DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
July 22, 2021

Administrator
Viewcrest Health Center
3111 Church Street
Duluth, MN 55811

RE: CCN: 245414
Cycle Start Date: May 13, 2021

Dear Administrator:

On June 4, 2021, we notified you a remedy was imposed. On July 14, 2021 the Minnesota Department(s) of Health and Public Safety 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 July 3, 2021.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective July 4, 2021 did not go into effect. (42 CFR 488.417 (b))

In our letter of June 4, 2021, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from July 4, 2021 due to denial of payment for new admissions. Since your facility attained substantial compliance on July 3, 2021, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, this does not apply to or affect any previously imposed NATCEP loss.

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

Feel free to contact me if you have questions.

Sincerely,

Joanne Simon, Enforcement Specialist
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: 651-201-4161 Fax: 651-215-9697
Email: joanne.simon@state.mn.us

cc: Licensing and Certification File

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

July 22, 2021

Administrator
Viewcrest Health Center
3111 Church Street
Duluth, MN 55811

Re: Reinspection Results
Event ID: 532812

Dear Administrator:

On July 14, 2021 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on July 14, 2021. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

Joanne Simon, Enforcement Specialist
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: 651-201-4161 Fax: 651-215-9697
Email: joanne.simon@state.mn.us

cc: Licensing and Certification File

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
June 29, 2021

Administrator
Viewcrest Health Center
3111 Church Street
Duluth, MN 55811

RE: CCN: 245414
Cycle Start Date: May 13, 2021

Dear Administrator:

On June 4, 2021, we informed you of imposed enforcement remedies.

On June 10, 2021, the Minnesota Department(s) of Health completed a survey and it has been determined that your facility continues to not to be in substantial compliance. The most serious deficiencies in your facility were found to be isolated deficiencies that constituted actual harm that was not immediate jeopardy (Level G), as evidenced by the electronically attached CMS-2567, whereby corrections are required.

As a result of the survey findings:

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective July 4, 2021, will remain in effect.

This Department continues to recommend that CMS impose a civil money penalty. (42 CFR 488.430 through 488.444). You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective July 4, 2021. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective July 4, 2021.

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.

As we notified you in our letter of June 4, 2021, in accordance with Federal law, as specified in the Act at Section 1819(f)(2)(B)(iii)(I)(b) and 1919(f)(2)(B)(iii)(I)(b), your facility is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from July 4, 2021.

ELECTRONIC PLAN OF CORRECTION (ePOC)

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

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

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

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

- Optional denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417 (a));

- Per day civil money penalty (42 CFR 488.430 through 488.444).

DEPARTMENT CONTACT

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

Terri Ament, Unit Supervisor
Duluth District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Duluth Technology Village
11 East Superior Street, Suite 290
Duluth, Minnesota 55802-2007
Email: teresa.ament@state.mn.us
Office: (218) 302-6151 Mobile: (218) 766-2720

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health - 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 November 13, 2021 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

APPEAL RIGHTS

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

Tamika.Brown@cms.hhs.gov

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

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

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Tamika Brown, Principal Program Representative by phone at (312) 353-1502 or by e-mail at Tamika.Brown@cms.hhs.gov.

INFORMAL DISPUTE RESOLUTION/ INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

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

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

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

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

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

Feel free to contact me if you have questions.

