Electronically delivered
December 19, 2022

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

RE: CCN: 245423
Cycle Start Date: December 1, 2022

Dear Administrator:

On December 1, 2022, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

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

The Statement of Deficiencies (CMS-2567) is being electronically delivered. Because corrective action was taken prior to the survey, past non-compliance does not require a plan of correction (POC).

REMOVAL OF IMMEDIATE JEOPARDY

On November 28, 2022, the situation of immediate jeopardy to potential health and safety cited at F760 was removed.

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 listed below to the CMS Region V Office forimposition: 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).

NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered

professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than $11,292; has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

Therefore, your agency is prohibited from offering or conducting a Nurse Assistant Training/Competency Evaluation Programs or Competency Evaluation Programs for two years effective December 1, 2022. This prohibition is not subject to appeal. 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.

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

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. <u>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.</u>

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, Chosen Valley Care Center is prohibited from offering or conducting a Nurse Assistant Training / Competency Evaluation Programs (NATCEP) or Competency Evaluation Programs for two years effective December 1, 2022. This prohibition remains in effect for the specified period even though substantial compliance is attained. Under Public Law 105-15 (H. R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

DEPARTMENT CONTACT

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

Jennifer Kolsrud Brown, RN, Unit Supervisor
Rochester District Office
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
Office: (507) 206-2727 Mobile: (507) 461-9125

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

APPEAL RIGHTS

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

Steven.Delich@cms.hhs.gov

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

Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201
(202) 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 Steven Delich, Program Representative at (312) 886-5216. Information may also be emailed to Steven.Delich@cms.hhs.gov.

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

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

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

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

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

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

Feel free to contact me if you have questions.

Sincerely,

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245423	A. BUILDING _____ B. WING _____	C 12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHOSEN VALLEY CARE CENTER	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 11/30/22 through 12/1/22, a standard abbreviated survey was conducted at your facility. Your facility was found to be NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaint was found to be SUBSTANTIATED: H54236359C (MN88891), with a deficiency cited at F760. Although the provider had implemented corrective actions prior to the survey, immediate jeopardy was sustained prior to those correction at F760 when the facility failed to follow the procedures it had put in place to ensure continuity of coumadin/warfarin doses (a high risk medication given to prevent unwanted blood clots in the circulatory system, but requiring special laboratory monitoring to prevent adverse outcomes). This resulted in a resident (R1) missing six doses of coumadin. NO plan of correction is required for a finding of past non-compliance. The facility is still required to acknowledge receipt of the electronic documents.	F 000	Past noncompliance: no plan of correction required.	
F 760 SS=J	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to follow its procedure for ensuring an order had been received after laboratory testing for 1 of 3 residents (R1) reviewed for	F 760	Past noncompliance: no plan of correction required.	

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

Electronically Signed

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 760	Continued From page 1 Coumadin/Warfarin (an anticoagulant) use, this failure resulted in seven missed doses and sub-optimal lab results which placed R1 at risk for embolism formation (an abnormal clot in the circulatory system). This resulted in an Immediate Jeopardy (IJ) for R1. The IJ began on 11/21/22, when a licensed practical nurse (LPN)-A failed to follow a prompt in R1's Medication Administration Record (MAR) to contact the clinic if an order for Coumadin dosing had not been received after laboratory test results had been sent. Additionally, on six subsequent days, staff failed to respond to further prompts to take action if no Coumadin order was found in the MAR. The facility administrator and director of nursing were notified of the IJ on 12/1/22, at 1:51 p.m. The IJ was removed and the deficient practice was corrected on 11/28/22, prior to the start of the survey, therefore, was issued at Past Non-compliance. Findings include: According to an admission Minimum Data Set (MDS) assessment dated 10/12/22, R1 received anticoagulant medication for seven days of a seven day look-back period. R1 had a history of having suffered a pulmonary embolism (clot in the lung) and atrial fibrillation (irregular atrial heart beat that can result in clot formation), heart failure, diabetes mellitus and multiple sclerosis among other co-morbidities. According to a hospital discharge summary dated 11/18/22, R1 entered the hospital on 11/16/22, due to shortness of breath which was caused by pneumonia. Upon admission, R1 was discovered to have an elevated international normalized ratio	F 760		

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F 760	Continued From page 2	F 760		

test (INR- a test to check blood clotting time) at 3.8 (with an optimal goal of 2-3) which later rose to 5.1 and then 5.9 attributed to his infectious process, and R1's Coumadin was stopped while in the hospital. After receiving treatment for his pneumonia, R1 was discharged back to the facility on 11/18/22. At that time his Coumadin order was being "held" (this is an order to temporarily stop administering medication) and was to continue to be on-hold for "at least two days" from 11/18/22 until 11/21/22 when R1's INR level was to be re-checked for "adjustment dosing at the facility."

