



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

August 15, 2023

Administrator
Tweeten Lutheran Health Care Center
125 5th Avenue Southeast
Spring Grove, MN 55974

RE: CCN: 245429
Cycle Start Date: July 11, 2023

Dear Administrator:

On August 10, 2023, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Please contact me with any questions regarding this letter.

Sincerely,

A handwritten signature in black ink that reads 'Lori Hagen'.

Lori Hagen, Compliance Analyst
Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Telephone: 651-201-4306
E-Mail: Lori.Hagen@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

August 15, 2023

Administrator
Tweeten Lutheran Health Care Center
125 5th Avenue Southeast
Spring Grove, MN 55974

Re: Reinspection Results
Event ID: 9M8K12

Dear Administrator:

On August 10, 2023, survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on July 11, 2023. At this time these correction orders were found corrected.

Please contact me with any questions regarding this letter.

Sincerely,

A handwritten signature in black ink that reads 'Lori Hagen'.

Lori Hagen, Compliance Analyst
Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Telephone: 651-201-4306
E-Mail: Lori.Hagen@state.mn.us



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July 28, 2023

Administrator
Tweeten Lutheran Health Care Center
125 5th Avenue Southeast
Spring Grove, MN 55974

RE: CCN: 245429
Cycle Start Date: July 11, 2023

Dear Administrator:

On July 11, 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.

Tweeten Lutheran Health Care Center

July 28, 2023

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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:

- 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:

Lisa Krebs, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Rochester District Office
18 Woodlake Drive, Rochester MN, 55904
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728

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

Tweeten Lutheran Health Care Center

July 28, 2023

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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 11, 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).

In addition, if substantial compliance with the regulations is not verified by January 11, 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/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.

Tweeten Lutheran Health Care Center

July 28, 2023

Page 4

Please contact me with any questions regarding this letter.

Sincerely,

A handwritten signature in black ink that reads "Lori Hagen". The signature is written in a cursive style with a large initial "L" and a long, sweeping underline.

Lori Hagen, Compliance Analyst
Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Telephone: 651-201-4306
E-Mail: Lori.Hagen@state.mn.us



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July 28, 2023

Administrator
Tweeten Lutheran Health Care Center
125 5th Avenue Southeast
Spring Grove, MN 55974

Re: State Nursing Home Licensing Orders
Event ID: 9M8K11

Dear Administrator:

The above facility was surveyed on July 11, 2023, through July 11, 2023, for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

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

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

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

Tweeten Lutheran Health Care Center

July 28, 2023

Page 2

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:

Lisa Krebs, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Rochester District Office
18 Woodlake Drive, Rochester MN, 55904
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728

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 contact me with any questions regarding this letter.

Sincerely,

A handwritten signature in black ink that reads "Lori Hagen". The signature is written in a cursive style with a large initial "L" and "H".

Lori Hagen, Compliance Analyst
Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Telephone: 651-201-4306
E-Mail: Lori.Hagen@state.mn.us

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

PRINTED: 08/05/2023
FORM APPROVED
OMB NO. 0938-0391

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|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245429 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 07/11/2023 |
|--|---|--|---|

| | |
|--|---|
| NAME OF PROVIDER OR SUPPLIER TWEETEN LUTHERAN HEALTH CARE CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 125 5TH AVENUE SOUTHEAST SPRING GROVE, MN 55974 |
|--|---|

| (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 |
|--------------------|--|---------------|---|----------------------|
|--------------------|--|---------------|---|----------------------|

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|---------------|--|-------|--|--------|
| F 000 | <p>INITIAL COMMENTS</p> <p>On 7/11/23, 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. H54293425C (MN00094935) with a deficiency issued at F908.</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 908 SS=D | <p>Essential Equipment, Safe Operating Condition CFR(s): 483.90(d)(2)</p> <p>§483.90(d)(2) Maintain all mechanical, electrical, and patient care equipment in safe operating condition. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to ensure preventative maintenance was completed according to manufacturer recommendations for 1 of 7 mechanical lifts used to transfer residents.</p> <p>Findings include:</p> | F 908 | <p>F908: Gundersen Tweeten Care Center will continue to maintain all mechanical, electrical and patient care equipment in safe operating condition. On 7/11/23 lift #040365 was pulled off the floor and labeled "Do not use for patient care". Gundersen Tweeten Care Center will</p> | 8/1/23 |

| | | |
|---|-------|--------------------------------|
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed | TITLE | (X6) DATE 08/01/2023 |
|---|-------|--------------------------------|

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.

