



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
October 1, 2020

Administrator
Shakopee Friendship Manor
1340 Third Avenue West
Shakopee, MN 55379

RE: CCN: 245445
Cycle Start Date: July 24, 2020

Dear Administrator:

On August 10, 2020, we notified you a remedy was imposed. On September 22, 2020 the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of September 18, 2020.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective August 25, 2020 be discontinued as of September 18, 2020. (42 CFR 488.417 (b))

In our letter of August 10, 2020, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from September 18, 2020. This does not apply to or affect any previously imposed NATCEP loss.

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

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing
Minnesota Department of Health
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us



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August 10, 2020

Administrator
Shakopee Friendship Manor
1340 Third Avenue West
Shakopee, MN 55379

RE: CCN: 245445
Cycle Start Date: July 24, 2020

Dear Administrator:

On July 24, 2020, a survey was completed at your facility by the Minnesota Department(s) 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 actual harm that was not immediate jeopardy (Level G), as evidenced by the electronically delivered CMS-2567, whereby significant corrections are required.

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(ies) 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 August 25, 2020.

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective August 25, 2020. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective August 25, 2020.

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.

This Department is also recommending that CMS impose:

- 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.

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 \$10,483; 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.

If you have not achieved substantial compliance by August 25, 2020, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, Shakopee Friendship Manor will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from August 25, 2020. You will receive further information regarding this from the State agency. This prohibition is not subject to appeal. Further, this prohibition may be rescinded at a later date if your facility achieves substantial compliance prior to the effective date of denial of payment for new admissions.

However, under Public Law 105-15, you may contact the State agency and request a waiver of this prohibition if certain criteria are met.

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. 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.

Shakopee Friendship Manor

August 10, 2020

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- 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:

Karen Aldinger, Unit Supervisor
Metro A Survey Team
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: karen.aldinger@state.mn.us
Phone: (651) 201-3794
Fax: (651) 215-9697

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 - Health Regulation Division 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 January 24, 2021 if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at § 1819(h)(2)(C)

Shakopee Friendship Manor

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and 1919(h)(3)(D) and Federal regulations at 42 CFR § 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

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.

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:

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August 10, 2020
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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/lrc_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,



Douglas Larson, Enforcement Specialist
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: 651-201-4118 Fax: 651-215-9697
Email: doug.larson@state.mn.us

cc: Licensing and Certification File

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

PRINTED: 08/14/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245445	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/24/2020
NAME OF PROVIDER OR SUPPLIER SHAKOPEE FRIENDSHIP MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 1340 THIRD AVENUE WEST SHAKOPEE, MN 55379		
(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 7/23/20 and 7/24/20, an abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was found not to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. The following complaint was found to be substantiated: H5445030C. Deficiency issued at F689. The following complaint was found to be not substantiated: H5445031C. 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. 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 689 SS=G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced	F 689		8/24/20	

