



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

Electronically delivered  
August 17, 2020

Administrator  
New Brighton Care Center  
805 Sixth Avenue Northwest  
New Brighton, MN 55112

RE: CCN: 245421  
Cycle Start Date: June 17, 2020

Dear Administrator:

On July 14, 2020, we notified you a remedy was imposed. On August 14, 2020 and on August 17, 2020 the Minnesota Department(s) of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of August 14, 2020.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective July 29, 2020 did not go into effect. (42 CFR 488.417 (b))

However, as we notified you in our letter of July 10, 2020, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from June 30, 2020. This does not apply to or affect any previously imposed NATCEP loss.

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

Feel free to contact me if you have questions.

Sincerely,

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

Kamala Fiske-Downing  
Minnesota Department of Health  
Telephone: (651) 201-4112 Fax: (651) 215-9697  
Email: [Kamala.Fiske-Downing@state.mn.us](mailto:Kamala.Fiske-Downing@state.mn.us)



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

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July 14, 2020

Administrator  
New Brighton Care Center  
805 Sixth Avenue Northwest  
New Brighton, MN 55112

RE: CCN: 245421  
Cycle Start Date: June 17, 2020

Dear Administrator:

On July 10, 2020, we informed you that we may impose enforcement remedies.

On June 30, 2020, the Minnesota Department of Health completed a survey and it has been determined that your facility is not in substantial compliance with the participation requirements and the conditions in your facility constituted **both substandard quality of care and immediate jeopardy** to resident health or safety. The most serious deficiencies in your facility were found to be isolated deficiencies that constituted immediate jeopardy (Level J), as evidenced by the electronically attached CMS-2567, whereby corrections are required.

#### **REMOVAL OF IMMEDIATE JEOPARDY**

On June 30, 2020, the situation of immediate jeopardy to potential health and safety cited at F689 was removed. However, continued non-compliance remains at the lower scope and severity of G.

#### **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 July 29, 2020.

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective July 29, 2020. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective July 29, 2020.

New Brighton Care Center

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

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

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

### **SUBSTANDARD QUALITY OF CARE (SQC)**

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

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

Federal law, as specified in the Act at § 1819(f)(2)(B) and § 1919(f)(2)(B), prohibits approval of nurse assistant training programs offered by, or in, a facility which, within the previous two years, has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care. Therefore, New Brighton Care Center is prohibited from offering or conducting a Nurse Assistant Training / Competency Evaluation Programs (NATCEP) or Competency Evaluation Programs for two years effective June 30, 2020. This prohibition remains in effect for the specified period even though substantial compliance is attained. Under Public Law 105-15 (H. R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

### **ELECTRONIC PLAN OF CORRECTION (ePOC)**

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

New Brighton Care Center

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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" tag), i.e., the plan of correction should be directed to:

**Karen Aldinger, Unit Supervisor**  
**Metro A Survey Team**  
**Licensing and Certification Program**  
**Health Regulation Division**  
**Minnesota Department of Health**  
**85 East Seventh Place, Suite 220**  
**P.O. Box 64900**  
**Saint Paul, Minnesota 55164-0900**  
**Email: karen.aldinger@state.mn.us**  
**Phone: (651) 201-3794 Mobile: (320) 249-2805**

## 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

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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 17, 2020 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at § 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR § 488.412 and § 488.456.

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

#### **APPEAL RIGHTS**

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

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

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

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

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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](mailto:Tamika.Brown@cms.hhs.gov).

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

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

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

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

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: [https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\\_8.html](https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html)

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

Feel free to contact me if you have questions.

Sincerely,



Kamala Fiske-Downing  
Licensing and Certification Program  
Minnesota Department of Health  
Telephone: (651) 201-4112 Fax: (651) 215-9697  
Email: [Kamala.Fiske-Downing@state.mn.us](mailto:Kamala.Fiske-Downing@state.mn.us)

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

PRINTED: 07/30/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245421</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/30/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>NEW BRIGHTON CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>805 SIXTH AVENUE NORTHWEST NEW BRIGHTON, MN 55112</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	<p><b>INITIAL COMMENTS</b></p> <p>On 6/29/20 and 6/30/20, an abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was found not to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.</p> <p>The survey resulted in an Immediate Jeopardy (IJ) at F689 when the facility failed to provide the appropriate modified diet to residents which caused harm and had the potential to cause further harm or death. The IJ began on 6/29/20, at 6:01 p.m. and the immediacy was removed on 6/30/20, at 4:09 p.m.</p> <p>The following complaint was found to be substantiated: H5421019C. Deficiency issued at F Tag #689.</p> <p>In addition, an extended survey was completed on 6/30/20, related to the substandard quality of care findings.</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance.</p> <p>Upon receipt of an acceptable electronic POC, an on-site revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.</p>	F 000			
F 689 SS=K	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)	F 689		8/14/20	

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

TITLE

(X6) DATE

Electronically Signed

07/17/2020

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

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F 689	Continued From page 1  §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and  §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to provide the appropriate modified texture diet for 2 of 8 residents (R1 and R2) whom had swallowing difficulties, and were at risk for choking. This placed R1 and R2 in immediate jeopardy for not receiving the correct modified diets as prescribed to prevent choking. In addition, 6 other residents (R4, R5, R6, R8, R9 and R10) who had a prescribed modified textured diets due to swallowing difficulties were at potential risk of receiving the wrong diet. In addition, there was 1 of 3 residents (R3) whom had an identified food allergy, received a food items which she was allergic to.  The immediate jeopardy began on 6/25/20, when R1 received a NDD3 (bite-sized pieces of moist foods with near-normal texture that requires more chewing ability) diet instead of the NDD2 diet (moist/soft textured foods that are easy to chew and swallow), choked, required the Heimlich maneuver, oxygen and was hospitalized, and when R2 received grapes when on an altered diet. The administrator, director of nursing and associate director of nursing (ADON) were notified of the immediate jeopardy on 6/29/20, at 6:01 p.m. The immediate jeopardy was removed	F 689	Implemented staff training for diet types and importance of reviewing tray card prior to service 6-26-2020 for all nursing and dietary staff Registered Dietician performed mandatory training for all staff involved in assistance with tray service or feeding on modified diet, tray card accuracy and information 6-30-2020. All staff have been trained prior to next scheduled shift Staff Development has provided education on new diet orders and diet order changes for nursing and dietary staff 6-30-2020. All nursing and dietary staff have been trained prior to next scheduled shift  Whole house audit of food allergies completed 6-20-2020 to ensure accuracy on tray cards. Will continue weekly audits until compliance is established to be consistent All residents with altered diets were audited 6-29-2020 to ensure orders and tray cards are identical (R2, R3, R4, R5, R6, R9, R10) R1 no longer resides at the facility R8 diet was changed to regular on 6-29-2020 Audits will be ongoing as		

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F 689	<p>Continued From page 2</p> <p>on 6/30/20, at 4:09 p.m. but noncompliance remained at the lower scope and severity level of G isolated, scope and severity level, which indicated actual harm that is not immediate jeopardy.</p> <p>Findings include:</p> <p>R1's admission MDS dated 6/12/20, indicated moderate cognitive impairment with diagnoses including a stroke, aphasia (difficulty speaking) and dementia. R1 ate independently and was seeing speech therapist and complained of difficulty or pain when swallowing. R1's tray ticket indicated Diet: DYS2 Nectar Thk Liq, [dysphagia (difficulty swallowing) level 2, mechanically altered diet- moist and soft textured foods that are easy to chew- with nectar thickened liquids) small portions. R1's Initial Nutritional Evaluation dated 6/7/20, indicated R1 had, "difficulty swallowing." R1's ST (speech therapist) - Therapist Progress and Discharge Summary dated 6/25/20, indicated R1's current swallowing level was nectar thick liquid, NDD2: Dysphagia-mechanical altered. R1's OT assessment dated 6/22/20, indicated R1 required NND2 mechanically altered diet with nectar-thick liquids and had difficulty swallowing liquids and foods.</p> <p>R1's incident report dated 6/25/20, included, "6/25/20 1740 [5:40 p.m.] NAR reported to RN [registered nurse] that resident was unresponsive. Resident was pale and gasping. RN initiated Heimlich Maneuver. CNA [certified nursing assistant] summoned nurse from adjacent station. Resident placed on floor. Staff continued chest thrusts. CNA instructed by nurse to visually check patient's mouth to see if any</p>	F 689	<p>needed related to diet changes for all current residents and new admissions</p> <p>Registered Dietician has completed audit/review of care plans of all residents identified with altered diets including liquids and food allergies to ensure care plan and orders are correct. Will review weekly ongoing for compliance.</p> <p>Nursing leadership will audit meal service at each meal to ensure correct diet and texture for all residents on modified diets ongoing until compliance is established</p> <p>Dietician to audit tray line service weekly for ongoing compliance of accurate diet texture until compliance is established</p> <p>Dietary implemented tray line set up and will remain ongoing until prior meal service resumes in the dining room with communal dining.</p> <p>Tray cards for those on modified diets will be printed on yellow paper to hi lite modification more easily</p>		