Sincerely,

Joanne Simon, Enforcement Specialist
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: 651-201-4161 Fax: 651-215-9697
Email: joanne.simon@state.mn.us

cc: Licensing and Certification File

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245414	A. BUILDING _____ B. WING _____	C 06/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIEWCREST HEALTH CENTER	**3111 CHURCH STREET DULUTH, MN 55811**

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F 000	INITIAL COMMENTS On 6/9/21, through 6/10/21, a standard abbreviated survey was conducted at your facility. Your facility was NOT found to be in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaint was found to be SUBSTANTIATED: H5414090C (MN73564). A deficiency was issued at F697. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	F 000		
F 697 SS=G	Pain Management CFR(s): 483.25(k) §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to effectively provide pain management for 1 of 1 residents (R1) reviewed	F 697	It is the policy of Viewcrest Health Care Center to ensure all residents have pain management provided that is consistent	7/3/21

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

Electronically Signed | 07/01/2021

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F 697	Continued From page 1 for acute post surgical pain. This resulted in actual harm to R1, when R1's narcotic pain medication was not administered per orders resulting in uncontrolled pain. Findings include: R1's Admission Record printed on 6/10/21, indicated she was admitted on 6/4/21, with diagnoses which included Atrioventricular (blockage between the heart chamber) block pain, and muscle weakness. R1's 48 Hour Baseline Care Plan initiated on 6/4/21, indicated R1's reason for admission was related to recent pacemaker and Coronary Artery Bypass Graft (CABG). R1 was to have assist of 1 staff for toileting, ambulation, toileting, bathing, and bed mobility. Pain interventions included ice, medications, distraction, massage, and conversation. R1's baseline care plan also indicated R1 was a fall risk. R1's mental status was listed as alert and orientated. R1's hospital discharge and facility admitting orders dated 6/4/21, included acetaminophen (Tylenol) tablet 325 milligrams (mg), take 1-2 tablets by mouth every 6 hours as needed for pain, and tramadol (Ultram, narcotic medication called an opioid for use with moderate to moderately severe pain) 50 mg tablet every 6 hours as needed for pain. R1's hospital discharge paperwork indicated R1 had last received Tylenol 1000 mg dose at 9:50 a.m. and Ultram 50 mg dose at 8:12 a.m. prior to being admitted to the facility. R1's PRN (as needed medication) Report dated 6/4/21, indicated the following:	F 697	with professional standards and person centered. R1 is no longer a resident at the care center. All residents with pain have potential to be impacted by this process. The Pain Management Policy was reviewed by the Director of Nursing (DON) and Administrator with no updates needed. The Missing/Unavailable Medications Policy was reviewed and updated by the Administrator. The Emergency Medication Kit policy was reviewed and updated by the DON. All licensed nurses will be educated on the Missing/Unavailable Medications Policy, E-Kit Policy and the Pain Management Policy by the DON and/or designee. Education will include process for pain management when residents prescribed pain medication is not available in-house, including contacting pharmacy and provider for orders to remove pain medication from e-kit or seek alternative pain medication orders that are available in e-kit, along with the list of pain medications available in the e-kit. Will also educate on follow-up process for assessing resident pain relief. All nursing staff will be educated on ensuring any resident reports of pain are reported to the licensed nurse timely and any continuous reports of resident pain are reported timely to the licensed nurse until resolved by the DON and/or designee. Social Worker will be re-educated on process of providing the pharmacy insurance cards timely by the Administrator. All residents will have their progress notes reviewed, going back 1 week from 7/1/21, to ensure no unrelieved pain was exhibited, by the	