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

TITLE

(X6) DATE

Electronically Signed

08/13/2020

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 689	<p>Continued From page 1</p> <p>by: Based on document review and interview, the facility failed to re-assess a change in transfer ability for 1 of 8 residents (R1) reviewed who required a mechanical lift for transfer. R1 complained of weakness during the transfer, fell from a standing lift, sustained a hip fracture was hospitalized and subsequently died. This resulted in actual harm for R1.</p> <p>Findings include:</p> <p>R1's quarterly Minimum Data Set (MDS) dated 5/17/20, included moderate cognitive impairment with a diagnoses of dementia. R1 did not ambulate, required extensive assistance of two staff for transfers, used a wheelchair and was unsteady. R1's ADL (activities of daily living) Care Area Assessment (CAA) dated 8/19/19, included the need for extensive assistance with all ADL's and mobility.</p> <p>R1's most recent Fall Evaluation dated 5/15/20, described R1 as alert and oriented, with no falls in the past three months, chair bound and non-ambulatory. Fall interventions included staff assisting with transfers.</p> <p>R1's ADL care plan dated 3/27/19, directed staff to assist with transfers using a mechanical lift, to use an EZ Way Smart Stand (a mechanical lift which requires the resident to hang onto handles and to stand up, bearing weight while being lifted) during the day shift, and an EZ Way Smart Lift (a mechanical lift which supports the entire body in a sling to transfer, no weight bearing is required) during the evening shift. "Transfer with EZ Way Smart Lift and 2 assist on evening shift per family request to prevent falls out of EZ Way Smart</p>	F 689	<p>After reviewing all the facts regarding the incident involving R1, it appears the aide doing the transfer should have relied on the training she received and reported to the nurse that the resident appeared weaker than normal at that time and the full body lift should have been used and not the EZ Way Sit Stand mechanical lift which requires the resident to assist in the transfer.</p> <p>The aide was immediately re-educated on the fact that they must continuously watch for a resident's change in condition and if/when noticed to report the change in condition to the supervising nurse.</p> <p>All nursing staff will be re-educated on the facility's policies regarding the proper use of all mechanical lifts, the use of all safety straps, and transfer belts and for all staff to continuously watch for residents' change in condition and to report all changes in condition to the supervising nurse.</p> <p>All resident transfers have been observed and will continue to be observed on a weekly basis on their bath day and as needed to ensure ongoing safe transfers. All residents will be re-assessed on a quarterly basis by the MDS nurse to ensure that all residents are transferred using the proper mechanical lift and that each residents' care plan indicates the proper lift to be used and will be reviewed with the resident's family member at the care conferences.</p>		

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F 689	<p>Continued From page 2</p> <p>Stand." Staff were also directed to use a seat strap (EZ Way Smart Stand accessory that attaches to the lift, and is placed loosely under the buttocks to support if resident were to try and sit during the transfer) and calf strap (strap that attaches to the Stand and goes behind the calves for support).</p> <p>R1's treatment administration record (TAR) dated 2/21/20, included to use EZ Stand with day shift and full body EZ Lift in evenings due to fatigue and decreased safety/weakness at night.</p> <p>R1's Daily Assignment Sheet dated 7/14/20, used by the nursing assistants to know how to provide care to each resident, directed staff to use the EZ Way Smart Stand during the day with the sit strap and calf strap accessories, and at 2:00 p.m. to switch to the full body lift, and assist of two staff.</p> <p>R1's nurse practitioner visit note dated 6/4/20, described R1 as having occasional back and knee pain, and a difficult time getting comfortable. R1 reported ongoing weakness and pain in her hands.</p> <p>R1's incident report dated 7/19/20, included, "Aide was assisting resident from her w/c [wheel chair] to her bed with the ez stand lift when the resident raised her arms up and she slid from the ez stand lift. She did not hit her head. Resident c/o [complained of] right hip pain. Resident would not allow nurse to check range of motion and right leg appears shorter than left. Received orders to send to the ER [emergency room] to be evaluated. Sent out at 3pm."</p> <p>R1's investigative report dated 7/22/20, included, "Resident was okay to use ezstand for transfers</p>	F 689	<p>The Resident Care Coordinator will be conducting audits on a periodic basis to ensure that the nursing assistants are using the mechanical lifts properly per the facility's lift policies.</p> <p>Quality Assurance will review the use of mechanical lifts by all residents on a quarterly basis to ensure the proper lift is being used.</p> <p>Date of completion August 24, 2020.</p>		

