DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
September 28, 2023

Administrator
Episcopal Church Home Of Minnesota
1879 Feronia Avenue
Saint Paul, MN 55104

RE: CCN: 245452
Cycle Start Date: July 13, 2023

Dear Administrator:

On September 22, 2023, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

September 28, 2023

Administrator
Episcopal Church Home Of Minnesota
1879 Feronia Avenue
Saint Paul, MN 55104

Re: Reinspection Results
Event ID: 9JU212

Dear Administrator:

On September 22, 2023 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on July 13, 2023. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
July 26, 2023

Administrator
Episcopal Church Home Of Minnesota
1879 Feronia Avenue
Saint Paul, MN 55104

RE: CCN: 245452
Cycle Start Date: July 13, 2023

Dear Administrator:

On July 13, 2023, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

ELECTRONIC PLAN OF CORRECTION (ePoC)

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved.

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

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

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:

Susie Haben, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Midtown Square
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us
Office: (320) 223-7356 Mobile: (651) 230-2334

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 October 13, 2023 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by January 13, 2024 (six months after

the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

INFORMAL DISPUTE RESOLUTION (IDR) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Nursing Home Informal Dispute Process
Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: https://mdhprovidercontent.web.health.state.mn.us/ltc_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

Feel free to contact me if you have questions.

Sincerely,

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245452	A. BUILDING _____ B. WING _____	C 07/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EPISCOPAL CHURCH HOME OF MINNESOTA	1879 FERONIA AVENUE SAINT PAUL, MN 55104

(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 07/11/23 through 7/13/23, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaints were reviewed: H54523416C (MN94897), H54523397C (MN94999) with a deficiency issued at F580. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	F 000		
F 580 SS=D	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	F 580		8/31/23

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

Electronically Signed — 08/04/2023

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

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F 580	Continued From page 1 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 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	F 580	Plan of correction for residents cited with	

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F 580	Continued From page 2 facility failed to ensure the responsible party (emergency contact) was notified in a timely manner for significant weight loss and an overall decline in condition for 1 of 1 residents (R1) reviewed for quality of care. Findings include: R1's significant change Minimum Data Set (MDS) dated 4/04/23, indicated R1 had malnutrition, anxiety and depression. The MDS further indicated R1 was moderately cognitively impaired, had a 5% or more weight loss, was not on a physician prescribed weight loss regimen and was not on parental/intravenous or tube feeding while a resident. R1's weight was documented on the MDS as 159 pounds (lbs). (13 lbs. less since last assessment, 21 days ago). R1's discharge assessment MDS dated 6/16/23, indicated no documentation of cognitive status or diagnosis, but indicated 5% or more weight loss to 10% in last 6 months, not on a physician prescribed weight loss program and was on an antidepressant. The documented weight on the discharge assessment was 137 lbs. (22 lbs. less since last assessment 73 days and 35 lbs since admission 89 days). R1's Care Plan dated 6/13/23, indicated R1 had nutritional problem with or potential nutritional problem related to inadequate oral intakes related to poor appetite. In addition, the care plan indicated R1 was dependent on staff for meeting emotional, intellectual and social needs and to encourage ongoing family involvement, invite the resident's family to attend special events, activities and meals.	F 580	this survey: The nursing personnel involved with R1's care have been educated on the change in condition policy and procedure. Plan to address/prevent this deficiency for other residents: Nursing team meetings will be held where nurses and other facility staff responsible for following the change in condition policy will be educated. This will include floor nurses, charge nurses, nurse leadership, dietary, and others responsible for following the change in condition protocol. In this case, the care conference was offered as a result of the significant change in condition, but the reasoning was not provided to the family. Staff will be educated that in the future the reason for the care conference should be communicated, even if the resident or resident representative declines the care conference. Measures put in place to prevent reoccurrence: The change in condition policy and procedure has been updated to include significant weight loss as a qualifier under "significant physical change in condition". This policy will be distributed to all staff responsible for maintaining the change in condition policy. A list of staff that have received and been educated on the updated change in condition policy will be maintained. Plan to monitor: When residents have a significant change in condition they will be monitored and audited to ensure proper notification is	

