Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
July 12, 2023

Administrator
The Villas At Robbinsdale
3130 Grimes Avenue North
Robbinsdale, MN 55422

RE: CCN: 245417
Cycle Start Date: June 2, 2023

Dear Administrator:

On June 15, 2023, we notified you a remedy was imposed. On July 11, 2023 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 June 29, 2023.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective June 30, 2023 did not go into effect. (42 CFR 488.417 (b))

In our letter of June 15, 2023, 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 June 30, 2023 due to denial of payment for new admissions. Since your facility attained substantial compliance on June 29, 2023, 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 Therefore, the NATCEP prohibition is rescinded.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.

Your request for a continuing waiver involving the deficiency(ies) cited under K0521 at the time of the June 2, 2023 standard survey has been forwarded to CMS for their review and determination. Your facility's compliance is based on pending CMS approval of your request for waiver.

Feel free to contact me if you have questions.

Sincerely,

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

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

July 12, 2023

Administrator
The Villas At Robbinsdale
3130 Grimes Avenue North
Robbinsdale, MN 55422

Re: Reinspection Results
Event ID: D54C11 and OL5112

Dear Administrator:

On June 23, 2023 and July 11, 2023 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the surveys completed on June 2, 2023 and June 8, 2023. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

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

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
June 15, 2023

Administrator
The Villas at Robbinsdale
3130 Grimes Avenue North
Robbinsdale, MN 55422

RE: CCN: 245417
Cycle Start Date: June 2, 2023

Dear Administrator:

On June 2, 2023, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted actual harm that was not immediate jeopardy (Level G), as evidenced by the electronically delivered CMS-2567, whereby significant corrections are required.

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 June 30, 2023.

- Directed plan of correction (DPOC), Federal regulations at 42 CFR § 488.424. Please see electronically attached documents for the DPOC.

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective June 30, 2023. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective June 30, 2023.

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:

• 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.

NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than $11,995; has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

If you have not achieved substantial compliance by June 30, 2023, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, The Villas At Robbinsdale will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from June 30, 2023. You will receive further information regarding this from the State agency. This prohibition is not subject to appeal. Further, this prohibition may be rescinded at a later date if your facility achieves substantial compliance prior to the effective date of denial of payment for new admissions.

However, under Public Law 105-15, you may contact the State agency and request a waiver of this prohibition if certain criteria are met.

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:

Terri Ament, Rapid Response
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 December 2, 2023 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:

Steven.Delich@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
202-795-7490

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 Steven Delich, Program Representative at (312) 886-5216. Information may also be emailed to Steven.Delich@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/ltc_idr.cfm

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

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

Feel free to contact me if you have questions.

Sincerely,

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4384
Email: holly.zahler@state.mn.us

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
June 15, 2023

Administrator
The Villas At Robbinsdale
3130 Grimes Avenue North
Robbinsdale, MN 55422

Re: State Nursing Home Licensing Orders
Event ID: D54C11

Dear Administrator:

The above facility was surveyed on June 1, 2023 through June 2, 2023 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

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

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

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

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

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

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

Terri Ament, Rapid Response
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 feel free to call me with any questions.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4384
Email: holly.zahler@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245417	A. BUILDING _____ B. WING _____	C 06/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAS AT ROBBINSDALE	3130 GRIMES AVENUE NORTH ROBBINSDALE, MN 55422

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS On 6/1/23, through 6/2/23, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaints were reviewed: H54172575C (MN91672) H54172576C (MN89956) H54172545C (MN94003) with a deficiency issued at F690. 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 690 SS=G	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.	F 690		6/19/23

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

Electronically Signed | 06/16/2023

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 690	Continued From page 1 §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to provide follow-up appointments with a urologist for 1 of 3 residents (R1) reviewed for indwelling catheter use. This resulted in actual harm to R1 when he developed a urinary tract infection (UTI), became septic, and was hospitalized. Findings include:	F 690	F690 Bowel/Bladder Incontinence, Catheter, UTI Immediate Corrective Action: R1 Appointment scheduled with Urologist. Corrective Action as it applies to others: Residents that have a catheter and a referral to urology have scheduled appointments. Education provided to Health Information	