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F 697	Continued From page 2 -6/4/21, at 4:53 p.m. acetaminophen 325 mg, 2 tablets by mouth was administered to R1 for verbalized pain. The result was documented at 9:43 p.m. as "unrelieved" by medication. -6/4/21, at 9:47 p.m. acetaminophen 325 mg, 2 tablets by mouth administered to R1 for verbalized acute pain at a level of 10/10. At 12:06 a.m. the result was documented as "unrelieved" by medication. -6/4/21, at 10:16 p.m. tramadol 50 mg tablet administered to R1 for verbalized acute pain at a level 10/10. The result was documented by RN-A as "unknown," as R1 had left the facility against medical advice (AMA). R1's Vital Sign record reviewed from the electronic health record (EHR) dated 6/4/21, indicated R1's pain level on 6/4/21, at 9:42 p.m. was 9/10 (on a scale of 1-10 with 1 being mild pain and 10 being excruciating pain), at 9:47 p.m. 10/10, and at 10:16 p.m. 10/10. On 6/10/21, at 12:02 p.m. R1 was interviewed and stated she had left the facility on 6/4/21, and went home. R1 stated she went to the hospital the following morning and had been readmitted. R1 stated she did not believe the facility had been prepared to take a patient post coronary care. R1 stated she arrived at the facility on 6/4/21, around 11:00 a.m. and RN-B had completed the admission paperwork with her. R1 stated after she arrived, her parents and husband had come to see her. R1 stated at the entrance, an office staff had stopped her husband and requested to make a copy of her insurance card for her medications. R1 stated RN-C had come to her	F 697	DON and/or designee. In addition a new pain interview will be conducted on all residents the week of 6/26/21. Any documentation of unrelieved pain will be followed-up on with the resident and resident's provider by the Nurse Manager and/or designee. DON and/or designee will complete random pain audits daily x one week, then 5x/week x 2 weeks, then weekly thereafter to ensure any resident complaint of pain is followed-up on per care center policy starting 7/4/21. All audits will be brought forward to the QAPI committee for review and further recommendations.	

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F 697	Continued From page 3	F 697		

room early in the evening stating that the facility needed another copy of her insurance card because they lost the first copy that was made. R1 stated she contacted her husband who sent her a photo of the card, and she forwarded an email to RN-C with the information. R1 stated she was asked if she had more than one insurance card, R1 stated they had one insurance card for everything, including prescriptions.

R1 stated she had never felt so scared and vulnerable as she had at the facility. R1 stated she did not see any staff after her supper tray had been brought to her room, even though she had placed her call light on numerous times for assistance with toileting and pain management. R1 stated at one point, her call light had been on for over 90 minutes at which time an unidentified female staff came in, shut her call light off. R1 asked her for her pain medications. R1 stated the staff said she would check, but she never saw her again. R1 stated a little before 10:00 p.m. one of the staff did come and administer Tylenol, but by that time she was crying in pain. R1 stated she had told the staff no one had been to her room, and she felt like she was all alone. R1 stated at that time she called FM-A to tell him to come and get her. R1 stated FM-A arrived around 10:30 p.m. and around that time, RN-A brought her the tramadol pain medication with her other bedtime medications. R1 stated she had been in pain throughout her entire stay. R1 further stated when her call light was not being answered, she had called the other facility numbers she was given at the time of admission on the telephone, however, the staff had not answered any of those calls.

A facility pharmacy delivery Packing Slip dated 6/4/21, indicated at 11:04 p.m. medications were

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F 697	Continued From page 4	F 697		

delivered to the facility from the pharmacy. R1's medication was included in the delivery which included her tramadol (Ultram) 50 mg tablet pain medication. Registered nurse (RN)-A was noted to have signed for the medication delivery.

On 6/9/21, at 3:56 p.m. a progress note by the facility administrator indicated on 6/4/21, at 10:16 p.m. RN-A had received a phone call around 10:30 p.m. that FM-A had shown up to the facility and wanted to take R1 home. RN-A educated R1 regarding the risk verse benefit of leaving the facility, and the R1 still decided to leave the facility.

On 6/9/21, at 4:12 p.m. a progress note by RN-B indicated on 6/4/21, per RN-A, R1 was given 650 mg of Tylenol per her request at 4:45 p.m. Staff reported to RN-A at 9:45 p.m. that R1 was having a panic attack, was hyperventilating, and was speaking with FM-A via telephone regarding leaving the facility. R1 stated that she did not think she should have left the hospital. R1 was then offered another dose of Tylenol which R1 agreed to take. Upon returning to the cart to prepare the Tylenol, it was noted R1's medications had just been delivered by the pharmacy. At that time, RN-A reported she prepared the ordered tramadol and other bedtime mediations for administration. An ice pack was also provided to R1. R1 continued to panic and hyperventilate. RN-A discussed with R1 the option of leaving AMA, and encouraged R1 to remain in the facility to recover from her surgery. Per RN-A, R1 stated she had not been using her call light as she did not want to be a bother. Per RN-A, R1 stated she was scared and she was too young to be in the facility, "This is all too much for me." Staff notified the facility administrator. FM-A

