



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
November 2, 2023

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

RE: CCN: 245453
Cycle Start Date: September 5, 2023

Dear Administrator:

On September 29, 2023, we notified you a remedy was imposed. On October 24, 2023 the Minnesota Department(s) of Health and Public Safety 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 October 19, 2023.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective December 5, 2023 did not go into effect. (42 CFR 488.417 (b))

In our letter of September 29, 2023, 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 was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from December 5, 2023 due to denial of payment for new admissions. Since your facility attained substantial compliance on October 19, 2023, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, 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 remedies.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in cursive script that reads 'Sarah Lane'.

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697
Email: sarah.lane@state.mn.us

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

PRINTED: 09/27/2023
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245453 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 09/05/2023 |
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|--|--|
| NAME OF PROVIDER OR SUPPLIER LB BROEN HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 824 SOUTH SHERIDAN STREET FERGUS FALLS, MN 56537 |
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| F 000 | <p>INITIAL COMMENTS</p> <p>On 9/5/23, 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.</p> <p>The following complaints were reviewed. H54535082C (MN00096436 and MN00096481) H54535092C (MN00096280) H54535242C (MN00090990)</p> <p>As a result of the investigation, F609 and F610 were cited.</p> <p>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.</p> <p>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.</p> | F 000 | | |
| F 609 SS=D | <p>Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4)</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property,</p> | F 609 | | 10/10/23 |

| | | |
|---|-------|--------------------------------|
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed | TITLE | (X6) DATE 09/27/2023 |
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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 609 | <p>Continued From page 1</p> <p>are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review, the facility failed to immediately report, no later than 2 hours, an allegation of abuse to the State Agency (SA) for 1 of 3 residents (R2) reviewed for abuse.</p> <p>Findings include:</p> <p>R2's quarterly Minimum Data Set (MDS) dated 7/13/23, identified R2 had moderate cognitive impairments and had diagnosis which included hypertension (elevated blood pressure), depression and bipolar. Indicated R2 required extensive assistance with activities of daily living (ADL's) which included bed mobility, transfers and toileting.</p> <p>R2's care plan dated 5/10/21, revealed R2 was</p> | F 609 | <p>The facility failed to immediately report an allegation of abuse reported by R2 within the required 2-hour timeframe. All Facility Vulnerable Adult Incident Reporters (facility RNs and LPNs with Charge Nurse training, the Director of Social Services, and the Administrator) will be re-educated on the importance of reporting allegations of maltreatment within the regulatory timeframes established in 483.12(c)(4). RN-A had resigned her position, prior to the allegation being made, and is no longer working in the facility.</p> <p>All residents at Broen Home are Vulnerable Adults, as such, all residents</p> | |

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| F 609 | <p>Continued From page 2</p> <p>vulnerable related to placement in a nursing home. Care plan stated any employee who observed an interaction that placed any resident at risk for abuse would record it in the resident's progress notes under a behavior note and staff would also notify a charge nurse to follow up.</p> <p>The facility State Agency (SA) report dated 8/22/23, identified a lady or man came into her room and slapped her on the arm, lip, or eye. The report indicated the incident occurred at 11:50 p.m. on 8/21/23.</p> <p>During an interview on 9/5/23 at 10:13 a.m., nursing assistant (NA)-A stated shortly before midnight on 8/22/23, NA-A entered R2's room to change her incontinent product. NA-A stated while she was in the room, R2 said "you hit me". NA-A indicated she immediately left R2's room and informed the trained medication aide (TMA) what R2 had stated.</p> <p>During an interview on 9/5/23 at 12:49 p.m., TMA indicated on 8/22/23 around midnight NA-A answered R2's call light and exited R2's room about five minutes later. When NA-A exited R2's room NA-A stated R2 said NA-A had hit her. TMA-A stated a few minutes later R2 placed her call light on again and TMA-A answered the call light and R2 reported to TMA-A that NA-A had slapped her on the face a few minutes ago. TMA-A stated she immediately exited the room and informed the charge nurse about the allegation of abuse.</p> <p>During an interview on 9/5/23 at 12:58 p.m., registered nurse (RN)-A stated around midnight on 8/22/23, TMA-A informed her R2 stated NA-A had hit her. RN-A stated she did not believe the</p> | F 609 | <p>making an allegation of mistreatment have the potential to be affected by this deficient practice.</p> <p>All Vulnerable Adult Incident Reporters will be re-educated on the definitions of abuse, neglect, exploitation, or mistreatment and the required reporting timeframes for each. Form # LBCorp 8041-17, Vulnerable Adult Reporting and Reporting of Maltreatment of Minors Employee Handbook Education has been updated to further define Alleged Violation, and Reporting of Alleged Violations definitions. This form, included in the Employee Handbook, and education regarding Vulnerable Adult reporting requirements is given to all newly hired employees and to all Broen Home employees annually. Policy and Procedure, Vulnerable Adult Act/Abuse Prevention Plans, was updated to include statute numbers and removed outdated regulatory resources. Nursing Care Audit, Vulnerable Adult Reporting Requirements, form # 1321-19, has been updated to more clearly identify the removal of the alleged perpetrator immediately when the allegation is made. Nursing Care Audit, Vulnerable Adult: Recognizing and Reporting Abuse, Neglect, Exploitation, or Mistreatment, form #BH1329-20, did not require content updates.</p> <p>Re-education will be provided to all Facility Vulnerable Adult Incident Reporters on 09.26.2023 and included: 1) Identifying allegations of mistreatment with emphasis on the definition of abuse,</p> | |

