Electronically Submitted
October 21, 2021

Administrator
Catholic Eldercare On Main
817 Main Street Northeast
Minneapolis, MN 55413

RE: CCN: 245439
Cycle Start Date: September 29, 2021

Dear Administrator:

On September 29, 2021, survey was completed at your facility by the Minnesota Department of Health and Public Safety 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.

Your facility was not in substantial compliance with the participation requirements and the conditions in your facility constituted both substandard quality of care and immediate jeopardy to resident health or safety. This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted immediate jeopardy (Level J) whereby corrections were required. The Statement of Deficiencies (CMS-2567) is being electronically delivered.

REMOVAL OF IMMEDIATE JEOPARDY

On September 29, 2021, the situation of immediate jeopardy to potential health and safety cited at F684 was removed. However, continued non-compliance remains at the lower scope and severity of G.

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 for imposition: The CMS Region V Office concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective November 5, 2021.

- Directed plan of correction (DPOC), Federal regulations at 42 CFR § 488.424. Please see electronically attached documents for the DPOC.

This Department is also recommending that CMS impose a civil money penalty (42 CFR 488.430 through 488.444). You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective November 5, 2021, (42 CFR 488.417 (b)). They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective November 5, 2021, (42 CFR 488.417 (b)).

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

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 $11,160; 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 September 29, 2021. 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.

SUBSTANDARD QUALITY OF CARE

Your facility's deficiencies with with one or more of the following: §483.10, Residents Rights, §483.12, Freedom from Abuse, Neglect, and Exploitation, §483.15, Quality of Life and §483.25, Quality of Care, 483.40 Behavioral Health Services, §483.45 Pharmacy Services, §483.70 Administration, or §483.80 Infection control has been determined to constitute substandard quality of care as defined at §488.301. Sections 1819(g)(5)(C) and 1919(g)(5)(C) of the Social Security Act and 42 CFR 488.325(h) require 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. 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.

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 Sections 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, Catholic Eldercare On Main is prohibited from offering or conducting a Nurse Assistant Training / Competency Evaluation Programs (NATCEP) or Competency Evaluation Programs for two years effective September 29, 2021. 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.

ELECTRONIC PLAN OF CORRECTION (ePOC)

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

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

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

DEPARTMENT CONTACT

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

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
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 their respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

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

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

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

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by March 29, 2022 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

APPEAL RIGHTS DENIAL OF PAYMENT

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:

Tamika.Brown@cms.hhs.gov

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

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

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

APPEAL RIGHTS NURSE AIDE TRAINING PROHIBITION

Pursuant to the Federal regulations at 42 CFR Sections 498.3(b)(13)(2) and 498.3(b)(15), a finding of substandard quality of care that leads to the loss of approval by a Skilled Nursing Facility (SNF) of its NATCEP is an initial determination. In accordance with 42 CFR part 489 a provider dissatisfied with an initial determination is entitled to an appeal. If you disagree with the findings of substandard quality of care which resulted in the conduct of an extended survey and the subsequent loss of approval to conduct or be a site for a NATCEP, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Department Appeals Board. Procedures governing this process are set out in Federal regulations at 42 CFR Section 498.40, et. Seq.

A written request for a hearing must be filed no later than 60 days from the date of receipt of this

letter. Such a request may be made to the Centers for Medicare and Medicaid Services (formerly Health Care Financing Administration) at 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

A request for a hearing should identify the specific issues and the 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. You do not need to submit records or other documents with your hearing request. The Departmental Appeals Board (DAB) will issue instructions regarding the proper submittal of documents for the hearing. The DAB will also set the location for the hearing, which is likely to be in Minnesota or in Chicago, Illinois. You may be represented by counsel at a hearing at your own expense.

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 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,

Kamala Fiske-Downing
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245439	A. BUILDING _____ B. WING _____	C 09/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CATHOLIC ELDERCARE ON MAIN	**817 MAIN STREET NORTHEAST MINNEAPOLIS, MN 55413**