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F 697	Continued From page 5	F 697		

arrived at the facility around 12:03 a.m. to pick up R1 in his personal vehicle. R1 was encouraged to go to the emergency room (ER) with any increase in pain, or if she started to feel worse or did not feel as though she was improving.

On 6/10/21, at 9:30 a.m. RN-B was interviewed and stated he completed R1's admission assessment on 6/4/21. RN-B stated earlier that day, R1 had been noted to be grimacing and rated her pain at a 5/10. RN-B stated he had offered Tylenol because the tramadol had not been delivered from the pharmacy at that time. RN-B stated R1 declined the Tylenol, but did accept an ice pack. RN-B confirmed the facility had available an stock emergency(Ekit) supply of medications which included a supply of tramadol. RN-B stated a pain level of 5/10 in addition to showing nonverbal signs of pain such as grimacing should have signaled a reason to access medications out of the emergency kit (Ekit). RN-B confirmed he did not offer the tramadol pain medication to R1 from the Ekit at that time, nor did he reassess R1 for pain relief. RN-B further stated he felt if R1 had been rating her pain at 9/10 staff should have accessed the tramadol from the facility Ekit.

On 6/10/21, at 10:21 a.m. the administrator was interviewed and stated FM-A had left her a message detailing his concerns on the night of 6/4/21. The administrator stated the facility's investigation had not yet been completed. The administrator stated they had not pulled the call light logs to verify if R1 had long call light wait times.

On 6/10/21, at 10:41 a.m. RN-A stated she was working the night R1 was admitted and left AMA.

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F 697	Continued From page 6	F 697		

RN-A stated she was alerted to R1 being anxious and hyperventilating. RN-A stated there had been discussion with another nurse about getting R1 her pain medications from the Ekit, however, the decision was made to wait until R1's medications were delivered from the pharmacy. RN-A stated her shift started around 7:00 p.m., but she had not seen or assessed R1 until around 9:45 p.m.

On 6/10/21, at 10:25 a.m. during follow up interview the administrator stated if a resident reported pain at a level of 5/10, 9/10, or 10/10 to a nurse, she would expect the nurse to offer pain medication effective to control the pain. The administrator stated if no pain relief was obtained or reached, she would expect the staff to contact the resident's physician or pharmacy. The administrator stated uncontrolled pain could cause anxiety and increase heart rate, and put a resident at risk. The administrator stated it was her understanding R1's medication had not been included with the first pharmacy medication delivery because FM-A had given the facility the wrong insurance card.

On 6/10/21, at 1:26 p.m. RN-D verified the first copy of R1's insurance card had been lost or misplaced. RN-D stated they needed another copy from R1 and sent it to the pharmacy. RN-D stated this was some time after 4:00 p.m. RN-D stated it was the responsibility of SW-A to send the insurance card to the pharmacy at the time of admission. RN-D stated it may or may not have affected the timely delivery of R1's medications.

On 6/10/21, at 2:29 p.m. the DON stated she was unable to pull R1's call light logs to review. The DON further stated the voice mail FM-A left on

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	245414	A. BUILDING _____ B. WING _____	C 06/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIEWCREST HEALTH CENTER	3111 CHURCH STREET DULUTH, MN 55811

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F 697	Continued From page 7	F 697		

6/4/21, at 9:30 p.m. with his concerns had not been saved. The DON stated, "Call logs had been pulled automatically on 6/9/21, so there would be no ability to review (R1's) call logs unfortunately."