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| F 609 | <p>Continued From page 3</p> <p>allegation of abuse needed to be reported to the SA since R2 had a history of making accusations against staff who were a different race from her.</p> <p>During an interview on 9/5/23 at 1:33 p.m., RN-B stated on 8/22/23 at 10:45 a.m., R2 informed her NA-A had slapped her on the eye, lip, and her arm. RN-B indicated she immediately reported the allegation of abuse to the administrator.</p> <p>During an interview on 9/5/23 at 2:03 p.m., director of nursing (DON) stated she worked the night shift on 8/22/23. DON indicated she had not been informed of the allegation of abuse that night and stated she became aware of the allegation later that day. DON was unsure why the allegation of abuse had not been reported to her or to the SA within two hours. DON stated her expectation was all allegations of abuse would have been reported immediately but no more than two hours to the SA.</p> <p>During an interview of 9/6/23 at 10:40 a.m., administrator stated RN-B had notified her of the allegation of abuse on 8/22/23 at 10:50 a.m. Administrator stated she reported the allegation of abuse to the SA as soon as she became aware of it. Administrator verified the allegation of abuse had not been reported within two hours to the SA and stated her expectation was any allegation of abuse would have been reported immediately but no more than two hours to the SA.</p> <p>A facility policy titled Vulnerable Adult Act (VA): Reporting, Internal and External-1065-95 Notification to Internal Concerning External Reporting of Suspected Maltreatment dated 10/2019, revealed all alleged violations involving abuse, neglect, exploitation or mistreatment</p> | F 609 | <p>2) required timelines for reporting allegations with emphasis on the reporting of allegations of abuse no later than 2 hours after the allegation is made, and 3) education on reporting all allegations including those made by residents who have a history of similar unsubstantiated allegations as identified on the Care Plan. Vulnerable Adult Audits as described above were reviewed in detail. All Broen Home Employees have been assigned two Educare webinars: 1) Abuse Prevention and Residents Rights, and 2) Vulnerable Adult <input type="checkbox"/> SNF <input type="checkbox"/> MN, for completion by 10.10.2023.</p> <p>The Vulnerable Adult Reporting Requirements, Nursing Care Audit, form # 1321-19 and the Vulnerable Adult: Recognizing and Reporting Abuse, Neglect, Exploitation, or Mistreatment Audit, form # 1329-20 will be completed on each shift, on each unit, weekly x 4 weeks and then quarterly ongoing. The DON will monitor audit findings and assure prompt follow-up of concerns identified. Audit findings are an agenda item reported to the Resident Care and Customer Relations Committee, a sub-committee of the Quality Assessment and Assurance Committee and QAPI.</p> <p>10.10.2023 and ongoing.</p> | |

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| F 609 | Continued From page 4 including injuries of unknown source and misappropriation of resident property, were to be reported immediately, but no more than two hours after the allegation was made to the State Survey Agency. | F 609 | | |

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| F 609 | Continued From page 5 | F 609 | | |
| F 610 SS=D | / Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the | F 610 | | 10/10/23 |