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F 580	Continued From page 3 Occupational Therapy Plan of Care dated 3/27/23, indicated she received a Saint Louis University Mental Status Examination (SLUM) test screens for Alzheimer's and dementia where R1 scored 16/30 which indicates she had dementia. During interview on 7/11/23 at 6:44 p.m., family member (FM)-A stated R1 had passed away at the hospital this past Saturday. FM-A stated she lived out of state, and she received a phone call from FM-A on 6/16/23, informing her R1 was not eating and had lost over 30 pounds in the last three months. FM-A stated she called the facility and spoke to registered nurse (RN)-B and was informed the physician was there yesterday and ordered labs and at that point FM-A stated she demanded R1 be sent to the hospital immediately. FM-A stated she went to the hospital and found out R1's liver function test were extremely high (normal was 30 and R1's was over 1000). FM-A confirmed 6/16/23 was the first time she heard about R1's weight loss and felt the facility should have informed her sooner since she was the emergency contact. FM-A stated when R1 moved from second floor to third floor in May 2023, the social worker did offer to have a care conference and FM-A indicated she had asked if there was a need to have one and the social worker told her no. FM-A stated, "if they would have told me [R1] had significant weight loss I would have wanted one." Adding, "I am in shock, I thought she was in a safe place." During interview on 7/11/23 at 7:48 p.m., with FM-B stated there was a care conference after R1 returned from her last hospitalization on 6/26/23, and she had lost an enormous amount of weight and felt the physician didn't seem	F 580	made. This will be tracked for 2 weeks and reported on at the next facility QA Committee on 8/16. Tracking will continue for 2 additional weeks to ensure proper notification continues to be made. Tracking will continue for successive 2 week periods of time until compliance with the policy has been effectively demonstrated. Responsible for maintaining compliance: Director of Nursing	

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F 580	Continued From page 4 concerned about it. FM-B stated R1 was her own decision maker but felt she was so debilitated and metabolically deranged and weak she couldn't make decisions at that point and feels the facility should have notified FM-A of R1's weight loss way sooner so she could have stepped in. During interview on 7/12/23 at 11:33 a.m. registered nurse (RN)-A stated she was the nurse manager for R1 and confirmed R1 had poor intake and did not like the facility food. RN-A stated the physician made medication adjustments and added a stimulant for her appetite, and the registered dietician was trying different supplements, but she would also refuse those. RN-A stated she was not sure if FM-A was aware of how much weight R1 lost. RN-A stated they inform the family of her falls but there was not policy in place for notification of weight loss and it might be a good idea. During interview on 7/12/23 at 3:00 p.m., director of social services (DSS)-A stated R1 moved to 3rd floor on 5/03/23, and a care conference was offered to FM-A and she declined and did not have any concerns. DSS-A stated she did not inform FM-A of R1's significant weight loss and thought maybe the registered dietician (RD) did. In addition, the DSS-A stated the resident had refused her neurology appointment, but she makes her own decisions regarding medical treatments and appointments as FM-A did not have POA (Power of Attorney). During interview on 7/13/23 at 2:45 p.m., RN-B stated she called FM-A on 6/16/23 and informed her R1 was not eating and the physician's new orders for medication to boost her appetite; it was at that time when FM-A instructed the facility to	F 580		

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F 580	Continued From page 5 send R1 immediately to the hospital and we called the physician and sent R1 to the hospital. During interview on 7/13/23 at 10:46 a.m. facility administrator stated from the time R1 was admitted to the facility she was her own decision maker and was assessed as capable of making her own decisions. In addition, the administrator stated the resident was very aware of her own weight loss. In addition, the administrator stated there was a time when she fell and asked us not to notify FM-A, although could not find any documentation on it. Change in Condition Policy and Procedure revised 5/4/22, indicated ECH and the Gardens shall promptly notify the elder, his/her attending MD and the elders' power of attorney, substitute decision maker, or other person as indicated by the resident of changes in the resident's condition. Unless otherwise instructed by a competent elder, the nurse will notify the elders' power of attorney, substitute decision maker, or other person as indicated by the resident: There is significant change in the elder's physical/emotional/mental condition.	F 580		