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F 689	Continued From page 3 food could be removed. CNA was able to remove food which appeared to be bread and pork. Sats [oxygen saturation level, normal is 95-100%] increased to 95% after intervention. Prior, sats were ranging from 20-40%. Oxygen was applied by RN which resulted in regular breathing. RN called 911. Nurse called family to inform them about situation and that patient was being sent to the hospital. Upon arrival of EMS - resident was stable. Staff placed him in bed for comfort via Hoyer with head of the bed raised. Resident had emesis after being transferred the stretcher. At 1820 [6:30 p.m.] resident was taken to Regions Hospital. MD [medical doctor] and DON updated. DON placed call to Regions hospital to check on condition. Investigation initiated immediately. Administrator and ADON notified. RN informed DON that the diet resident received was incorrect. This was confirmed by the dietary aid. The patient received an NDD 3 [bite-sized pieces of moist foods with near-normal texture] diet when ordered to receive an NDD 2 diet [moist/soft textured foods that are easy to swallow]. Administrator directed all staff involved in incident to document details of incident as to gather information for continued investigation. DON in constant conversation with staff regarding incident throughout evening. DON gathering information and continuing investigation. Immediate reeducation of nursing and dietary staff related to modified diets. Resident hospital speech notes reviewed. Resident was being seen by speech therapy in facility. DON followed up 6/26 Nursing and dietary policies/procedures reviewed. Education and training also reviewed for staff involved and was noted to be required. Training for registered dietary and nursing staff to be completed on 6/30/20. Registered Dietitian to provide training on diet texture, diet modifications	F 689			

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F 689	<p>Continued From page 4</p> <p>and reading tray card. Statements reviewed with interdisciplinary team. Dietary aid interviewed. DON placed call again to Regions Hospital as well as son to check on condition. Cognition at baseline. X-ray shows infiltrate is present in left lower lobe. Incident will be reviewed at July's nursing meeting as well as at July's QAPI [quality assurance and performance improvement] meeting."</p> <p>When interviewed on 6/29/20, at 2:57 p.m. RN-A stated they had not receiving additional training on modified diets in the last week. RN-A further stated if the NA discovered a discrepancy, the NA should tell the nurse and the nurse could verify the order. RN-A further verified and stated, "[R1] had a pulled pork sandwich and fries. It was not what [R1] was supposed to have. NDD2 was what he was supposed to get, but [R1] got the NDD3 diet."</p> <p>When interviewed on 6/29/20, at 3:02 p.m. the DON stated they had immediately started to train staff as they arrived to work about ensuring diets provided matched the directions on the dietary card and a high level overview of the different diet types provided in the facility. However, no monitoring was completed to ensure residents received the correct diet after the training was provided.</p> <p>When interviewed on 6/29/20, at 4:39 p.m. family member (FM)-A stated the facility informed (FM-A) that (R1) had been served bread and that (R1) should not have had it. The tray was handed to (R1) and then (R1) was left alone so staff could deliver the rest of the trays. Then staff returned to find (R1) not breathing quite right and the staff took food out of (R1's) mouth. FM-A stated that</p>	F 689			

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F 689	<p>Continued From page 5</p> <p>prior to this event, (R1) had been rehabilitating, and the family was planning for (R1) to return home. FM-A further stated the palliative care doctor told (FM-A) that the choking event was very traumatic for (R1) and (R1) was not going to improve. FM-A further stated (R1) had moved on to hospice care now.</p> <p>When interviewed on 6/30/20, at 11:45 a.m. dietitian (D) stated, "NDD3 would be ground meat - moistened with gravy or sauce, certain vegetable would be avoided or pureed, certain fruits would be avoided or substituted - would need to be soft, can have bread, cake, vegetable should be soft mashable."</p> <p>When interviewed on 6/30/20, at 3:51 p.m. DON verified and stated discovering through staff interviews the night of R1's choking incident, that R1 was served the wrong diet tray. "[R1] received an NDD3 instead of a 2."</p> <p>When interviewed on 6/30/20, at 3:58 p.m. cook (C)-C verified being the one who prepared R1's tray for dinner on 6/25/20. C-C stated, "I looked at the tray ticket and thought it was a 3 but it was a 2. I was looking at it when it was still in the transport cart."</p> <p>R2's admission Minimum Data Set (MDS) dated 6/17/20, indicated cognitively intact with diagnoses including amyotrophic lateral sclerosis (neurological disorder causing weakened muscles and deformity). R2 required extensive one person physical assistance to eat. The MDS identified R2 had a swallowing disorder and complained of difficulty or pain with swallowing.</p>	F 689			

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F 689	<p>Continued From page 6</p> <p>R2's Initial Nutritional Evaluation dated 6/15/20 indicated R2 had, "difficulty swallowing and required a special diet of, "Pureed, NDD1 along with honey thick liquids." R2's tray ticket indicated Diet: DYS1 Pur, Honey Thk Liq (pureed food with honey thickened liquid). R2's care plan initiated on 6/12/20, failed to include nutrition risks or how to manage her difficulty with swallowing. Even though R2's nutritional evaluation and admission MDS identified a swallowing disorder, her care plan failed to identify this.</p> <p>R2's progress note by the registered dietician dated 6/16/20, identified, "Dx [diagnoses] dysphagia and s/sx [signs and symptoms] swallowing problems: c/o [complains of] difficulty and pain with swallowing which necessitates the pureed, honey thick textures."</p> <p>R2's progress note by registered nurse (RN)-B dated 6/23/20, at 3:03 p.m. indicated, "Resident had great difficulty with medication this shift. Writer asked if she preferred applesauce or pudding. Resident chose pudding. Medications were crushed and administered with honey thick liquid to follow pudding. Resident coughed, choked, sneezed, gagged, and mouth, nose, and eyes watered for approximately 15 minutes. Resident turned red and struggled to maintain baseline breathing before administration."</p> <p>R2's nurse practitioner's progress note dated 6/25/20, identified, "Per nursing, pt [patient] on hospice but is struggling with swallowing. Tried nectar and honey thickened per Speech therapy. However, pt is unable to swallow causing her to choke."</p>	F 689			

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F 689	<p>Continued From page 7</p> <p>R2's progress note by RN-C dated 6/26/20, at 12:26 a.m. indicated, "Pt. [patient] continues to have complications swallowing; staff is currently attempting to find things that pt. can consume safely."</p> <p>During observation on 6/29/20, at 11:14 a.m. the lunch trays were prepped in the kitchen while stacked in the transport cart. There was a tray ticket on each tray with a picture of the resident. The tray tickets listed the specific information for each resident including diet type and required modifications, food allergies and special instructions. The director of dietary services stated that this was the tray preparation process the facility had been following since the COVID-19 outbreak and elimination of communal dining.</p> <p>During observation on 6/29/20, at 12:13 p.m. R2 was in the north common area and had a meal tray in front of her that consisted of pureed spaghetti, pureed carrots, ice cream, thickened milk, thickened juice and whole grapes. R2's tray ticket identified, "DYS 1 Pur, Honey Thk Liq." R2 pointed to the dish of grapes to LPN-A whom was at the table assisting with the lunch meal and LPN-A removed the grapes from R2's tray.</p> <p>When interviewed on 6/29/20, at 12:32 p.m. R2 stated, "I cannot eat grapes." LPN-A stated, I don't know why they gave [R2] grapes. LPN-A stated R2 was on a puree diet with honey thickened liquids as indicated on the tray ticket. LPN-A further stated R2 was at risk for choking and whole grapes were not appropriate for R2's diet.</p> <p>When interviewed on 6/29/20, at 12:40 p.m.</p>	F 689			

