appointments have been scheduled. Audits will be reviewed through the QAPI process to determine if the audits need to continue, change, or discontinue.</li> </ul> <p>NHA or designee will be responsible for compliance.</p> |  |                                                                        |

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| F 684                                                             | <p>Continued From page 3<br/>9/21/22 and 9/28/22.</p> <p>During an observation on 9/27/22, at 10:12 a.m. R1 was noted to be lying on her right side of her bed, R1 was unable to respond to questions and did not display non-verbal signs of pain.</p> <p>During a phone interview on 9/26/22, at 3:51 p.m. operations manager of urology (OMU)-A stated on 9/21/22, R1 had an appointment with MD-B at 1:15 p.m. The appointment was for a surgical consult and consent to have her kidney stones removed. OMU-A stated the facility sent R1 to the clinic unaccompanied. In the waiting area, R1 was seen slumped down in her wheelchair moaning and seemed to be in a lot of pain. OMU-A indicated she did not feel R1 was safe to be unsupervised. OMU-A indicated R1 was not able to communicate with clinic staff even with the use of an interpreter. OMU-A stated since R1 was not able to communicate they were not able to obtain consent. OMU-A tried calling the family, but no one was able to assist at the last minute.</p> <p>During a phone interview on 9/26/22, at 4:05 p.m. hospital social worker (HSW)-A verified that R1 was transported from the nursing home to the clinic on 9/21/22, unsupervised. The appointment was where the surgical team was going to get consent for her kidney stone removal. The family was unaware that this appointment was scheduled so they were not present. HSW-A confirmed the appointment had not yet been rescheduled. HSW-A indicated since the clinic was having issues with the facility sending patients who were unable to consent alone, they would be calling the family directly to reschedule appointments.</p> | F 684                                                                      |                                                                                                                          |  |                                                                        |

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| F 684                                                             | <p>Continued From page 4</p> <p>During an interview on 9/27/22, at 10:18 a.m. licensed practical nurse (LPN)-A stated when residents had outside appointments, receptionist (R)-A scheduled the transportation and contacted the family member if the resident required someone to go with them. LPN-A was not sure who would make those arrangements when R-A was not working. LPN-A stated that R1 would not be safe to go to an outside appointment by herself because she could not communicate and was completely dependent on staff. LPN-A indicated when R1 sat up in her chair, she moaned quite a bit; LPN-A thought R1 moaned because she was in pain to which she received pain medication.</p> <p>During an interview on 9/27/22, at 10:31 a.m. R-A indicated that she was the one who set up transportation, notified family members, and scheduled resident appointments. R-A indicated she would consult with nurse managers about the resident's cognition to ascertain if they could go to the appointment alone. R-A confirmed R1 went unsupervised to her appointment on 9/21/22, and was not aware of R1's cognitive issues until now. R-A was not sure if R1's appointment was ever rescheduled. R-A indicated rescheduling would be up to the nurse managers to complete.</p> <p>During an interview on 9/27/22, at 10:50 a.m. clinical manager (CM)-A verified that R1 was sent out to her appointment on 9/21/22, unsupervised and stated she should have been supervised because of her cognition, English was not her first language, and R1 was non-verbal. CM-A explained upon admission the appointment guides were printed out and given to the health unit coordinator (HUC). The HUC would then enter the appointments into the order section in</p> | F 684                                                                      |                                                                                                                          |  |                                                                        |

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| F 684                                                             | <p>Continued From page 5</p> <p>the electronic health record. The orders populated to the MAR/TAR, so the floor nurse was aware. The appointment guide was also given to the receptionist. The receptionist would then set up transportation and get the appointment documents ready. CM-A indicated if the resident was cognitive then they could attend appointment alone. If the resident was not cognitive then the receptionist would arrange supervision and/or reach out to the family to assist with the appointment.</p> <p>During a subsequent interview on 9/27/22, at 11:03 a.m. CM-A stated on 9/21/22, she had not received information back from the appointment and was not aware R1's appointment needed to be rescheduled.</p> <p>During an interview on 9/27/22, at 11:06 a.m. director of nursing (DON) verified R1 was sent to her appointment unsupervised. DON stated R1 should not have been sent alone due to her impaired cognition and inability to communicate. DON stated she had no idea how R1 was sent to the appointment by herself or why no one called the family. DON indicated R-A typically set up the transportation for the appointments. DON stated MD-B was the urologist that R1 was supposed to have seen and that the normal process would have been for MD-B to have written a note to reschedule her appointment. DON verified the appointment had not been rescheduled.</p> <p>During a phone interview on 9/27/22, at 12:58 p.m. FM-B verified she had not been notified of R1's appointment on 9/21/22. FM-B stated that the social worker at the clinic said R1 was sent to the appointment by herself and was not safe for R1. FM-B indicated R1's appointment was for us</p> | F 684                                                                      |                                                                                                                          |  |                                                                        |