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

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F 689	Continued From page 3 during the dayshift and then switch over to hoyer [full body lift] lift starting at 2pm. Aide was using the ezstand but did not use the sit strap which is an added strap to the ez stand to have if the resident would try to sit down too soon to give a bit of extra support." "In talking with the aide she described that when she had the resident in the ez stand and was in the middle of the transfer, she realized when she brought resident close to the bed, the bed was up a bit too high and the resident would not be able to sit on the bed. So the aide went to lower the ht [height] of the bed but then the resident stated she was feeling weak, the aide started to move the resident (while in the ez stand lift) back towards the w/c to sit her back down. But the resident let go of the hand grips and raised her arms, so she slid under the harness and landed on the floor. The aide and the nurse stated the harness strap and the behind the calf strap was buckled. The extra sit strap was not in place to help support her if her legs would bend to try to sit. The resident had severe pain in her right hip. The nurse stated resident's right leg was shorter than the left and she was not able to do range of motion to the right leg. Nurse got an order from the doctor to send to the ER to be evaluated. She was sent to the ER at 3pm and has since been transferred from SFRMC [St. Francis Regional Medical Center] to Abbott Hospital. In questioning the aide further, it was determined that the aide felt the resident wasn't transferring very well earlier in the day when she was using the EZ stand for toileting resident. When this writer asked her if she informed the nurse at that time about the transfer she stated no she did not. When it was time to lay resident down for a nap at 1:30 pm the aide stated she asked another aide if she should use the hoyer to transfer the resident to bed. That aide said no	F 689			

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F 689	<p>Continued From page 4</p> <p>because it isn't 2pm yet so you can use the ezstand. Again this writer told the aide that she should have told the nurse and asked for assistance if she felt unsure of the transfer being safe. The instance of the aide not using the sit strap, although it was wrong of her not to follow the care plan, it was likely that would not have prevented the fall, the ER diagnosed her with Right hip fx [fracture] and pneumonia too. Which she had no symptoms of pneumonia leading up to the fall. She had not been running a temp, O2 sats [oxygen level] were good, no cough. The pneumonia caused her weakness to not tolerate holding onto the hand grips and when she let go of the lift and raised her arms she slid down through the bottom of the harness." The report indicated the nursing assistant was re-educated on transferring with the lifts and reporting condition changes.</p> <p>R1's nursing progress note dated 7/19/20, at 2:25 p.m. included a nursing assistant used the EZ Stand to transfer R1 from the wheelchair to bed. Staff used the EZ Stand waist strap (harness used for all EZ Stand transfers that connects around the torso) and calf strap. During the transfer, R1 raised arms and legs, and fell to the floor. Upon inspection, the right leg appeared to be, "slightly shorter than left leg." Family was contacted. The on-call provider gave an order to send R1 to the emergency room for evaluation. R1's progress note on 7/19/20, at 9:38 p.m. noted hospital staff later called to inform that R1 was admitted for a, "hip fracture and uncontrolled pain level."</p> <p>Per R1's progress note dated 7/20/20, at 11:17 a.m. included, "Received call from [R1's family].... [R1] is in a lot of pain and also has pneumonia.</p>	F 689			

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F 689	<p>Continued From page 5</p> <p>This writer explained what happened during the transfer with the ez stand and that [R1] stated she was feeling weak and then let go of the hand grips and raised her arms up and slid out of harness. The pneumonia could have contributed to her weakness and unable to stand as long as she usually does. The pneumonia was [diagnosed] at the hospital as [R1] did not have any symptoms while at this facility."</p> <p>R1's progress note dated 7/21/20, at 9:09 a.m. "Spoke with [R1's family] via telephone...the cardiologist states [R1] can't have surgery as she needs heart valve replaced, they will probably not do surgery for the fractured right hip 9 millimeters displacement...'family is working at finding a hopsice' [sic]...'[R1] 'is in so much pain', the family plans to 'vigil her end of life care'...."</p> <p>When interviewed on 7/23/20, at 12:11 p.m. family member (FM)-B stated the full body lift is what facility staff used whenever FM-B visited and was not aware they were still using the standing lift for any transfers. FM-B stated R1 was not doing well at the hospital and felt the fall could have been prevented if they had used the full body lift all the time, or at least when R1 felt weak.</p> <p>When interviewed on 7/23/20, at 12:53 p.m. registered nurse (RN)-A stated she was working at the time of R1's fall on 7/19/20, and found out sometime after the fall, that the nursing assistant working with R1 that day thought R1 seemed weak during an earlier EZ Stand transfer. RN-A stated her expectation was for staff to notify her when concerns about R1's weakness with transfer arose. RN-A stated if she had known about the weakness, she would have changed</p>	F 689			

