P r o t e c t i n g , M a i n t a i n i n g a n d I m p r o v i n g t h e H e a l t h o f A l l M i n n e s o t a n s

Electronically delivered
May 13, 2021

Administrator
The Gardens At Winsted LLC
551 Fourth Street North
Winsted, MN 55395-0750

RE: CCN: 245459
Cycle Start Date: April 27, 2021

Dear Administrator:

On April 27, 2021, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety, 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 widespread deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level F), 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" tag) i.e., the plan of correction should be directed to:

Susie Haben, Unit Supervisor
St. Cloud B District Office
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 July 27, 2021 (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 October 27, 2021 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

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

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

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

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

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

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

Feel free to contact me if you have questions.

Sincerely,

Melissa Poepping, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64970
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
	245459	A. BUILDING ______ B. WING ______	C 04/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS AT WINSTED LLC	551 FOURTH STREET NORTH WINSTED, MN 55395

(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	F 000		

On 4/26/21 to 4/27/21, an abbreviated survey was completed at your facility to conduct complaint investigation(s). The Gardens at Winsted LLC was found not in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.

The following complaints were found to be substantiated:

H5459045C (MN66895); deficiency cited at F578.

The following complaints were found to be unsubstantiated with no deficiencies issued:

H5459043C (MN71896)
H5459044C (MN67554)
H5459046C (MN66614)
H5459047C (MN64155)
H5459048C (MN62562)

Further, as a result of the investigations, unrelated non-compliance was identified and cited at F867.

The facility is enrolled in ePOC and therefore a 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 the Department's acceptance. Upon receipt of an acceptable electronic POC, an on-site revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION	(X5) COMPLETION DATE
F 578 SS=D	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v)	F 578		4/28/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 05/21/2021

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245459	A. BUILDING ______ B. WING ______	C 04/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS AT WINSTED LLC	551 FOURTH STREET NORTH WINSTED, MN 55395

(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 578	Continued From page 1	F 578		

§483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.

§483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate.

§483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives).
(i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive.
(ii) This includes a written description of the facility's policies to implement advance directives and applicable State law.
(iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met.
(iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State Law.
(v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245459	A. BUILDING ______ B. WING ______	C 04/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS AT WINSTED LLC	551 FOURTH STREET NORTH WINSTED, MN 55395

(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 578	Continued From page 2 the information to the individual directly at the appropriate time. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure Physicians Orders for Life Sustaining Treatment (POLST) were clarified, adequately communicated to emergency response (EMS), and implemented as written for 1 of 1 resident (R3) reviewed who received cardio-pulmonary resuscitation (CPR) against their wishes. Findings include: R3's quarterly Minimum Data Set (MDS), dated 10/13/20, identified R3 had long and short-term memory impairment and required extensive assistance with activities of daily living (ADLs). R3's Clinical Resident Profile, printed 4/27/21, identified a heading along the top of R3's electronic medical record (EMR) which outlined, "Code Status: CODE STATUS: DNR [Do Not Resuscitate]." Further, R3's care plan, dated 3/30/20, identified R3 was a "DNR/DNI [do not intubate]" and directed, " Honor my POLST wishes," and, "Avoid calling 911, call [family names listed] instead ... if possible, do not transport to ER - If possible do not admit to the hospital from ER ..." R3's most recent POLST, signed 4/20/16, directed if R3 was not breathing or had no pulse as, "DNR/DO NOT ATTEMPT RESUSCITATION (Allow Natural Death)," with additional printed font reading, "An automatic external defibrillator (AED) should not be used for a patient who has chosen "Do Not Attempt Resuscitation." The POLST	F 578	R3 is no longer a resident at The Gardens at Winsted. Residents POLST's have been reviewed for accuracy with no changes. Staff education initiated on Monarch Healthcare Management's Cardiopulmonary Resuscitation policy specific to when CPR should be initiated and when not to initiate CPR, when to notify family/responsible party and dialogue with dispatch and/or EMS regarding residents specific POLST guidelines. Audits will be performed daily 7 days x 1 week on accuracy of POLST for new admission, then weekly x 4 weeks, monthly x 2 months, then PRN. Audits of staff quizzes for 5 staff members weekly x 4 weeks, monthly x 2 months, then PRN. The facility will conduct code drills monthly x 6 months and quarterly thereafter. The audit results will be reviewed by QAPI committee and changed in frequency and scope will be adjusted based on the results. Director of Nursing/Designee will be responsible.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245459	A. BUILDING ______ B. WING ______	C 04/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS AT WINSTED LLC	551 FOURTH STREET NORTH WINSTED, MN 55395