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| F 684                                                             | <p>Continued From page 6</p> <p>to give permission to do the surgery to get the kidney stone removed.</p> <p>During an interview on 9/27/22, at 1:16 p.m. the administrator indicated the facility did not keep a log to track resident appointments.</p> <p>During an interview on 9/27/22, at 2:59 p.m. R-A verified she had not set up transportation for R1's appointment with neurology on 9/12/22. R-A confirmed the appointment was on the hospital after-visit summary that they received on 9/7/22 when R1 was admitted. R-A indicated she was not aware of the appointment in a timely manner, so she did not make transportation arrangements. R-A stated she had not communicated the inability to set up transportation to family or the nurse manager nor did she reschedule the missed appointment.</p> <p>During an interview on 9/27/22, at 3:21 p.m. DON verified she was not aware of R1's neurology appointment on 9/12/22, or that she missed the appointment. DON reviewed R1's appointment scheduled, and confirmed the appointment had not been rescheduled. Administrator stated, if a resident missed an appointment, the clinic would typically inform us that the appointment needed to be rescheduled. The administrator was not able to articulate the procedures the facility had in place to ensure residents with cognitive impairments made it to their scheduled appointments or procedures to reschedule missed appointments. Administrator stated she did not know R1 had an appointment on 9/12/22, why it was missed and not rescheduled. Administrator indicated they would have been aware of both appointments 9/12/22 and 9/21/22 as they were printed on the hospital AVS that was</p> | F 684                                                                      |                                                                                                                          |  |                                                                    |

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| F 684                                                             | <p>Continued From page 7</p> <p>dated 9/7/22. At 4:12 p.m. the DON stated the facility would wait for the clinic to call back to reschedule. DON verified the clinic had not called back and both neurology and urology appointments remained unscheduled.</p> <p>During a phone interview on 9/27/22, at 4:18 p.m. MD-A, verified she was R1's primary doctor. MD-A stated she had not been notified of R1's missed appointments. MD-A stated that R1 would not be safe to send to an outside appointment without supervision because she was dependent on staff and unable to communicate her needs. MD-A further stated, missing her neurology appointment on 9/12/22, would be a delay in care. MD-A stated but more concerning, was missing of her appointment on 9/21/22, for surgical consent for the procedure to have her kidney stone removed. That appointment would be very important if not urgent. MD-A indicated she should have been notified of the missed appointments.</p> <p>An email correspondence dated 9/28/22, at 2:27 p.m. MD-B verified that he was R1's urologist and that that R1's appointment was scheduled for 9/21/22, to get surgical consult consent for a percutaneous nephrolithotomy (kidney stone removal surgery). MD-B verified this was not done due to R1 being unable to consent as she was sent alone to the appointment. The potential outcome from not getting the surgery timely is a risk of recurrent UTI/urosepsis, kidney function loss on the affected side, pain if the kidney becomes obstructed (currently un-obstructed with the nephrostomy tube in place, which needs to be exchanged every 3 months).</p> <p>R3's hospital, After Visit Summary (AVS) dated</p> | F 684                                                                      |                                                                                                                          |  |                                                                        |

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| F 684                                                             | <p>Continued From page 8</p> <p>8/30/22, indicated R3 was hospitalized for non-specific encephalopathy (neurological disorder caused by exposure to toxic substances) and was started on levetiracetam (antiseizure medication) 750 milligrams (mg) twice a day. The summary also included R3 would need follow up with neurology scheduled for 9/19/22, at 1:00 p.m. with discussion of tapering the levetiracetam.</p> <p>R3's admission record dated 8/30/22, identified diagnoses of unspecified toxic encephalopathy and Todd's paralysis, (a neurological condition with epilepsy, in which a seizure is followed by a brief period of temporary paralysis. The paralysis may be partial or complete but usually occurs on just one side of the body), and cognitive communication deficit.</p> <p>R3's admission MDS dated 9/5/22, identified R3's cognition was intact. MDS identified R3 required limited assistance from one staff for hygiene, extensive assist of one staff with toileting, and supervision with all other activities of daily living. MDS indicated R3 uses walker and wheelchair for mobility.</p> <p>R3's physician visit dated 9/7/22, identified that R3 was admitted for rehab services with a history significant for recurrent strokes. He was admitted to hospital after presenting with convulsions with language dysfunction and hemi-neglect (reduced awareness of stimuli on one side of space, even though there may be no sensory loss). R2 was started on levetiracetam 750 mg twice a day. R2 had future appointment on 9/19/22, with neurology.</p> <p>R3's September 2022, medication administration</p> | F 684                                                                      |                                                                                                                          |  |                                                                        |

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| F 684                                                             | <p>Continued From page 9</p> <p>record (MAR) identified neurology appointment on 9/19/22, at 1:00 p.m. The associated box on the record was marked with chart code "9" indicating to see progress note. Corresponding progress note did not include any documentation regarding the appointment.</p> <p>R3's record did not indentify dose changes were made to the levetiracetam and did not indicate R3 had any adverse side effects as a result of continuing the same dose.</p> <p>During an interview with CM-A, CM-B and DON on 9/28/22, at 10:19 a.m. CM-B verified he was not aware of R3's appointment on 9/19/22, with neurology and further verified the appointment was missed. DON and CM-A verified he missed his appointment and had an unawareness of why or how it got missed. DON then left the room. At 10:31 a.m. CM-B stated, we all sat down last night and tried to find why we were missing the resident appointments and why residents were sent unsupervised to appointments. CM-B indicated there were too many people involved with the appointments. CM-B stated plan was developed in which staff were assigned a task to ensure residents did not miss appointments. CM-B indicated they had not reviewed other residents for any missed appointments however, planned to do so.</p> <p>During an interview with the administrator on 9/28/22, at 1:17 p.m. administrator verified she was not aware of R3's missed neurology appointment and stated they plan to go through all resident records to ensure all resident appointments have been completed and are up to date. Administrator stated the facility had a problem with ensuring the residents were getting</p> | F 684                                                                      |                                                                                                                          |  |                                                                        |