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F 689	<p>Continued From page 8</p> <p>dietary aide (DA)-B stated R2 required a NDD 1 (level 1 dysphagia (difficulty swallowing) diet including only pureed foods with the same texture as pudding) pureed diet with honey thickened liquids and should not have been served whole grapes.</p> <p>When interviewed on 6/29/20, at 12:43 p.m. director of dietary services (DDS) stated the fresh fruit indicated on the lunch menu should have been pureed and thickened grapes for anyone on an NDD1 pureed diet with thickened liquids.</p> <p>When interviewed on 6/29/20, at 12:52 p.m. nursing assistant (NA)-A stated the person who delivered the tray should have verified that the meal matched the diet on the tray ticket.</p> <p>When interviewed on 6/29/20, at 12:53 p.m. NA-B stated, "I delivered [R2's] lunch tray today." NA-B further stated (NA-B) read the tray ticket and lifted the lid to the main dish, and confirmed R2 was getting a pureed meal. NA-B further stated R2 should not have been served whole grapes and did not notice them when the tray was checked.</p> <p>When interviewed on 6/29/20, at 12:58 p.m. LPN-A stated, "Fortunately [R2] knows not to eat grapes, but if this was someone that ate alone and did not know, they could have eaten the grapes."</p> <p>When interviewed on 6/29/20, at 1:03 p.m. NA-A verified the point of care iPad charting system showed R2's header indicated, "Diet: NDD1 (puree), texture: puree, fluid consistency: honey, special instructions: none."</p> <p>When interviewed on 6/29/20, at 1:09 p.m. the</p>	F 689			

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F 689	<p>Continued From page 9</p> <p>director of nursing (DON) stated resident's diets were indicated by orders placed upon admission or after a change in condition requiring a change in diet. The assistant director of nursing (ADON) stated point of care iPad chart was directly linked to point click care (PCC- the system that contains the electronic medical record). DON further stated the NA delivering the tray should check the tray for accuracy and if a discrepancy is discovered, they should remove the tray and notify the nurse immediately.</p> <p>When interviewed on 6/29/20, at 2:09 p.m. DDS stated the cooks were trained by experienced cooks upon hire, and that in-services were provided every time a new cook was hired. The dysphagia diet would have been taught to the new cook by the experience cook as well. "The new cook works with an experienced cook for several weeks." The last in-service was 7/9/18, and there have been no new cooks since then.</p> <p>When interviewed on 6/29/20, at 2:54 p.m. NA-C stated the food on the resident's tray was supposed to be checked against the tray ticket. "Upon hire, I was trained on the modified diet." NA-C further stated receiving re-education on 6/26/20, and there was an additional mandatory training scheduled for 6/30/20.</p> <p>R4's annual MDS dated 5/7/20, indicated moderate cognitive impairment with diagnoses including gastro-esophageal reflux disease (GERD), dementia, dysphagia, and hemiplegia and hemiparesis (weakness/ paralysis on one side of the body) affecting left non-dominant side. R4 required supervision and set up help for eating.</p>	F 689			

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F 689	Continued From page 10  R4's dietary tickets for breakfast, lunch and supper indicated, Diet: DYS 3 Adv, diabetic, ground meat. Per R4's speech therapy plan of care, dated 6/30/19, "STG: Swallowing 1: In order to decrease the risk of aspirating/choking, patient will apply recommended safe feeding/swallow strategies (including bolus size/pacing control, through mastication, oral clearance between bites, cyclic ingestion of solids/liquids, and single sips of thin liquids across 90% of opps x3/3 observations." R4's care plan, last revised 6/30/20, indicated, "[R4] has a nutritional problem: Inconsistent CHO [carbohydrate] intake r/t dx DM AEB elevated blood sugars >200; requires tx diet. [R4] has a dx dysphagia; requires mechanically altered diet. [R4] will tolerate diet textures without coughing, choking, s/sx aspiration. [R4] will comply with prescribed therapeutic diet. Diet: NDD3, 2gm na+, THIN LIQUIDS. Monitor intake and record q meal. Observe/document/report to Nurse, MD s/sx of dysphagia: Pocketing, Choking, Coughing, liquid spilling from mouth, Holding food in mouth, Several attempts at swallowing, Refusing to eat, Appears concerned during meals. Serve meals in the dining room and provide tray set up. ST [speech therapist] recommendations: small/single bites; slow rate of intake; cyclic ingestion liquids/solids."  R5's quarterly MDS dated 5/21/20, indicated severe cognitive impairment with diagnoses including dementia. R5 required supervision and set up help for eating. R5's dietary tickets for breakfast, lunch and supper indicated, Diet: small portions, NDD3. R5's care plan, last revised 7/6/20, indicated, "[R5] has a potential nutritional problem r/t dx dementia. Loose teeth, does not	F 689			

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F 689	<p>Continued From page 11</p> <p>want DDS appointment, necessitating a mechanically altered diet. Diet: Small portions, NDD3 d/t dental status. Monitor intake and record q meal. Serve meals in the dining room."</p> <p>R6's admission MDS dated 4/30/20, indicated cognitively intact with diagnoses including Parkinson's disease, dysphagia, and malnutrition. R6 required limited one person physical assistance to eat and complained of difficulty or pain when swallowing. R6's dietary tickets for breakfast, lunch and supper indicated, Diet: DYS 3 Adv. Per R6's speech pathology initial evaluation, dated 4/21/20, "Swallowing: The patient demonstrates mild oropharyngeal dysphagia; likely consistent with baseline, but swallowing appears functional for a modified diet." R6's care plan, last revised 7/6/20, indicated, "Altered nutrition: Inadequate oral food intake r/t [related to] decreased appetite and hx difficulty chewing/swallowing AEB requires mechanically altered diet and supplements. Diet: NDD3, thin liquids. Monitor and record intake at all meals. Provide tray set-up."</p> <p>R8's significant change MDS dated 4/14/20, indicated cognitively intact with diagnoses including GERD and renal failure. R8 required extensive assistance to eat and complained of difficulty or pain when swallowing. R8's dietary tickets for breakfast, lunch and supper indicated, Diet: Regular. R8's care plan, last revised 6/30/20, indicated, "Nutrition: [R8] has a potential for inadequate oral intake r/t dx malignant neoplasm of the brain, ESRD, edentulism AEB weight loss PTA and hospice status. [R8] will consume food and fluid as desired for comfort and pleasure. [R8] prefers to eat meals in her room. Staff will offer to go to dining room.</p>	F 689			

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F 689	<p>Continued From page 12</p> <p>Resident request to eat meal in bed will be honored. [R8] eats her meal over one to two hours. Provide eating assist prn [as needed]. Provide, serve diet as ordered: Regular, Regular Textures, Thin Liquids. Monitor intake and record q meal." R8's Comprehensive Nutritional Evaluation, dated 4/10/2020, indicated difficulty swallowing and included "She is receiving eating assist at meals; eats in her room and is being served on disposables. Her diet has changed since readmit from hospital-switched to puree NTL [nectar thick liquids] d/t difficulty swallowing likely r/t congestion."</p> <p>R9's quarterly MDS dated 3/30/20, indicated severe cognitive impairment with diagnoses including dementia. R9 required supervision and one person physical assistance to eat. R9's dietary tickets for breakfast, lunch and supper indicated, Diet: DYS 3 Adv, PUREED MEAT. R9's care plan, last revised 6/30/20, indicated, "[R9] has a potential for altered nutrition status r/t dx dementia. [R9] eats in the dining room. Provide, serve diet as ordered: NDD3, pureed meat, thin liquids. Monitor intake and record q [every] meal."</p> <p>R10's quarterly MDS dated 3/30/20, indicated severe cognitive impairment with diagnoses including GERD, dysphagia, and dementia. R10 required supervision and one person physical assistance to eat. R10's dietary tickets for breakfast, lunch and supper indicated Diet: DYS 3 Adv. R10's care plan, last revised 6/2/20, indicated, "Potential for altered nutrition r/t DX: DM and dysphagia requiring mechanically altered diet. Diet: NDD3, thin liquids. Monitor and record intake for all meals."</p> <p>The facility policy Dysphagia revised 3/2018,</p>	F 689			

