DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
February 11, 2022

Administrator
Spring Valley Care Center
800 Memorial Drive
Spring Valley, MN 55975

RE: CCN: 245442
Cycle Start Date: January 13, 2022

Dear Administrator:

On February 10, 2022, 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, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poepping@state.mn.us

Electronically delivered
January 19, 2022

Administrator
Spring Valley Care Center
800 Memorial Drive
Spring Valley, MN 55975

RE: CCN: 245442
Cycle Start Date: January 13, 2022

Dear Administrator:

On January 13, 2022, a survey was completed at your facility by the Minnesota Departments 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:

Karen Aldinger, Unit Supervisor
St. Cloud A District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: karen.aldinger@state.mn.us
Office: (651) 201-3794 Mobile: (320) 249-2805

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 April 13, 2022 (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 July 13, 2022 (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.

Feel free to contact me if you have questions.

Sincerely,

Melissa Poepping, Health Program Representative Senior
Program Assurance | Licensing and Certification
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
	245442	A. BUILDING _____ B. WING _____	C 01/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING VALLEY CARE CENTER	**800 MEMORIAL DRIVE SPRING VALLEY, MN 55975**

(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 1/12/22 and 1/13/22, a standard abbreviated survey was conducted at your facility. Your facility was found to be NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaints were found to be SUBSTANTIATED: H5442049C (MN78479), with a deficiency cited at (F755). The following complaints were found to be SUBSTANTIATED H5442037C (MN56386), H5442038C (MN53914), H5442039C (MN51910), H5442042C (MN57081), H5442043C (MN58480), H5442044C (MN58888), H5442045C (MN59087), H5442047C (MN59092) however NO deficiencies were cited due to actions implemented by the facility prior to survey. The following complaints were found to be UNSUBSTANTIATED: H5442036C (MN52046), H5442040C (MN52521), H5442041C (MN54292), H5442046C (MN78346), H5442048C (MN78364), H5442050C (MN78867). 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	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		01/28/2022

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 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(g). 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, 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	F 755	The Director of Nursing provided the	1/28/22

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F 755	Continued From page 2 facility failed to provide a clear system for ensuring medications were readily available for 1 of 1 residents (R1) reviewed for persons using an alternate pharmacy for specialized medications. Findings include: R1's quarterly Minimum Data Set (MDS) dated 12/16/21, indicated R1 had a diagnosis of Huntington's disease (a progressive degenerative neurological disorder) among other physical and mental disorders, and was assessed as being mildly cognitively impaired. R1's physician's orders, with a start date of 8/13/21, included, R1 was to receive 5 capsules of 0.1 mg (total of 0.5 mg) Reserpine two times a day (a medication to help reduce the writhing, involuntary movements associated with Huntington's disease). In R1's Medication Administration Record (MAR) it was noted that R1 did not receive her evening dose of Reserpine on 10/28/21, or the morning dose on 10/29/21. The MAR indicated an order to "hold" (not administer) the medication was placed for 10/29/21 through 11/1/21. The MAR for November of 2021 indicated R1's Reserpine was marked with an "H" to indicate it was held through 11/15/21. A Nursing Home Incident Report (NHIR) to the state agency was filed by the facility on 11/11/21, indicating the facility social service director had been notified R1 had not been receiving her Reserpine as ordered, and that her primary medical provider had not been notified.	F 755	nursing staff education on 1-26-2022. The DON instructed the staff on medication re-ordering, including a step by step process on how to do so. The education included ordering and re-ordering medications from Sterling LTC, Hospice, outside pharmacies, Sterling LTC specialty pharmacy and medications provided by families. The education also included how to communicate shift to shift of medication issues. The education provided included communication with the provider of any interruptions of not receiving medication in a timely matter. The nurse that placed the medication 'on hold' received coach and counseling by the DON for her mistake. It was also included in the nurses meeting to not place medications on hold when the medication is not available. Competency was verified by a quiz that was taken by the nursing staff with 100% accuracy. Additional auditing is being done to ensure the above is being completed. The night nurse will audit meds not given and/or on hold daily. This is an additional task that they will do daily. They will communicate any meds not given/on hold on the 24 hour report sheet. The day shift nurse has the added task of following up on all on hold/not given meds. The Director or DON designee will audit that the additional tasks are being done weekly x4 then monthly x3. We offer zoom for staff unable to make it in person in-services.	