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| F 684                                                             | Continued From page 10<br>to their appointments as scheduled, ensuring<br>supervision with appointments as needed, and<br>rescheduling of missed appointments. I have put<br>a new system in place, and we will be doing daily<br>audits in real time to ensure the new system is<br>working.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | F 684                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                    |
| F 689<br>SS=D                                                     | <p>Policy for resident outside appointments,<br/>rescheduling appointments, and scheduling<br/>transport was requested and not received.</p> <p>Free of Accident Hazards/Supervision/Devices<br/>CFR(s): 483.25(d)(1)(2)</p> <p>§483.25(d) Accidents.<br/>The facility must ensure that -<br/>§483.25(d)(1) The resident environment remains<br/>as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate<br/>supervision and assistance devices to prevent<br/>accidents.<br/>This REQUIREMENT is not met as evidenced<br/>by:<br/>Based on observation, interview, and document<br/>review the facility failed to provide safety and<br/>supervision for an outside medical appointment<br/>for a 1 of 3 residents (R1) who was non-verbal<br/>and dependent on staff for activities of daily living<br/>(ADL)'s.</p> <p>Findings include:</p> <p>R1's admission Minimum Data Set (MDS) dated<br/>9/13/22, identified R1 had severely impaired<br/>cognition, unclear speech, sometimes made<br/>self-understood, and sometimes understood<br/>others. MDS identified R1 did not walk and used<br/>wheelchair for mobility. Further the MDS identified</p> | F 689                                                                      | <ul style="list-style-type: none"> <li>R1: new appointments scheduled for<br/>10/5/2022 and 11/3/2022</li> <li>All residents with outside of facility<br/>appointments have a potential of being<br/>affected.</li> <li>Facility completed review of the past<br/>30 days of appointment of current<br/>residents to validate no other missed<br/>appointments have occurred. If any<br/>missed appointments, provider and<br/>resident or responsible party notified, and<br/>appointment rescheduled for earliest<br/>convenience. Any residents who did not<br/>have documented escort services</li> </ul> |  | 10/25/22                                                           |

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| F 689                                                             | <p>Continued From page 11</p> <p>R1 was totally dependent on one staff with eating and for locomotion, totally dependent on two staff for transfers, extensive assist of two staff for bed mobility and toileting, and extensive assist of one staff with hygiene and dressing. R1 had impairment of range of motion (ROM) on one upper and lower side of body.</p> <p>R1's physician visit note dated 9/12/22, identified R1 had a significant medical history to include a recent stroke on 7/6/22, with aphasia (loss of ability to understand or express speech, caused by brain damage), right sided hemiparesis (loss of strength to one side of the body). The note further identified R1 was scheduled to follow up with urology on 9/21/22, for staghorn calculi (type of kidney stone) removal.</p> <p>During an observation on 9/27/22, at 10:12 a.m. R1 was noted to be lying on her right side in her bed. R1's eyes were open looking towards the window. R1 was not able to answer questions.</p> <p>During a phone interview on 9/26/22, at 3:51 p.m. operations manager of urology (OMU)-A stated on 9/21/22, R1 had an appointment with MD-B at 1:15 p.m. The appointment was for a surgical consult and consent to have her kidney stones removed. OMU-A stated the facility sent R1 to the clinic unaccompanied. In the waiting area, R1 was seen slumped down in her wheelchair moaning and seemed to be in a lot of pain. OMU-A indicated she did not feel R1 was safe to be unsupervised. OMU-A indicated R1 was not able to communicate with clinic staff even with the use of an interpreter. OMU-A stated since R1 was not able to communicate they were not able to obtain consent. OMU-A tried calling the family, but no one was able to assist at the last minute.</p> | F 689                                                                      | <p>provided but were identified to have needed them at the time of the appointment will be noted to ensure they have an escort for future appointments.</p> <ul style="list-style-type: none"> <li>New procedure implemented: all appointments will be reviewed by IDT in morning meeting during business days to determine if a resident needs an escort or not. Residents who are not their own decision maker or need physical assistance outside the abilities of the facility the appointment is scheduled at will have an escort unless the decision maker is available and able to be on site for the appointment. The receptionist and nurse manager will ensure an escort is assigned prior to the appointment, and the nurse preparing the resident for the appointment will ensure they leave with one.</li> <li>Education on this procedure was initiated immediately which included all parties involved in appointments: receptionist, nurse managers, social worker, and HUC for appointment scheduling and follow up; nurses, and CNAs for proper appointment etiquette, escort services, and timeliness.</li> <li>Weekly audits will be completed x 1 month to validate that appointments have included an escort if needed. Audits will be reviewed through the QAPI process to determine if the audits need to continue, change, or discontinue.</li> </ul> <p>NHA or designee will be responsible for compliance.</p> |  |                                                                        |

