



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

Electronically delivered  
October 30, 2023

Administrator  
Presbyterian Homes Of Arden Hills  
3220 Lake Johanna Boulevard  
Arden Hills, MN 55112

RE: CCN: 245424  
Cycle Start Date: July 26, 2023

Dear Administrator:

On September 18, 2023, we notified you a remedy was imposed. On October 24, 2023 the Minnesota Departments of Health and Public Safety completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of October 18, 2023.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective October 26, 2023 did not go into effect. (42 CFR 488.417 (b))

In our letter of August 2, 2023, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from October 26, 2023 due to denial of payment for new admissions. Since your facility attained substantial compliance on October 18, 2023, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, this does not apply to or affect any previously imposed NATCEP loss.

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

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Melissa Poepping'.

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](mailto:Melissa.Poepping@state.mn.us)



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August 2, 2023

Administrator  
Presbyterian Homes Of Arden Hills  
3220 Lake Johanna Boulevard  
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RE: CCN: 245424  
Cycle Start Date: July 26, 2023

Dear Administrator:

On July 26, 2023, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

#### **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.

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.

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

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:

Presbyterian Homes Of Arden Hills

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- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

#### DEPARTMENT CONTACT

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

Annette Winters, Rapid Response Unit Supervisor  
Metro 1, Golden Rule Office  
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: [annette.m.winters@state.mn.us](mailto:annette.m.winters@state.mn.us)  
Mobile: (651) 558-7558

#### 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, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the 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 THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

If substantial compliance with the regulations is not verified by October 26, 2023 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

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In addition, if substantial compliance with the regulations is not verified by January 26, 2024 (six months after the identification of noncompliance) your provider agreement will be terminated. 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.

#### 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/ltr\\_idr.cfm](https://mdhprovidercontent.web.health.state.mn.us/ltr_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,



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](mailto:Melissa.Poepping@state.mn.us)

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

PRINTED: 08/14/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245424</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>07/26/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PRESBYTERIAN HOMES OF ARDEN HILLS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3220 LAKE JOHANNA BOULEVARD</b> <b>ARDEN HILLS, MN 55112</b>
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>On 7/26/23, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.</p> <p>The following complaints were reviewed: H54244006C (MN00095472), H54243999C (MN00095435), and H54249216C (MN00091728). As a result of the investigation a deficiency was issued at F880.</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance.</p> <p>Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.</p>	F 000		
F 880 SS=D	<p>Infection Prevention &amp; Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the</p>	F 880		8/29/23

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

TITLE

(X6) DATE

Electronically Signed

08/11/2023

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

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F 880	<p>Continued From page 1</p> <p>development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p>	F 880		

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F 880	<p>Continued From page 2</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to maintain infection control measures while providing care to one of one residents (R1) who required Contact Precautions in addition to Standard Precautions relating to an active Clostridium Difficile (C. difficile) infection.</p> <p>Findings include:</p> <p>The Centers for Disease and Control and Prevention (CDC) website titled 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, <a href="http://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html">http://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html</a> identified the level of precautions</p>	F 880	<p>The Infection Control Policy and the Policy on Transmission Based Precautions and Hand Hygiene were reviewed and remain in effect. It continues to be the practice of Johanna Shores Care Center to prevent the spread of infections by following the Transmission Based Precautions policy. It also remains the expectation for staff to follow the hand hygiene policy and follow posted signs on transmission-based precautions according to the Infection Control Policy.</p> <p>When facility was made aware of the break in infection control chain, the infection control nurse did complete education to staff on 2nd floor about</p>	

