Electronically delivered
September 22, 2022

Administrator
Lb Broen Home
824 South Sheridan
Fergus Falls, MN 56537

RE: CCN: 245453
Cycle Start Date: September 7, 2022

Dear Administrator:

On September 7, 2022, 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 immediate jeopardy (Level J), as evidenced by the electronically delivered CMS-2567, whereby corrections are not required.

The Statement of Deficiencies (CMS-2567) is being electronically delivered. Because corrective action was taken prior to the survey, past non-compliance does not require a plan of correction (POC).

REMOVAL OF IMMEDIATE JEOPARDY

On September 5, 2022, the situation of immediate jeopardy to potential health and safety cited at F803 was removed.

REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy listed below to the CMS Region V Office forimposition: You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

- Civil money penalty, (42 CFR 488.430 through 488.444).

NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than $11,292; has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

Therefore, your agency is prohibited from offering or conducting a Nurse Assistant Training/Competency Evaluation Programs or Competency Evaluation Programs for two years effective September 7, 2022. This prohibition is not subject to appeal. Under Public Law 105-15 (H.R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

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

DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by a "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

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:

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
	245453	A. BUILDING _____ B. WING _____	C 09/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LB BROEN HOME	824 SOUTH SHERIDAN FERGUS FALLS, MN 56537

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS On 9/6/22 - 9/7/22, a standard abbreviated survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities. The following complaint was SUBSTANTIATED at (F803) for PAST NON-COMPLIANCE. H54534458C (MN86424). The IJ began on 8/31/22, at 12:39 p.m. when facility staff observed R1 choking in a common area of the facility while eating unsupervised. The administrator and director of nursing were notified of the IJ on 8/7/22, at 3:00 p.m. The facility had implemented immediate corrective action on 9/5/22, prior to the start to the survey so the deficiency was issued at past non-compliance. Although the provider had implemented corrective action prior to survey, immediate jeopardy was sustained prior to the correction. No plan of correction is required for a finding of past non-compliance; however, the facility must acknowledge receipt of the electronic documents.	F 000	Past noncompliance: no plan of correction required.	
F 803 SS=J	Menus Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7) §483.60(c) Menus and nutritional adequacy. Menus must- §483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.; §483.60(c)(2) Be prepared in advance;	F 803		

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

Electronically Signed

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F 803	Continued From page 1 §483.60(c)(3) Be followed; §483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups; §483.60(c)(5) Be updated periodically; §483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and §483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure the appropriate diet was served for 1 of 3 residents (R1) and failed to adequately supervise R1 who was at risk for choking. This resulted in immediate jeopardy (IJ) for R1 who was served the incorrect diet and left unsupervised during a meal resulting in R1 choking and requiring the Heimlich maneuver. The facility had implemented corrective action prior to the start of the survey, therefore the deficient practice is being issued at past non-compliance. The IJ began on 8/31/22, at 12:39 p.m. when facility staff observed R1 choking in a common area of the facility while eating unsupervised. The administrator and director of nursing were notified of the IJ on 8/7/22, at 3:00 p.m. The facility had implemented immediate corrective action on	F 803	Past noncompliance: no plan of correction required.	

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F 803	Continued From page 2 9/5/22, prior to the start to the survey so the deficiency was issued at past non-compliance. R1's Speech Therapist- Therapy Progress and Discharge Summary dated 10/7/22, indicted R1 was tolerating regular diet with chopped meats and identified an aspiration risk. The summary directed staff to assist and supervise and indicated R1 was to remain on a regular diet with chopped meats, up to chair for meals, supervision, and eat only when awake and alert. R1's quarterly Minimum Data Set dated 5/26/22, indicated he was severely cognitively impaired and required staff supervision while eating. R1's care plan dated 6/2/22, identified a self care deficit and indicated R1 was able to feed himself independently, after set up assistance and required supervision & prompting from staff to continue eating. A report to the state agency (SA) dated 8/31/22, indicated R1 was eating in the dayroom due to periodic agitation in dining room and was left was unattended. The report indicated R1 had a history of a choking episode in the past year. R1 was observed by an activities staff member to be choking. First abdominal thrusts were unsuccessful, a second Nursing Assistant (NA) attempted and resident coughed up food. It was noted that his turkey was not chopped as directed on the meal ticket. During interview on 9/7/22, at 11:12 a.m. dietary aide (DA)-A stated he served R1 the meal on 8/31/22. DA-A stated he gave R1 a piece of regular turkey and R1 choked on it. DA-A stated he felt the dietary slip was clear enough but said he had not looked at the slip before serving and	F 803		