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
July 26, 2023

Administrator
Episcopal Church Home Of Minnesota
1879 Feronia Avenue
Saint Paul, MN 55104

Re: State Nursing Home Licensing Orders
Event ID: 9JU211

Dear Administrator:

The above facility was surveyed on July 11, 2023 through July 13, 2023 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

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

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

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

Susie Haben, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Midtown Square
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us
Office: (320) 223-7356 Mobile: (651) 230-2334

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 feel free to call me with any questions.

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00486	A. BUILDING: _____ B. WING _____	C 07/13/2023

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EPISCOPAL CHURCH HOME OF MINNESOTA	1879 FERONIA AVENUE SAINT PAUL, MN 55104

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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 7/11/23 through 7/13/23, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing order was issued. Please indicate in your electronic plan of correction you have reviewed these orders and	2 000		

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EPISCOPAL CHURCH HOME OF MINNESOTA	1879 FERONIA AVENUE SAINT PAUL, MN 55104

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2 000	Continued From page 1 identify the date when they will be completed. The following complaints were reviewed: H54523416C (MN94897), H54523397C (MN94999) with a licensing order issued at 0265. Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction. You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at <https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html> The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form.	2 000		

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	00486	A. BUILDING: _____ B. WING _____	C 07/13/2023

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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.	2 000		
2 265	MN Rule 4658.0085 Notification of Chg in Resident Health Status A nursing home must develop and implement policies to guide staff decisions to consult physicians, physician assistants, and nurse practitioners, and if known, notify the resident's legal representative or an interested family member of a resident's acute illness, serious accident, or death. At a minimum, the director of nursing services, and the medical director or an attending physician must be involved in the development of these policies. The policies must have criteria which address at least the appropriate notification times for: 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, for example, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications; C. a need to alter treatment significantly, for example, a need to discontinue an existing form of treatment due to adverse consequences, or to begin a new form of treatment; D. a decision to transfer or discharge the	2 265		8/16/23

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2 265	Continued From page 3 resident from the nursing home; or E. expected and unexpected resident deaths. This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure the responsible party (emergency contact) was notified in a timely manner for significant weight loss and an overall decline in condition for 1 of 1 residents (R1) reviewed for quality of care. Findings include: R1's significant change Minimum Data Set (MDS) dated 4/04/23, indicated R1 had malnutrition, anxiety and depression. The MDS further indicated R1 was moderately cognitively impaired, had a 5% or more weight loss, was not on a physician prescribed weight loss regimen and was not on parental/intravenous or tube feeding while a resident. R1's weight was documented on the MDS as 159 pounds (lbs). (13 lbs. less since last assessment, 21 days ago). R1's discharge assessment MDS dated 6/16/23, indicated no documentation of cognitive status or diagnosis, but indicated 5% or more weight loss to 10% in last 6 months, not on a physician prescribed weight loss program and was on an antidepressant. The documented weight on the discharge assessment was 137 lbs. (22 lbs. less since last assessment 73 days and 35 lbs since admission 89 days). R1's Care Plan dated 6/13/23, indicated R1 had nutritional problem with or potential nutritional problem related to inadequate oral intakes related	2 265	Corrected.	