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F 880	<p>Continued From page 3</p> <p>and PPE required when caring for residents with active C. difficile infections. Appendix A of this CDC publication, updated September 2018, identified C. difficile infection indicates the need to implement Standard Precautions in addition to Contact Precautions. Contact Precautions indicate the use of an isolation gown and gloves to prevent the unintended spread of infectious organisms through incidental contact with the healthcare personnel. Section III.B.1 indicated Contact Precautions should be observed whenever coming into contact with the resident, or the resident's environment, and should be discarded upon exit from the resident's room. In addition to Contact Precautions, Section IV.A.4. indicated hand hygiene must be completed by hand washing with soap and water, as traditional alcohol-based hand-sanitizer is not effective in neutralizing or removing C. difficile bacterial spores.</p> <p>During an observation on 7/26/23 at 12:53 p.m., the door to room 236 had two signs attached for viewing: one reading "Enhanced Barrier Precautions," which advised staff to don a gown and gloves when providing care to the resident, and one reading "Contact Precautions," which advised all people entering the room to don a gown and gloves whenever entering the room. Outside room 236 was a precautions cart stocked with hypochlorite wipes, gowns in various sizes, and gloves. Inside the room there is a large trash bin filled with discarded gowns and gloves.</p> <p>During an observation on 7/26/23 at 12:56 p.m., Trained Medical Assistant (TMA)-C entered R2's room with a spoon and a medication cup with applesauce inside. TMA-A did not don a contact precaution gown or gloves upon entering the</p>	F 880	<p>proper C-diff contact precautions and need for washing hands with soap and water when exiting the room of R2 on 7.26.2023. The sign indicating "enhanced barrier precautions" was removed, as the Contact Precautions sign indicates all staff must gown and glove upon entering the room. The NAR who fed resident without donning appropriate PPE was immediately coached and educated on proper handling of Contact precautions with c-diff. The facility was unaware until receipt of 2567 that a TMA had gone in the room, without PPE, but did wash hands appropriately with soap and water, facility will ensure coaching and education for this staff member also occurs. The facility has also completed re-education with all clinical leadership to ensure they understand the policy as they are responsible for ensuring compliance with this policy.</p> <p>The facility provided documented Education to staff members involved with her care on 7.26.2023. Education will also be provided to all staff related to Infection Control, transmission-based precautions, and hand hygiene. Random audits have been initiated and will be completed on 10% of residents regarding infection control practices and hand hygiene compliance weekly for 4 weeks. Results will be reported to the QA committee and the need for ongoing audits and action plans initiated as appropriate. Clinical Administrator, in coordination with the Infection Control Nurse, and/ will be responsible for ongoing compliance. Date</p>	

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F 880	<p>Continued From page 4</p> <p>room. At 12:59 p.m., TMA-A discarded the used spoon and medication cup in the trash bin inside the room, and uses R2's sink to wash her hands with soap and water for approximately 20 seconds. TMA-A exited the room at 1:00 p.m.</p> <p>Directly following this observation, during an interview with TMA-A at 1:00 p.m., she stated she was administering R2's noon medications and provided R2 with her call light prior to exiting. TMA-A stated the sign on R2's door instructed staff to wear a gown and gloves when they were providing care to R2. TMA-A stated she knew R2 was on these precautions because they had identified a bacteria in her stool, but could not remember the name of it. TMA-A stated if a resident had C. difficile, they should don a gown and gloves every time they entered the room.</p> <p>During an observation on 7/26/23 at 1:32, nursing assistant (NA)-A was seen entering R2's room with a lunch tray. NAR-A did not don contact precaution gown or gloves upon entering the room. At 1:41 p.m., NAR-A was seen sitting at the chair at R2's bedside and feeding her lunch off the bedside table. NAR-A then repositioned the chair and bedside table, placed the call light on R2's lap, removed the lunch tray, and washed her hands upon exiting the room.</p> <p>A physician order, dated 7/3/23, indicated R2 was admitted to hospice care on 7/5/23. The order indicated all new orders and testing should be verified with hospice prior to completing.</p> <p>R2's Significant Change in Status Assessment Minimum Data Set (MDS), dated 7/12/23, indicated R2 had diagnoses of malignant neoplasm of the lungs, malignant pleural effusion,</p>	F 880	certain for ongoing compliance is 8/29/23.	

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F 880	<p>Continued From page 5</p> <p>generalized muscle weakness, anxiety, and dysphagia. R2's Brief Interview for Mental Status (BIMS) score was 15 out of 15, identifying she was cognitively intact.</p> <p>A progress note, dated 7/22/23 at 1:55 p.m., indicated R2 had two loose foul-smelling stools.</p> <p>An infection progress note, dated 7/22/23 at 10:33 p.m., indicated R2 was suspected to have C. difficile and was placed on Contact Precautions.</p> <p>A progress note, dated 7/23/23 at 12:40 p.m., indicated R2 had two loose foul-smelling stools.</p> <p>An infection progress note, dated 7/23/23 at 9:14 p.m., indicated R2 was suspected to have C. difficile and was continuing on Contact Precautions.</p> <p>A progress note, dated 7/24/23 at 10:35 a.m., indicated R2 was on Contact Precautions while the lab processed a stool sample to determine if R2 had C. difficile.</p> <p>A progress note, dated 7/24/23 at 1:51 p.m., indicated Hospice ordered antibiotic treatment for R2 if the C. difficile test returned positive.</p> <p>Lab results from 7/24/23 indicated a stool sample collected on 7/24/23 at 11:10 a.m. was positive for C. difficile, and the results were noted by an unidentified staff member on 7/25/23.</p> <p>A physician order, dated 7/26/23, indicated R2 was to receive oral antibiotic treatment for C. difficile from 7/26/23 until 8/9/23.</p>	F 880		