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F 803	Continued From page 3 gave R1 the wrong diet texture. On 9/7/22, at 11:21 a.m. NA-A stated she was working on 8/31/22, when R1 choked on his food but did not witness it because she was in the dining room and R1 was in the day room. NA-A stated she did not know who served R1 his food but stated they should have known his diet was not correct. NA-A indicated retraining had been completed on diets and supervision. On 9/7/22, at 11:34 a.m. licensed practical nurse (LPN)-A stated she had been on her lunch break when R1 choked on his food. LPN-A stated R1 required monitoring during meals and said someone should have had "eyes on him" the whole time he was eating. LPN-A stated staff should have known R1 needed to be monitored. On 9/7/22, at 11:45 a.m. NA-B stated she was in the dining room assisting another resident when R1 choked on his meal. NA-B stated activity aide (AA)-A came to the dining room and requested help because R1 was choking. NA-B stated she went to the day room and asked R1 if he was choking and he was unable to answer so she performed the Heimlich maneuver. NA-B stated R1 required supervision at all times during meals due to a previous choking incident and said that was when R1's diet had been changed. On 9/7/22, at 12:01 p.m. AA-A stated the day R1 was choking on his meal, she had walked by and noticed he was not making any noise and was trying to catch his breath. AA-A stated she attempted the Heimlich maneuver but was not successful so she went to the dining room and got NA-B to assist. AA-A stated at that time she had not been aware R1 needed supervision	F 803		

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F 803	Continued From page 4 during dining but had since been retrained. On 9/7/22, at 12:44 p.m. the DON stated R1 had been given the incorrect diet on 8/31/22, which resulted in him choking. The DON stated R1 ate in the day room and not the dining room due to agitation and behaviors. The DON stated there was no one in the day room monitoring R1 and said there should have been someone in there. The DON stated prior to the incident the NA worksheets did not address monitoring during meals. The past noncompliance immediate jeopardy began on 8/31/22. The immediate jeopardy was removed, and the deficient practice corrected by 9/5/22, after the facility implemented a systemic plan that included the following actions, which were all verified by interview and record review on 9/7/22. -R1's care plan was updated 8/31/22, to include risk for choking related to dementia and directed staff to monitor for choking with all meals. R1's dietary order was clarified to specify meat to be minced and moist. Treatment administration Record was updated to include nurse sign off each meal that R1 received supervision. -Education provided to DA-A and all dietary staff to make sure consistency of food is correct when served. Dining room seating chart and adaptive equipment charts updated to include who needed monitoring and/or assistance and dietary staff educated not to serve food to those residents unless nursing staff was present. Food service and dining audits were implemented. All resident received a Risk for Eating and	F 803		

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F 803	Continued From page 5 Drinking Assessment that will be conducted quarterly to reassess need for monitoring. For new admissions, assessments to be conducted on admission and quarterly. -Nursing assistant worksheets were updated to include if residents required supervision to eat. -Education provided to nursing staff to monitor R1 during all meals and to ensure meat is moist and minced. Other education for nursing department included training videos related to diets. Audits and competencies were implemented. Competency checklist was updated to include: staff can verify correct meal delivered to residents, identify where to locate if a resident can eat unsupervised, needs cuing, monitoring or close supervision. Facility policy titled Nursing Department Resident Care Communication System dated July 2022, indicated all nursing department staff are responsible for completing cares per the care plan.	F 803		

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
September 22, 2022

Administrator
Lb Broen Home
824 South Sheridan
Fergus Falls, MN 56537

Re: Event ID: 837I11

Dear Administrator:

The above facility survey was completed on September 7, 2022 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

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

Please feel free to call me with any questions.

Sincerely,

Melissa Poepping, 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
	00862	A. BUILDING: _____ B. WING _____	C 09/07/2022

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2 000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 9/6/22 - 9/7/22, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found IN compliance with the MN State Licensure. The following complaint was found to be	2 000		

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2 000	Continued From page 1 SUBSTANTIATED: H54534458C (MN86424). , however NO licensing orders were issued. Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.	2 000		