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| F 689                                                             | <p>Continued From page 12</p> <p>Family member (FM)-A told us the facility had not told her about the appointment.</p> <p>During an interview on 9/27/22, at 10:18 a.m. licensed practical nurse (LPN)-A, stated when residents had outside appointments, receptionist (R)-A arranged the transport and contacted family members if the resident required someone to go with them. LPN-A was not aware of who was responsible if R-A was not working. LPN-A stated that R1 would not be safe to go to an outside appointment by herself because she could not communicate and was completely dependent on staff.</p> <p>During an interview on 9/27/22, at 10:31 a.m. R-A indicated that she was the one who set up transportation, notified family members, and did the scheduling of resident appointments. R-A stated she would talk with clinical managers about the resident's cognition to ascertain if they could go to the appointments by themselves or required supervision. R-A confirmed R1 was sent to her appointment on 9/21/22 by herself. R-A stated she had not been aware of R1's cognitive issues until now and should have had someone with her. R-A indicated on 9/21/22, R1 had left the facility around 11:30 a.m. but was unaware of when R1 returned because she did not keep a log.</p> <p>During an interview on 9/27/22, at 10:50 a.m. clinical manager (CM)-A verified that R1 was sent out to her appointment on 9/21/22, unsupervised. CM-A stated she should have been supervised because of her cognition, English was not R1's first language, and R1 was non-verbal.</p> <p>During an interview on 9/27/22, at 10:56 a.m.</p> | F 689                                                                      |                                                                                                                          |  |                                                                        |

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| F 689                                                             | <p>Continued From page 13</p> <p>CM-B, stated he was here the day of the appointment, but was not aware of her appointment. CM-B verified R1 did go to the appointment by herself unsupervised and was not safe to do so.</p> <p>During an interview on 9/27/22, at 11:08 a.m. director of nursing (DON) verified R1 was sent to her appointment unsupervised and should not have been, due to her impaired cognition and inability to communicate. DON stated she had no idea how or why R1 was sent herself to the appointment by herself.</p> <p>During a phone interview on 9/27/22, at 12:58 p.m. FM-B verified she had not been notified of R1's appointment on 9/21/22. FM-B stated R1 was not safe because she could not do anything for herself and could not talk.</p> <p>During a phone interview on 9/27/22, at 4:18 p.m. MD-A, verified she was R1's primary doctor, was not aware that R1 was sent to her urology appointment on 9/21/22, unsupervised. MD-A stated that R1 would not be safe to send to an outside appointment without supervision because she was dependent on staff and unable to communicate her needs. Someone should have been with to provide consent for her surgery.</p> <p>Facility policy for resident appointments and transportation services was requested and not received.</p> | F 689                                                                      |                                                                                                                          |  |                                                                    |

Minnesota Department of Health

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| 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:<br/>On 9/27/22 and 9/28/22, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found NOT in compliance with the MN State Licensure. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date when they will be completed.</p> |                                                                 | 2 000                                                                                      |                                                                                                                          |                                                   |

Minnesota Department of Health

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

Electronically Signed

TITLE

(X6) DATE

10/14/22

Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>EDENBROOK OF ROCHESTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1875 19TH STREET NORTHWEST<br/>ROCHESTER, MN 55901</b> |                                                                                                                          |  |                                                                    |
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| 2 000                                                             | <p>Continued From page 1</p> <p>The following complaint was found to be<br/>SUBSTANTIATED: H54094816C (MN87015 and<br/>MN87052) and H54094771C (MN87046), with a<br/>licensing order issued at 0830 and 1665.</p> <p>The Minnesota Department of Health is<br/>documenting the State Licensing Correction<br/>Orders using Federal software. Tag numbers<br/>have been assigned to Minnesota state<br/>statutes/rules for Nursing Homes. The assigned<br/>tag number appears in the far-left column entitled<br/>"ID Prefix Tag." The state statute/rule out of<br/>compliance is listed in the "Summary Statement<br/>of Deficiencies" column and replaces the "To<br/>Comply" portion of the correction order. This<br/>column also includes the findings which are in<br/>violation of the state statute after the statement,<br/>"This Rule is not met as evidence by." Following<br/>the surveyor 's findings are the Suggested<br/>Method of Correction and Time Period for<br/>Correction.</p> <p>You have agreed to participate in the electronic<br/>receipt of State licensure orders consistent with<br/>the Minnesota Department of Health<br/>Informational Bulletin 14-01, available at<br/>&lt;<a href="https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html">https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html</a>&gt; The State licensing<br/>orders are delineated on the attached Minnesota<br/>Department of Health orders being submitted to<br/>you electronically. Although no plan of correction<br/>is necessary for State Statutes/Rules, please<br/>enter the word "CORRECTED" in the box<br/>available for text. You must then indicate in the<br/>electronic State licensure process, under the<br/>heading completion date, the date your orders will<br/>be corrected prior to electronically submitting to<br/>the Minnesota Department of Health. The facility<br/>is enrolled in ePOC and therefore a signature is</p> | 2 000                                                                                              |                                                                                                                          |  |                                                                    |