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F 880	<p>Continued From page 6</p> <p>A document updated 7/26/23, provided by the Infection Preventionist indicated R2 was on Contact Precautions for C. difficile infection.</p> <p>During an interview on 7/26/23 at 12:55 p.m., Family Member (FM)-A stated she knows to enter R2's room with a gown and gloves when she goes to visit because R2 has had C. difficile before. FM-A stated she usually sees staff wear a gown and gloves when they provide incontinence care to R2.</p> <p>During an interview on 7/26/23 at 1:35 p.m., NA-B stated R2 is on contact precautions because she has C. difficile. NA-B stated staff should always wear a gown and gloves when entering R2's room. NA-B stated you must wash your hands after caring for R2.</p> <p>During an interview on 7/26/23 at 1:36 p.m., Clinical Coordinator-A stated R2 was on Enhanced Barrier Precautions because of her C. difficile infection. Clinical Coordinator-A stated staff should wear a gown and gloves when anticipating contact with R2's bodily fluids, not with every entry. Clinical Coordinator-A stated staff do not need to wear a gown and gloves if they are administering medication, feeding a resident, or repositioning a resident with C. difficile. Clinical Coordinator-A stated staff should wash their hands after leaving a C. difficile room.</p> <p>During an interview on 7/26/23 at 2:49 p.m., Clinical Coordinator-B stated anyone entering the room of a resident with C. difficile should adhere to Contact Precautions by wearing a gown and gloves and washing their hands with soap and water upon exiting the room. Clinical Coordinator-B stated staff should wear a gown</p>	F 880		

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NAME OF PROVIDER OR SUPPLIER  <b>PRESBYTERIAN HOMES OF ARDEN HILLS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3220 LAKE JOHANNA BOULEVARD</b> <b>ARDEN HILLS, MN 55112</b>		
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F 880	<p>Continued From page 7</p> <p>and gloves if they anticipate touching a C. difficile infected resident or their environment.</p> <p>During an interview on 7/26/23 at 3:22 p.m., the Director of Nursing (DON) stated if a resident is on Contact Precautions, the staff will know because there will be a sign indicating what they need to wear on the resident's door. The DON stated her expectation is for staff to follow the directions on these signs.</p> <p>During an interview on 7/26/23 at 3:55 p.m., the infection preventionist stated staff are trained on infection control annually and upon hire. The infection preventionist stated an infection with C. difficile indicates the need for contact precautions, and staff must wear a gown and gloves upon entering and wash their hands with soap and water upon exiting. The infection preventionist stated she had conducted a brief staff reeducation on caring for residents with C. difficile that morning at the 10:00 a.m. due to R2's recent diagnosis with C. difficile.</p> <p>A facility policy titled Infection Control and Prevention Manual, section 11-27, titled Guidelines for Clostridiodes (Clostridium) difficile Associated Disease, dated 2020, indicated gloves should be worn when entering the room of a resident infected with C. difficile and handwashing with soap and water is to be performed upon exit. The policy indicated the use of a gown and gloves when coming into to contact with the resident or their environment is expected.</p>	F 880		



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

Electronically delivered

August 2, 2023

Administrator  
Presbyterian Homes Of Arden Hills  
3220 Lake Johanna Boulevard  
Arden Hills, MN 55112

Re: Event ID: KXZJ11

Dear Administrator:

The above facility survey was completed on July 26, 2023 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,

A handwritten signature in black ink, appearing to read 'Melissa Poepping'.

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](mailto:Melissa.Poepping@state.mn.us)

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00975</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/26/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PRESBYTERIAN HOMES OF ARDEN HILLS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3220 LAKE JOHANNA BOULEVARD ARDEN HILLS, MN 55112</b>
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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">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 7/26/23, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found IN compliance with the MN State Licensure.</p> <p>The following complaints were reviewed:</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

08/11/23

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00975</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C <b>07/26/2023</b>
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2 000	<p>Continued From page 1</p> <p>H54244006C (MN00095472), H54243999C (MN00095435), and H54249216C (MN00091728). No licensing orders were issued.</p> <p>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.</p> <p>Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.</p>	2 000		