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2 265	Continued From page 4 to poor appetite. In addition, the care plan indicated R1 was dependent on staff for meeting emotional, intellectual and social needs and to encourage ongoing family involvement, invite the resident's family to attend special events, activities and meals. Occupational Therapy Plan of Care dated 3/27/23, indicated she received a Saint Louis University Mental Status Examination (SLUM) test screens for Alzheimer's and dementia where R1 scored 16/30 which indicates she had dementia. During interview on 7/11/23 at 6:44 p.m., family member (FM)-A stated R1 had passed away at the hospital this past Saturday. FM-A stated she lived out of state, and she received a phone call from FM-A on 6/16/23, informing her R1 was not eating and had lost over 30 pounds in the last three months. FM-A stated she called the facility and spoke to registered nurse (RN)-B and was informed the physician was there yesterday and ordered labs and at that point FM-A stated she demanded R1 be sent to the hospital immediately. FM-A stated she went to the hospital and found out R1's liver function test were extremely high (normal was 30 and R1's was over 1000). FM-A confirmed 6/16/23 was the first time she heard about R1's weight loss and felt the facility should have informed her sooner since she was the emergency contact. FM-A stated when R1 moved from second floor to third floor in May 2023, the social worker did offer to have a care conference and FM-A indicated she had asked if there was a need to have one and the social worker told her no. FM-A stated, "if they would have told me [R1] had significant weight loss I would have wanted one." Adding, "I am in shock, I thought she was in a safe place."	2 265		

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2 265	Continued From page 5 During interview on 7/11/23 at 7:48 p.m., with FM-B stated there was a care conference after R1 returned from her last hospitalization on 6/26/23, and she had lost an enormous amount of weight and felt the physician didn't seem concerned about it. FM-B stated R1 was her own decision maker but felt she was so debilitated and metabolically deranged and weak she couldn't make decisions at that point and feels the facility should have notified FM-A of R1's weight loss way sooner so she could have stepped in. During interview on 7/12/23 at 11:33 a.m. registered nurse (RN)-A stated she was the nurse manager for R1 and confirmed R1 had poor intake and did not like the facility food. RN-A stated the physician made medication adjustments and added a stimulant for her appetite, and the registered dietician was trying different supplements, but she would also refuse those. RN-A stated she was not sure if FM-A was aware of how much weight R1 lost. RN-A stated they inform the family of her falls but there was not policy in place for notification of weight loss and it might be a good idea. During interview on 7/12/23 at 3:00 p.m., director of social services (DSS)-A stated R1 moved to 3rd floor on 5/03/23, and a care conference was offered to FM-A and she declined and did not have any concerns. DSS-A stated she did not inform FM-A of R1's significant weight loss and thought maybe the registered dietician (RD) did. In addition, the DSS-A stated the resident had refused her neurology appointment, but she makes her own decisions regarding medical treatments and appointments as FM-A did not have POA (Power of Attorney).	2 265		

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2 265	Continued From page 6 During interview on 7/13/23 at 2:45 p.m., RN-B stated she called FM-A on 6/16/23 and informed her R1 was not eating and the physician's new orders for medication to boost her appetite; it was at that time when FM-A instructed the facility to send R1 immediately to the hospital and we called the physician and sent R1 to the hospital. During interview on 7/13/23 at 10:46 a.m. facility administrator stated from the time R1 was admitted to the facility she was her own decision maker and was assessed as capable of making her own decisions. In addition, the administrator stated the resident was very aware of her own weight loss. In addition, the administrator stated there was a time when she fell and asked us not to notify FM-A, although could not find any documentation on it. Change in Condition Policy and Procedure revised 5/4/22, indicated ECH and the Gardens shall promptly notify the elder, his/her attending MD and the elders' power of attorney, substitute decision maker, or other person as indicated by the resident of changes in the resident's condition. Unless otherwise instructed by a competent elder, the nurse will notify the elders' power of attorney, substitute decision maker, or other person as indicated by the resident: There is significant change in the elder's physical/emotional/mental condition. SUGGESTED METHOD OF CORRECTION: The administrator, director of nursing (DON), or designee could develop and implement measure to ensure timely notification to the Family/Emergency Contact. The facility could update policies and procedures, educate staff on these changes, and audit periodically to ensure the needs of resident(s) are maintained. The	2 265		

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2 265	Continued From page 7 facility should perform measurable audits and report the findings of those audits to the Quality Assessment and Performance Improvement (QAPI) committee to ensure compliance and determine the need for further improvement. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	2 265		