A facility document titled Voluntary Discharge Against Medical Advice(AMA) Release dated 6/4/21, at 10:32 p.m. indicated per R1, "I should not have been admitted if you were not prepared to care for me. No medications or continuous care was provided per my stay. I tried to reach someone." R1's family member (FM)-A and RN-A both signed the document as witnesses. The facility administrator signed on 6/7/21.

On 6/10/21, at 2:42 p.m. during further follow up, the administrator stated R1 should have received her ordered pain medications to manage her pain and had not. The administrator stated staff should have contacted the on-call physician to obtain additional medication orders, and/or use mediation available in the facility Ekit.

On 6/10/21, at 4:18 p.m. the facility medical director (MD)-A stated pain medications were to be given timely and as ordered to control resident's pain. MD-A stated if a pain medication or any medication was needed and not available, he would expect the facility to contact the on-call physician to get further instructions which may include obtaining an alternative medication or using the supply of medication from the facility Ekit. MD-A stated it was not acceptable to have a resident rate pain at 5/10, 9/10 or 10/10 and not seek alternative medications.

The facility policy Pain Management Policy undated, directed the facility will provide care and

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F 697	Continued From page 8 services that will recognize and manage a resident's pain to support his or her highest practicable level of wellbeing. Both pharmacological and non-pharmacological interventions assessed as appropriate will be utilized to provide maximum pain relief. If a pain scaled of 1-10 is used, it will be interrupted as follows: 0 is No pain, 1-4 Mild pain, 5-7 is Moderate, 8-9 is Severe and 10 is Excruciating pain. The Physician will be notified of pain levels on the Pain Evaluation, as appropriate. The Physician will also be notified when pain persists or reoccurs despite treatment or if suspected adverse consequence are noted.	F 697		

Electronically delivered
June 29, 2021

Administrator
Viewcrest Health Center
3111 Church Street
Duluth, MN 55811

Re: State Nursing Home Licensing Orders
Event ID: 532811

Dear Administrator:

The above facility was surveyed on June 9, 2021 through June 10, 2021 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

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

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html. The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

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

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

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

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

Terri Ament, Unit Supervisor
Duluth District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Duluth Technology Village
11 East Superior Street, Suite 290
Duluth, Minnesota 55802-2007
Email: teresa.ament@state.mn.us
Office: (218) 302-6151 Mobile: (218) 766-2720

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

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

Please feel free to call me with any questions.

Sincerely,

Joanne Simon, Enforcement Specialist
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: 651-201-4161 Fax: 651-215-9697
Email: joanne.simon@state.mn.us

cc: Licensing and Certification File

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00602	A. BUILDING: _____ B. WING _____	C 06/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIEWCREST HEALTH CENTER	3111 CHURCH STREET DULUTH, MN 55811

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2 000	Initial Comments	2 000		

*****ATTENTION******

NH LICENSING CORRECTION ORDER

In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.

Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

INITIAL COMMENTS:
On 6/9/21, through 6/10/21, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found NOT found to be in compliance with the MN State Licensure.

The following complaint was found to be

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2 000	Continued From page 1 SUBSTANTIATED: H5414090C (MN73564) Licensing orders were issued at 4658.0520 Subp 1 0830 Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor's findings are the Suggested Method of Correction and Time Period for Correction. You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. PLEASE DISREGARD THE HEADING OF THE	2 000		

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2 000	Continued From page 2 FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE	2 000		
2 830	MN Rule 4658.0520 Subp. 1 Adequate and Proper Nursing Care; General Subpart 1. Care in general. A resident must receive nursing care and treatment, personal and custodial care, and supervision based on individual needs and preferences as identified in the comprehensive resident assessment and plan of care as described in parts 4658.0400 and 4658.0405. A nursing home resident must be out of bed as much as possible unless there is a written order from the attending physician that the resident must remain in bed or the resident prefers to remain in bed. This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to effectively provide pain management for 1 of 1 residents (R1) reviewed for acute post surgical pain. This resulted in actual harm to R1, when R1's narcotic pain medication was not administered per orders resulting in uncontrolled pain. Findings include: R1's Admission Record printed on 6/10/21, indicated she was admitted on 6/4/21, with diagnoses which included Atrioventricular (blockage between the heart chamber) block	2 830	Corrected	7/4/21