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| F 610 | <p>Continued From page 6</p> <p>incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review, the facility failed to ensure a thorough investigation of an allegation of potential abuse was completed for 1 of 3 residents (R1) reviewed for abuse. In addition, the facility failed to protect residents after an allegation of abuse occurred by allowing the alleged perpetrator (AP) to continue to have access to other vulnerable adults for 1 of 3 residents (R2) reviewed for abuse.</p> <p>Findings include:</p> <p>R1</p> <p>R1's annual Minimum Data set (MDS) dated 8/24/23, indicated R1 had moderately impaired cognition and had diagnoses which included heart failure, renal insufficiency and non Alzheimers dementia. Indicated R1 required staff supervision with activities of daily living which included bed mobility and transfers and required extensive staff assistance with toileting.</p> <p>R1's care plan revised 8/18/23, revealed R1 was vulnerable related to placement in a nursing home with a goal that R1 would not experience any abuse.</p> <p>The facility report to the State Agency (SA) dated 8/27/23 at 6:49 p.m., indicated R1 reported he had increased back pain when placed in a certain position by nursing assistant (NA)-B.</p> <p>The facility five day SA report dated 8/31/23 at 5:21 p.m., lacked evidence the facility interviewed</p> | F 610 | <p>The facility failed to ensure a thorough investigation for an allegation of potential abuse for R1 and failed to protect residents after an allegation of abuse by allowing the alleged perpetrator to continue to have access to residents for R2. All Facility Vulnerable Adult Reporters (facility RNs, LPNs with Charge Nurse training, the Director of Social Services, and the Administrator) will be re-educated on the importance of completing a thorough investigation of each vulnerable adult report filed, and the importance of protecting all residents from alleged perpetrators while the investigation is in progress. NA-B had resigned her position, prior to the allegation being made, and is no longer working in the facility.</p> <p>All resident(s) at Broen Home are Vulnerable Adults, as such, all residents making an allegation of mistreatment have the potential to be affected by this deficient practice.</p> <p>All Vulnerable Adult Reporters will be re-educated on the importance of completing a thorough investigation of each Vulnerable Adult report filed including interviews with staff and residents not directly involved in the allegation. The Vulnerable Adult Act: Internal Investigation Record, form #5014-02 has been updated to include direction</p> | |

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| F 610 | <p>Continued From page 7</p> <p>other residents regarding potential abuse from NA-B.</p> <p>During an interview on 9/5/23 at 2:03 p.m., director of nursing DON indicated she had assisted in completing the facility's internal investigation for the abuse allegation for R1. DON stated she had not interviewed any other residents to determine if there had been other potential abuse concerns with NA-B. DON indicated she did not feel it was necessary since she had just spoke with several residents the prior week regarding a separate allegation for another resident. DON stated interviewing other residents who resided in the facility would have been important to ensure there were no further concerns of potential abuse from NA-B.</p> <p>During an interview on 9/5/23 at 2:07 p.m., administrator indicated she had assisted in completing the facility's internal investigation for the abuse allegation for R1. Administrator verified no other residents had been interviewed regarding R1's allegation of abuse. Administrator stated it would have been important to interview other residents to ensure there were no further concerns of potential abuse from NA-B.</p> <p>R2</p> <p>R2's quarterly Minimum Data Set (MDS) dated 7/13/23, identified R2 had moderate cognitive impairment and had diagnosis which included hypertension (elevated blood pressure), depression and bipolar. MDS indicated R2 required extensive assistance with activities of daily living (ADL's) which included bed mobility, transfers and toileting.</p> | F 610 | <p>to conduct and record interviews with parties not directly involved including other residents on the unit, and staff not working at the time of the alleged incident to gain additional information related to others who may be affected by the alleged perpetrator. Broen Home's Adverse Event Report (Resident) form # 1008-92 has been updated to include an additional question <input type="checkbox"/> Has the alleged perpetrator been removed from direct resident care? Yes or No. All Vulnerable Adult Reporters will be re-educated on the importance of removing the alleged perpetrator from contact with all residents while the investigation is being completed to prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress as defined at 483.12(c)(3). Nursing Care Audit, Vulnerable Adult Reporting Requirements, form # 1321-19, has been updated to more clearly identify the removal of the alleged perpetrator immediately when the allegation is made. Nursing Care Audit, Vulnerable Adult: Recognizing and Reporting Abuse, Neglect, Exploitation, or Mistreatment, form #BH1329-20, did not require content updates.</p> <p>Re-education will be provided to all Facility Vulnerable Adult Incident Reporters and those who participate in completion of the internal Investigations on 09/26/2023 and included: 1) A review of requirements for investigation with emphasis on completing interviews with residents not directly involved in the allegation, and 2) immediate removal of</p> | |

