



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
August 27, 2020

Administrator
Chosen Valley Care Center
1102 Liberty Street Southeast
Chatfield, MN 55923

RE: CCN: 245423
Cycle Start Date: June 26, 2020

Dear Administrator:

On July 30, 2020, we informed you of imposed enforcement remedies.

On August 5, 2020, the Minnesota Department of Health completed a survey and it has been determined that your facility continues to not to be in substantial compliance. The most serious deficiencies in your facility were found to be isolated deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy (Level D) as evidenced by the electronically attached CMS-2567, whereby corrections are required.

As a result of the survey findings:

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective August 14, 2020, will remain in effect.

This Department continues to recommend that CMS impose a civil money penalty. (42 CFR 488.430 through 488.444).

You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective August 14, 2020. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective August 14, 2020.

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

As we notified you in our letter of July 30, 2020, in accordance with Federal law, as specified in the Act

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Chosen Valley Care Center

August 27, 2020

Page 2

at Section 1819(f)(2)(B)(iii)(I)(b) and 1919(f)(2)(B)(iii)(I)(b), your facility is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from June 26, 2020.

ELECTRONIC PLAN OF CORRECTION (ePOC)

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

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

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

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

- Optional denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417 (a));
- Per day civil money penalty (42 CFR 488.430 through 488.444).

DEPARTMENT CONTACT

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

Jennifer Kolsrud Brown, Unit Supervisor
Rochester Survey Team
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
18 Wood Lake Drive Southeast
Rochester, Minnesota 55904-5506

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health - Health Regulation Division staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for their respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

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

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

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

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by December 26, 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 Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

APPEAL RIGHTS

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

Chosen Valley Care Center

August 27, 2020

Page 4

copy of the hearing request shall be submitted electronically to:

Tamika.Brown@cms.hhs.gov

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

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

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

INFORMAL DISPUTE RESOLUTION/ INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

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

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

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

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

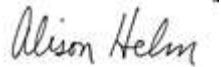
Chosen Valley Care Center

August 27, 2020

Page 5

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.

A handwritten signature in cursive script that reads "Alison Helm".

Alison Helm, Enforcement Specialist

Licensing and Certification

Minnesota Department of Health

P.O. Box 64970

Saint Paul, Minnesota 55164-0970

Phone: 651-201-4206

Email: alison.helm@state.mn.us

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

PRINTED: 09/01/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/05/2020
NAME OF PROVIDER OR SUPPLIER CHOSEN VALLEY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1102 LIBERTY STREET SOUTHEAST CHATFIELD, MN 55923		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS On 8/3/20 through 8/5/20 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. The following complaint(s) was found to be substantiated: H5423030C. Deficiency issued at F Tag 755. 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. 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.	F 000			
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide	F 755		8/13/20	

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

TITLE

(X6) DATE

Electronically Signed

08/28/2020

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 755	<p>Continued From page 1</p> <p>pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to provide medications as ordered by a physician and follow specific directions for administration of medications for 1 of 1 residents (R1) reviewed for pharmacy services.</p> <p>Findings include:</p> <p>R1's Minimum Data Set (MDS) assessment dated 4/19/20, identified the resident had no cognitive impairment and required limited assist for activities of daily living. The MDS indicated R1 was usually able to make herself understood and understands others. Further, the MDS indicated no delirium, but indicated R1 had disorganized</p>	F 755	<p>Chosen Valley Care Center provides pharmaceutical services to meet the needs of each resident. The facility has a contract with a licensed consultant pharmacist who collaborates with facility staff to coordinate pharmaceutical services and guide the development and implementation of related procedures to ensure the accurate acquiring, receiving, dispensing, storing and administering of all drugs and biologicals. The facility's medication administration policies were reviewed and found appropriate.</p> <p>On August 5, 2020, the Hospice Medical</p>		