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2 830	Continued From page 3 pain, and muscle weakness. R1's 48 Hour Baseline Care Plan initiated on 6/4/21, indicated R1's reason for admission was related to recent pacemaker and Coronary Artery Bypass Graft (CABG). R1 was to have assist of 1 staff for toileting, ambulation, toileting, bathing, and bed mobility. Pain interventions included ice, medications, distraction, massage, and conversation. R1's baseline care plan also indicated R1 was a fall risk. R1's mental status was listed as alert and orientated. R1's hospital discharge and facility admitting orders dated 6/4/21, included acetaminophen (Tylenol) tablet 325 milligrams (mg), take 1-2 tablets by mouth every 6 hours as needed for pain, and tramadol (Ultram, narcotic medication called an opioid for use with moderate to moderately severe pain) 50 mg tablet every 6 hours as needed for pain. R1's hospital discharge paperwork indicated R1 had last received Tylenol 1000 mg dose at 9:50 a.m. and Ultram 50 mg dose at 8:12 a.m. prior to being admitted to the facility. R1's PRN (as needed medication) Report dated 6/4/21, indicated the following: -6/4/21, at 4:53 p.m. acetaminophen 325 mg, 2 tablets by mouth was administered to R1 for verbalized pain. The result was documented at 9:43 p.m. as "unrelieved" by medication. -6/4/21, at 9:47 p.m. acetaminophen 325 mg, 2 tablets by mouth administered to R1 for verbalized acute pain at a level of 10/10. At 12:06 a.m. the result was documented as "unrelieved" by medication.	2 830		

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2 830	Continued From page 4	2 830		

-6/4/21, at 10:16 p.m. tramadol 50 mg tablet administered to R1 for verbalized acute pain at a level 10/10. The result was documented by RN-A as "unknown," as R1 had left the facility against medical advice (AMA).

R1's Vital Sign record reviewed from the electronic health record (EHR) dated 6/4/21, indicated R1's pain level on 6/4/21, at 9:42 p.m. was 9/10 (on a scale of 1-10 with 1 being mild pain and 10 being excruciating pain), at 9:47 p.m. 10/10, and at 10:16 p.m. 10/10.

On 6/10/21, at 12:02 p.m. R1 was interviewed and stated she had left the facility on 6/4/21, and went home. R1 stated she went to the hospital the following morning and had been readmitted. R1 stated she did not believe the facility had been prepared to take a patient post coronary care. R1 stated she arrived at the facility on 6/4/21, around 11:00 a.m. and RN-B had completed the admission paperwork with her. R1 stated after she arrived, her parents and husband had come to see her. R1 stated at the entrance, an office staff had stopped her husband and requested to make a copy of her insurance card for her medications. R1 stated RN-C had come to her room early in the evening stating that the facility needed another copy of her insurance card because they lost the first copy that was made. R1 stated she contacted her husband who sent her a photo of the card, and she forwarded an email to RN-C with the information. R1 stated she was asked if she had more than one insurance card, R1 stated they had one insurance card for everything, including prescriptions.