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F 690	Continued From page 2 R1's Admission Record dated 11/14/22, indicated R1's diagnoses included neuromuscular dysfunction of bladder, and type 2 diabetes mellitus. R1's admission Minimum Data Set (MDS) dated 11/14/22, indicated R1 had neuromuscular dysfunction of bladder. The MDS also indicated R1 had an indwelling Foley catheter, required total assistance for transfers and toileting, and was cognitively intact. R1's care plan initiated 11/14/22, indicated R1 had neuromuscular dysfunction of bladder. Staff interventions included monitor/document for pain/discomfort due to catheter, monitor/record/report to MD for signs/symptoms of UTI: pain, burning, blood-tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temp, urinary frequency, foul smelling urine, fever, chills altered mental status, change in behavior, change in eating patterns. Change Foley catheter per policy. On 11/14/22, R1's hospital Discharge Summary note recommended R1 to follow up with urologist for indwelling catheter evaluation. R1's medical record lacked documentation of an appointment. On 2/24/23 during a medical visit with R1, the nurse practitioner (NP)-A ordered a follow-up with urology. R1's medical record lacked documentation of an appointment. On 4/11/23 during a medical visit with R1, the provider ordered to schedule a urology appointment for evaluation and treatment of his	F 690	regarding referral and follow-up appointments. Date of Compliance: Date all education/resident tasks to be completed by 6/19/23 Recurrence will be prevented by: Audits to be completed weekly x 3 and monthly x 2. The results of these audits will be shared with the facility QAPI committee for input on the need to increase, decrease or discontinue the audits. Corrections will be monitored by: DON/Administrator/designee	

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F 690	Continued From page 3 Foley catheter. R1's medical record lacked documentation of an appointment. On 4/28/23 at 4:20 p.m., a progress note indicated R1 was scheduled for a urology appointment on 5/17/23 at 2:30 p.m., for indwelling catheter evaluation and treatment. R1's medical record lacked indication if R1 went to this appointment. On 5/26/23, a provider note indicated assessed R1 who voiced concern about his health, and had stated his stomach was acting "funny." NP-A instructed to send R1 to the hospital for further evaluation related to abdominal pain and weight loss. On 5/26/23 at 2:34 p.m., a progress note indicated NP-A assessed R1 and instructed to send R1 to the hospital for further evaluation related to abdominal pain and weight loss. On 5/26/23 at 3:46 p.m., a hospital admission note indicated R1's indwelling catheter had not been changed since his admission to the facility (11/22) and according to the staff at the facility, the Foley catheter had not been draining properly. The note further indicated R1's Foley catheter was covered with mucus and appeared black, the bulb was not working properly, and R1's urine sample was positive for bacteremia (a bacterial infection in the blood). On 5/31/23 at 11:33 a.m., a hospital progress note indicated R1's indwelling catheter was changed at the hospital and was draining clear yellow urine. The note further indicated R1 was on antibiotic for a urinary tract infection (UTI).	F 690		

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F 690	Continued From page 4 On 6/1/23 at 2:20 p.m., a progress note indicated R1 returned from hospital with diagnoses of UTI and sepsis (sepsis occurs when chemicals released in the bloodstream to fight an infection trigger inflammation throughout the body). On 6/1/23 at 10:30 a.m., R1 was interviewed. R1 stated he had been to the hospital recently, and was treated for UTI and sepsis. R1 stated his Foley catheter was changed at the hospital, and he started a new antibiotic for the UTI. On 6/1/23 at 10:37 a.m., license practical nurse (LPN)-A stated nurses were responsible for indwelling catheter care. LPN-A stated Foley catheter were changed monthly, but acknowledged she was not familiar with the facility Foley catheter policy. On 6/1/23 at 1:47 p.m., health unit coordinator (HUC)-B stated R1 was scheduled for urologist appointment on 5/17/23 at 2:30 p.m., but R1 refused to go due to transportation issue, and no other transportation alternative was provided that day. HUC-B stated she tried to reschedule R1 on 5/18/23, but was informed urology did not have an opening. HUC-B stated she notified registered nurse (RN)-A, who said she would investigate and get back to her. HUC-A stated she never heard back from RN-A. HUC-B further stated she was not aware of any urology appointment made for R1 prior to 5/17/23. On 6/1/23 at 4:10 p.m., RN-A stated R1 refused to go to the appointment. RN-A stated she did not know the reason for the appointment, she	F 690		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 690	Continued From page 5	F 690		

assumed it was for evaluation and to rule out infection. RN-A stated she did not document the refusal.