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F 755	<p>Continued From page 2</p> <p>thinking which fluctuates (comes and goes, changes in severity). R1 had no hallucinations or delusions.</p> <p>R1's admission face sheet identified R1 was admitted to the facility 10/30/19, and diagnosis included altered mental status, pain and repeated falls. In addition, R1 had a readmission after a hospital stay 6/24/20, indicating she was treated for delirium, paranoia and delusional thoughts. A hospice note indicated R1 was admitted to hospice on 7/5/20, with a primary diagnosis of senile degeneration of the brain and dementia.</p> <p>R1's care plan indicated a goal to live free of traumatic events and deny experiencing any trauma during quarterly assessment. Interventions included: Provide me with medications as ordered, recording behavioral symptoms and side effects and alert my MD [medical doctor] if needed.</p> <p>R1's Hospice medication orders transcribed on the Medication administration record (MAR) dated 7/5/20 included:</p> <ol style="list-style-type: none"> 1. Give PRN [as needed] morphine first 2. If not effective, give PRN Haloperidol (Haldol) PO [by mouth] 3. If not effective, give PRN lorazepam 4. If not effective, give PRN Haloperidol IM [intramuscular] <p>R1's current medication orders included, Haloperidol Lactate By Mouth Concentrate 2MG/ML[milligram/milliliter] 0.5 mg Every 1 hour PRN and scheduled every 4 hours PO 0.5mg=0.25ml for psychosis or nausea. Start 7/5/20. In addition, to ones listed above</p>	F 755	<p>Director and the resident's attending physician reviewed concerns regarding the unclear medication orders from the Hospice Agency; plans are to simplify and improve the clarity of orders initiated by the Hospice Agency.</p> <p>To ensure immediate availability of urgently needed medications, the content of the emergency medication kit was reviewed by the Consultant Pharmacist and Medical Director. It was decided to remove one form of Vitamin K from the kit and add oral Haldol. Oral Haldol was subsequently added to the emergency kit August 13, 2020 at which time the 1) list of medications available in the kit was updated 2) nurses were notified of the immediate availability of oral Haldol on an emergency basis and 3) changes in procedures related to medication procurement and availability were communicated to the nurses through shift-to-shift reports and one-on-one discussion.</p> <p>The following procedural changes were made to improve staff communication regarding behavior management and medication administration for behavior related indications:</p> <p>" The electronic medical record system (PointClickCare) was programmed to prompt the nurse to document a mandatory progress note addressing the indication for administration of a PRN (as needed) medication;</p>		

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F 755	<p>Continued From page 3</p> <p>although, R1's MAR indicated on the MAR marked with a number "9", meaning other/see Nurse Notes for the medication Haldol PO.</p> <p>R1's Nurse's Notes reviewed for 7/5/20 and 7/6/20 indicated the facility staff had given medications out of the ordered sequence (noted above), and indicated staff were not able to administer Haldol PO due to it being unavailable for administration per physician orders.</p> <p>During an interview on 8/5/20 at 12:20 p.m., registered nurse (RN)-A verified the oral Haldol was not available in the facility. RN-A said when R1 was admitted to hospice, some of the medications were not delivered from the pharmacy. RN-A said she did not try to call or obtain medications from emergency pharmacy. RN-A was informed by previous nurse the medication was not yet in the facility, but gave the IM Haldol instead. RN-A said the pharmacy only delivers once a day. RN-A verified she was aware of the orders and there is nothing in the directions indicating to call the provider prior to giving the IM Haldol. RN-A said the order was not specify to give the PRN Lorazepam prior to giving the IM Haldol. Writer read the ordered sequence to RN-A. RN-A said, "I did not reach out to a provider; I was trying to use what I had on hand".</p> <p>On 8/5/20 at 1:02 p.m., the Medical Doctor was interviewed and stated the facility staff should have given the provider a call to reassess the medication regimen before giving the IM Haldol, but verified the IM Haldol would have been a normal use.</p>	F 755	<p>" To better capture and communicate resident behaviors that need to be managed/ addressed/treated by staff, the scheduled time to document behavior summary notes was changed to 4:00 a.m. and 4:00 p.m. (Significant episodic behaviors are documented as they occur.)</p> <p>" When a behavior is recorded on the behavior flow sheet, the PointClickCare system will prompt the nurse to document a note describing the behavior and the effectiveness of interventions.</p> <p>On August 6, 2020 all licensed nurses were notified through electronic messaging of the changes in procedures for documenting resident behaviors, interventions to manage the behaviors, and the effectiveness of the interventions.</p> <p>Resident number one was admitted to the facility October 30, 2019 and was subsequently hospitalized June 17 to June 24, 2020 with readmission diagnoses including altered mental status, dementia, and delirium with psychotic features (paranoia and hallucinations). In spite of multiple pharmacological and nonpharmacological interventions, the resident continued to be agitated and anxious. The family agreed to hospice services to provide additional support and end-of-life comfort care. The resident died peacefully at the facility July 6, 2020 with her family at her side. The care and</p>		