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| F 610 | <p>Continued From page 8</p> <p>R2's care plan dated 5/10/21, revealed R2 was vulnerable related to placement in a nursing home. Care plan stated any employee who observed an interaction that placed any resident at risk for abuse would record it in the resident's progress notes under a behavior note and staff would also notify a charge nurse to follow up.</p> <p>The facility State Agency (SA) report dated 8/22/23, identified a lady or man entered her room and slapped her on the arm, lip, or eye. The report identified the incident occurred at 11:50 p.m. on 8/21/23.</p> <p>The facility five day SA report dated 8/24/23 at 1:00 p.m., identified through investigation the incident was unsubstantiated and nursing assistant (NA)-A had been removed from the schedule until the investigation was completed.</p> <p>During an interview on 9/5/23 at 10:13 a.m., nursing assistant (NA)-A stated shortly before midnight on 8/22/23, NA-A entered R2's room to change her incontinent product. NA-A stated while she was in the room, R2 said "you hit me". NA-A indicated she immediately left R2's room and informed the trained medication aide (TMA) what R2 had stated. NA-A stated she was asked not to work with R2 anymore that night however, she was allowed to continue working with other residents until 7:00 a.m. the next morning when her shift ended.</p> <p>During an interview on 9/5/23 at 12:58 p.m., registered nurse (RN)-A stated around midnight on 8/22/23, TMA-A informed her R2 reported NA-A had hit her. RN-A stated she had asked NA-A to stay out of R2's room the rest of the night. RN-A verified NA-A was allowed to</p> | F 610 | <p>the alleged perpetrator(s) from contact with all residents to prevent further potential abuse. All Broen Home Employees have been assigned two Educare webinars: 1) Abuse Prevention and Residents Rights, and 2) Vulnerable Adult <input type="checkbox"/> SNF <input type="checkbox"/> MN, for completion by 10.10.2023.</p> <p>The Vulnerable Adult Reporting Requirements, Nursing Care Audit, form # 1321-19 and the Vulnerable Adult: Recognizing and Reporting Abuse, Neglect, Exploitation, or Mistreatment Audit, form # 1329-20 will be completed on each shift, on each unit, weekly x 4 weeks and then quarterly ongoing. The DON will monitor audit findings and ensure prompt follow-up of concerns identified. Audit findings are an agenda item reported to the Resident Care and Customer Relations Committee, a sub-committee of the Quality Assessment and Assurance Committee and QAPI.</p> <p>10.10.2023 and ongoing.</p> | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245453 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 09/05/2023 |
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| NAME OF PROVIDER OR SUPPLIER LB BROEN HOME | | STREET ADDRESS, CITY, STATE, ZIP CODE 824 SOUTH SHERIDAN STREET FERGUS FALLS, MN 56537 | | |
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| F 610 | <p>Continued From page 9</p> <p>independently continue working with other residents for about seven more hours after the allegation of abuse had been made.</p> <p>During an interview on 9/5/23 at 2:03 p.m., director of nursing DON verified on 8/22/23, NA-A had been allowed to continue to work and had access to other residents for approximately seven hours after the allegation of abuse had been reported. DON stated her expectation would have been NA-A would have been removed from the schedule immediately following the allegation of abuse.</p> <p>During an interview on 9/5/23 at 2:07 p.m. administrator verified NA-A had been allowed to continue to work and had access to other residents for approximately seven hours after the allegation of abuse had been reported. Administrator stated her expectation was NA-A would have been removed from the schedule immediately following the allegation of abuse while the investigation was being completed.</p> <p>A facility policy titled Vulnerable Adult Act (VA): Reporting, Internal and External-1065-95 Notification to Internal Concerning External Reporting of Suspected Maltreatment dated 10/2019, revealed the facility would thoroughly investigate all alleged violations and prevent further potential abuse while the investigation was in progress.</p> | F 610 | | |

Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00862 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 09/05/2023 |
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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 9/5/23, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was IN compliance with the MN State Licensure.</p> <p>The following complaints were reviewed during the survey.</p> | 2 000 | | |
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| Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed | TITLE | (X6) DATE 09/27/23 |
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Minnesota Department of Health