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F 755	Continued From page 3	F 755		

A facility Medication Incident/Error Report indicated R1 had not received her Reserpine as ordered from 10/28/21 -11/04/21. It indicated facility medical director had been notified of the error on 11/11/21 and R1's neurologist had been notified on 10/28/21. The document had a section titled: Description of Error, but the section was left blank. A section titled: Care Provided and Outcome to the Resident was also blank. A section of the form called Assessment and Summary of Incident/Error was also not completed. The sections for the DON, the executive director and medical director to acknowledge their review were not signed or dated.

R1's progress note dated 10/20/21 indicated, "order placed for Reserpine. Per pharmacy, Mayo to contact provider for refill of script."

R1's progress note dated 10/28/21, included, "Reserpine Powder, give 5 capsule by mouth two times a day related to Huntington's disease (G10) [diagnosis code]-resident supplied medication (each capsule is 0.1 mg) Awaiting deliver of supply from Mayo Clinic Pharmacy.

R1's progress note dated 10/29/21, included, regarding Reserpine, "pharmacy called regarding Res.[resident] Reserpine. Per pharmacy, Res has not been seen since 2019 and wants primary Dr. to fill. RN aware."

R1's progress note dated 11/2/21, included, "Res was made aware of needing to see a Dr. prior to refill of Reserpine."

R1's progress note dated 11/4/21, included, "Call placed to Mayo Pharmacy to check ETA

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F 755	Continued From page 4	F 755		

[estimated time of arrival] of reserpine, shown on CareLink to be ordered 10/29. They stated they didn't have that order. Next call placed to Neurology. Resperpine [sic] was sent to HyVee-SV, who couldn't fill which they notified them of historically she did receive this from Mayo Pharmacy. This message sent to provider, but he had yet to fix order, is out today. Message sent to team for PUSH order today. This provider also has a waiting list for appointments. Order placed will be for 3 refills and they will notify us of appointment availability."

R1's progress note dated 11/9/21, included, "Late entry: This writer contacted the Mayo Clinic Pharmacy to check on the status of the Reserpine refill. The pharmacy staff stated that the medication had been ordered on 11/4/21 and not 10/29/21, and that it was shipped out on Friday 11/5/21."

On 11/11/21 a late entry progress note was entered for 10/29/21: "accessed Mayo Carelink to check on the status of the reserpine refill as we had not heard back from Mayo Neurology. A new order was written for Reserpine 0.1 mg capsules (take 6 capsules by mouth 2 times a day) by [R1's neurologist] and signed on 10/29/21 at 0752."

According to a note dated 11/30/21 from a primary provider serving the facility indicated R1 had missed her doses of Reserpine from 10/28/21 to 11/15/21, and resident had bitten her tongue due to chorea while off the medication.

When interviewed on 1/12/22, at 8:40 a.m. R1 stated she did recall that she did not have medications for a time, and reported feeling, "fidgety." At the time of the interview, R1 had

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F 755	Continued From page 5	F 755		

been receiving her medication as ordered and exhibited no symptoms of chorea, although she had some drooling and rigidity.

When interviewed on 1/13/22 at 10:40 a.m. a registered nurse (RN)-A explained the facility got medications from the Sterling Pharmacy and the process to re-order medications was to remove a re-order sticker from the medication label, attach it to a special paper for the pharmacy and fax it to them. RN-A stated she only worked a few days a month and was not familiar with a process to order medications from any other pharmacy. RN-A was not able to confirm having received any education or seeing any posting on how to order from an alternate pharmacy. RN-A said she was familiar with the Mayo Clinic compounding pharmacy, having used them in another job, however, was unsure how long it should take to get a medication from there, but said it was located in Rochester, MN (approximately 28 miles from facility. RN-A said the pharmacy often mailed the medications which took several days for delivery.