R1 stated she had never felt so scared and vulnerable as she had at the facility. R1 stated she did not see any staff after her supper tray had

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2 830	Continued From page 5	2 830		

been brought to her room, even though she had placed her call light on numerous times for assistance with toileting and pain management. R1 stated at one point, her call light had been on for over 90 minutes at which time an unidentified female staff came in, shut her call light off. R1 asked her for her pain medications. R1 stated the staff said she would check, but she never saw her again. R1 stated a little before 10:00 p.m. one of the staff did come and administer Tylenol, but by that time she was crying in pain. R1 stated she had told the staff no one had been to her room, and she felt like she was all alone. R1 stated at that time she called FM-A to tell him to come and get her. R1 stated FM-A arrived around 10:30 p.m. and around that time, RN-A brought her the tramadol pain medication with her other bedtime medications. R1 stated she had been in pain throughout her entire stay. R1 further stated when her call light was not being answered, she had called the other facility numbers she was given at the time of admission on the telephone, however, the staff had not answered any of those calls.

A facility pharmacy delivery Packing Slip dated 6/4/21, indicated at 11:04 p.m. medications were delivered to the facility from the pharmacy. R1's medication was included in the delivery which included her tramadol (Ultram) 50 mg tablet pain medication. Registered nurse (RN)-A was noted to have signed for the medication delivery.

On 6/9/21, at 3:56 p.m. a progress note by the facility administrator indicated on 6/4/21, at 10:16 p.m. RN-A had received a phone call around 10:30 p.m. that FM-A had shown up to the facility and wanted to take R1 home. RN-A educated R1 regarding the risk verse benefit of leaving the facility, and the R1 still decided to leave the facility.

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2 830	Continued From page 6 On 6/9/21, at 4:12 p.m. a progress note by RN-B indicated on 6/4/21, per RN-A, R1 was given 650 mg of Tylenol per her request at 4:45 p.m. Staff reported to RN-A at 9:45 p.m. that R1 was having a panic attack, was hyperventilating, and was speaking with FM-A via telephone regarding leaving the facility. R1 stated that she did not think she should have left the hospital. R1 was then offered another dose of Tylenol which R1 agreed to take. Upon returning to the cart to prepare the Tylenol, it was noted R1's medications had just been delivered by the pharmacy. At that time, RN-A reported she prepared the ordered tramadol and other bedtime mediations for administration. An ice pack was also provided to R1. R1 continued to panic and hyperventilate. RN-A discussed with R1 the option of leaving AMA, and encouraged R1 to remain in the facility to recover from her surgery. Per RN-A, R1 stated she had not been using her call light as she did not want to be a bother. Per RN-A, R1 stated she was scared and she was too young to be in the facility, "This is all too much for me." Staff notified the facility administrator. FM-A arrived at the facility around 12:03 a.m. to pick up R1 in his personal vehicle. R1 was encouraged to go to the emergency room (ER) with any increase in pain, or if she started to feel worse or did not feel as though she was improving. On 6/10/21, at 9:30 a.m. RN-B was interviewed and stated he completed R1's admission assessment on 6/4/21. RN-B stated earlier that day, R1 had been noted to be grimacing and rated her pain at a 5/10. RN-B stated he had offered Tylenol because the tramadol had not been delivered from the pharmacy at that time. RN-B stated R1 declined the Tylenol, but did accept an ice pack. RN-B confirmed the facility	2 830		

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2 830	Continued From page 7	2 830		

had available an stock emergency(Ekit) supply of medications which included a supply of tramadol. RN-B stated a pain level of 5/10 in addition to showing nonverbal signs of pain such as grimacing should have signaled a reason to access medications out of the emergency kit (Ekit). RN-B confirmed he did not offer the tramadol pain medication to R1 from the Ekit at that time, nor did he reassess R1 for pain relief. RN-B further stated he felt if R1 had been rating her pain at 9/10 staff should have accessed the tramadol from the facility Ekit.

On 6/10/21, at 10:21 a.m. the administrator was interviewed and stated FM-A had left her a message detailing his concerns on the night of 6/4/21. The administrator stated the facility's investigation had not yet been completed. The administrator stated they had not pulled the call light logs to verify if R1 had long call light wait times.