Minnesota Department of Health

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| 2 000                                                             | Continued From page 2<br><br>not required at the bottom of the first page of<br>state form.<br><br>PLEASE DISREGARD THE HEADING OF THE<br>FOURTH COLUMN WHICH STATES,<br>"PROVIDER'S PLAN OF CORRECTION." THIS<br>APPLIES TO FEDERAL DEFICIENCIES ONLY.<br>THIS WILL APPEAR ON EACH PAGE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2 000                                                                                              |                                                                                                                          |  |                                                                    |
| 2 830                                                             | MN Rule 4658.0520 Subp. 1 Adequate and<br>Proper Nursing Care; General<br><br>Subpart 1. Care in general. A resident must<br>receive nursing care and treatment, personal and<br>custodial care, and supervision based on<br>individual needs and preferences as identified in<br>the comprehensive resident assessment and<br>plan of care as described in parts 4658.0400 and<br>4658.0405. A nursing home resident must be out<br>of bed as much as possible unless there is a<br>written order from the attending physician that the<br>resident must remain in bed or the resident<br>prefers to remain in bed.<br><br>This MN Requirement is not met as evidenced<br>by:<br>Based on observation, interview, and document<br>review the facility failed to have policy and<br>procedure for ensuring residents were<br>transported to scheduled outpatient appointments<br>following hospitalization for 2 of 3 residents (R1,<br>R3) which caused a delay in ongoing care and/or<br>treatments.<br><br>Findings include: | 2 830                                                                                              | Corrected                                                                                                                |  | 10/25/22                                                           |

Minnesota Department of Health

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| 2 830                                                             | <p>Continued From page 3</p> <p>R1's hospital discharge summary printed on 9/8/22, identified R1 had a primary diagnosis of nephrolithiasis (kidney stones). R1 also had diagnoses of bacteremia urinary tract infection, acute kidney injury, and stroke with dysphagia (difficulty swallowing). Imaging studies dated 8/4/22, identified a large 27-millimeter (mm) stone in the left renal pelvis and a 17 mm stone in the left lower pole calyx (these stones usually require active treatment as these are less likely to pass spontaneously).</p> <p>R1's admission Minimum Data Set (MDS) dated 9/13/22, identified R1 had severely impaired cognition, unclear speech, sometimes made self-understood, and sometimes understood others. MDS identified R1 did not walk and used wheelchair for mobility. Further the MDS identified R1 was totally dependent on one staff with eating and for locomotion, totally dependent on two staff for transfers, extensive assist of two staff for bed mobility and toileting, and extensive assist of one staff with hygiene and dressing. R1 had impairment of range of motion (ROM) on one upper and lower side of body.</p> <p>R1's physician visit dated 9/12/22, identified R1 had recent stroke on 7/6/22, with aphasia (loss of ability to understand or express speech) and right sided hemiparesis (loss of strength to one side of the body). R1's neurological condition did not improve during her hospital stay. R1 was scheduled for a neurology outpatient appointment on 9/12/22. R1's left nephrostomy tube placed at last hospitalization for chronic staghorn calculi. R1 also scheduled to follow up with urology on 9/21/22, for staghorn calculi (type of kidney stone) removal with pre and post procedure antibiotic prophylaxis.</p> | 2 830                                                                                              |                                                                                                                          |  |                                                                    |

Minnesota Department of Health

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| 2 830                                                             | <p>Continued From page 4</p> <p>R1's Appointment Schedule and Instructions identified an outside appointment on 9/12/22, at 7:00 a.m. with neurology. Further identified an appointment on 9/21/22, for a lab visit at 12:00 p.m. followed by consultation with urologist MD-B at 1:15 p.m.</p> <p>R1's September 2022 medication administration record, (MAR) identified the appointment on 9/12/22, with neurology at 7:00 a.m. The box had a chart code number "9" which instructed to see progress notes. Upon review of progress notes for 9/12/22, there was nothing documented regarding this appointment. The MAR also included an appointment on 9/21/22 at 12:00 p.m., come to appointment with full bladder. The corresponding box had a staff member's initials with a time stamp of 11:11 a.m. indicating R1 went to the appointment. No further documentation pertaining to the appointment was noted in R1's record.</p> <p>R1's Order Summary dated 9/7/22, included oxycodone 2.5 milligrams (mg) three times daily via G-tube for pain.</p> <p>Review of R1's record did not identify an increase of pain and/or infection symptoms between 9/21/22 and 9/28/22.</p> <p>During an observation on 9/27/22, at 10:12 a.m. R1 was noted to be lying on her right side of her bed, R1 was unable to respond to questions and did not display non-verbal signs of pain.</p> <p>During a phone interview on 9/26/22, at 3:51 p.m. operations manager of urology (OMU)-A stated on 9/21/22, R1 had an appointment with MD-B at 1:15 p.m. The appointment was for a surgical consult and consent to have her kidney stones</p> | 2 830                                                                                              |                                                                                                                          |  |                                                                    |

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| 2 830                                                             | <p>Continued From page 5</p> <p>removed. OMU-A stated the facility sent R1 to the clinic unaccompanied. In the waiting area, R1 was seen slumped down in her wheelchair moaning and seemed to be in a lot of pain. OMU-A indicated she did not feel R1 was safe to be unsupervised. OMU-A indicated R1 was not able to communicate with clinic staff even with the use of an interpreter. OMU-A stated since R1 was not able to communicate they were not able to obtain consent. OMU-A tried calling the family, but no one was able to assist at the last minute.</p> <p>During a phone interview on 9/26/22, at 4:05 p.m. hospital social worker (HSW)-A verified that R1 was transported from the nursing home to the clinic on 9/21/22, unsupervised. The appointment was where the surgical team was going to get consent for her kidney stone removal. The family was unaware that this appointment was scheduled so they were not present. HSW-A confirmed the appointment had not yet been rescheduled. HSW-A indicated since the clinic was having issues with the facility sending patients who were unable to consent alone, they would be calling the family directly to reschedule appointments.</p> <p>During an interview on 9/27/22, at 10:18 a.m. licensed practical nurse (LPN)-A stated when residents had outside appointments, receptionist (R)-A scheduled the transportation and contacted the family member if the resident required someone to go with them. LPN-A was not sure who would make those arrangements when R-A was not working. LPN-A stated that R1 would not be safe to go to an outside appointment by herself because she could not communicate and was completely dependent on staff. LPN-A indicated when R1 sat up in her chair, she moaned quite a bit; LPN-A thought R1 moaned</p> | 2 830                                                                                              |                                                                                                                          |  |                                                                    |