On 6/2/23 at 11:24 a.m., the director of nursing (DON) stated she could not find any nursing note about R1's refusal or rescheduled for urology appointment around 5/17/23. The DON stated she just spoke with HUC-A, who said she had told RN-A of the refusal. The DON further stated she was not aware of any other urology appointment for R1.

On 6/2/23 at 1:34 p.m., NP-A was interviewed. NP-A stated when residents have a Foley catheter, the standard of practice would be to get them to a comfortable situation and then discontinue the catheter or refer them to urology for evaluation and treatment. NP-A further stated the facility needed to come up with better procedures to assess and monitor catheter care. NP-A stated she was not notified about R1's refusal, or any issues with the urology appointment. NP-A stated, "That's sepsis waiting to happen."

The facility's Bladder Assessment Procedure revised 5/31/23, directed the facility to proceed to Foley catheter evaluation if the resident has an indwelling catheter.

The facility policy Standing Orders revised 2023, directed nurses to change a Foley catheter as needed for leaking or decreased urinary output using a similar-sized catheter.

The facility policy Notification Physician of Change in Resident Health Status revised 3/8/23, directed

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	245417	A. BUILDING _____ B. WING _____	C 06/02/2023

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F 690	Continued From page 6 nurses to notify the resident's attending physician or physician on call when there has been a refusal of treatment.	F 690		

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2 000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 6/1/23, through 6/2/23, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing order was	2 000		

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2 000	Continued From page 1 issued. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date when they will be completed. The following complaints were reviewed: H54172575C (MN91672) H54172576C (MN89956) H54172545C (MN94003) with a licensing order issued at 4658.0525 Subp 7A 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	2 000		

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2 000	Continued From page 2 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 FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.	2 000		
2 910	MN Rule 4658.0525 Subp. 5 A.B Rehab - Incontinence Subp. 5. Incontinence. A nursing home must have a continuous program of bowel and bladder management to reduce incontinence and the unnecessary use of catheters. Based on the comprehensive resident assessment, a nursing home must ensure that: A. a resident who enters a nursing home without an indwelling catheter is not catheterized unless the resident's clinical condition indicates that catheterization was necessary; and B. a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This MN Requirement is not met as evidenced by: Based on interview and document review, the	2 910	Corrected	6/19/23

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2 910	Continued From page 3 facility failed to provide follow-up appointments with a urologist for 1 of 3 residents (R1) reviewed for indwelling catheter use. This resulted in actual harm to R1 when he developed a urinary tract infection (UTI), became septic, and was hospitalized. Findings include: R1's Admission Record dated 11/14/22, indicated R1's diagnoses included neuromuscular dysfunction of bladder, and type 2 diabetes mellitus. R1's admission Minimum Data Set (MDS) dated 11/14/22, indicated R1 had neuromuscular dysfunction of bladder. The MDS also indicated R1 had an indwelling Foley catheter, required total assistance for transfers and toileting, and was cognitively intact. R1's care plan initiated 11/14/22, indicated R1 had neuromuscular dysfunction of bladder. Staff interventions included monitor/document for pain/discomfort due to catheter, monitor/record/report to MD for signs/symptoms of UTI: pain, burning, blood-tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temp, urinary frequency, foul smelling urine, fever, chills altered mental status, change in behavior, change in eating patterns. Change Foley catheter per policy. On 11/14/22, R1's hospital Discharge Summary note recommended R1 to follow up with urologist for indwelling catheter evaluation. R1's medical record lacked documentation of an appointment.	2 910		

