Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
December 18, 2024

Administrator
Parkview Care Center
55 Tenth Street Southeast
Wells, MN 56097

RE: CCN: 245436
Cycle Start Date: November 13, 2024

Dear Administrator:

On December 17, 2024, 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.

Feel free to contact me if you have questions.

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

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November 18, 2024

Administrator
Parkview Care Center
55 Tenth Street Southeast
Wells, MN 56097

RE: CCN: 245436
Cycle Start Date: November 13, 2024

Dear Administrator:

On November 13, 2024, 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:

- 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:

Judy Loecken, Regional Operations Supervisor
St. Cloud B District Office
Health Regulation Division
Minnesota Department of Health
4140 Thielman Lane
Saint Cloud, Minnesota 56301-4557
Email: judy.loecken@state.mn.us
Office: (320) 223-7300 Mobile: (320) 241-7797

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 February 13, 2025 (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 May 13, 2025 (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)

In accordance with 42 CFR 488.331 **and Minnesota Statute 144A.10 subd 15**, 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: https://forms.web.health.state.mn.us/form/NHDisputeResolution

This request must be sent within the same ten calendar days you have for submitting an ePoC for the cited deficiencies. 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.

A copy of the Department's informal dispute resolution policies is posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

In accordance with 42 CFR § 488.431 and Minnesota Statute 144A.10 subd 16, when a CMP subject to being collected and placed in an escrow account is imposed, you have one opportunity to question cited deficiencies through an Independent IDR process. You may also contest scope and severity assessments for deficiencies which resulted in a finding of SQC or immediate jeopardy. 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: https://forms.web.health.state.mn.us/form/NHDisputeResolution

A facility may not use both IDR and independent IDR for the same deficiency citation(s) arising from the same survey unless the IDR process was completed prior to the imposition of the CMP. This request must be sent within ten calendar days of receipt of this offer. An incomplete Independent IDR process will not delay the effective date of any enforcement action.

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

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November 18, 2024

Administrator
Parkview Care Center
55 Tenth Street Southeast
Wells, MN 56097

Re: Event ID: HN1011

Dear Administrator:

The above facility survey was completed on November 13, 2024 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
	245436	A. BUILDING _____ B. WING _____	C 11/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKVIEW CARE CENTER	55 TENTH STREET SOUTHEAST WELLS, MN 56097

(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 11/13/24, 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. The following complaint was reviewed H54361380C (MN108187) with a deficiency cited at (F755). 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. 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.	F 000		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving,	F 755		12/9/24

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

Electronically Signed | 11/27/2024

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

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F 755	Continued From page 1 dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure provider ordered medications were administered timely for 1 of 1 resident (R1). Findings include: R1 was admitted 10/29/24. R1's admission Minimum Data Set (MDS) dated 11/4/24, indicated diagnosis of fracture of left ulna (a long bone in the forearm), chronic kidney disease (CKD) stage 3A, diabetes, urinary tract infection, and atherosclerotic heart disease (when plaque builds up in the walls of your arteries). Review of a fax to the provider dated 11/3/24 at 9:19 p.m., indicated R1 had completed the	F 755	Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents, or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance. Deficiency: The facility failed to ensure provider-ordered medications were administered timely for 1 of 1 resident. (R1) F755- Pharmacy Services: The facility must provide pharmaceutical services	

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F 755	Continued From page 2 antibiotic. R1 indicated he was feeling better. R1 continued to have symptoms of fever, chills, and confusion. Review of a fax to the provider dated 11/4/24 at 3:26 p.m., indicated R1 had an episode of low O2 sats the evening prior and was given oxygen. R1 had a temperature of 100.7 at that time and there was no temperature since then. R1 complained of chills and feeling cold in the morning of 11/4/24. R1's lung sounds were clear but diminished in the bilateral lower lobes. The provider response on 11/4/24 at 4:52 p.m., indicated to do labs and chest x-ray two view (front and side). The provider ordered Rocephin (is used to treat bacterial infections) one gram IM (intramuscular) every day for seven days and a Z-Pak (Azithromycin-oral antibiotic used to treat bacterial infections) to be started. An interview on 11/13/24 at 3:13 p.m., with registered nurse (RN)-A stated she had worked 11/4/24 from 2:00 p.m. to 4:00 a.m. RN-A stated she had not processed R1's order for Rocephin and the Z-Pak that was faxed to the facility at 4:52 p.m. RN-A stated she knew the ordered Rocephin and Z-Pak were in the E-Kit in the facility. RN-A indicated the E-Kit list of medications hung on the nurse's station wall. RN-A stated she had not given the prescribed medications out of the E-Kit or processed the order for pharmacy. A review of the Emergency Medication Kit (E-Kit) Reorder list on 11/13/24 at 3:15 p.m., revealed Azithromycin (Z-Pak) 250 milligram (mg) tablets and Rocephin 1 gram injection were listed as contents of the E-Kit.	F 755	(including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. 1 Corrective Action for Resident Affected: The resident did not return back to the facility from the hospital and is no longer in the facility. 2 Corrective Action for Other Residents Who Have Potential to be Affected: It was determined that all residents have the potential to be affected. A comprehensive review of all current resident□s recent provider's orders and medication administration records to identify any other delayed medication administration occurrences, was completed by the DON and/or licensed nurse designee. The facility ensured that any identified residents affected by this deficient practice received their medications and were assessed for any potential adverse effects due to delay in order processing and administration of medication. 3 Systemic Changes Made to Ensure Deficient Practice Will Not Recur: Policy Updates: The following policies were reviewed and revised: a. Medication Ordering and Receiving from Pharmacy b. Medication Orders c. Administering Medications d. Unavailable Medications e. Clinical Supplies in Case of	