(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 9/23/21-9/29/21, a standard abbreviated survey was completed at your facility by surveyors from the Minnesota Department of Health (MDH). The facility was not found not to be in compliance with requirements of 42 CFR Part 483, Subpart B, the requirements for Long Term Care Facilities. The survey resulted in an immediate jeopardy (IJ) to resident health and safety. An IJ at F684 began on 9/19/21, when a resident R1 had a change in condition without notification to the provider and without proper nursing assessment. The administrator, and DON were notified of the IJ for R1 on 9/27/21 at 12:59 p.m. The IJ was removed on 9/28/21 at 4:21 p.m. Noncompliance remains at a lower scope and severity G, actual harm that is not immediate jeopardy. The above findings constituted substandard quality of care, and an extended survey was conducted from 9/28/21-9/29/21. At the time of the abbreviated survey, onsite investigation(s) were completed and the following complaints were found to be substantiated. H5439076C (MN76889) with deficiencies cited at F684 & F580. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance.	F 000		

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

Electronically Signed | 10/29/2021

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 000	Continued From page 1 Upon receipt of an acceptable electronic POC, an on-site revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.	F 000		
F 580 SS=G	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment	F 580		9/29/21

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F 580	Continued From page 2 as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on interview and document review, the failed to timely notify the physician of a change of condition for 1 of 2 residents (R1) reviewed for change of condition. R1 was unable to swallow her food, staring blankly, had an increase in pulse rate. The following shift R1 had a decrease in pulse rate, and on both shifts staff were unable to obtain a blood pressure. R1 sustained harm as required emergency services and expired at the hospital. Findings include: R1's facesheet printed on 9/27/21, noted R1 had diagnoses that include; stroke, abdominal pain, and hemiplegia (weakness or paralysis of one side of the body). R1's admission Minimum Data Set (MDS) dated	F 580	Preparation, submission and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth in the statement of deficiencies. The facility does not agree with and has appealed the alleged deficiency and licensing violations stated herein. This Plan of Correction is prepared and/or executed as a means to continuously improve the quality of care, to comply with all applicable state and federal regulatory requirements and constitutes the facility□s allegation of compliance F580 R1 is no longer a resident of Catholic Eldercare All residents have a potential to be at risk as a result of the non-compliance,	

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F 580	Continued From page 3 7/13/21, noted R1 had poor cognition and required extensive assistance with dressing, bed mobility, and was totally dependent on staff for transfers. R1's physician orders dated 8/27/21, included R1 should have her vitals signs including pain status checked every shift. A progress note dated 9/19/21, at 11:05 p.m. noted R1 returned from a leave of absence at 4:00 p.m. via medical transport. At 5:00 p.m. nursing assistant (NA)-A reported that R1 was not swallowing her food and was staring blankly. Registered Nurse RN-B noted R1 had to be told many times to swallow her food which she eventually did, R1 had no verbal response to questions. RN-B documented she called R1's daughter and determined that R1 was experiencing delirium due to PRN pain medication that was administered that afternoon. RN-B noted she attempted to call the provider but that it required an email message be left and she had no ability to send an email. Further, RN-B noted she was unable to get a blood pressure reading due to movement. In the vital signs report R1's acceptable pulse rate is from 60-100 beats per minute, her acceptable blood sugar range is from 60-300 and her acceptable blood pressure range is 100-140 systolic over 60-90 diastolic. In the vital signs report on 9/19/21, at 5:43 p.m. R1's blood sugar was 360, her oxygen saturation was 100% and her temperature was 97.5 In the vital signs report on 9/19/21, at 9:46 p.m. R1's respirations were 16, her pulse was 117, her	F 580	however no other resident has been identified other than R1. RN-B has been re-educated on Change in Resident□s Status Policy and Procedure, the importance of obtaining an accurate blood pressure and Relias education on Change in Condition 9/23/21 and corrective action completed 9/21/21. RN-C was out on vacation and received the same education upon return to work. We have updated our policy and procedure on Vital Signs: Blood Pressure Measurement including alternative methods to obtain a blood pressure when one does not register. Change of Residents Status policy and procedure has been reviewed and no changes have been made. Licensed nurses have been re-educated on the policy and procedure of Change of Residents Status. And Vital Signs: Blood Pressure Measurement nurses who have not worked since the plan was approved will be educated on their next working shift until all nurses receive education. The Nursing management team will monitor its corrective actions through random chart audits to identify changes in condition and appropriate nursing response including provider notification. Random audits on all units were/will be conducted daily for two weeks, then weekly for one month and quarterly thereafter, results are reviewed and forwarded to QAPI committee for further evaluation and recommendation.	

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F 580	Continued From page 4	F 580		

temperature was 96.6 and her blood pressure was 00/00.

In the vital signs report on 9/20/21, at 1:25 a.m. R1's temperature was 97.5, pulse was 53, respirations 16 and her blood pressure was 00/00.