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2 910	Continued From page 4 On 2/24/23 during a medical visit with R1, the nurse practitioner (NP)-A ordered a follow-up with urology. R1's medical record lacked documentation of an appointment. On 4/11/23 during a medical visit with R1, the provider ordered to schedule a urology appointment for evaluation and treatment of his Foley catheter. R1's medical record lacked documentation of an appointment. On 4/28/23 at 4:20 p.m., a progress note indicated R1 was scheduled for a urology appointment on 5/17/23 at 2:30 p.m., for indwelling catheter evaluation and treatment. R1's medical record lacked indication if R1 went to this appointment. On 5/26/23, a provider note indicated assessed R1 who voiced concern about his health, and had stated his stomach was acting "funny." NP-A instructed to send R1 to the hospital for further evaluation related to abdominal pain and weight loss. On 5/26/23 at 2:34 p.m., a progress note indicated NP-A assessed R1 and instructed to send R1 to the hospital for further evaluation related to abdominal pain and weight loss. On 5/26/23 at 3:46 p.m., a hospital admission note indicated R1's indwelling catheter had not been changed since his admission to the facility (11/22) and according to the staff at the facility, the Foley catheter had not been draining properly. The note further indicated R1's Foley catheter was covered with mucus and appeared black, the bulb was not working properly, and R1's urine sample was positive for bacteremia (a bacterial infection in	2 910		

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2 910	Continued From page 5 the blood). On 5/31/23 at 11:33 a.m., a hospital progress note indicated R1's indwelling catheter was changed at the hospital and was draining clear yellow urine. The note further indicated R1 was on antibiotic for a urinary tract infection (UTI). On 6/1/23 at 2:20 p.m., a progress note indicated R1 returned from hospital with diagnoses of UTI and sepsis (sepsis occurs when chemicals released in the bloodstream to fight an infection trigger inflammation throughout the body). On 6/1/23 at 10:30 a.m., R1 was interviewed. R1 stated he had been to the hospital recently, and was treated for UTI and sepsis. R1 stated his Foley catheter was changed at the hospital, and he started a new antibiotic for the UTI. On 6/1/23 at 10:37 a.m., license practical nurse (LPN)-A stated nurses were responsible for indwelling catheter care. LPN-A stated Foley catheter were changed monthly, but acknowledged she was not familiar with the facility Foley catheter policy. On 6/1/23 at 1:47 p.m., health unit coordinator (HUC)-B stated R1 was scheduled for urologist appointment on 5/17/23 at 2:30 p.m., but R1 refused to go due to transportation issue, and no other transportation alternative was provided that day. HUC-B stated she tried to reschedule R1 on 5/18/23, but was informed urology did not have an opening. HUC-B stated she notified registered nurse (RN)-A, who said she would investigate and get back to her. HUC-A stated she never heard back from RN-A. HUC-B further stated she was	2 910		

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2 910	Continued From page 6 not aware of any urology appointment made for R1 prior to 5/17/23. On 6/1/23 at 4:10 p.m., RN-A stated R1 refused to go to the appointment. RN-A stated she did not know the reason for the appointment, she assumed it was for evaluation and to rule out infection. RN-A stated she did not document the refusal. On 6/2/23 at 11:24 a.m., the director of nursing (DON) stated she could not find any nursing note about R1's refusal or rescheduled for urology appointment around 5/17/23. The DON stated she just spoke with HUC-A, who said she had told RN-A of the refusal. The DON further stated she was not aware of any other urology appointment for R1. On 6/2/23 at 1:34 p.m., NP-A was interviewed. NP-A stated when residents have a Foley catheter, the standard of practice would be to get them to a comfortable situation and then discontinue the catheter or refer them to urology for evaluation and treatment. NP-A further stated the facility needed to come up with better procedures to assess and monitor catheter care. NP-A stated she was not notified about R1's refusal, or any issues with the urology appointment. NP-A stated, "That's sepsis waiting to happen." The facility's Bladder Assessment Procedure revised 5/31/23, directed the facility to proceed to Foley catheter evaluation if the resident has an indwelling catheter. The facility policy Standing Orders revised 2023, directed nurses to change a Foley catheter as	2 910		

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2 910	Continued From page 7 needed for leaking or decreased urinary output using a similar-sized catheter. The facility policy Notification Physician of Change in Resident Health Status revised 3/8/23, directed nurses to notify the resident's attending physician or physician on call when there has been a refusal of treatment. SUGGESTED METHOD OF CORRECTION: The director of nursing or designee, could review all physician orders for residents with catheters to all orders are followed, and ensure cares are performed as ordered. The director of nursing or designee, could conduct routine audits and educate staff to ensure appropriate care, and referral to urology services were implemented as ordered. The results of those audits should be taken to the QAPI committee for a determined amount of time to ensure compliance or the need for further monitoring. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	2 910		