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F 755	Continued From page 3 An interview on 11/13/24 at 3:00 p.m., with director of nursing (DON) stated she had come to work on 11/5/24 at 4:00 a.m., The DON had talked to RN-A about having the provider ordered medications in the E-Kit and about checking the fax periodically for any received faxes. The DON stated she had processed the orders for pharmacy. The DON revealed she had not given the Rocephin and Z-Pak as prescribed by the physician to R1 while she was on the floor. An interview on 11/13/24 at 4:00 p.m., with Physician A stated the Rocephin and Z-Pak were in the facility's E Kit that was why Physician A ordered those medications. Physician A stated the Rocephin and Z-Pak should have been given timely after the fax was sent back to the facility 4:52 p.m. The facility policy Medication Orders dated 4/2024, revealed medications should be administered only upon the signed orders of a person lawfully authorized to prescribe. Documentation of medication orders: a. Each medication order should be documented with the date, time, and signature of the person receiving the order. The order should be recorded on the physician order sheet, and the Medication Administration Record (MAR). b. Clarify the order. c. Enter the order on the medication order and receipt record. d. If using electronic medication records, input the medication order according to the electronic health record (EHR) instructions and facility policy. e. Call or fax the medication order to the provider pharmacy.	F 755	Emergency f. Policy for Emergency Kit (E-Kit) Use in Skilled Nursing Facility g. E-Kit Procedure h. Notification of Changes Process Changes: All nursing staff, including TMAs, will be educated on checking the fax machine at the west end nurses station throughout their shift. a. All faxes will be given to the charge nurse on duty and will be processed as soon as possible. b. All newly ordered medications will be ordered from the pharmacy and administered timely. If medication is in the E-Kit, it will be retrieved from the E-Kit and given. If medication is unavailable or if there is an expected delay, the provider will be notified on duty. They will follow up and then give the form to the DON. All forms will be reviewed weekly during QAPI. Training and Education: a. Education was completed by the DON with RN-A for noncompliance with checking the fax machine periodically, order processing and not giving the prescribed medication out of the E-Kit to R1. b. Education was completed by the Consulting Pharmacist and Administrator with the DON for noncompliance with giving the prescribed medication to R1 as ordered while she was working as a charge nurse. c. Education will be completed with ALL employees on the protocol for reporting	

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F 755	Continued From page 4 f. Transcribe newly prescribed medications on the MAR or treatment record or ensure the order is in the electronic MAR. g. When new order changes the dosage of a previously prescribed medication, discontinue previous entry by writing "Dc'd" and the date, or discontinue the order as per the electronic software instructions and retype the new order. h. Enter the new order on the MAR or ensure the new order is in the electronic MAR.	F 755	any noted change of condition in a resident, including the use of the Stop and Watch Early Warning Tool, what and how to report, and who to report to. d. Education will be completed with ALL nursing staff and TMAs including the requirement to check the west nurses station fax machine periodically and give faxes to the nurse on duty. e. Education will be completed with ALL nurses including thorough and timely notification to the provider of any change of condition with documentation of change, documentation of vital signs, and follow-up of abnormal vital signs. f. Education will be completed with ALL nurses including the timely processing of new orders, timely administration of new medication and/or treatment orders, use of the E-Kit, and notification to the provider for further direction if medication is unavailable. 4 Monitoring and Quality Assurance: The DON will be responsible for identifying trends, and areas for improvement, overseeing the implementation of corrective actions, and ensuring compliance. All nursing staff will be responsible for adhering to updated policies and procedures. The pharmacy consultant will assist in reviewing medication administration processes and providing recommendations for improvement. The DON or licensed nurse designee will monitor/audit the following: a. All faxed orders that are received will	

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F 755	Continued From page 5	F 755	be reviewed daily for 3 weeks to ensure timely processing of the order and administration of any ordered medications. Then, 4 faxed orders will be audited weekly for 2 weeks. Then, 2 faxed orders will be audited weekly for 6 weeks to ensure ongoing compliance. Random audits will continue to be ongoing. b. Change of condition and appropriate follow-up. If any negative findings are noted, corrections will be completed. Any infractions observed will be corrected as observed. Completed audit forms will be reviewed and discussed with the QAPI committee during the weekly QAPI meeting. If necessary, an action plan will be written by the QAPI committee. Any written action plan will be monitored by the Administrator weekly until an acceptable resolution is obtained. All revised policies as listed above, were reviewed by the QAPI committee for approval and/or additional revisions. Audit reviews will be presented to QAA quarterly. QAA members will identify any trends or patterns and make recommendations to revise the Plan of Correction as needed. The deficiency was reported to QAPI on 11/19/2024. The deficiency policy and procedures were reported and approved by QAPI on 11/26/2024. The plan of correction will be reported to the QAA on 1/16/2025. The above corrective action measures will	

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F 755	Continued From page 6	F 755	be completed on or before 12/9/2024.	

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	00784	A. BUILDING: _____ B. WING _____	C 11/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKVIEW CARE CENTER	55 TENTH STREET SOUTHEAST WELLS, MN 56097

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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 11/13/24, 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. The following complaints were reviewed: H54361380C (MN108187). NO licensing orders	2 000		

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2 000	Continued From page 1 were issued. 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		