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| 2 000 | <p>Continued From page 1</p> <p>H54535082C (MN00096436 and MN00096481) H54535092C (MN00096280) H54535242C (MN00090990)</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software.</p> <p>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</p> | 2 000 | | |

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| F 000 | <p>INITIAL COMMENTS</p> <p>On 9/5/23, 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.</p> <p>The following complaints were reviewed. H54535082C (MN00096436 and MN00096481) H54535092C (MN00096280) H54535242C (MN00090990)</p> <p>As a result of the investigation, F609 and F610 were cited.</p> <p>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.</p> <p>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.</p> | F 000 | | |
| F 609 SS=D | <p>Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4)</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property,</p> | F 609 | | 10/10/23 |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed | TITLE | (X6) DATE 09/27/2023 |
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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 609 | <p>Continued From page 1</p> <p>are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review, the facility failed to immediately report, no later than 2 hours, an allegation of abuse to the State Agency (SA) for 1 of 3 residents (R2) reviewed for abuse.</p> <p>Findings include:</p> <p>R2's quarterly Minimum Data Set (MDS) dated 7/13/23, identified R2 had moderate cognitive impairments and had diagnosis which included hypertension (elevated blood pressure), depression and bipolar. Indicated R2 required extensive assistance with activities of daily living (ADL's) which included bed mobility, transfers and toileting.</p> <p>R2's care plan dated 5/10/21, revealed R2 was</p> | F 609 | <p>The facility failed to immediately report an allegation of abuse reported by R2 within the required 2-hour timeframe. All Facility Vulnerable Adult Incident Reporters (facility RN's and LPN's with Charge Nurse training, the Director of Social Services, and the Administrator) will be re-educated on the importance of reporting allegations of maltreatment within the regulatory timeframes established in 483.12(c)(4). RN-A had resigned her position, prior to the allegation being made, and is no longer working in the facility.</p> <p>All residents at Broen Home are Vulnerable Adults, as such, all residents</p> | |

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| F 609 | <p>Continued From page 2</p> <p>vulnerable related to placement in a nursing home. Care plan stated any employee who observed an interaction that placed any resident at risk for abuse would record it in the resident's progress notes under a behavior note and staff would also notify a charge nurse to follow up.</p> <p>The facility State Agency (SA) report dated 8/22/23, identified a lady or man came into her room and slapped her on the arm, lip, or eye. The report indicated the incident occurred at 11:50 p.m. on 8/21/23.</p> <p>During an interview on 9/5/23 at 10:13 a.m., nursing assistant (NA)-A stated shortly before midnight on 8/22/23, NA-A entered R2's room to change her incontinent product. NA-A stated while she was in the room, R2 said "you hit me". NA-A indicated she immediately left R2's room and informed the trained medication aide (TMA) what R2 had stated.</p> <p>During an interview on 9/5/23 at 12:49 p.m., TMA indicated on 8/22/23 around midnight NA-A answered R2's call light and exited R2's room about five minutes later. When NA-A exited R2's room NA-A stated R2 said NA-A had hit her. TMA-A stated a few minutes later R2 placed her call light on again and TMA-A answered the call light and R2 reported to TMA-A that NA-A had slapped her on the face a few minutes ago. TMA-A stated she immediately exited the room and informed the charge nurse about the allegation of abuse.</p> <p>During an interview on 9/5/23 at 12:58 p.m., registered nurse (RN)-A stated around midnight on 8/22/23, TMA-A informed her R2 stated NA-A had hit her. RN-A stated she did not believe the</p> | F 609 | <p>making an allegation of mistreatment have the potential to be affected by this deficient practice.</p> <p>All Vulnerable Adult Incident Reporters will be re-educated on the definitions of abuse, neglect, exploitation, or mistreatment and the required reporting timeframes for each. Form # LBCorp 8041-17, Vulnerable Adult Reporting and Reporting of Maltreatment of Minors Employee Handbook Education has been updated to further define Alleged Violation, and Reporting of Alleged Violations definitions. This form, included in the Employee Handbook, and education regarding Vulnerable Adult reporting requirements is given to all newly hired employees and to all Broen Home employees annually. Policy and Procedure, Vulnerable Adult Act/Abuse Prevention Plans, was updated to include statute numbers and removed outdated regulatory resources. Nursing Care Audit, Vulnerable Adult Reporting Requirements, form # 1321-19, has been updated to more clearly identify the removal of the alleged perpetrator immediately when the allegation is made. Nursing Care Audit, Vulnerable Adult: Recognizing and Reporting Abuse, Neglect, Exploitation, or Mistreatment, form #BH1329-20, did not require content updates. Re-education will be provided to all Facility Vulnerable Adult Incident Reporters on 09.26.2023 and included: 1) Identifying allegations of mistreatment with emphasis on the definition of abuse,</p> | |