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F 755	<p>Continued From page 4</p> <p>During an interview on 8/5/20 at 2:00 p.m., the facility's Pharmacist said they'd received the order for the oral Haldol on a Sunday (7/5/20) after hours, and it was due to go out the next day [7/6/20]. The pharmacist stated the pharmacy had received a fax from the nursing home about 3:15 p.m. on 7/6/20, indicating the resident passed away (7/6/20). Pharmacist indicated if the facility/resident needed the medication we have systems in place to get the medication to the facility and added the pharmacy is available 24 hours a day 7 days a week and the pharmacy did not receive any communication they needed the medications sooner.</p> <p>The facility's policy Medication Ordering and Receiving From Pharmacy dated 4/2019 includes; Emergency pharmacy services are available on a 24 hour basis. There is a physician on call 24/7 and telephone numbers are posted at each nursing station.</p>	F 755	<p>services provided to Resident Number One were reviewed by the administrative and supervisory staff as part of the facility's ongoing quality improvement program. A root cause analysis of the administration of intramuscular rather than oral Haldol resulted in modifications in the facility's medication related procedures and staff counseling/education. The Hospice Agency staff also reviewed the situation and concluded we could have done better writing the order . . . I will be sharing this with our team tomorrow.</p> <p>To monitor compliance, a weekly audit of the availability and administration of comfort medications was initiated August 5, 2020. After four audits, no irregularities have been identified. The weekly audits will continue for four additional weeks. If noncompliance is noted, additional auditing and staff training will be done. The Consultant Pharmacist will continue with routine monthly reviews of the appropriateness of all residents' medication regimens. Compliance will be reviewed during the monthly Quality Assurance Performance Improvement (QAPI) meetings for three months and during the October quarterly QAPI meeting.</p>	



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
August 27, 2020

Administrator
Chosen Valley Care Center
1102 Liberty Street Southeast
Chatfield, MN 55923

Re: State Nursing Home Licensing Orders
Event ID: 9TLR11

Dear Administrator:

The above facility was surveyed on August 3, 2020 through August 5, 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. The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the

Chosen Valley Care Center

August 27, 2020

Page 2

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.

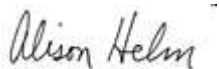
Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting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

**Jennifer Kolsrud Brown, Unit Supervisor
Rochester Survey Team
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
18 Wood Lake Drive Southeast
Rochester, Minnesota 55904-5506
Email: jennifer.kolsrud@state.mn.us
Phone: 507-206-2727**

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.



Alison Helm, Enforcement Specialist
Licensing and Certification
Minnesota Department of Health
P.O. Box 64970
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4206
Email: alison.helm@state.mn.us

Minnesota Department of Health

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2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 8/3/20 through 8/5/20 a survey was conducted to determine compliance for state licensure. The following correction orders are issued. Please indicate your electronic plan of correction that you have reviewed these order, and identify the date when they will be corrected.</p>	2 000		

Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		08/28/20

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00750	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/05/2020
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NAME OF PROVIDER OR SUPPLIER CHOSEN VALLEY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1102 LIBERTY STREET SOUTHEAST CHATFIELD, MN 55923
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21550	Continued From page 1	21550		
21550	<p>MN Rule 4658.1325 Subp. 1 Administration of Medications; Pharmacy Serv.</p> <p>Subpart 1. Pharmacy services. A nursing home must arrange for the provision of pharmacy services.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review the facility failed to provide medications as ordered by a physician and follow specific directions for administration of medications for 1 of 1 residents (R1) reviewed for pharmacy services.</p> <p>Findings include:</p> <p>R1's Minimum Data Set (MDS) assessment dated 4/19/20, identified the resident had no cognitive impairment and required limited assist for activities of daily living. The MDS indicated R1 was usually able to make herself understood and understands others. Further, the MDS indicated no delirium, but indicated R1 had disorganized thinking which fluctuates (comes and goes, changes in severity). R1 had no hallucinations or delusions.</p> <p>R1's admission face sheet identified R1 was admitted to the facility 10/30/19, and diagnosis included altered mental status, pain and repeated falls. In addition, R1 had a readmission after a hospital stay 6/24/20, indicating she was treated for delirium, paranoia and delusional thoughts. A hospice note indicated R1 was admitted to hospice on 7/5/20, with a primary diagnosis of senile degeneration of the brain and dementia.</p>	21550	corrected	8/13/20