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F 689	<p>Continued From page 13</p> <p>identified how to recognize and treat dysphagia. The policy indicated the resident would be assessed by a speech-language pathologist and recommend appropriate consistency diets. The policy further indicated staff would assure proper consistencies are prepared and served.</p> <p>The facility policy Therapeutic Diets reviewed 4/2020, indicated attending physicians would prescribe therapeutic diets for resident's that support the resident's treatment and plan of care. An altered texture for a diet would be considered a therapeutic diet. Standard mechanically altered diets available at the facility include NDD1 (pureed), NDD2, NDD3, honey thickened liquids, nectar thickened liquids, and pudding thickened liquids.</p> <p>The facility policy Dining Room Audits reviewed 4/2020, indicated the food and nutrition services department would audit regularly to ensure that resident needs are met and that dining is safe. The policy instructed, "the dietician, food and nutrition services manager and/or dietary supervisor will make scheduled daily meal rounds to every dining room at all meal times to audit the dining room and food service to the residents." The auditor will assess whether correct therapeutic diets and consistencies are served. A copy of these audits was requested, but not provided by the facility.</p> <p>When interviewed on 6/30/20, at 2:30 p.m. DDS stated, they used to do the audits twice a week. However, this had not been done in the past few months because of COVID-19 and need to change dining practices to mainly cart services rather than communal dining. The audits were not documented.</p>	F 689			

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F 689	Continued From page 14  The facility provided an undated National Dysphagia Diet Levels that indicated the following: NDD1 - puree, NDD2 - mechanical soft, NDD3 - dysphagia advanced, NDD4 - regular textures.  The immediate jeopardy that began on 6/25/20, was removed on 6/30/20, when the facility modified the tray preparation and tray identification process to ensure all trays were checked prior to being placed on the transport cart and double checked for accuracy prior to reaching the resident. All staff who prepared food, delivered trays or assisted with feedings were educated on altered diets and when and how to review trays for accuracy. All meal tickets for residents with altered diets were changed to print on colored paper to stand out from regular diet tray cards. Audits were completed by nursing leadership to ensure tray accuracy. Staff were interviewed and could identify the tray identification process and differences in altered diets. The noncompliance remained at the lower scope and severity level of G, isolated, scope and severity level, which indicated actual harm that is not immediate jeopardy. R3's quarterly MDS dated 4/6/20, indicated moderate cognitive impairment with diagnosis including cerebral palsy. R3 required supervision and set up help for eating. R3 also had a swallowing disorder with coughing or choking during meals or with medications. R3's care plan, last updated 6/30/20, indicated, "The resident has a potential nutritional problem r/t [related to] dysphagia [difficulty swallowing] AEB [as evidenced by] requires NDD3 diet. Waiver for	F 689			

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F 689	<p>Continued From page 15</p> <p>regular meat. Intolerance to rice starch, tomato (ok for tomato soup per her son), lettuce, popcorn, and nuts." R3's care plan did not reflect food allergies or Intolerances prior to 6/30/20.</p> <p>Per R3's speech therapy initial assessment, dated 9/6/17, "Pt has a history of dysphasia upon her last stay at this TCU and was downgraded to an NDD3 diet with thin liquids. Referral to SLP now due to nursing and dietary staff noticing episodes of coughing, throat clearing, and emesis of phlegm during meals for the last 2 days. Swallowing difficulties are likely caused by weakness, fatigue, and lack of awareness while eating. SLP is required now to evaluate and treat in order to prevent malnutrition, respiratory compromise, and dehydration."</p> <p>R3's Initial Nutritional Evaluation, dated 8/22/17, included, "no popcorn, hard nuts, small seeds, lettuce, and tomato."</p> <p>Per progress note dated 9/19/2018, "Kitchen's staff notified writer that resident was coughing during breakfast. Writer came to assess resident in the DR. Resident was able to communicate verbally and stated: "I am ok". Resident was removed to room for further assessment. Lung sounds were diminishes all lobes. TPR: 97.1, 76, 16, 121/67, 94%RA. Resident stated: I told you I didn't choke. I was trying to clear my throat. I had phlegm. Bethany, NP was updated in regards to the incident. Resident still wishes to have regular diet and refuses to follow the diet order which is NDD3. The Diet refusal form was signed. Writer provided the risks/benefits in regards to resident current condition and having regular diet would put resident at risk for aspiration. Resident is aware all the risks and benefits."</p>	F 689			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 689	Continued From page 16  R3's electronic medical record, allergy entry last revised on 5/18/18, indicated an active allergy to tomatoes, "Reaction Note: Per son, responsible party, resident can eat tomato soup, but NOT tomatoes as she is allergic to the seeds."  R3's electronic medical record, progress note dated 9/5/17 indicated, "Resident admitted on NDD3 diet, multiple food intolerances Rice starch, popcorn, nuts, small seeds, tomato, and lettuce. No current orders for SLP [speech/language pathologist] but has been observed to be coughing during meals therefore therapy department will obtain orders for SLP eval and treat."  R3's dietary tickets for breakfast, lunch and supper included, "Observe for coughing or choking/no straw," and listed an allergy to lettuce, rice and tomatoes.  When observed on 6/29/20, at 12:25 p.m. R3 sat alone at a table in the dining room. R3 was served spaghetti and whole meatballs topped with spaghetti sauce, a large slice of bread, sliced carrots, apple juice, whole milk, and applesauce for lunch. R3's tray ticked indicated, "Diet: regular, allergy lettuce, allergy rice, allergy tomatoes."  When interviewed on 6/29/20, at 1:00 p.m. C-A stated, "[R3] She is on a regular diet, but no seeds. It says no seeds on her ticket, so we always check the tickets when we serve, usually we give her only shredded lettuce, and she doesn't like skins - like potato skins. NDD3 means the food has moisture, it should be soft and bite size, regular diet we can give every food,	F 689			

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

PRINTED: 07/30/2020  
FORM APPROVED  
OMB NO. 0938-0391

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F 689	<p>Continued From page 17</p> <p>NDD3 we need to chop or dice them, and grind the meat, it needs to be soft."</p> <p>When interviewed on 6/29/20, at 1:15 p.m. R3 stated, "Yeah it is hard for me to eat, the food has to be cut up, it's on my ticket to help me, I have choked before when eating, my lettuce has to be shredded up, things that gets caught in my throat. There is certain stuff I can't eat, the doctor said I can't have anything with seeds in it, and no tomatoes. They do feed me tomatoes and cucumbers once in a while - I just pick them out and throw them aside."</p> <p>When interviewed on 6/29/20, at 2:30 p.m. director of dietary services stated, "The allergies are listed under dislikes on the meal cards- she can't have cucumber seeds, cucumber you have to do that delicately for her, no tomato seeds, when we interviewed her she said she doesn't like tomato seeds or cucumber seeds, because it gets stuck in her throat, it is a preference not an allergy." At 2:35 pm DDS stated "here let me double check" then went into R3's electronic Health Record through Point Click Care (PCC), reviewed the allergies listed for R3 and stated, "well that is interesting ... she is allergic to rice, lettuce, and tomato ... I wonder if we are caught up on Optima (dietary software) let me look. It says allergy to lettuce in Optima already, but no tomato, I don't understand why I didn't get that information, I am supposed to be getting that information." At 2:45 p.m. when asked why R3 received spaghetti with tomato sauce for lunch if allergic to tomatoes, DDS stated "She had it with the sauce? I thought that she had it with the tomato off, if she is truly allergic to tomatoes I just think that the nursing staff and dietary need to go through all these charts and make sure that if</p>	F 689			