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

PRINTED: 08/05/2023
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245429 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 07/11/2023 |
|--|--|---|---|---|
| NAME OF PROVIDER OR SUPPLIER TWEETEN LUTHERAN HEALTH CARE CENTER | | STREET ADDRESS, CITY, STATE, ZIP CODE 125 5TH AVENUE SOUTHEAST SPRING GROVE, MN 55974 | | |
| (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 908 | <p>Continued From page 1</p> <p>During an observation on 7/11/23, at 3:50 p.m. MNT-A located mechanical lifts in the facility. The dates the lifts were last serviced was not located on the lifts. MNT-A indicated the facility had a contract with the manufacturer for preventative maintenance program. MNT-A located the records for all of the lifts however, was unable to locate records for lift number 040356.</p> <p>During an interview on 7/11/23, at 3:35 p.m. maintenance (MNT)-A stated all lifts in the facility are inspected quarterly and the annual inspections were completed by the lift company.</p> <p>EZ Safety program check lists dated 7/13/22, indicated the facility had lifts 33345, 41878, 180007, 924481, 924481, 22192 inspected. The checklist did not include 040356.</p> <p>EZ Annual Safety Program dated 4/21/23, indicated the facility was on an annual program to have inspections of the EZ Way stands and or Lifts completed and serviced annually. Lifts covered and inspected on 4/21/23 included 798-33345, 598-22192, L500PS-70914952(new), L500PS-70914953(new). Covered stands included 898M-41878M, S400BN-180007, S400-PN-924481, S400PN-70914818 (new). It was not evident lift number 040356 had the annual preventative maintenance completed.</p> <p>Email communication from director of nursing (DON) dated 7/12/23 at 2:32 p.m. explained lift number 040365 had not been inspected last year and had been pulled off the floor last evening and was no longer going to be used. All other lifts in the building were inspected or were bought in the last year.</p> | F 908 | <p>continue with the Safety program through the lift company for annual safety checks with the maintenance department inspecting the lifts at an interval of no greater than 6 months in between the annual checks. The Safe Lifting and Movement of Residents policy was revised to include the safety program in place for lifts/stands. The Administrator, Director of Nursing and Maintenance came together and developed an updated list of approved lifts/stands to be in use for patient care and all parties have a copy of this for future tracking. This list was also reconciled with the lift company for their annual checks. Maintenance-A was re-educated to this program on 7/31/23 and competencied out by the lift company for completing the safety checks. The scheduled maintenance safety checks were added to Maintenance A's calendar. Administrator will audit semiannually x 1 year. Results will be reported to the QAA committee.</p> | |

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

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
| F 908 | <p>Continued From page 2</p> <p>EZ Way Smart Stand Safety and Maintenance checklist document from the manufacturer, stated components be scheduled for inspection at intervals no greater than 6 months, checking bolts, removing and checking covers, checking arm to mast pivot bolt by removing plastic cap to ensure nut is tight, cotter pin is in place and replace plastic cap if its missing, and gives a long list of items to be checked. At one-year intervals a load equivalent to rated capacity of the stand to unit must be tested and if any issues must stop using immediately. Important Notice in Asterisk at the end of the document reads it is the responsibility of the purchaser to ensure that regular maintenance inspection is conducted on the device by competent staff.</p> <p>The facilities Policy, Lifting Machine, Using a Mechanical, dated 10/2022, does not address mechanical lift maintenance requirements.</p> | F 908 | | |

Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00285 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 07/11/2023 |
|--|--|---|---|

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|--|---|
| NAME OF PROVIDER OR SUPPLIER TWEETEN LUTHERAN HEALTH CARE CENTEF | STREET ADDRESS, CITY, STATE, ZIP CODE 125 5TH AVENUE SOUTHEAST SPRING GROVE, MN 55974 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|--|---------------|---|--------------------|
|--------------------|--|---------------|---|--------------------|

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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 7/11/23, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing order 1685 was issued. Please indicate in your electronic plan of correction you have reviewed these orders and</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 08/01/23 |
|---|-------|------------------------------|

Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00285 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 07/11/2023 |
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| NAME OF PROVIDER OR SUPPLIER TWEETEN LUTHERAN HEALTH CARE CENTEF | STREET ADDRESS, CITY, STATE, ZIP CODE 125 5TH AVENUE SOUTHEAST SPRING GROVE, MN 55974 |
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| 2 000 | <p>Continued From page 1</p> <p>identify the date when they will be completed.</p> <p>The following complaint was reviewed. H54293425C (MN00094935)</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor's findings are the Suggested Method of Correction and Time Period for Correction.</p> <p>You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form.</p> | 2 000 | | |
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Minnesota Department of Health