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| F 609 | <p>Continued From page 3</p> <p>allegation of abuse needed to be reported to the SA since R2 had a history of making accusations against staff who were a different race from her.</p> <p>During an interview on 9/5/23 at 1:33 p.m., RN-B stated on 8/22/23 at 10:45 a.m., R2 informed her NA-A had slapped her on the eye, lip, and her arm. RN-B indicated she immediately reported the allegation of abuse to the administrator.</p> <p>During an interview on 9/5/23 at 2:03 p.m., director of nursing (DON) stated she worked the night shift on 8/22/23. DON indicated she had not been informed of the allegation of abuse that night and stated she became aware of the allegation later that day. DON was unsure why the allegation of abuse had not been reported to her or to the SA within two hours. DON stated her expectation was all allegations of abuse would have been reported immediately but no more than two hours to the SA.</p> <p>During an interview of 9/6/23 at 10:40 a.m., administrator stated RN-B had notified her of the allegation of abuse on 8/22/23 at 10:50 a.m. Administrator stated she reported the allegation of abuse to the SA as soon as she became aware of it. Administrator verified the allegation of abuse had not been reported within two hours to the SA and stated her expectation was any allegation of abuse would have been reported immediately but no more than two hours to the SA.</p> <p>A facility policy titled Vulnerable Adult Act (VA): Reporting, Internal and External-1065-95 Notification to Internal Concerning External Reporting of Suspected Maltreatment dated 10/2019, revealed all alleged violations involving abuse, neglect, exploitation or mistreatment</p> | F 609 | <p>2) required timelines for reporting allegations with emphasis on the reporting of allegations of abuse no later than 2 hours after the allegation is made, and 3) education on reporting all allegations including those made by residents who have a history of similar unsubstantiated allegations as identified on the Care Plan. Vulnerable Adult Audits as described above were reviewed in detail. All Broen Home Employees have been assigned two Educare webinars: 1) Abuse Prevention and Residents Rights, and 2) Vulnerable Adult <input type="checkbox"/> SNF <input type="checkbox"/> MN, for completion by 10.10.2023.</p> <p>The Vulnerable Adult Reporting Requirements, Nursing Care Audit, form # 1321-19 and the Vulnerable Adult: Recognizing and Reporting Abuse, Neglect, Exploitation, or Mistreatment Audit, form # 1329-20 will be completed on each shift, on each unit, weekly x 4 weeks and then quarterly ongoing. The DON will monitor audit findings and assure prompt follow-up of concerns identified. Audit findings are an agenda item reported to the Resident Care and Customer Relations Committee, a sub-committee of the Quality Assessment and Assurance Committee and QAPI.</p> <p>10.10.2023 and ongoing.</p> | |

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| F 609 | Continued From page 4 including injuries of unknown source and misappropriation of resident property, were to be reported immediately, but no more than two hours after the allegation was made to the State Survey Agency. | F 609 | | |

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| F 609 | Continued From page 5 | F 609 | | |
| F 610 SS=D | / Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the | F 610 | | 10/10/23 |