(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 578	Continued From page 3	F 578		

continued and directed to implement order(s) outlined in the subsequent section(s) if R3 was not in cardiopulmonary arrest. These orders included, "LIMIT INTERVENTIONS AND TREAT REVERSIBLE CONDITIONS," and explained these as, "Provide interventions aimed at treatment of new or reversible illness / injury or non-life threatening chronic conditions. Duration of invasive or uncomfortable interventions should generally be limited. (Transport to ER [emergency room] presumed)." This statement was concluded with a single checkmark placed next to, "Do not intubate." Further, the POLST outlined additional interventions and treatments for R3 which would be acceptable to use; including oral and/or IV antibiotics and using a tube feeding through the nose or mouth. The POLST was signed by a nursing home staff member, R3's certified nurse practitioner, and R3's family member (FM)-A.

R3's progress note, dated 10/23/20, identified R3 was found laying on the floor in her room at 4:20 a.m. after staff heard her moaning. R3 was recorded, " ... bleeding from her nose, unresponsive, respirations of 10, O2 90%, no other vitals obtained at that time." The nurse working was called to the room and directed the trained medication aide (TMA) to call 911. The note continued, "911 notified, POLST reviewed. 911 instructed nurse to begin CPR. They were told resident was DNR but they stated to start CPR anyway. Nurse began compressions, AED was applied to resident, no shocks were given." EMS then arrived and assumed R3's care. R3 was transferred to the hospital via ambulance at 4:50 a.m. and FM-A was updated with a voicemail.

R3's corresponding ED History and Physical,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245459	A. BUILDING ______ B. WING ______	C 04/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS AT WINSTED LLC	551 FOURTH STREET NORTH WINSTED, MN 55395

(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 578	Continued From page 4	F 578		

dated 10/23/20, identified R3 was found on the floor in her nursing home room after a presumable fall. The note continued, "She had a bloody nose and was unresponsive. The staff notified EMS who recommended they start CPR. Once EMS arrived, patient was found to have a pulse, still unresponsive with oxygen saturations in the 60s (percent) on room air." The note outlined the physician discussed R3's status with her FM-B who voiced, " ... [R3] would not want aggressive life-sustaining treatments ..." Treatment options were discussed and the note concluded, "The decision was made to admit the patient with comfort measures only." Further, the report outlines a physical exam was completed which noted, "Lungs: Diffusely coarse. There is mild bruising over the upper sternum, suspect from CPR."

R3's subsequent (nursing home) progress note, dated 10/29/20, identified R3 had expired while hospitalized.

On 4/26/21, at 1:17 p.m. R3's FM-A was contacted. At 2:06 p.m. a return call was provided and FM-A was interviewed who recalled the events leading up to R3's death and voiced it left them with "unanswered questions." FM-A explained R3 had been found on the floor unresponsive early in the morning on 10/23/20, and 911 was called who directed the nursing home staff member to perform CPR despite her being DNR / DNI which resulted in broken ribs. FM-A expressed they were not upset about the care provided to R3, however, questioned "did somebody error in calling 911" and not the family first to seek guidance. R3 was then transferred to the hospital where she was found to have "septic shock," and she remained hospitalized for several

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245459	A. BUILDING ______ B. WING ______	C 04/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS AT WINSTED LLC	**551 FOURTH STREET NORTH WINSTED, MN 55395**