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F 689	<p>Continued From page 18</p> <p>there is any allergies or anything that needs to be communicated with us. If I would have known that she had an allergy I would not have given it to her, we do have plain meatballs for those who cannot have tomato products."</p> <p>When interviewed on 6/29/20, at 2:52 p.m. dietary aid (DA)-A stated, "On the meal ticket, the 'likes' means she likes to eat that, the 'dislikes' mean she doesn't like it, she don't like seeds to tomatoes it is not an allergy, she likes shredded lettuce, but she don't like the leaves, it's not an allergy, it is a dislike - she don't like the leaves and she don't like the seeds."</p> <p>When interviewed on 6/29/20, at 6:00 p.m. administrator stated, "Like for Betty, she gets diverticulitis from the tomato seeds, so where should we be listing this on the care plan?"</p> <p>When interviewed on 6/30/20, at 11:45 a.m. dietitian stated, "I don't think that tomato was listed as an allergy in the care plan, if it were truly an allergy and she received a tomato sauce it would be the incorrect thing that should be omitted from her meals."</p> <p>Per the facilities policy titled, Food Allergies and Intolerances, last revised 08/17:</p> <p>a) Residents are assessed for a history of food allergies and intolerances upon admission and as part of the comprehensive assessment.</p> <p>b) All resident reported food allergies and intolerances are documented in the assessment notes and incorporated into the resident's care plan.</p> <p>c) Residents with food intolerances and allergies are offered appropriate substitutions for foods</p>	F 689			

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F 689	Continued From page 19 that they cannot eat.	F 689			



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

Electronically delivered  
July 14, 2020

Administrator  
New Brighton Care Center  
805 Sixth Avenue Northwest  
New Brighton, MN 55112

Re: State Nursing Home Licensing Orders  
Event ID: NN7Q11

Dear Administrator:

The above facility was surveyed on June 29, 2020 through June 30, 2020 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

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

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at [https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\\_8.html](https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html). The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the

New Brighton Care Center

July 14, 2020

Page 2

"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:

**Karen Aldinger, Unit Supervisor  
Metro A Survey Team  
Minnesota Department of Health  
85 East Seventh Place, Suite 220  
P.O. Box 64900  
Saint Paul, Minnesota 55164-0900  
Email: karen.aldinger@state.mn.us  
Phone: (651) 201-3794 Mobile: (320) 249-2805**

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,



Kamala Fiske-Downing  
Licensing and Certification Program  
Minnesota Department of Health  
Telephone: (651) 201-4112 Fax: (651) 215-9697  
Email: [Kamala.Fiske-Downing@state.mn.us](mailto:Kamala.Fiske-Downing@state.mn.us)

New Brighton Care Center

July 14, 2020

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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00507</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/30/2020</b>
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2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p><b>NH LICENSING CORRECTION ORDER</b></p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p><b>INITIAL COMMENTS:</b> On 6/29/20 and 6/30/20, an abbreviated survey was conducted to determine compliance with State Licensure. Your facility was found to not be in compliance with the MN State Licensure.</p> <p>The following complaint found to be <b>SUBSTANTIATED: H5421019C, licensing orders</b></p>	2 000		
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  07/17/20
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Minnesota Department of Health

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2 000	<p>Continued From page 1</p> <p>were issued.</p> <p>The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.</p> <p>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 surveyors findings are the Suggested Method of Correction and Time period for Correction.</p> <p>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 <a href="http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm">http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm</a> 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</p>	2 000		

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2 000	Continued From page 2  Minnesota Department of Health.  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.	2 000		
2 945	MN Rule 4658.0530 Subp. 1 Assistance with Eating - Nursing Personnel  Subpart 1. Nursing personnel. Nursing personnel must determine that residents are served diets as prescribed. Residents needing help in eating must be promptly assisted upon receipt of the meals and the assistance must be unhurried and in a manner that maintains or enhances each resident's dignity and respect. Adaptive self-help devices must be provided to contribute to the resident's independence in eating. Food and fluid intake of residents must be observed and deviations from normal reported to the nurse responsible for the resident's care during the work period the observation of a deviation was made. Persistent unresolved problems must be reported to the attending physician.  This MN Requirement is not met as evidenced by: Based on observation, interview, and document	2 945	Corrected	8/14/20

Minnesota Department of Health

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2 945	<p>Continued From page 3</p> <p>review, the facility failed to provide the appropriate modified texture diet for 2 of 8 residents (R1 and R2) whom had swallowing difficulties, and were at risk for choking. This placed R1 and R2 in immediate jeopardy for not receiving the correct modified diets as prescribed to prevent choking. In addition, 6 other residents (R4, R5, R6, R8, R9 and R10) who had a prescribed modified textured diets due to swallowing difficulties were at potential risk of receiving the wrong diet. In addition, there was 1 of 3 residents (R3) whom had an identified food allergy, received a food items which she was allergic to.</p> <p>The immediate jeopardy began on 6/25/20, when R1 received a NDD3 (bite-sized pieces of moist foods with near-normal texture that requires more chewing ability) diet instead of the NDD2 diet (moist/soft textured foods that are easy to chew and swallow), choked, required the Heimlich maneuver, oxygen and was hospitalized, and when R2 received grapes when on an altered diet. The administrator, director of nursing and associate director of nursing (ADON) were notified of the immediate jeopardy on 6/29/20, at 6:01 p.m. The immediate jeopardy was removed on 6/30/20, at 4:09 p.m. but noncompliance remained at the lower scope and severity level of G isolated, scope and severity level, which indicated actual harm that is not immediate jeopardy.</p> <p>Findings include:</p> <p>R1's admission MDS dated 6/12/20, indicated moderate cognitive impairment with diagnoses including a stroke, aphasia (difficulty speaking) and dementia. R1 ate independently and was seeing speech therapist and complained of</p>	2 945		

Minnesota Department of Health

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2 945	<p>Continued From page 4</p> <p>difficultly or pain when swallowing. R1's tray ticket indicated Diet: DYS2 Nectar Thk Liq, [dysphagia (difficulty swallowing) level 2, mechanically altered diet- moist and soft textured foods that are easy to chew- with nectar thickened liquids) small portions. R1's Initial Nutritional Evaluation dated 6/7/20, indicated R1 had, "difficulty swallowing." R1's ST (speech therapist) - Therapist Progress and Discharge Summary dated 6/25/20, indicated R1's current swallowing level was nectar thick liquid, NDD2: Dysphagia-mechanical altered. R1's OT assessment dated 6/22/20, indicated R1 required NND2 mechanically altered diet with nectar-thick liquids and had difficulty swallowing liquids and foods.</p> <p>R1's incident report dated 6/25/20, included, "6/25/20 1740 [5:40 p.m.] NAR reported to RN [registered nurse] that resident was unresponsive. Resident was pale and gasping. RN initiated Heimlich Maneuver. CNA [certified nursing assistant] summoned nurse from adjacent station. Resident placed on floor. Staff continued chest thrusts. CNA instructed by nurse to visually check patient's mouth to see if any food could be removed. CNA was able to remove food which appeared to be bread and pork. Sats [oxygen saturation level, normal is 95-100%] increased to 95% after intervention. Prior, sats were ranging from 20-40%. Oxygen was applied by RN which resulted in regular breathing. RN called 911. Nurse called family to inform them about situation and that patient was being sent to the hospital. Upon arrival of EMS - resident was stable. Staff placed him in bed for comfort via Hoyer with head of the bed raised. Resident had emesis after being transferred the stretcher. At 1820 [6:30 p.m.] resident was taken to Regions Hospital. MD [medical doctor] and DON updated.</p>	2 945		