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| F 610 | <p>Continued From page 6</p> <p>incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review, the facility failed to ensure a thorough investigation of an allegation of potential abuse was completed for 1 of 3 residents (R1) reviewed for abuse. In addition, the facility failed to protect residents after an allegation of abuse occurred by allowing the alleged perpetrator (AP) to continue to have access to other vulnerable adults for 1 of 3 residents (R2) reviewed for abuse.</p> <p>Findings include:</p> <p>R1</p> <p>R1's annual Minimum Data set (MDS) dated 8/24/23, indicated R1 had moderately impaired cognition and had diagnoses which included heart failure, renal insufficiency and non Alzheimers dementia. Indicated R1 required staff supervision with activities of daily living which included bed mobility and transfers and required extensive staff assistance with toileting.</p> <p>R1's care plan revised 8/18/23, revealed R1 was vulnerable related to placement in a nursing home with a goal that R1 would not experience any abuse.</p> <p>The facility report to the State Agency (SA) dated 8/27/23 at 6:49 p.m., indicated R1 reported he had increased back pain when placed in a certain position by nursing assistant (NA)-B.</p> <p>The facility five day SA report dated 8/31/23 at 5:21 p.m., lacked evidence the facility interviewed</p> | F 610 | <p>The facility failed to ensure a thorough investigation for an allegation of potential abuse for R1 and failed to protect residents after an allegation of abuse by allowing the alleged perpetrator to continue to have access to residents for R2. All Facility Vulnerable Adult Reporters (facility RNs, LPNs with Charge Nurse training, the Director of Social Services, and the Administrator) will be re-educated on the importance of completing a thorough investigation of each vulnerable adult report filed, and the importance of protecting all residents from alleged perpetrators while the investigation is in progress. NA-B had resigned her position, prior to the allegation being made, and is no longer working in the facility.</p> <p>All resident□s at Broen Home are Vulnerable Adults, as such, all residents making an allegation of mistreatment have the potential to be affected by this deficient practice.</p> <p>All Vulnerable Adult Reporters will be re-educated on the importance of completing a thorough investigation of each Vulnerable Adult report filed including interviews with staff and residents not directly involved in the allegation. The Vulnerable Adult Act: Internal Investigation Record, form #5014-02 has been updated to include direction</p> | |

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| F 610 | <p>Continued From page 7</p> <p>other residents regarding potential abuse from NA-B.</p> <p>During an interview on 9/5/23 at 2:03 p.m., director of nursing DON indicated she had assisted in completing the facility's internal investigation for the abuse allegation for R1. DON stated she had not interviewed any other residents to determine if there had been other potential abuse concerns with NA-B. DON indicated she did not feel it was necessary since she had just spoke with several residents the prior week regarding a separate allegation for another resident. DON stated interviewing other residents who resided in the facility would have been important to ensure there were no further concerns of potential abuse from NA-B.</p> <p>During an interview on 9/5/23 at 2:07 p.m., administrator indicated she had assisted in completing the facility's internal investigation for the abuse allegation for R1. Administrator verified no other residents had been interviewed regarding R1's allegation of abuse. Administrator stated it would have been important to interview other residents to ensure there were no further concerns of potential abuse from NA-B.</p> <p>R2</p> <p>R2's quarterly Minimum Data Set (MDS) dated 7/13/23, identified R2 had moderate cognitive impairment and had diagnosis which included hypertension (elevated blood pressure), depression and bipolar. MDS indicated R2 required extensive assistance with activities of daily living (ADL's) which included bed mobility, transfers and toileting.</p> | F 610 | <p>to conduct and record interviews with parties not directly involved including other residents on the unit, and staff not working at the time of the alleged incident to gain additional information related to others who may be affected by the alleged perpetrator. Broen Home's Adverse Event Report (Resident) form # 1008-92 has been updated to include an additional question <input type="checkbox"/> Has the alleged perpetrator been removed from direct resident care? Yes or No. All Vulnerable Adult Reporters will be re-educated on the importance of removing the alleged perpetrator from contact with all residents while the investigation is being completed to prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress as defined at 483.12(c)(3). Nursing Care Audit, Vulnerable Adult Reporting Requirements, form # 1321-19, has been updated to more clearly identify the removal of the alleged perpetrator immediately when the allegation is made. Nursing Care Audit, Vulnerable Adult: Recognizing and Reporting Abuse, Neglect, Exploitation, or Mistreatment, form #BH1329-20, did not require content updates.</p> <p>Re-education will be provided to all Facility Vulnerable Adult Incident Reporters and those who participate in completion of the internal Investigations on 09/26/2023 and included: 1) A review of requirements for investigation with emphasis on completing interviews with residents not directly involved in the allegation, and 2) immediate removal of</p> | |