According to R1's November 2022 MAR, the facility documented the following orders:

-"Coumadin Tablet (Warfarin Sodium) Give 2 milligrams (mg) by mouth at bedtime every Mon, Wed, Fri related to SINGLE SUBSEGMENTAL PULMONARY EMBOLISM WITHOUT ACUTE CORPULMONALE until 11/22/2022 (then discontinued 11/18/22)."

-"INR draw (complete lab work) in the morning-Start Date-11/21/2022." This was initialed as having been completed by a registered nurse (RN)-A.

-"Ensure Coumadin orders received from anticoag clinic in the morning until 11/21/2022. 23:59 (11:59 p.m.)-Start Date-11/21/2022." This was initialed as having been completed by LPN-A.

-"Anticoagulation Therapy: If there is no Coumadin scheduled for HS (bedtime) notify nurse to check Coumadin orders immediately!-Start Date-11/18/2022." This was

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F 760	Continued From page 3 initialed as having been completed each evening between 11/18/22 and 11/27/22 by four different staff on different days. A facility medication error report dated 11/28/22, indicated no orders had been received for Coumadin after R1's INR had been drawn on 11/21/22, and INR results [of 1.7] were faxed to the anticoagulation clinic. The report indicated the clinic did not receive the fax. Furthermore, the error report indicated a nurse had not followed up on the missing order and medication aides believed the medication to be on-hold. The facility documented missed doses from 11/21/22 through 11/28/22. R1's anticoagulation clinic note dated 11/28/22, indicated R1's INR had been 5.9 on 11/18/22, and on 11/28/22, R1's INR was 1.0. The clinic ordered Coumadin dosing of 5 mg daily and to retest INR on 12/1/22. In the meantime, the clinic recommended the facility monitor R1 for signs and symptoms of pulmonary embolism or stroke. During an interview on 11/30/2022 at 1:14 p.m. a trained medication aide (TMA)-A stated the facility process for ensuring Coumadin orders did not get missed included written prompts in the MAR for the person administering medications to check for a newly ordered dose following every lab day, and if orders were not found, the nurse on duty was notified of a need for those orders. TMA-A stated on 11/21/22 she notified LPN-A that R1 did not have a Coumadin order. TMA-A stated she was told by LPN-A R1's Coumadin was "on hold." TMA-A then said she recalled two days later she worked again and did not see an order and reported again to LPN-A there was no Coumadin order for R1, and ask if there should be anything	F 760		

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F 760	Continued From page 4 else. TMA-A stated she was told by LPN-A she "had done what she was supposed to do by reporting it, but that the Coumadin was still on hold." TMA-A stated she did not see anything in the MAR that indicated Coumadin was "on-hold." During an interview on 11/30/22, 1:34 p.m. RN-A stated the facility process for ensuring continuity of Coumadin dosing was for lab orders to be transcribed into the resident chart, then a copy placed in a "lab book/calendar" for the nurses who check the labs. After the lab results were obtained, a form was to be filled out with the resident information, the current dose and the lab results. The form was then faxed to the anticoagulation unit then placed in the resident's medical record and the facility would await orders for a new dose. Additionally, the facility placed a prompt in the MAR for the nurse on duty the day labs were drawn, to contact the coagulation clinic if no new orders had been received by the evening shift when the Coumadin was usually scheduled to be given. An additional "fail safe" prompt was also placed in the MAR for the medication administration staff person to notify the nurse on-duty if no order for Coumadin was found. RN-A stated she had been the nurse to obtain and process R1's INR results on 11/21/22. RN-A stated she had faxed the results to the coagulation unit as usual, and signed R1's MAR to indicate the task had been completed. RN-A said she also placed a copy of the completed lab form in the "lab book" to show the task had been completed. RN-A stated the MAR did not indicate R1's Coumadin was "on-hold" and a nurse would have had to review the medical record to find that order. RN-A stated she did not know what had happened to cause R1's missed doses, but said they became aware of the problem when the	F 760		