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| 2 830                                                             | <p>Continued From page 6</p> <p>because she was in pain to which she received pain medication.</p> <p>During an interview on 9/27/22, at 10:31 a.m. R-A indicated that she was the one who set up transportation, notified family members, and scheduled resident appointments. R-A indicated she would consult with nurse managers about the resident's cognition to ascertain if they could go to the appointment alone. R-A confirmed R1 went unsupervised to her appointment on 9/21/22, and was not aware of R1's cognitive issues until now. R-A was not sure if R1's appointment was ever rescheduled. R-A indicated rescheduling would be up to the nurse managers to complete.</p> <p>During an interview on 9/27/22, at 10:50 a.m. clinical manager (CM)-A verified that R1 was sent out to her appointment on 9/21/22, unsupervised and stated she should have been supervised because of her cognition, English was not her first language, and R1 was non-verbal. CM-A explained upon admission the appointment guides were printed out and given to the health unit coordinator (HUC). The HUC would then enter the appointments into the order section in the electronic health record. The orders populated to the MAR/TAR, so the floor nurse was aware. The appointment guide was also given to the receptionist. The receptionist would then set up transportation and get the appointment documents ready. CM-A indicated if the resident was cognitive then they could attend appointment alone. If the resident was not cognitive then the receptionist would arrange supervision and/or reach out to the family to assist with the appointment.</p> <p>During a subsequent interview on 9/27/22, at 11:03 a.m. CM-A stated on 9/21/22, she had not</p> | 2 830                                                                                              |                                                                                                                          |  |                                                                    |

Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>EDENBROOK OF ROCHESTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1875 19TH STREET NORTHWEST<br/>ROCHESTER, MN 55901</b> |                                                                                                                          |  |                                                                    |
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| 2 830                                                             | <p>Continued From page 7</p> <p>received information back from the appointment and was not aware R1's appointment needed to be rescheduled.</p> <p>During an interview on 9/27/22, at 11:06 a.m. director of nursing (DON) verified R1 was sent to her appointment unsupervised. DON stated R1 should not have been sent alone due to her impaired cognition and inability to communicate. DON stated she had no idea how R1 was sent to the appointment by herself or why no one called the family. DON indicated R-A typically set up the transportation for the appointments. DON stated MD-B was the urologist that R1 was supposed to have seen and that the normal process would have been for MD-B to have written a note to reschedule her appointment. DON verified the appointment had not been rescheduled.</p> <p>During a phone interview on 9/27/22, at 12:58 p.m. FM-B verified she had not been notified of R1's appointment on 9/21/22. FM-B stated that the social worker at the clinic said R1 was sent to the appointment by herself and was not safe for R1. FM-B indicated R1's appointment was for us to give permission to do the surgery to get the kidney stone removed.</p> <p>During an interview on 9/27/22, at 1:16 p.m. the administrator indicated the facility did not keep a log to track resident appointments.</p> <p>During an interview on 9/27/22, at 2:59 p.m. R-A verified she had not set up transportation for R1's appointment with neurology on 9/12/22. R-A confirmed the appointment was on the hospital after-visit summary that they received on 9/7/22 when R1 was admitted. R-A indicated she was not aware of the appointment in a timely manner, so she did not make transportation</p> | 2 830                                                                                              |                                                                                                                          |  |                                                                    |

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| 2 830                                                             | <p>Continued From page 8</p> <p>arrangements. R-A stated she had not communicated the inability to set up transportation to family or the nurse manager nor did she reschedule the missed appointment.</p> <p>During an interview on 9/27/22, at 3:21 p.m. DON verified she was not aware of R1's neurology appointment on 9/12/22, or that she missed the appointment. DON reviewed R1's appointment scheduled, and confirmed the appointment had not been rescheduled. Administrator stated, if a resident missed an appointment, the clinic would typically inform us that the appointment needed to be rescheduled. The administrator was not able to articulate the procedures the facility had in place to ensure residents with cognitive impairments made it to their scheduled appointments or procedures to reschedule missed appointments. Administrator stated she did not know R1 had an appointment on 9/12/22, why it was missed and not rescheduled. Administrator indicated they would have been aware of both appointments 9/12/22 and 9/21/22 as they were printed on the hospital AVS that was dated 9/7/22. At 4:12 p.m. the DON stated the facility would wait for the clinic to call back to reschedule. DON verified the clinic had not called back and both neurology and urology appointments remained unscheduled.</p> <p>During a phone interview on 9/27/22, at 4:18 p.m. MD-A, verified she was R1's primary doctor. MD-A stated she had not been notified of R1's missed appointments. MD-A stated that R1 would not be safe to send to an outside appointment without supervision because she was dependent on staff and unable to communicate her needs. MD-A further stated, missing her neurology appointment on 9/12/22, would be a delay in care. MD-A stated but more concerning, was missing of</p> | 2 830                                                                                              |                                                                                                                          |  |                                                                    |