A progress note dated 9/20/21, at 6:37 a.m. noted that R1 was sent to the hospital for evaluation at 5:10 a.m. RN-C noted it was reported R1 had a change in condition on 9/19/21, At 1:25 a.m. R1's temperature was 97.5 her pulse was 53, respirations were 16, blood pressure was 00/00 and oxygen saturation was 98%. RN-C noted that R1's blood pressure was not registering on machine due to movement. RN-C documented that at 4:30 a.m. she found R1 with abnormal breathing, slurred response to verbal commands and oxygen saturations were 84%. RN-C then called emergency services and R1 was taken to the hospital for further evaluation.

When interviewed on 9/23/21, at 3:15 p.m. RN-B stated she went to R1's room and had to tell R1 several times to swallow her food which she eventually did. Further, RN-B noted R1 was not making eye contact which was unusual and was not responding to questions of pain. RN-B stated usually when caring for R1 she would be in her bed, lying on her back and would follow commands. RN-B stated she checked vital signs later that evening but was not able to obtain a blood pressure reading with the machine and received an error message to "restrict movement" and noted R1 was moving her arm up. RN-B did not attempt to check R1's blood pressure manually. RN-B also noted R1 had an elevated pulse rate of 117. RN-B stated she tried to reach

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F 580	Continued From page 5	F 580		

the provider but was unable as the voicemail system directed you send an email and she was unable to email the provider.

When interviewed on 9/23/21, at 3:53 p.m. nurse manager (NM) stated if a nurse was aware of a vital sign reading that was out of range the nurse should notify the provider. The NM further stated it is an expectation that the nurse would notify the provider of a change in condition and that the providers are available 24 hours a day.

When interviewed on 9/23/21, at 4:13 p.m. lead nurse practitioner (LNP) stated there were no messages regarding R1's status on 9/19/21.

When interviewed on 9/24/21, at 3:56 p.m. the director of nurses (DON) stated she expected nurses to fully assess a resident with a reported change in condition. The DON stated R1 had a significant cardiac event prior to her admission and complete assessment including vital signs should have been obtained and reported to the provider for direction of R1's care.

When interviewed on 9/24/21 at 4:21 p.m. RN-C stated it was reported that R1 had a change in condition on the evening of 9/19/21, and the R1 was not behaving as she usually does. RN-C stated she had a nursing assistant obtain vital signs on R1 around 1:20 a.m. the nursing assistant was unable to get a blood pressure reading as R1 was moving her arm. RN-C stated R1's oxygen saturation was 98% and her pulse was 53. RN-C stated when she went into R1's room on 9/20/21 at 4:30 a.m. she noticed that R1 was restless, her blankets were on the floor, R1 was breathing rapidly, and she was not responsive to questions. RN-C stated she began

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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 580	Continued From page 6 to assess checking R1's oxygen saturation and it was 84% and her pulse was over 120, RN-C then got R1 on supplemental oxygen and called 911. The facility's policy titled Change in Resident Status last revised 6/29/16, noted a change in condition will be reported to the attending physician to ensure proper treatment will be implemented. If unable to reach the attending physician or the physician on call, call the medical director.	F 580		
F 684 SS=J	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure staff obtained a blood pressure or provided a full assessment to identify a change in condition for 1 of 2 residents (R1) reviewed for quality of care. R1 had a change in condition that staff were monitoring on 9/19/21; however, when staff attempted to obtain a blood pressure with a machine on three different occasions, the machine did not register the resident's blood pressure due to movement and staff did not attempt an alternative to obtain a blood pressure. The survey resulted in immediate jeopardy (IJ) to resident safety as R1 was sent to	F 684	Preparation, submission and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth in the statement of deficiencies. The facility does not agree with and has appealed the alleged deficiency and licensing violations stated herein. This Plan of Correction is prepared and/or executed as a means to continuously improve the quality of care, to comply with all applicable state and federal regulatory requirements and constitutes the	9/29/21

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	245439	A. BUILDING _____ B. WING _____	C 09/29/2021