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F 689	<p>Continued From page 6</p> <p>the daily assignment sheet right away to stop using the EZ Stand and start using the full body EZ Lift. RN-A assessed R1 after the fall, one leg was shorter than the other and was in significant pain. RN-A stated this fall could have been prevented if she had known about the concern of weakness during the earlier EZ Stand transfer. RN-A stated R1 did not like the full body EZ Lift, so they used the EZ Stand during the day as a compromise to accommodate R1's preferences. RN-A had spoken to family, who felt the fall was preventable, and planned to take R1 home from the hospital so family could be with her until she died.</p> <p>When interviewed on 7/23/20, at 2:45 p.m. the director of nursing (DON) stated the nurse aide (NA)-A who transferred R1 was new and did not know R1's normal condition as well as other staff, did not report the weakness to the nurse and should have, should have checked with the nurse about transfer concerns and should have used the buttocks strap on the lift. R1 needed assist of one staff for the EZ Stand during the day, but always assist of 2 staff with the full body EZ Lift. Staff can switch to the full body lift if the resident is weaker and should notify the nurse with any change in condition. Family had been part of the discussion and in agreement about using the EZ stand during the day and full body lift in the afternoon as R1 did not like the full body lift, and wanted to maintain some independence.</p> <p>When interviewed on 7/24/20, at 9:20 a.m. the DON stated R1 had died in the hospital.</p> <p>When interviewed on 7/24/20, at 9:59 a.m. NA-A stated 7/19/20, was the first day they had worked with R1 and knew R1 needed the standing lift</p>	F 689			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245445	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/24/2020
NAME OF PROVIDER OR SUPPLIER SHAKOPEE FRIENDSHIP MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 1340 THIRD AVENUE WEST SHAKOPEE, MN 55379		
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F 689	<p>Continued From page 7</p> <p>during the day and the full body lift after 2:00 p.m. NA-A had transferred R1 after breakfast, to the toilet, and it did not go well, her buttocks hung down and didn't actually stand up like is needed, so when R1 needed to lie down again it was before 2:00 p.m. so she asked NA-B if she should use the EZ lift instead, and was told since it was before 2:00 p.m. to go ahead and use the standing lift. NA-B had not reported the difficult earlier transfer to a nurse. NA-A attached the main harness around R1's torso, and the calf strap around R1's legs, and lifted R1 out of the wheelchair. NA-A moved R1 to the bed, and then realized the bed was too tall for R1 to sit down on. NA-A went to the bed controls to lower the bed, but then R1 stated she was getting tired. NA-A tried to get R1 back to her wheelchair, but before R1's buttocks was over the chair, R1 let go of the EZ Stand handles, and fell right through the harness that was around her torso. NA-A did not realize R1 required the use of the seat strap while using the standing lift until afterwards.</p> <p>When interviewed on 7/24/20, at 10:27 a.m. NA-B stated R1 was often difficult to transfer using the EZ Stand, R1 needed reminders to bend her knees and sometimes had difficulty standing up in the lift. Nursing was aware of this, but compromised with R1 as she did not like to use the full body lift, so used the stand during the day and switched to the lift after 2:00 p.m. On 7/19/20, NA-A had asked her if she should use the full body lift versus the stand and NA-B told her no, use the stand lift as it was before 1:30 p.m. NA-B was not aware R1 had difficulty with the standing lift earlier in the day. If she had known, she would have told the nurse and she would have directed NA-A to use the full body lift.</p>	F 689			