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| 2 830                                                             | <p>Continued From page 9</p> <p>her appointment on 9/21/22, for surgical consent for the procedure to have her kidney stone removed. That appointment would be very important if not urgent. MD-A indicated she should have been notified of the missed appointments.</p> <p>An email correspondence dated 9/28/22, at 2:27 p.m. MD-B verified that he was R1's urologist and that that R1's appointment was scheduled for 9/21/22, to get surgical consult consent for a percutaneous nephrolithotomy (kidney stone removal surgery). MD-B verified this was not done due to R1 being unable to consent as she was sent alone to the appointment. The potential outcome from not getting the surgery timely is a risk of recurrent UTI/urosepsis, kidney function loss on the affected side, pain if the kidney becomes obstructed (currently un-obstructed with the nephrostomy tube in place, which needs to be exchanged every 3 months).</p> <p>R3's hospital, After Visit Summary (AVS) dated 8/30/22, indicated R3 was hospitalized for non-specific encephalopathy (neurological disorder caused by exposure to toxic substances) and was started on levetiracetam (antiseizure medication) 750 milligrams (mg) twice a day. The summary also included R3 would need follow up with neurology scheduled for 9/19/22, at 1:00 p.m. with discussion of tapering the levetiracetam.</p> <p>R3's admission record dated 8/30/22, identified diagnoses of unspecified toxic encephalopathy and Todd's paralysis, (a neurological condition with epilepsy, in which a seizure is followed by a brief period of temporary paralysis. The paralysis may be partial or complete but usually occurs on just one side of the body), and cognitive</p> | 2 830                                                                                              |                                                                                                                          |  |                                                                    |

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| 2 830                                                             | <p>Continued From page 10</p> <p>communication deficit.</p> <p>R3's admission MDS dated 9/5/22, identified R3's cognition was intact. MDS identified R3 required limited assistance from one staff for hygiene, extensive assist of one staff with toileting, and supervision with all other activities of daily living. MDS indicated R3 uses walker and wheelchair for mobility.</p> <p>R3's physician visit dated 9/7/22, identified that R3 was admitted for rehab services with a history significant for recurrent strokes. He was admitted to hospital after presenting with convulsions with language dysfunction and hemi-neglect (reduced awareness of stimuli on one side of space, even though there may be no sensory loss). R2 was started on levetiracetam 750 mg twice a day. R2 had future appointment on 9/19/22, with neurology.</p> <p>R3's September 2022, medication administration record (MAR) identified neurology appointment on 9/19/22, at 1:00 p.m. The associated box on the record was marked with chart code "9" indicating to see progress note. Corresponding progress note did not include any documentation regarding the appointment.</p> <p>R3's record did not indentify dose changes were made to the levetiracetam and did not indicate R3 had any adverse side effects as a result of continuing the same dose.</p> <p>During an interview with CM-A, CM-B and DON on 9/28/22, at 10:19 a.m. CM-B verified he was not aware of R3's appointment on 9/19/22, with neurology and further verified the appointment was missed. DON and CM-A verified he missed his appointment and had an unawareness of why</p> | 2 830                                                                                              |                                                                                                                          |  |                                                                    |

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| 2 830                                                             | <p>Continued From page 11</p> <p>or how it got missed. DON then left the room. At 10:31 a.m. CM-B stated, we all sat down last night and tried to find why we were missing the resident appointments and why residents were sent unsupervised to appointments. CM-B indicated there were too many people involved with the appointments. CM-B stated plan was developed in which staff were assigned a task to ensure residents did not miss appointments. CM-B indicated they had not reviewed other residents for any missed appointments however, planned to do so.</p> <p>During an interview with the administrator on 9/28/22, at 1:17 p.m. administrator verified she was not aware of R3's missed neurology appointment and stated they plan to go through all resident records to ensure all resident appointments have been completed and are up to date. Administrator stated the facility had a problem with ensuring the residents were getting to their appointments as scheduled, ensuring supervision with appointments as needed, and rescheduling of missed appointments. I have put a new system in place, and we will be doing daily audits in real time to ensure the new system is working.</p> <p>Policy for resident outside appointments, rescheduling appointments, and scheduling transport was requested and not received.</p> <p>Suggested Method of Correction: The Director of Nursing or designee could review policies and procedures, train staff, and implement measures to assure residents are getting to their required MD appointments and rescheduling them if an appointment is missed to prevent a delay in care of needed medical services. The director of</p> | 2 830                                                                                              |                                                                                                                          |  |                                                                    |

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| 2 830                                                             | <p>Continued From page 12</p> <p>nursing or designee, could track resident outside provider appointments and conduct random audits; to ensure appropriate care and services are implemented; to better ensure implementation of treatment.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p> <p>Based on observation, interview, and document review the facility failed to provide safety and supervision for an outside medical appointment for a 1 of 3 residents (R1) who was non-verbal and completely dependent on staff for activities of daily living (ADL)'s.</p> <p>Findings include:</p> <p>R1's admission Minimum Data Set (MDS) dated 9/13/22, identified R1 had severely impaired cognition, unclear speech, sometimes made self-understood, and sometimes understood others. MDS identified R1 did not walk and used wheelchair for mobility. Further the MDS identified R1 was totally dependent on one staff with eating and for locomotion, totally dependent on two staff for transfers, extensive assist of two staff for bed mobility and toileting, and extensive assist of one staff with hygiene and dressing. R1 had impairment of range of motion (ROM) on one upper and lower side of body.</p> <p>R1's physician visit note dated 9/12/22, identified R1 had a significant medical history to include a recent stroke on 7/6/22, with aphasia (loss of ability to understand or express speech, caused by brain damage), right sided hemiparesis (loss of strength to one side of the body). The note</p> | 2 830                                                                                              |                                                                                                                          |  |                                                                    |