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F 684	Continued From page 7 the hospital on 9/20/21 and died. The IJ began on 9/19/21. The administrator and director of nursing (DON) were notified of the IJ on 9/27/21, at 12:59 p.m. The IJ was removed on 9/28/21. Non-compliance remained at a lower scope and severity G, actual harm that is not immediate jeopardy. Findings include: R1's facesheet printed on 9/27/21, noted R1 had diagnoses that included; stroke, abdominal pain, and hemiplegia (weakness or paralysis of one side of the body). R1's admission Minimum Data Set (MDS) dated 7/13/21, noted R1 had poor cognition and required extensive assistance with dressing, bed mobility, and was totally dependent on staff for transfers. R1's physician order dated 8/27/21, noted R1 should have vital signs including pain status checked every shift. On 9/19/21, registered nurse (RN)-B documented a progress note at 11:05 p.m. that R1 returned from a leave of absence at 4:00 p.m. via medical transport. At 5:00 p.m. nursing assistant (NA)-A reported that R1 was not swallowing her food and was staring blankly. RN-B noted R1 had to be told many times to swallow her food which she eventually did, R1 had no verbal response to questions. RN-B documented she called R1's daughter and determined R1 was experiencing delirium due to as needed (PRN) pain medication that was administered that afternoon. RN-B noted she attempted to call the provider but that it	F 684	facility□s allegation of compliance F684 R1 is no longer a resident of Catholic Eldercare All residents have a potential to be at risk as a result of the non-compliance, however no other resident has been identified other than R1. RN-B has been re-educated on Change in Resident□s Status Policy and Procedure, the importance of obtaining an accurate blood pressure and Relias education on Change in Condition 9/23/21 and corrective action completed 9/21/21. RN-C was out on vacation and received the same education upon return to work. We have updated our policy and procedure on Vital Signs: Blood Pressure Measurement including alternative methods to obtain a blood pressure when one does not register. Change of Residents Status policy and procedure has been reviewed and no changes have been made. Licensed nurses have been re-educated on the policy and procedure of Change of Residents Status. And Vital Signs: Blood Pressure Measurement nurses who have not worked since the plan was approved will be educated on their next working shift until all nurses receive education. The effective date of this plan will be the same date this plan is approved and/or (9/28/21)	

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required an email message be left and she had no ability to send an email. Further, RN-B noted she was unable to get a blood pressure reading due to movement.

In the vital sign report, R1's acceptable pulse rate range is between 60-100 beats per minute, her acceptable blood sugar range is from 60-300, and her acceptable blood pressure range is from 100-140 systolic over 60-90 diastolic.

In the vital sign report on 9/19/21, at 5:43 p.m. R1's blood sugar was 360, her oxygen saturation was 100% and her temperature was 97.5

In the vital sign report on 9/19/21, at 9:46 p.m. R1's respirations were 16, her pulse was 117, her temperature was 96.6 and her blood pressure was 00/00.

In the vital sign report on 9/20/21, at 1:25 a.m. R1's temperature was 97.5, pulse was 53, respirations 16 and her blood pressure was 00/00.

On 9/20/21, RN-C documented a progress note at 6:37 a.m. that R1 was sent to the hospital for evaluation at 5:10 a.m. RN-C noted it was reported R1 had a change in condition on 9/19/21. At 1:25 a.m. R1's temperature was 97.5 her pulse was 53, respirations were 16, blood pressure was 00/00 and oxygen saturation was 98%. RN-C noted that R1's blood pressure was not registering on machine due to movement. RN-C documented that at 4:30 a.m. she found R1 with abnormal breathing, slurred response to verbal commands and oxygen saturations were 84%. RN-C then called emergency services and R1 was taken to the hospital for further

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evaluation.

A progress note dated 9/20/21, at 10:11 a.m. noted that R1 expired at the hospital.

When interviewed on 9/23/21, at 3:15 p.m. RN-B stated that NA-A reported on 9/19/21, around 5:30 p.m. R1 was not swallowing her food. RN-B stated she went to R1's room and had to tell R1 several times to swallow her food which she eventually did. Further, RN-B noted R1 was not making eye contact which was unusual and was not responding to questions of pain. RN-B stated usually when caring for R1 she would be in her bed, lying on her back and would follow commands. RN-B stated she called and spoke with R1's daughter immediately afterwards to see if daughter noted this same behavior. RN-B stated R1's daughter mentioned R1 received a PRN pain medication shortly before going on her leave of absence and thought R1 was experiencing delirium. RN-B stated she checked vital signs later that evening but was not able to obtain a blood pressure reading with the machine and received an error message to "restrict movement" and noted R1 was moving her arm up. RN-B did not attempt to check R1's blood pressure manually. RN-B also noted R1 had an elevated pulse rate. RN-B stated she tried to reach the provider but was unable as the voicemail system directed the caller to send an email and she was unable to email the provider, RN-B stated she "may not have listened to the entire message" for further instructions for reaching the provider. RN-B stated she entered 00/00 for R1's blood pressure reading so the overnight nurse would not have difficulty with the electronic health system, RN-B stated, "I was very concerned about her [R1] and wanted to be

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F 684	Continued From page 10	F 684		

sure we would follow through." RN-B further stated that R1 was a difficult person to read and she directed care based on R1's daughter believing R1 was experiencing delirium.