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

PRINTED: 08/14/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245445	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/24/2020
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F 689	Continued From page 8 A Communication With Staff training document, provided during orientation, undated, required nursing assistants to communicate with the nurse about resident care related to changes in mobility, such as the ability to sit, stand or move. The training required nursing assistants to communicate with the nurse for continuity of care. Sit/Stand Mechanical Lift Policy reviewed 3/25/20, described the transfer as being safe when the resident was able to bear weight on both legs and hold on to the handles with at least one hand securely, or with two hands securely. The procedure described needing to apply the harness around the chest/waist, and the strap around the lower legs, and then apply the seat strap for residents who did not stand straight or had upper arm weakness.	F 689			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

October 1, 2020

Administrator
Shakopee Friendship Manor
1340 Third Avenue West
Shakopee, MN 55379

Re: Reinspection Results
Event ID: 60OU12

Dear Administrator:

On September 22, 2020 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on July 24, 2020. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing
Minnesota Department of Health
P.O. Box 64900
St. Paul, MN 55164-0900
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
August 10, 2020

Administrator
Shakopee Friendship Manor
1340 Third Avenue West
Shakopee, MN 55379

Re: State Nursing Home Licensing Orders
Event ID: 60OU11

Dear Administrator:

The above facility was surveyed on July 23, 2020 through July 24, 2020 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

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

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

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the

Shakopee Friendship Manor

August 10, 2020

Page 2

"Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

**Karen Aldinger, Unit Supervisor
Metro A Survey Team
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: karen.aldinger@state.mn.us
Phone: (651) 201-3794
Fax: (651) 215-9697**

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

Please note it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call me with any questions.

Sincerely,



Douglas Larson, Enforcement Specialist
Minnesota Department of Health

Shakopee Friendship Manor

August 10, 2020

Page 3

Licensing and Certification Program

Program Assurance Unit

Health Regulation Division

Telephone: 651-201-4118 Fax: 651-215-9697

Email: doug.larson@state.mn.us

cc: Licensing and Certification File

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00820	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/24/2020
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NAME OF PROVIDER OR SUPPLIER SHAKOPEE FRIENDSHIP MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1340 THIRD AVENUE WEST SHAKOPEE, MN 55379
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2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 7/23/20 and 7/24/20, surveyors of this Department's staff, visited the above provider to investigate complaint H5445030C, and H5445031C. As a result the following was identified:</p> <p>The complaint was found to be substantiated:</p>	2 000		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE
08/13/20

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00820	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/24/2020
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2 000	<p>Continued From page 1</p> <p>H5445030C with licensing orders issued. The following complaint was found to be not substantiated: H5445031C.</p> <p>Please indicate in your electronic plan of correction that you have reviewed these orders, and identify the date when they will be completed.</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyors findings are the Suggested Method of Correction and Time period for Correction.</p> <p>You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at http://www.health.state.mn.us/divs/fpc/profinfo/info/obul.htm The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health.</p>	2 000		

Minnesota Department of Health

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2 000	Continued From page 2 PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.	2 000		
2 830	MN Rule 4658.0520 Subp. 1 Adequate and Proper Nursing Care; General Subpart 1. Care in general. A resident must receive nursing care and treatment, personal and custodial care, and supervision based on individual needs and preferences as identified in the comprehensive resident assessment and plan of care as described in parts 4658.0400 and 4658.0405. A nursing home resident must be out of bed as much as possible unless there is a written order from the attending physician that the resident must remain in bed or the resident prefers to remain in bed. This MN Requirement is not met as evidenced by: Based on document review and interview, the facility failed to re-assess a change in transfer ability for 1 of 8 residents (R1) reviewed who required a mechanical lift for transfer. R1 complained of weakness during the transfer, fell from a standing lift, sustained a hip fracture was hospitalized and subsequently died. This resulted in actual harm for R1.	2 830	Corrected	8/14/20