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| 21685 | <p>MN Rule 4658.1415 Subp. 2 Plant Housekeeping, Operation, & Maintenance</p> <p>Subp. 2. Physical plant. The physical plant, including walls, floors, ceilings, all furnishings, systems, and equipment must be kept in a continuous state of good repair and operation with regard to the health, comfort, safety, and well-being of the residents according to a written routine maintenance and repair program.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and document review, the facility failed to ensure preventative maintenance was completed according to manufacturer recommendations for 1 of 7 mechanical lifts used to transfer residents.</p> <p>Findings include:</p> <p>During an observation on 7/11/23, at 3:50 p.m. MNT-A located mechanical lifts in the facility. The dates the lifts were last serviced was not located on the lifts. MNT-A indicated the facility had a contract with the manufacturer for preventative maintenance program. MNT-A located the records for all of the lifts however, was unable to locate records for lift number 040356.</p> <p>During an interview on 7/11/23, at 3:35 p.m. maintenance (MNT)-A stated all lifts in the facility are inspected quarterly and the annual inspections were completed by the lift company.</p> <p>EZ Safety program check lists dated 7/13/22, indicated the facility had lifts 33345, 41878, 180007, 924481, 924481, 22192 inspected. The checklist did not include 040356.</p> | 21685 | <p>F908: Gundersen Tweeten Care Center will continue to maintain all mechanical, electrical and patient care equipment in safe operating condition. On 7/11/23 lift #040365 was pulled off the floor and labeled "Do not use for patient care". Gundersen Tweeten Care Center will continue with the Safety program through the lift company for annual safety checks with the maintenance department inspecting the lifts at an interval of no greater than 6 months in between the annual checks. The Safe Lifting and Movement of Residents policy was revised to include the safety program in place for lifts/stands. The Administrator, Director of Nursing and Maintenance came together and developed an updated list of approved lifts/stands to be in use for patient care and all parties have a copy of this for future tracking. This list was also reconciled with the lift company for their annual checks. Maintenance-A was re-educated to this program on 7/31/23 and competencied out by the lift company for completing the safety checks. The</p> | 8/1/23 |
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Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00285 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 07/11/2023 |
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| NAME OF PROVIDER OR SUPPLIER TWEETEN LUTHERAN HEALTH CARE CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 125 5TH AVENUE SOUTHEAST SPRING GROVE, MN 55974 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
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| 21685 | <p>Continued From page 3</p> <p>EZ Annual Safety Program dated 4/21/23, indicated the facility was on an annual program to have inspections of the EZ Way stands and or Lifts completed and serviced annually. Lifts covered and inspected on 4/21/23 included 798-33345, 598-22192, L500PS-70914952(new), L500PS-70914953(new). Covered stands included 898M-41878M, S400BN-180007, S400-PN-924481, S400PN-70914818 (new). It was not evident lift number 040356 had the annual preventative maintenance completed.</p> <p>Email communication from director of nursing (DON) dated 7/12/23 at 2:32 p.m. explained lift number 040365 had not been inspected last year and had been pulled off the floor last evening and was no longer going to be used. All other lifts in the building were inspected or were bought in the last year.</p> <p>EZ Way Smart Stand Safety and Maintenance checklist document from the manufacturer, stated components be scheduled for inspection at intervals no greater than 6 months, checking bolts, removing and checking covers, checking arm to mast pivot bolt by removing plastic cap to ensure nut is tight, cotter pin is in place and replace plastic cap if its missing, and gives a long list of items to be checked. At one-year intervals a load equivalent to rated capacity of the stand to unit must be tested and if any issues must stop using immediately. Important Notice in Asterisk at the end of the document reads it is the responsibility of the purchaser to ensure that regular maintenance inspection is conducted on the device by competent staff.</p> <p>The facilities Policy, Lifting Machine, Using a Mechanical, dated 10/2022, does not address</p> | 21685 | <p>scheduled maintenance safety checks were added to Maintenance A's calendar. Administrator will audit semiannually x 1 year. Results will be reported to the QAA committee.</p> | |
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Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00285 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 07/11/2023 |
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| NAME OF PROVIDER OR SUPPLIER TWEETEN LUTHERAN HEALTH CARE CENTEF | STREET ADDRESS, CITY, STATE, ZIP CODE 125 5TH AVENUE SOUTHEAST SPRING GROVE, MN 55974 |
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| 21685 | <p>Continued From page 4</p> <p>mechanical lift maintenance requirements.</p> <p>SUGGESTED METHOD OF CORRECTION: The administrator, maintenance supervisor, or designee could ensure a preventative maintenance program was developed to accurately reflect ongoing preventative maintenance scheduled or needed in the facility on a routine basis. The facility could create policies and procedures, educate staff on these changes and perform environmental rounds/audits periodically to ensure preventative maintenance is adequately completed. The facility could report those findings to the quality assurance performance improvement (QAPI) committee for further recommendations to ensure ongoing compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p> | 21685 | | |