Minnesota Department of Health

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2 945	<p>Continued From page 5</p> <p>DON placed call to Regions hospital to check on condition. Investigation initiated immediately. Administrator and ADON notified. RN informed DON that the diet resident received was incorrect. This was confirmed by the dietary aid. The patient received an NDD 3 [bite-sized pieces of moist foods with near-normal texture] diet when ordered to receive an NDD 2 diet [moist/soft textured foods that are easy to swallow]. Administrator directed all staff involved in incident to document details of incident as to gather information for continued investigation. DON in constant conversation with staff regarding incident throughout evening. DON gathering information and continuing investigation. Immediate reeducation of nursing and dietary staff related to modified diets. Resident hospital speech notes reviewed. Resident was being seen by speech therapy in facility. DON followed up 6/26 Nursing and dietary policies/procedures reviewed. Education and training also reviewed for staff involved and was noted to be required. Training for registered dietary and nursing staff to be completed on 6/30/20. Registered Dietitian to provide training on diet texture, diet modifications and reading tray card. Statements reviewed with interdisciplinary team. Dietary aid interviewed. DON placed call again to Regions Hospital as well as son to check on condition. Cognition at baseline. X-ray shows infiltrate is present in left lower lobe. Incident will be reviewed at July's nursing meeting as well as at July's QAPI [quality assurance and performance improvement] meeting."</p> <p>When interviewed on 6/29/20, at 2:57 p.m. RN-A stated they had not receiving additional training on modified diets in the last week. RN-A further stated if the NA discovered a discrepancy, the NA should tell the nurse and the nurse could verify</p>	2 945		

Minnesota Department of Health

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2 945	<p>Continued From page 6</p> <p>the order. RN-A further verified and stated, "[R1] had a pulled pork sandwich and fries. It was not what [R1] was supposed to have. NDD2 was what he was supposed to get, but [R1] got the NDD3 diet."</p> <p>When interviewed on 6/29/20, at 3:02 p.m. the DON stated they had immediately started to train staff as they arrived to work about ensuring diets provided matched the directions on the dietary card and a high level overview of the different diet types provided in the facility. However, no monitoring was completed to ensure residents received the correct diet after the training was provided.</p> <p>When interviewed on 6/29/20, at 4:39 p.m. family member (FM)-A stated the facility informed (FM-A) that (R1) had been served bread and that (R1) should not have had it. The tray was handed to (R1) and then (R1) was left alone so staff could deliver the rest of the trays. Then staff returned to find (R1) not breathing quite right and the staff took food out of (R1's) mouth. FM-A stated that prior to this event, (R1) had been rehabilitating, and the family was planning for (R1) to return home. FM-A further stated the palliative care doctor told (FM-A) that the choking event was very traumatic for (R1) and (R1) was not going to improve. FM-A further stated (R1) had moved on to hospice care now.</p> <p>When interviewed on 6/30/20, at 11:45 a.m. dietitian (D) stated, "NDD3 would be ground meat - moistened with gravy or sauce, certain vegetable would be avoided or pureed, certain fruits would be avoided or substituted - would need to be soft, can have bread, cake, vegetable should be soft mashable."</p>	2 945		

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2 945	<p>Continued From page 7</p> <p>When interviewed on 6/30/20, at 3:51 p.m. DON verified and stated discovering through staff interviews the night of R1's choking incident, that R1 was served the wrong diet tray. "[R1] received an NDD3 instead of a 2."</p> <p>When interviewed on 6/30/20, at 3:58 p.m. cook (C)-C verified being the one who prepared R1's tray for dinner on 6/25/20. C-C stated, "I looked at the tray ticket and thought it was a 3 but it was a 2. I was looking at it when it was still in the transport cart."</p> <p>R2's admission Minimum Data Set (MDS) dated 6/17/20, indicated cognitively intact with diagnoses including amyotrophic lateral sclerosis (neurological disorder causing weakened muscles and deformity). R2 required extensive one person physical assistance to eat. The MDS identified R2 had a swallowing disorder and complained of difficulty or pain with swallowing.</p> <p>R2's Initial Nutritional Evaluation dated 6/15/20 indicated R2 had, "difficulty swallowing and required a special diet of, "Pureed, NDD1 along with honey thick liquids." R2's tray ticket indicated Diet: DYS1 Pur, Honey Thk Liq (pureed food with honey thickened liquid). R2's care plan initiated on 6/12/20, failed to include nutrition risks or how to manage her difficulty with swallowing. Even though R2's nutritional evaluation and admission MDS identified a swallowing disorder, her care plan failed to identify this.</p> <p>R2's progress note by the registered dietician dated 6/16/20, identified, "Dx [diagnoses] dysphagia and s/sx [signs and symptoms] swallowing problems: c/o [complains of] difficulty</p>	2 945		

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2 945	<p>Continued From page 8</p> <p>and pain with swallowing which necessitates the pureed, honey thick textures."</p> <p>R2's progress note by registered nurse (RN)-B dated 6/23/20, at 3:03 p.m. indicated, "Resident had great difficulty with medication this shift. Writer asked if she preferred applesauce or pudding. Resident chose pudding. Medications were crushed and administered with honey thick liquid to follow pudding. Resident coughed, choked, sneezed, gagged, and mouth, nose, and eyes watered for approximately 15 minutes. Resident turned red and struggled to maintain baseline breathing before administration."</p> <p>R2's nurse practitioner's progress note dated 6/25/20, identified, "Per nursing, pt [patient] on hospice but is struggling with swallowing. Tried nectar and honey thickened per Speech therapy. However, pt is unable to swallow causing her to choke."</p> <p>R2's progress note by RN-C dated 6/26/20, at 12:26 a.m. indicated, "Pt. [patient] continues to have complications swallowing; staff is currently attempting to find things that pt. can consume safely."</p> <p>During observation on 6/29/20, at 11:14 a.m. the lunch trays were prepped in the kitchen while stacked in the transport cart. There was a tray ticket on each tray with a picture of the resident. The tray tickets listed the specific information for each resident including diet type and required modifications, food allergies and special instructions. The director of dietary services stated that this was the tray preparation process the facility had been following since the COVID-19 outbreak and elimination of communal dining.</p>	2 945		

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2 945	Continued From page 9  During observation on 6/29/20, at 12:13 p.m. R2 was in the north common area and had a meal tray in front of her that consisted of pureed spaghetti, pureed carrots, ice cream, thickened milk, thickened juice and whole grapes. R2's tray ticket identified, "DYS 1 Pur, Honey Thk Liq." R2 pointed to the dish of grapes to LPN-A whom was at the table assisting with the lunch meal and LPN-A removed the grapes from R2's tray.  When interviewed on 6/29/20, at 12:32 p.m. R2 stated, "I cannot eat grapes." LPN-A stated, I don't know why they gave [R2] grapes. LPN-A stated R2 was on a puree diet with honey thickened liquids as indicated on the tray ticket. LPN-A further stated R2 was at risk for choking and whole grapes were not appropriate for R2's diet.  When interviewed on 6/29/20, at 12:40 p.m. dietary aide (DA)-B stated R2 required a NDD 1 (level 1 dysphagia (difficulty swallowing) diet including only pureed foods with the same texture as pudding) pureed diet with honey thickened liquids and should not have been served whole grapes.  When interviewed on 6/29/20, at 12:43 p.m. director of dietary services (DDS) stated the fresh fruit indicated on the lunch menu should have been pureed and thickened grapes for anyone on an NDD1 pureed diet with thickened liquids.  When interviewed on 6/29/20, at 12:52 p.m. nursing assistant (NA)-A stated the person who delivered the tray should have verified that the meal matched the diet on the tray ticket.  When interviewed on 6/29/20, at 12:53 p.m. NA-B	2 945		

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2 945	<p>Continued From page 10</p> <p>stated, "I delivered [R2's] lunch tray today." NA-B further stated (NA-B) read the tray ticket and lifted the lid to the main dish, and confirmed R2 was getting a pureed meal. NA-B further stated R2 should not have been served whole grapes and did not notice them when the tray was checked.</p> <p>When interviewed on 6/29/20, at 12:58 p.m. LPN-A stated, "Fortunately [R2] knows not to eat grapes, but if this was someone that ate alone and did not know, they could have eaten the grapes."</p> <p>When interviewed on 6/29/20, at 1:03 p.m. NA-A verified the point of care iPad charting system showed R2's header indicated, "Diet: NDD1 (puree), texture: puree, fluid consistency: honey, special instructions: none."</p> <p>When interviewed on 6/29/20, at 1:09 p.m. the director of nursing (DON) stated resident's diets were indicated by orders placed upon admission or after a change in condition requiring a change in diet. The assistant director of nursing (ADON) stated point of care iPad chart was directly linked to point click care (PCC- the system that contains the electronic medical record). DON further stated the NA delivering the tray should check the tray for accuracy and if a discrepancy is discovered, they should remove the tray and notify the nurse immediately.</p> <p>When interviewed on 6/29/20, at 2:09 p.m. DDS stated the cooks were trained by experienced cooks upon hire, and that in-services were provided every time a new cook was hired. The dysphagia diet would have been taught to the new cook by the experience cook as well. "The new cook works with an experienced cook for several weeks." The last in-service was 7/9/18,</p>	2 945		