Minnesota Department of Health

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2 830	<p>Continued From page 3</p> <p>Findings include:</p> <p>R1's quarterly Minimum Data Set (MDS) dated 5/17/20, included moderate cognitive impairment with a diagnoses of dementia. R1 did not ambulate, required extensive assistance of two staff for transfers, used a wheelchair and was unsteady. R1's ADL (activities of daily living) Care Area Assessment (CAA) dated 8/19/19, included the need for extensive assistance with all ADL's and mobility.</p> <p>R1's most recent Fall Evaluation dated 5/15/20, described R1 as alert and oriented, with no falls in the past three months, chair bound and non-ambulatory. Fall interventions included staff assisting with transfers.</p> <p>R1's ADL care plan dated 3/27/19, directed staff to assist with transfers using a mechanical lift, to use an EZ Way Smart Stand (a mechanical lift which requires the resident to hang onto handles and to stand up, bearing weight while being lifted) during the day shift, and an EZ Way Smart Lift (a mechanical lift which supports the entire body in a sling to transfer, no weight bearing is required) during the evening shift. "Transfer with EZ Way Smart Lift and 2 assist on evening shift per family request to prevent falls out of EZ Way Smart Stand." Staff were also directed to use a seat strap (EZ Way Smart Stand accessory that attaches to the lift, and is placed loosely under the buttocks to support if resident were to try and sit during the transfer) and calf strap (strap that attaches to the Stand and goes behind the calves for support).</p> <p>R1's treatment administration record (TAR) dated 2/21/20, included to use EZ Stand with day shift</p>	2 830		

Minnesota Department of Health

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2 830	<p>Continued From page 4</p> <p>and full body EZ Lift in evenings due to fatigue and decreased safety/weakness at night.</p> <p>R1's Daily Assignment Sheet dated 7/14/20, used by the nursing assistants to know how to provide care to each resident, directed staff to use the EZ Way Smart Stand during the day with the sit strap and calf strap accessories, and at 2:00 p.m. to switch to the full body lift, and assist of two staff.</p> <p>R1's nurse practitioner visit note dated 6/4/20, described R1 as having occasional back and knee pain, and a difficult time getting comfortable. R1 reported ongoing weakness and pain in her hands.</p> <p>R1's incident report dated 7/19/20, included, "Aide was assisting resident from her w/c [wheel chair] to her bed with the ez stand lift when the resident raised her arms up and she slid from the ez stand lift. She did not hit her head. Resident c/o [complained of] right hip pain. Resident would not allow nurse to check range of motion and right leg appears shorter than left. Received orders to send to the ER [emergency room] to be evaluated. Sent out at 3pm."</p> <p>R1's investigative report dated 7/22/20, included, "Resident was okay to use ezstand for transfers during the dayshift and then switch over to hoyer [full body lift] lift starting at 2pm. Aide was using the ezstand but did not use the sit strap which is an added strap to the ez stand to have if the resident would try to sit down too soon to give a bit of extra support." "In talking with the aide she described that when she had the resident in the ez stand and was in the middle of the transfer, she realized when she brought resident close to the bed, the bed was up a bit too high and the resident would not be able to sit on the bed. So</p>	2 830		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00820	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/24/2020
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2 830	Continued From page 5 the aide went to lower the ht [height] of the bed but then the resident stated she was feeling weak, the aide started to move the resident (while in the ez stand lift) back towards the w/c to sit her back down. But the resident let go of the hand grips and raised her arms, so she slid under the harness and landed on the floor. The aide and the nurse stated the harness strap and the behind the calf strap was buckled. The extra sit strap was not in place to help support her if her legs would bend to try to sit. The resident had severe pain in her right hip. The nurse stated resident's right leg was shorter than the left and she was not able to do range of motion to the right leg. Nurse got an order from the doctor to send to the ER to be evaluated. She was sent to the ER at 3pm and has since been transferred from SFRMC [St. Francis Regional Medical Center] to Abbott Hospital. In questioning the aide further, it was determined that the aide felt the resident wasn't transferring very well earlier in the day when she was using the EZ stand for toileting resident. When this writer asked her if she informed the nurse at that time about the transfer she stated no she did not. When it was time to lay resident down for a nap at 1:30 pm the aide stated she asked another aide if she should use the hooyer to transfer the resident to bed. That aide said no because it isn't 2pm yet so you can use the ezstand. Again this writer told the aide that she should have told the nurse and asked for assistance if she felt unsure of the transfer being safe. The instance of the aide not using the sit strap, although it was wrong of her not to follow the care plan, it was likely that would not have prevented the fall, the ER diagnosed her with Right hip fx [fracture] and pneumonia too. Which she had no symptoms of pneumonia leading up to the fall. She had not been running a temp, O2 sats [oxygen level] were good, no cough. The	2 830		