When interviewed on 9/23/21, at 3:53 p.m. nurse manager (NM) stated if a vital sign machine is not functioning properly, he expected nurses to try other means to obtain vital signs on residents. NM stated if a nurse was aware of a vital sign reading that was out of range the nurse should notify the provider. NM further stated the nurse should do a full assessment with a reported change in condition including a full set of vital signs, a nurse should never leave a vital sign blank or enter a zero value.

When interviewed on 9/23/21, at 4:25 p.m. NA-A stated she was assisting R1 to eat her supper meal on 9/19/21 around 5:30 p.m. when she noticed R1 was not swallowing her food, was breathing rapidly, was sleepy and sluggish and not opening her eyes. NA-A stated this was unusual behavior and she reported it to RN-B.

When interviewed on 9/24/21, at 3:56 p.m. the director of nurses (DON) stated she expected nurses to fully assess a resident with a reported change in condition, including vital signs. The DON stated R1 had a significant cardiac event prior to her admission and full vital signs should have been obtained. Further, the DON stated if a machine is malfunctioning, she expected the nurse to use a manual cuff for blood pressure measurement. The DON stated the root cause of the incident was that the nurse allowed a preconceived notion of drug delirium direct her assessment.

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F 684	Continued From page 11 When interviewed on 9/24/21, at 4:08 p.m. nurse practitioner (NP) stated that not being able to check a blood pressure is not concerning by itself, but with the additional assessment findings of elevated pulse, unresponsiveness to questions, elevated blood sugar, and restlessness behavior; it is concerning. NP stated she would have expected the nurse to attempt to check the blood pressure manually and to contact the provider if a resident is not doing well. When interviewed on 9/24/21 at 4:21 p.m. RN-C stated it was reported that R1 had a change in condition on the evening of 9/19/21, and the R1 was not behaving as she usually does. RN-C stated it was reported that R1 had a similar incident in the past and it was determined that she had delirium due to her pain medication and R1 should be monitored. RN-C stated she had a nursing assistant obtain vital signs on R1 around 1:20 a.m. the nursing assistant was unable to get a blood pressure reading as R1 was moving her arm. RN-C stated R1's oxygen saturation was 98% and her pulse was 53. RN-C reported she did visual rounds throughout her shift and noted R1 was sleeping intermittently though did not perform an assessment. RN-C stated she received a call from R1's daughter around 4:00 a.m. to see how R1 was doing. RN-C informed R1's daughter of the inability of the nursing assistant to get a blood pressure reading earlier but she would go check for herself. RN-C stated when she went into R1's room she noticed that R1 was restless, her blankets were on the floor, R1 was breathing rapidly, and she was not responsive to questions. RN-C stated she began to assess checking R1's oxygen saturation and it was 84% and her pulse was over 120, RN-C then got R1 on supplemental oxygen and called 911.	F 684		

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F 684	Continued From page 12 The facility's policy titled, Change in Resident Status last revised 6/29/16, noted a change in condition will be reported to the attending physician to ensure proper treatment will be implemented. The policy further noted, the nurse should utilize INTERACT (pathways that are disease/condition specific) tools to collect data and complete an assessment. If unable to reach the attending physician or the physician on call, call the medical director.	F 684		

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
October 21, 2021

Administrator
Catholic Eldercare On Main
817 Main Street Northeast
Minneapolis, MN 55413

Re: Event ID: 94GK11

Dear Administrator:

The above facility survey was completed on September 29, 2021 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,

Kamala Fiske-Downing

Kamala Fiske-Downing
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us

Minnesota Department of Health

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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 9/23/21-9/29/21 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.	2 000		

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

Electronically Signed | 10/29/21

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2 000	Continued From page 1 The following complaint was found to be SUBSTANTIATED: H5439076C (MN76889), however NO licensing orders 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		