On 6/10/21, at 10:41 a.m. RN-A stated she was working the night R1 was admitted and left AMA. RN-A stated she was alerted to R1 being anxious and hyperventilating. RN-A stated there had been discussion with another nurse about getting R1 her pain medications from the Ekit, however, the decision was made to wait until R1's medications were delivered from the pharmacy. RN-A stated her shift started around 7:00 p.m., but she had not seen or assessed R1 until around 9:45 p.m.

On 6/10/21, at 10:25 a.m. during follow up interview the administrator stated if a resident reported pain at a level of 5/10, 9/10, or 10/10 to a nurse, she would expect the nurse to offer pain medication effective to control the pain. The administrator stated if no pain relief was obtained

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2 830	Continued From page 8	2 830		

or reached, she would expect the staff to contact the resident's physician or pharmacy. The administrator stated uncontrolled pain could cause anxiety and increase heart rate, and put a resident at risk. The administrator stated it was her understanding R1's medication had not been included with the first pharmacy medication delivery because FM-A had given the facility the wrong insurance card.

On 6/10/21, at 1:26 p.m. RN-D verified the first copy of R1's insurance card had been lost or misplaced. RN-D stated they needed another copy from R1 and sent it to the pharmacy. RN-D stated this was some time after 4:00 p.m. RN-D stated it was the responsibility of SW-A to send the insurance card to the pharmacy at the time of admission. RN-D stated it may or may not have affected the timely delivery of R1's medications.

On 6/10/21, at 2:29 p.m. the DON stated she was unable to pull R1's call light logs to review. The DON further stated the voice mail FM-A left on 6/4/21, at 9:30 p.m. with his concerns had not been saved. The DON stated, "Call logs had been pulled automatically on 6/9/21, so there would be no ability to review (R1's) call logs unfortunately."

A facility document titled Voluntary Discharge Against Medical Advice(AMA) Release dated 6/4/21, at 10:32 p.m. indicated per R1, "I should not have been admitted if you were not prepared to care for me. No medications or continuous care was provided per my stay. I tried to reach someone." R1's family member (FM)-A and RN-A both signed the document as witnesses. The facility administrator signed on 6/7/21.

On 6/10/21, at 2:42 p.m. during further follow up,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00602	A. BUILDING: _____ B. WING _____	C 06/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIEWCREST HEALTH CENTER	3111 CHURCH STREET DULUTH, MN 55811

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 830	Continued From page 9 the administrator stated R1 should have received her ordered pain medications to manage her pain and had not. The administrator stated staff should have contacted the on-call physician to obtain additional medication orders, and/or use mediation available in the facility Ekit. On 6/10/21, at 4:18 p.m. the facility medical director (MD)-A stated pain medications were to be given timely and as ordered to control resident's pain. MD-A stated if a pain medication or any medication was needed and not available, he would expect the facility to contact the on-call physician to get further instructions which may include obtaining an alternative medication or using the supply of medication from the facility Ekit. MD-A stated it was not acceptable to have a resident rate pain at 5/10, 9/10 or 10/10 and not seek alternative medications. The facility policy Pain Management Policy undated, directed the facility will provide care and services that will recognize and manage a resident's pain to support his or her highest practicable level of wellbeing. Both pharmacological and non-pharmacological interventions assessed as appropriate will be utilized to provide maximum pain relief. If a pain scaled of 1-10 is used, it will be interrupted as follows: 0 is No pain, 1-4 Mild pain, 5-7 is Moderate, 8-9 is Severe and 10 is Excruciating pain. The Physician will be notified of pain levels on the Pain Evaluation, as appropriate. The Physician will also be notified when pain persists or reoccurs despite treatment or if suspected adverse consequence are noted. The director of nursing (DON) or designee, could develop or revise policies/procedures to related to management of pain.	2 830		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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2 830	Continued From page 10 The DON or designee could train staff in implementation of the policies and plan of care. The DON or designee could perform audits to ensure compliance. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	2 830		