Minnesota Department of Health

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2 830	<p>Continued From page 6</p> <p>pneumonia caused her weakness to not tolerate holding onto the hand grips and when she let go of the lift and raised her arms she slid down through the bottom of the harness." The report indicated the nursing assistant was re-educated on transferring with the lifts and reporting condition changes.</p> <p>R1's nursing progress note dated 7/19/20, at 2:25 p.m. included a nursing assistant used the EZ Stand to transfer R1 from the wheelchair to bed. Staff used the EZ Stand waist strap (harness used for all EZ Stand transfers that connects around the torso) and calf strap. During the transfer, R1 raised arms and legs, and fell to the floor. Upon inspection, the right leg appeared to be, "slightly shorter than left leg." Family was contacted. The on-call provider gave an order to send R1 to the emergency room for evaluation. R1's progress note on 7/19/20, at 9:38 p.m. noted hospital staff later called to inform that R1 was admitted for a, "hip fracture and uncontrolled pain level."</p> <p>Per R1's progress note dated 7/20/20, at 11:17 a.m. included, "Received call from [R1's family].... [R1] is in a lot of pain and also has pneumonia. This writer explained what happened during the transfer with the ez stand and that [R1] stated she was feeling weak and then let go of the hand grips and raised her arms up and slid out of harness. The pneumonia could have contributed to her weakness and unable to stand as long as she usually does. The pneumonia was [diagnosed] at the hospital as [R1] did not have any symptoms while at this facility."</p> <p>R1's progress note dated 7/21/20, at 9:09 a.m. "Spoke with [R1's family] via telephone...the cardiologist states [R1] can't have surgery as she</p>	2 830		