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2 945	<p>Continued From page 11</p> <p>and there have been no new cooks since then.</p> <p>When interviewed on 6/29/20, at 2:54 p.m. NA-C stated the food on the resident's tray was supposed to be checked against the tray ticket. "Upon hire, I was trained on the modified diet." NA-C further stated receiving re-education on 6/26/20, and there was an additional mandatory training scheduled for 6/30/20.</p> <p>R4's annual MDS dated 5/7/20, indicated moderate cognitive impairment with diagnoses including gastro-esophageal reflux disease (GERD), dementia, dysphagia, and hemiplegia and hemiparesis (weakness/ paralysis on one side of the body) affecting left non-dominant side. R4 required supervision and set up help for eating.</p> <p>R4's dietary tickets for breakfast, lunch and supper indicated, Diet: DYS 3 Adv, diabetic, ground meat. Per R4's speech therapy plan of care, dated 6/30/19, "STG: Swallowing 1: In order to decrease the risk of aspirating/choking, patient will apply recommended safe feeding/swallow strategies (including bolus size/pacing control, through mastication, oral clearance between bites, cyclic ingestion of solids/liquids, and single sips of thin liquids across 90% of opps x3/3 observations." R4's care plan, last revised 6/30/20, indicated, "[R4] has a nutritional problem: Inconsistent CHO [carbohydrate] intake r/t dx DM AEB elevated blood sugars &gt;200; requires tx diet. [R4] has a dx dysphagia; requires mechanically altered diet. [R4] will tolerate diet textures without coughing, choking, s/sx aspiration. [R4] will comply with prescribed therapeutic diet. Diet: NDD3, 2gm na+, THIN LIQUIDS. Monitor intake and record q meal.</p>	2 945		

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2 945	<p>Continued From page 12</p> <p>Observe/document/report to Nurse, MD s/sx of dysphagia: Pocketing, Choking, Coughing, liquid spilling from mouth, Holding food in mouth, Several attempts at swallowing, Refusing to eat, Appears concerned during meals. Serve meals in the dining room and provide tray set up. ST [speech therapist] recommendations: small/single bites; slow rate of intake; cyclic ingestion liquids/solids."</p> <p>R5's quarterly MDS dated 5/21/20, indicated severe cognitive impairment with diagnoses including dementia. R5 required supervision and set up help for eating. R5's dietary tickets for breakfast, lunch and supper indicated, Diet: small portions, NDD3. R5's care plan, last revised 7/6/20, indicated, "[R5] has a potential nutritional problem r/t dx dementia. Loose teeth, does not want DDS appointment, necessitating a mechanically altered diet. Diet: Small portions, NDD3 d/t dental status. Monitor intake and record q meal. Serve meals in the dining room."</p> <p>R6's admission MDS dated 4/30/20, indicated cognitively intact with diagnoses including Parkinson's disease, dysphagia, and malnutrition. R6 required limited one person physical assistance to eat and complained of difficulty or pain when swallowing. R6's dietary tickets for breakfast, lunch and supper indicated, Diet: DYS 3 Adv. Per R6's speech pathology initial evaluation, dated 4/21/20, "Swallowing: The patient demonstrates mild oropharyngeal dysphagia; likely consistent with baseline, but swallowing appears functional for a modified diet." R6's care plan, last revised 7/6/20, indicated, "Altered nutrition: Inadequate oral food intake r/t [related to] decreased appetite and hx difficulty chewing/swallowing AEB requires mechanically altered diet and supplements. Diet:</p>	2 945		

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2 945	<p>Continued From page 13</p> <p>NDD3, thin liquids. Monitor and record intake at all meals. Provide tray set-up."</p> <p>R8's significant change MDS dated 4/14/20, indicated cognitively intact with diagnoses including GERD and renal failure. R8 required extensive assistance to eat and complained of difficulty or pain when swallowing. R8's dietary tickets for breakfast, lunch and supper indicated, Diet: Regular. R8's care plan, last revised 6/30/20, indicated, "Nutrition: [R8] has a potential for inadequate oral intake r/t dx malignant neoplasm of the brain, ESRD, edentulism AEB weight loss PTA and hospice status. [R8] will consume food and fluid as desired for comfort and pleasure. [R8] prefers to eat meals in her room. Staff will offer to go to dining room. Resident request to eat meal in bed will be honored. [R8] eats her meal over one to two hours. Provide eating assist prn [as needed]. Provide, serve diet as ordered: Regular, Regular Textures, Thin Liquids. Monitor intake and record q meal." R8's Comprehensive Nutritional Evaluation, dated 4/10/2020, indicated difficulty swallowing and included "She is receiving eating assist at meals; eats in her room and is being served on disposables. Her diet has changed since readmit from hospital-switched to puree NTL [nectar thick liquids] d/t difficulty swallowing likely r/t congestion."</p> <p>R9's quarterly MDS dated 3/30/20, indicated severe cognitive impairment with diagnoses including dementia. R9 required supervision and one person physical assistance to eat. R9's dietary tickets for breakfast, lunch and supper indicated, Diet: DYS 3 Adv, PUREED MEAT. R9's care plan, last revised 6/30/20, indicated, "[R9] has a potential for altered nutrition status r/t dx dementia. [R9] eats in the dining room. Provide,</p>	2 945		

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2 945	<p>Continued From page 14</p> <p>serve diet as ordered: NDD3, pureed meat, thin liquids. Monitor intake and record q [every] meal."</p> <p>R10's quarterly MDS dated 3/30/20, indicated severe cognitive impairment with diagnoses including GERD, dysphagia, and dementia. R10 required supervision and one person physical assistance to eat. R10's dietary tickets for breakfast, lunch and supper indicated Diet: DYS 3 Adv. R10's care plan, last revised 6/2/20, indicated, "Potential for altered nutrition r/t DX: DM and dysphagia requiring mechanically altered diet. Diet: NDD3, thin liquids. Monitor and record intake for all meals."</p> <p>The facility policy Dysphagia revised 3/2018, identified how to recognize and treat dysphagia. The policy indicated the resident would be assessed by a speech-language pathologist and recommend appropriate consistency diets. The policy further indicated staff would assure proper consistencies are prepared and served.</p> <p>The facility policy Therapeutic Diets reviewed 4/2020, indicated attending physicians would prescribe therapeutic diets for resident's that support the resident's treatment and plan of care. An altered texture for a diet would be considered a therapeutic diet. Standard mechanically altered diets available at the facility include NDD1 (pureed), NDD2, NDD3, honey thickened liquids, nectar thickened liquids, and pudding thickened liquids.</p> <p>The facility policy Dining Room Audits reviewed 4/2020, indicated the food and nutrition services department would audit regularly to ensure that resident needs are met and that dining is safe. The policy instructed, "the dietician, food and nutrition services manager and/or dietary</p>	2 945		

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2 945	<p>Continued From page 15</p> <p>supervisor will make scheduled daily meal rounds to every dining room at all meal times to audit the dining room and food service to the residents." The auditor will assess whether correct therapeutic diets and consistencies are served. A copy of these audits was requested, but not provided by the facility.</p> <p>When interviewed on 6/30/20, at 2:30 p.m. DDS stated, they used to do the audits twice a week. However, this had not been done in the past few months because of COVID-19 and need to change dining practices to mainly cart services rather than communal dining. The audits were not documented.</p> <p>The facility provided an undated National Dysphagia Diet Levels that indicated the following: NDD1 - puree, NDD2 - mechanical soft, NDD3 - dysphagia advanced, NDD4 - regular textures.</p> <p>The immediate jeopardy that began on 6/25/20, was removed on 6/30/20, when the facility modified the tray preparation and tray identification process to ensure all trays were checked prior to being placed on the transport cart and double checked for accuracy prior to reaching the resident. All staff who prepared food, delivered trays or assisted with feedings were educated on altered diets and when and how to review trays for accuracy. All meal tickets for residents with altered diets were changed to print on colored paper to stand out from regular diet tray cards. Audits were completed by nursing leadership to ensure tray accuracy. Staff were interviewed and could identify the tray identification process and differences in altered</p>	2 945		