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| 2 830                                                             | <p>Continued From page 13</p> <p>further identified R1 was scheduled to follow up with urology on 9/21/22, for staghorn calculi (type of kidney stone) removal.</p> <p>During an observation on 9/27/22, at 10:12 a.m. R1 was noted to be lying on her right side in her bed. R1's eyes were open looking towards the window. R1 was not able to answer questions.</p> <p>During a phone interview on 9/26/22, at 3:51 p.m. operations manager of urology (OMU)-A stated on 9/21/22, R1 had an appointment with MD-B at 1:15 p.m. The appointment was for a surgical consult and consent to have her kidney stones removed. OMU-A stated the facility sent R1 to the clinic unaccompanied. In the waiting area, R1 was seen slumped down in her wheelchair moaning and seemed to be in a lot of pain. OMU-A indicated she did not feel R1 was safe to be unsupervised. OMU-A indicated R1 was not able to communicate with clinic staff even with the use of an interpreter. OMU-A stated since R1 was not able to communicate they were not able to obtain consent. OMU-A tried calling the family, but no one was able to assist at the last minute. Family member (FM)-A told us the facility had not told her about the appointment.</p> <p>During an interview on 9/27/22, at 10:18 a.m. licensed practical nurse (LPN)-A, stated when residents had outside appointments, receptionist (R)-A arranged the transport and contacted family members if the resident required someone to go with them. LPN-A was not aware of who was responsible if R-A was not working. LPN-A stated that R1 would not be safe to go to an outside appointment by herself because she could not communicate and was completely dependent on staff.</p> | 2 830                                                                                              |                                                                                                                          |  |                                                                    |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>00916</b>                          | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>09/28/2022</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>EDENBROOK OF ROCHESTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1875 19TH STREET NORTHWEST<br/>ROCHESTER, MN 55901</b> |                                                                                                                          |  |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                          | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ID<br>PREFIX<br>TAG                                                                                | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                                           |
| 2 830                                                             | <p>Continued From page 14</p> <p>During an interview on 9/27/22, at 10:31 a.m. R-A indicated that she was the one who set up transportation, notified family members, and did the scheduling of resident appointments. R-A stated she would talk with clinical managers about the resident's cognition to ascertain if they could go to the appointments by themselves or required supervision. R-A confirmed R1 was sent to her appointment on 9/21/22 by herself. R-A stated she had not been aware of R1's cognitive issues until now and should have had someone with her. R-A indicated on 9/21/22, R1 had left the facility around 11:30 a.m. but was unaware of when R1 returned because she did not keep a log.</p> <p>During an interview on 9/27/22, at 10:50 a.m. clinical manager (CM)-A verified that R1 was sent out to her appointment on 9/21/22, unsupervised. CM-A stated she should have been supervised because of her cognition, English was not R1's first language, and R1 was non-verbal.</p> <p>During an interview on 9/27/22, at 10:56 a.m. CM-B, stated he was here the day of the appointment, but was not aware of her appointment. CM-B verified R1 did go to the appointment by herself unsupervised and was not safe to do so.</p> <p>During an interview on 9/27/22, at 11:08 a.m. director of nursing (DON) verified R1 was sent to her appointment unsupervised and should not have been, due to her impaired cognition and inability to communicate. DON stated she had no idea how or why R1 was sent herself to the appointment by herself.</p> <p>During a phone interview on 9/27/22, at 12:58 p.m. FM-B verified she had not been notified of</p> | 2 830                                                                                              |                                                                                                                          |  |                                                                    |

Minnesota Department of Health

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| 2 830                                                             | <p>Continued From page 15</p> <p>R1's appointment on 9/21/22. FM-B stated R1 was not safe because she could not do anything for herself and could not talk.</p> <p>During a phone interview on 9/27/22, at 4:18 p.m. MD-A, verified she was R1's primary doctor, was not aware that R1 was sent to her urology appointment on 9/21/22, unsupervised. MD-A stated that R1 would not be safe to send to an outside appointment without supervision because she was dependent on staff and unable to communicate her needs. Someone should have been with to provide consent for her surgery.</p> <p>Facility policy for resident appointments and transportation services was requested and not received.</p> <p>SUGGESTED METHOD OF CORRECTION: The DON or designee could ensure staff are educated on policies and procedures to keep residents safe when needing supervision with outside appointments. The DON or designee could identify and audit all residents at risk for harm as a vulnerable adult and update/implement measures to keep each resident safe. Results of those findings should go to the Quality Assurance Performance Improvement (QAPI) for determination of effectiveness, compliance and the need for further monitoring.</p> <p>TIME ALLOWED FOR CORRECTION: 21 DAYS</p> | 2 830                                                                                              |                                                                                                                          |  |                                                                    |