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER SHAKOPEE FRIENDSHIP MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1340 THIRD AVENUE WEST SHAKOPEE, MN 55379
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 830	<p>Continued From page 7</p> <p>needs heart valve replaced, they will probably not do surgery for the fractured right hip 9 millimeters displacement...'family is working at finding a hopsice' [sic]...'[R1] 'is in so much pain', the family plans to 'vigil her end of life care'...."</p> <p>When interviewed on 7/23/20, at 12:11 p.m. family member (FM)-B stated the full body lift is what facility staff used whenever FM-B visited and was not aware they were still using the standing lift for any transfers. FM-B stated R1 was not doing well at the hospital and felt the fall could have been prevented if they had used the full body lift all the time, or at least when R1 felt weak.</p> <p>When interviewed on 7/23/20, at 12:53 p.m. registered nurse (RN)-A stated she was working at the time of R1's fall on 7/19/20, and found out sometime after the fall, that the nursing assistant working with R1 that day thought R1 seemed weak during an earlier EZ Stand transfer. RN-A stated her expectation was for staff to notify her when concerns about R1's weakness with transfer arose. RN-A stated if she had known about the weakness, she would have changed the daily assignment sheet right away to stop using the EZ Stand and start using the full body EZ Lift. RN-A assessed R1 after the fall, one leg was shorter than the other and was in significant pain. RN-A stated this fall could have been prevented if she had known about the concern of weakness during the earlier EZ Stand transfer. RN-A stated R1 did not like the full body EZ Lift, so they used the EZ Stand during the day as a compromise to accommodate R1's preferences. RN-A had spoken to family, who felt the fall was preventable, and planned to take R1 home from the hospital so family could be with her until she died.</p>	2 830		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00820	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/24/2020
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2 830	<p>Continued From page 8</p> <p>When interviewed on 7/23/20, at 2:45 p.m. the director of nursing (DON) stated the nurse aide (NA)-A who transferred R1 was new and did not know R1's normal condition as well as other staff, did not report the weakness to the nurse and should have, should have checked with the nurse about transfer concerns and should have used the buttocks strap on the lift. R1 needed assist of one staff for the EZ Stand during the day, but always assist of 2 staff with the full body EZ Lift. Staff can switch to the full body lift if the resident is weaker and should notify the nurse with any change in condition. Family had been part of the discussion and in agreement about using the EZ stand during the day and full body lift in the afternoon as R1 did not like the full body lift, and wanted to maintain some independence.</p> <p>When interviewed on 7/24/20, at 9:20 a.m. the DON stated R1 had died in the hospital.</p> <p>When interviewed on 7/24/20, at 9:59 a.m. NA-A stated 7/19/20, was the first day they had worked with R1 and knew R1 needed the standing lift during the day and the full body lift after 2:00 p.m. NA-A had transferred R1 after breakfast, to the toilet, and it did not go well, her buttocks hung down and didn't actually stand up like is needed, so when R1 needed to lie down again it was before 2:00 p.m. so she asked NA-B if she should use the EZ lift instead, and was told since it was before 2:00 p.m. to go ahead and use the standing lift. NA-B had not reported the difficult earlier transfer to a nurse. NA-A attached the main harness around R1's torso, and the calf strap around R1's legs, and lifted R1 out of the wheelchair. NA-A moved R1 to the bed, and then realized the bed was too tall for R1 to sit down on. NA-A went to the bed controls to lower the bed,</p>	2 830		

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2 830	<p>Continued From page 9</p> <p>but then R1 stated she was getting tired. NA-A tried to get R1 back to her wheelchair, but before R1's buttocks was over the chair, R1 let go of the EZ Stand handles, and fell right through the harness that was around her torso. NA-A did not realize R1 required the use of the seat strap while using the standing lift until afterwards.</p> <p>When interviewed on 7/24/20, at 10:27 a.m. NA-B stated R1 was often difficult to transfer using the EZ Stand, R1 needed reminders to bend her knees and sometimes had difficulty standing up in the lift. Nursing was aware of this, but compromised with R1 as she did not like to use the full body lift, so used the stand during the day and switched to the lift after 2:00 p.m. On 7/19/20, NA-A had asked her if she should use the full body lift versus the stand and NA-B told her no, use the stand lift as it was before 1:30 p.m. NA-B was not aware R1 had difficulty with the standing lift earlier in the day. If she had known, she would have told the nurse and she would have directed NA-A to use the full body lift.</p> <p>A Communication With Staff training document, provided during orientation, undated, required nursing assistants to communicate with the nurse about resident care related to changes in mobility, such as the ability to sit, stand or move. The training required nursing assistants to communicate with the nurse for continuity of care.</p> <p>Sit/Stand Mechanical Lift Policy reviewed 3/25/20, described the transfer as being safe when the resident was able to bear weight on both legs and hold on to the handles with at least one hand securely, or with two hands securely. The procedure described needing to apply the harness around the chest/waist, and the strap around the lower legs, and then apply the seat</p>	2 830		

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2 830	<p>Continued From page 10</p> <p>strap for residents who did not stand straight or had upper arm weakness.</p> <p>SUGGESTED METHOD OF CORRECTION: The director of nursing or designee, could review/revise policies and procedures related to falls, accidents and resident supervision to assure proper assessment and interventions are being implemented and the provider is promptly notified of a change in condition. They could re-educate staff on the policies and procedures. A system for evaluating and monitoring consistent implementation of these policies could be developed, with the results of these audits being brought to the facility's Quality Assurance Committee for review.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	2 830		