Minnesota Department of Health

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21550	<p>Continued From page 2</p> <p>R1's care plan indicated a goal to live free of traumatic events and deny experiencing any trauma during quarterly assessment. Interventions included: Provide me with medications as ordered, recording behavioral symptoms and side effects and alert my MD [medical doctor] if needed.</p> <p>R1's Hospice medication orders transcribed on the Medication administration record (MAR) dated 7/5/20 included:</p> <ol style="list-style-type: none"> 1. Give PRN [as needed] morphine first 2. If not effective, give PRN Haloperidol (Haldol) PO [by mouth] 3. If not effective, give PRN lorazepam 4. If not effective, give PRN Haloperidol IM [intramuscular] <p>R1's current medication orders included, Haloperidol Lactate By Mouth Concentrate 2MG/ML[milligram/milliliter] 0.5 mg Every 1 hour PRN and scheduled every 4 hours PO 0.5mg=0.25ml for psychosis or nausea. Start 7/5/20. In addition, to ones listed above although, R1's MAR indicated on the MAR marked with a number "9", meaning other/see Nurse Notes for the medication Haldol PO.</p> <p>R1's Nurse's Notes reviewed for 7/5/20 and 7/6/20 indicated the facility staff had given medications out of the ordered sequence (noted above), and indicated staff were not able to administer Haldol PO due to it being unavailable for administration per physician orders.</p> <p>During an interview on 8/5/20 at 12:20 p.m., registered nurse (RN)-A verified the oral Haldol was not available in the facility. RN-A said when</p>	21550		

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21550	<p>Continued From page 3</p> <p>R1 was admitted to hospice, some of the medications were not delivered from the pharmacy. RN-A said she did not try to call or obtain medications from emergency pharmacy. RN-A was informed by previous nurse the medication was not yet in the facility, but gave the IM Haldol instead. RN-A said the pharmacy only delivers once a day. RN-A verified she was aware of the orders and there is nothing in the directions indicating to call the provider prior to given the IM Haldol. RN-A said the order was not specify to give the PRN Lorazepam prior to giving the IM Haldol. Writer read the ordered sequence to RN-A. RN-A said, "I did not reach out to a provider; I was trying to use what I had on hand".</p> <p>On 8/5/20 at 1:02 p.m., the Medical Doctor was interviewed and stated the facility staff should have given the provider a call to reassess the medication regimen before giving the IM Haldol, but verified the IM Haldol would have been a normal use.</p> <p>During an interview on 8/5/20 at 2:00 p.m., the facility's Pharmacist said they'd received the order for the oral Haldol on a Sunday (7/5/20) after hours, and it was due to go out the next day [7/6/20]. The pharmacist stated the pharmacy had received a fax from the nursing home about 3:15 p.m. on 7/6/20, indicating the resident passed away (7/6/20). Pharmacist indicated if the facility/resident needed the medication we have systems in place to get the medication to the facility and added the pharmacy is available 24 hours a day 7 days a week and the pharmacy did not receive any communication they needed the medications sooner.</p>	21550		

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21550	<p>Continued From page 4</p> <p>The facility's policy Medication Ordering and Reciving From Pharmacy dated 4/2019 includes; Emergency pharmacy services are available on a 24 hour basis. There is a physician on call 24/7 and telephone numbers are posted at each nursing station.</p> <p>SUGGESTED METHOD FOR CORRECTION: The DON and/or designee could review with staff the facility's policy and procedure regarding the ordering of medications within a specified time period. A member of the nursing staff could randomly review medication carts and medication rooms to ensure all medications have been and received in a timely manner.</p> <p>TIME PERIOD FOR CORRECTION: Fourteen (14) days.</p>	21550		