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F 760	Continued From page 5 anticoagulant clinic called the facility on 11/28/22, saying they had not received the fax she had sent on 11/21/22. During an interview on 11/30/22, at 2:15 p.m. LPN-A stated he was not able to recall anything regarding R1's Coumadin orders; however, LPN-A stated there would have been a prompt in the MAR to check for Coumadin orders and contact anticoagulation clinic if no orders. LPN-A stated he must have signed the MAR, but did not remember. LPN-A stated he probably would have signed the MAR if he had called the clinic even if he had not yet received the order. LPN-A stated he believed it would say in the MAR if a medication was on-hold, but he could not remember if this was the case with R1's orders. LPN-A stated he could not remember if a TMA had talked to him about R1's order, but said, "usually the TMA's come and say if they don't have an order." LPN-A stated the facility had contacted him after finding out about the missing doses, and had reviewed the concerns. LPN-A stated he had not been back to the facility since that time to do further education. During an interview on 11/30/22, at 2:39 p.m. the facility director of nursing (DON) stated the facility had a process in place with two checks to be completed on the day of an INR lab. R1 had come back from the hospital with his previous coumadin orders discontinued, and to stay "on-hold" until a follow-up INR had been drawn on 11/21/22. DON stated the nurse on duty that day [LPN-A] "failed to ensure orders were in place after the INR was drawn." DON stated LPN-A had not worked since 11/28/22, but she had called him to investigate the cause of the incident, but LPN-A "unfortunately could not tell me." DON	F 760		

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F 760	Continued From page 6 stated LPN-A acknowledged the incident and was provided education regarding the proper procedure. The DON stated the facility immediately initiated a quality initiative, auditing charts for other errors, and updating their procedure to include an additional note in the MAR whenever a medication is truly on-hold, and when the stop date will be for that hold order. A text message was sent to all nurses and TMA's regarding a concern with missing coumadin orders, and to check their email, and do additional training. All nurses and TMA's were required to do training before returning to their next scheduled shift. DON stated LPN-A would receive the same training, and she would be meeting with him on 12/2/22, when he returned to work. Additionally, DON stated the facility had ordered a new fax machine that could request a confirmation report. R1's primary physician was notified, the medical director (MD)-A was notified and monitoring of R1's condition was put in place until the INR returned to his goal range. A form titled INR Report/Nursing Home Fax dated 12/2021 indicated the facility was to provide the patient name, date of birth and date of the test, along with results and to phone or fax the information. These numbers were provided. The bottom of the form included the following statement, "please contact the anticoagulation clinic if you do not receive Warfarin dosing instructions by 4:00 p.m." A policy from the facility's contracted pharmacy titled Medication Administration-general guidelines, dated 4/1/19, indicated, the MAR "should contain supplemental information to help assure accurate dosing." "documentation of the un-administered dose is done as instructed by the	F 760		

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F 760	Continued From page 7 procedures for the use of the eMAR (electronic medication administration record) system. An explanatory note is entered. If a pre-established number of consecutive doses of a vital medication are withheld, refused or not available the physician is notified." The facility provided a document dated 11/28/22, titled Additional Coumadin/Warfarin Procedures. The document listed the following additions: 1. "Nursing will make a note on the Treatment Administration Record (TAR) to ensure coumadin orders are received from the anticoagulation clinic which will be scheduled the same day the INR level is drawn. 2. During admissions, nursing will make a note on the Medication Administration Record (MAR) that states, "Anticoagulation Therapy: if there is no Coumadin scheduled for HS (bedtime) notify nurse to check Coumadin orders immediately!" This task will appear daily which the Trained Medication Aid (TMA) needs to sign off on. 3. When a coumadin order is placed on hole, notation on the MAR will be made for the specific duration of the hold. This is done to alert TMA staff that there is an active order, which is currently on hold. " The Past Non-Compliance IJ began on 11/21/22. The IJ was removed, and the deficient practice was corrected on 11/28/22, when an order for Coumadin was initiated, R1 was seen by a medical provider and the facility immediately created an performance improvement plan that included the following actions: additions to their Coumadin/Warfarin administration procedure, notifications to all nurses and TMA's of the changes, training assignments on avoiding	F 760		

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F 760	Continued From page 8 significant medication errors, verbal education to LPN-A and audits of the MAR for all other residents receiving Coumadin to ensure compliance.	F 760		

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
December 19, 2022

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

Re: Event ID: 27DW11

Dear Administrator:

The above facility survey was completed on December 1, 2022 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

Electronically posted is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please feel free to call me with any questions.

Sincerely,

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00750	A. BUILDING: _____ B. WING _____	C 12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHOSEN VALLEY CARE CENTER	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) COMPLETE DATE
2 000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 11/30/22 through 2/1/22, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found NOT in compliance with the MN State Licensure. The following complaint was found to be	2 000		

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2 000	Continued From page 1 SUBSTANTIATED: H54236359C (MN88891) however, NO licensing orders were issued due to actions taken by the facility prior to survey. Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. 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.	2 000		