When interviewed on 1/13/22, at 10:45 a.m. RN-B stated nurses were expected to start the medication refill request process two weeks before the medication container would be depleted. Upon admission, the admitting nurse should explain to the resident or their family about the use of Sterling Pharmacy while in the facility, but in the case of R1, the Reserpine had originally come from the Mayo Clinic compounding pharmacy, and would be received through the mail. RN-B recalled being notified that a refill for Reserpine had been requested and said, "they [Mayo] say it takes 7-10 days, so we were waiting. I don't know when the initial refill was

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F 755	Continued From page 6	F 755		

requested." RN-B said a nurse had placed a "hold order" in the MAR, and other nurses might have seen it and thought the physician had ordered the medication not to be administered. RN-B said she and another clinical manager had been doing some research on what had happened, but said they should have intervened sooner, and should have notified the primary medical providers serving R1 in the facility sooner. RN-B said they usually communicate issues during nursing meetings or they post a note on the "home page" of the computer charting system, or send e-mails, but was unable to confirm that this had been done. RN-B said the plan to prevent further problems for R1 was, "we re-ordered a long times worth so we don't have to refill so often."

When interviewed on 1/13/22, at 11:05 a.m. the director of nursing (DON) stated it was the responsibility of the nurses on the unit to ensure medications are ordered in a timely manner stating an expectation for nurses to, "call when a two week supply is left," but also said, "I would not wait a week, not longer than a day." The DON was not able to describe the facility procedure for medications needing to be ordered from pharmacies other than Sterling, but said the nurse should call the number on the medication container. DON said a progress note should be written if a medication dose was not available, but a hold order should not be placed in a resident's MAR unless a physician had actually been contacted and had provided that order, but she had educated the nurse involved. DON was unable to describe the root cause of the missed Reserpine doses for R1, saying, "After looking at the notes, not sure if there was confusion on [pause] it or what. I don ' t have a good answer." DON indicated she thought one of the clinical

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F 755	Continued From page 7	F 755		

managers might have taken some action to prevent similar incidents in the future, but said, "I have to remember what it was." DON was unable to confirm educating all nursing staff, stating, "I hope I had a meeting."

On 1/13/21, at 12:45 p.m. DON provided a photograph of R1's Reserpine pill bottle with hand written instructions on when to re-order. Instructions not dated and who wrote the instructions not on the bottle. DON also stated she had not provided a nurse meeting to update or educate nurses after the R1 missed doses because she had been on an extended leave from work.

A facility provided document, not dated and not signed as reviewed titled, What to Do When Medications are Not Available indicated: "the purpose of this procedure is to provide to ensure [sic] resident receives their medication." The steps included: "1) Nurse/TMA (trained medication aid) should call the providing pharmacy to locate arrival time of medications. 2) If medication is not going to be in, the nurse/TMA should call the consulting provider and discuss with the provider what they would like for Spring Valley Living to do. 3) If it is an outside pharmacy be used [sic] contact Spring Valley Living provider to update and if unable to receive a medication from the order provider request for their input, to ensure resident is receiving medication. 4) If it is possible receive and [sic] order from provider to hold medication until medication arrives. 5) If there is any additional observing needed add to resident's order. 6) Notify family or guardian. Document all discussed conversations with parties."

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
January 19, 2022

Administrator
Spring Valley Care Center
800 Memorial Drive
Spring Valley, MN 55975

Re: Event ID: XV3O11

Dear Administrator:

The above facility survey was completed on January 13, 2022 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

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

Please feel free to call me with any questions.

Sincerely,

Melissa Poepping, Health Program Representative Senior
Program Assurance | Licensing and Certification
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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SPRING VALLEY CARE CENTER	800 MEMORIAL DRIVE SPRING VALLEY, MN 55975

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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 1/12/22 and 1/13/22, 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 found to be	2 000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00121	A. BUILDING: _____ B. WING _____	C 01/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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2 000	Continued From page 1 SUBSTANTIATED: H5442037C (MN56386), H5442038C (MN53914), H5442039C (MN51910), H5442042C (MN57081), H5442043C (MN58480), H5442044C (MN58888), H5442045C (MN59087), H5442047C (MN59092) and H5442049C (MN78479). However, no licensing orders were issued. The following complaints were found to be UNSUBSTANTIATED: H5442036C (MN52046), H5442040C (MN52521), H5442041C (MN54292), H5442046C (MN78346), H5442048C (MN78364), H5442050C (MN78867). The 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		