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2 945	<p>Continued From page 16</p> <p>diets. The noncompliance remained at the lower scope and severity level of G, isolated, scope and severity level, which indicated actual harm that is not immediate jeopardy.</p> <p>R3's quarterly MDS dated 4/6/20, indicated moderate cognitive impairment with diagnosis including cerebral palsy. R3 required supervision and set up help for eating. R3 also had a swallowing disorder with coughing or choking during meals or with medications. R3's care plan, last updated 6/30/20, indicated, "The resident has a potential nutritional problem r/t [related to] dysphagia [difficulty swallowing] AEB [as evidenced by] requires NDD3 diet. Waiver for regular meat. Intolerance to rice starch, tomato (ok for tomato soup per her son), lettuce, popcorn, and nuts." R3's care plan did not reflect food allergies or Intolerances prior to 6/30/20.</p> <p>Per R3's speech therapy initial assessment, dated 9/6/17, "Pt has a history of dysphasia upon her last stay at this TCU and was downgraded to an NDD3 diet with thin liquids. Referral to SLP now due to nursing and dietary staff noticing episodes of coughing, throat clearing, and emesis of phlegm during meals for the last 2 days. Swallowing difficulties are likely caused by weakness, fatigue, and lack of awareness while eating. SLP is required now to evaluate and treat in order to prevent malnutrition, respiratory compromise, and dehydration."</p> <p>R3's Initial Nutritional Evaluation, dated 8/22/17, included, "no popcorn, hard nuts, small seeds, lettuce, and tomato."</p> <p>Per progress note dated 9/19/2018, "Kitchen's staff notified writer that resident was coughing during breakfast. Writer came to assess resident</p>	2 945		

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2 945	<p>Continued From page 17</p> <p>in the DR. Resident was able to communicate verbally and stated: "I am ok". Resident was removed to room for further assessment. Lung sounds were diminishes all lobes. TPR: 97.1, 76, 16, 121/67, 94%RA. Resident stated: I told you I didn't choke. I was trying to clear my throat. I had phlegm. Bethany, NP was updated in regards to the incident. Resident still wishes to have regular diet and refuses to follow the diet order which is NDD3. The Diet refusal form was signed. Writer provided the risks/benefits in regards to resident current condition and having regular diet would put resident at risk for aspiration. Resident is aware all the risks and benefits."</p> <p>R3's electronic medical record, allergy entry last revised on 5/18/18, indicated an active allergy to tomatoes, "Reaction Note: Per son, responsible party, resident can eat tomato soup, but NOT tomatoes as she is allergic to the seeds."</p> <p>R3's electronic medical record, progress note dated 9/5/17 indicated, "Resident admitted on NDD3 diet, multiple food intolerances Rice starch, popcorn, nuts, small seeds, tomato, and lettuce. No current orders for SLP [speech/language pathologist] but has been observed to be coughing during meals therefore therapy department will obtain orders for SLP eval and treat."</p> <p>R3's dietary tickets for breakfast, lunch and supper included, "Observe for coughing or choking/no straw," and listed an allergy to lettuce, rice and tomatoes.</p> <p>When observed on 6/29/20, at 12:25 p.m. R3 sat alone at a table in the dining room. R3 was served spaghetti and whole meatballs topped with spaghetti sauce, a large slice of bread, sliced</p>	2 945		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00507</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/30/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW BRIGHTON CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>805 SIXTH AVENUE NORTHWEST NEW BRIGHTON, MN 55112</b>
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2 945	<p>Continued From page 18</p> <p>carrots, apple juice, whole milk, and applesauce for lunch. R3's tray ticked indicated, "Diet: regular, allergy lettuce, allergy rice, allergy tomatoes."</p> <p>When interviewed on 6/29/20, at 1:00 p.m. C-A stated, "[R3] She is on a regular diet, but no seeds. It says no seeds on her ticket, so we always check the tickets when we serve, usually we give her only shredded lettuce, and she doesn't like skins - like potato skins. NDD3 means the food has moisture, it should be soft and bite size, regular diet we can give every food, NDD3 we need to chop or dice them, and grind the meat, it needs to be soft."</p> <p>When interviewed on 6/29/20, at 1:15 p.m. R3 stated, "Yeah it is hard for me to eat, the food has to be cut up, it's on my ticket to help me, I have choked before when eating, my lettuce has to be shredded up, things that gets caught in my throat. There is certain stuff I can't eat, the doctor said I can't have anything with seeds in it, and no tomatoes. They do feed me tomatoes and cucumbers once in a while - I just pick them out and throw them aside."</p> <p>When interviewed on 6/29/20, at 2:30 p.m. director of dietary services stated, "The allergies are listed under dislikes on the meal cards- she can't have cucumber seeds, cucumber you have to do that delicately for her, no tomato seeds, when we interviewed her she said she doesn't like tomato seeds or cucumber seeds, because it gets stuck in her throat, it is a preference not an allergy." At 2:35 pm DDS stated "here let me double check" then went into R3's electronic Health Record through Point Click Care (PCC), reviewed the allergies listed for R3 and stated, "well that is interesting ... she is allergic to rice,</p>	2 945		

Minnesota Department of Health

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2 945	<p>Continued From page 19</p> <p>lettuce, and tomato ... I wonder if we are caught up on Optima (dietary software) let me look. It says allergy to lettuce in Optima already, but no tomato, I don't understand why I didn't get that information, I am supposed to be getting that information." At 2:45 p.m. when asked why R3 received spaghetti with tomato sauce for lunch if allergic to tomatoes, DDS stated "She had it with the sauce? I thought that she had it with the tomato off, if she is truly allergic to tomatoes I just think that the nursing staff and dietary need to go through all these charts and make sure that if there is any allergies or anything that needs to be communicated with us. If I would have known that she had an allergy I would not have given it to her, we do have plain meatballs for those who cannot have tomato products."</p> <p>When interviewed on 6/29/20, at 2:52 p.m. dietary aid (DA)-A stated, "On the meal ticket, the 'likes' means she likes to eat that, the 'dislikes' mean she doesn't like it, she don't like seeds to tomatoes it is not an allergy, she likes shredded lettuce, but she don't like the leaves, it's not an allergy, it is a dislike - she don't like the leaves and she don't like the seeds."</p> <p>When interviewed on 6/29/20, at 6:00 p.m. administrator stated, "Like for Betty, she gets diverticulitis from the tomato seeds, so where should we be listing this on the care plan?"</p> <p>When interviewed on 6/30/20, at 11:45 a.m. dietitian stated, "I don't think that tomato was listed as an allergy in the care plan, if it were truly an allergy and she received a tomato sauce it would be the incorrect thing that should be omitted from her meals."</p>	2 945		

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2 945	<p>Continued From page 20</p> <p>Per the facilities policy titled, Food Allergies and Intolerances, last revised 08/17:</p> <p>a) Residents are assessed for a history of food allergies and intolerances upon admission and as part of the comprehensive assessment.</p> <p>b) All resident reported food allergies and intolerances are documented in the assessment notes and incorporated into the resident's care plan.</p> <p>c) Residents with food intolerances and allergies are offered appropriate substitutions for foods that they cannot eat.</p> <p><b>SUGGESTED METHOD OF CORRECTION:</b> The dietary director and director of nursing could review and revise policies related to meal service and ensuring correct diets are provided to each resident, train staff, then perform audits to ensure compliance. These audits could then be brought to the facilities QAPI committee.</p> <p><b>TIME PERIOD FOR CORRECTION:</b> Twenty-one (21) days.</p>	2 945		