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

PRINTED: 09/27/2023
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245453 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 09/05/2023 |
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| NAME OF PROVIDER OR SUPPLIER LB BROEN HOME | | STREET ADDRESS, CITY, STATE, ZIP CODE 824 SOUTH SHERIDAN STREET FERGUS FALLS, MN 56537 | | |
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| F 610 | <p>Continued From page 8</p> <p>R2's care plan dated 5/10/21, revealed R2 was vulnerable related to placement in a nursing home. Care plan stated any employee who observed an interaction that placed any resident at risk for abuse would record it in the resident's progress notes under a behavior note and staff would also notify a charge nurse to follow up.</p> <p>The facility State Agency (SA) report dated 8/22/23, identified a lady or man entered her room and slapped her on the arm, lip, or eye. The report identified the incident occurred at 11:50 p.m. on 8/21/23.</p> <p>The facility five day SA report dated 8/24/23 at 1:00 p.m., identified through investigation the incident was unsubstantiated and nursing assistant (NA)-A had been removed from the schedule until the investigation was completed.</p> <p>During an interview on 9/5/23 at 10:13 a.m., nursing assistant (NA)-A stated shortly before midnight on 8/22/23, NA-A entered R2's room to change her incontinent product. NA-A stated while she was in the room, R2 said "you hit me". NA-A indicated she immediately left R2's room and informed the trained medication aide (TMA) what R2 had stated. NA-A stated she was asked not to work with R2 anymore that night however, she was allowed to continue working with other residents until 7:00 a.m. the next morning when her shift ended.</p> <p>During an interview on 9/5/23 at 12:58 p.m., registered nurse (RN)-A stated around midnight on 8/22/23, TMA-A informed her R2 reported NA-A had hit her. RN-A stated she had asked NA-A to stay out of R2's room the rest of the night. RN-A verified NA-A was allowed to</p> | F 610 | <p>the alleged perpetrator(s) from contact with all residents to prevent further potential abuse. All Broen Home Employees have been assigned two Educare webinars: 1) Abuse Prevention and Residents Rights, and 2) Vulnerable Adult <input type="checkbox"/> SNF <input type="checkbox"/> MN, for completion by 10.10.2023.</p> <p>The Vulnerable Adult Reporting Requirements, Nursing Care Audit, form # 1321-19 and the Vulnerable Adult: Recognizing and Reporting Abuse, Neglect, Exploitation, or Mistreatment Audit, form # 1329-20 will be completed on each shift, on each unit, weekly x 4 weeks and then quarterly ongoing. The DON will monitor audit findings and ensure prompt follow-up of concerns identified. Audit findings are an agenda item reported to the Resident Care and Customer Relations Committee, a sub-committee of the Quality Assessment and Assurance Committee and QAPI.</p> <p>10.10.2023 and ongoing.</p> | |

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| F 610 | <p>Continued From page 9</p> <p>independently continue working with other residents for about seven more hours after the allegation of abuse had been made.</p> <p>During an interview on 9/5/23 at 2:03 p.m., director of nursing DON verified on 8/22/23, NA-A had been allowed to continue to work and had access to other residents for approximately seven hours after the allegation of abuse had been reported. DON stated her expectation would have been NA-A would have been removed from the schedule immediately following the allegation of abuse.</p> <p>During an interview on 9/5/23 at 2:07 p.m. administrator verified NA-A had been allowed to continue to work and had access to other residents for approximately seven hours after the allegation of abuse had been reported. Administrator stated her expectation was NA-A would have been removed from the schedule immediately following the allegation of abuse while the investigation was being completed.</p> <p>A facility policy titled Vulnerable Adult Act (VA): Reporting, Internal and External-1065-95 Notification to Internal Concerning External Reporting of Suspected Maltreatment dated 10/2019, revealed the facility would thoroughly investigate all alleged violations and prevent further potential abuse while the investigation was in progress.</p> | F 610 | | | |

Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00862 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 09/05/2023 |
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| NAME OF PROVIDER OR SUPPLIER LB BROEN HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 824 SOUTH SHERIDAN STREET FERGUS FALLS, MN 56537 |
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| 2 000 | <p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">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 9/5/23, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was IN compliance with the MN State Licensure.</p> <p>The following complaints were reviewed during the survey.</p> | 2 000 | | |
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| Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed | TITLE | (X6) DATE 09/27/23 |
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Minnesota Department of Health

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| 2 000 | <p>Continued From page 1</p> <p>H54535082C (MN00096436 and MN00096481) H54535092C (MN00096280) H54535242C (MN00090990)</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software.</p> <p>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</p> | 2 000 | | |