(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 578	Continued From page 5 days before she passed away. On 4/26/21, at 1:32 p.m. registered nurse (RN)-A was contacted for interview. A return call was provided at 3:19 p.m. and RN-A verified she was the nurse working when R3 had been found unresponsive on her room floor. RN-A described R3 as "barely breathing" when she entered the room and was unable to recall if R3 had a palpable pulse or not. RN-A explained she immediately instructed a nursing assistant (NA) to obtain R3's chart, and the NA proceeded to read R3's POLST aloud which affirmed R3 was a DNR / DNI with "selective treatments" being checked. RN-A stated she questioned the NA(s) present in the room on the meaning of the 'selective treatment' to which they responded, "We don't know." As a result, the decision was made to contact 911 and "see what they say" to do. RN-A stated she voiced to 911 "over and over" R3 was a DNR; however, they still directed her to begin CPR. RN-A verified she started chest compressions and continued them until EMS arrived and took over the scene. RN-A stated she was unaware if multiple people had been present on the 911 call, or if someone else had assumed the call part-way through as she never personally talked to them as the NA(s) were talking to them and just reporting aloud "what they we're saying" to her. RN-A stated she did not contact R3's family before dialing 911, as her care plan directed, as in the moment her concern was with R3's condition; however, R3's family member(s) were updated after the event. RN-A stated she acted and provided CPR despite knowing R3 was a DNR / DNI because 911 had directed her to do so adding, "I thought 911 had precedence over what I was doing." RN-A described the entire situation as "very chaotic" and the NA(s) were	F 578		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245459	A. BUILDING ______ B. WING ______	C 04/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS AT WINSTED LLC	551 FOURTH STREET NORTH WINSTED, MN 55395

(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 578	Continued From page 6	F 578		

"very emotional" which may have contributed to such. RN-A stated the management had since discussed the event with her, and they had voiced contacting 911 in R3's situation "was fine" but should another similar event happen, to reference the POLST and act as it instructed (i.e., DNR). RN-A expressed, in hindsight, contacting the family prior to 911 would have been beneficial since "selective treatment" was checked and they were unclear on the exact meaning or wishes the family intended with such. Further, RN-A stated she had learned to ensure she herself observed and reviewed POLST(s) since R3's event but added, "They [management] didn't tell me that. I've just been doing that ever since."

On 4/26/21, at 1:45 p.m. the administrator, director of nursing (DON), regional nurse consultant (RNC) and regional director of operations (RDO) were interviewed. They explained staff members were assigned education for POLST and Advanced Directives on hire and "ongoing as needed." The administrator verified RN-A was the nurse who responded and performed CPR on R3, despite her signed POLST directing no such measure should be done, at the direction of EMS. The administrator voiced they had investigated the incident using a root-cause analysis (RCA) approach and discovered the telephone call placed to 911 had been transferred from the 911 dispatcher to EMS personnel and the information of R3 being a DNR did not get passed along with the transferred telephone call. As a result, EMS had reiterated to the administrator to ensure staff were educated to always repeat information, like code status and POLST information, to subsequent personnel they speak with on the phone in an emergency event.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245459	A. BUILDING ______ B. WING ______	C 04/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS AT WINSTED LLC	551 FOURTH STREET NORTH WINSTED, MN 55395

(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 578	Continued From page 7	F 578		

The RCA, dated 11/12/20, identified R3's event was reviewed. The RCA outlined R3 as a DNR/DNI with selective treatment and included a copy of R3's progress note (dated 10/23/20) which verified R3 had CPR performed. A section labeled, "Action Plan," directed, "1. Education to staff on reading and reporting POLST when calling 911." In addition, a Nurse Meeting agenda, dated 11/30/20, was provided. This outlined education had been discussed on referencing a resident's POLST prior to contacting EMS. This directed, "If they [residents] do not want to be hospitalized, we should be calling the family for their direction." The education outlined not just the nurse managers were able to complete a POLST and concluded, "If you would like education on this, please reach out to me or another clinical manager." Further, an attached Attendance Record, dated 11/30/20, identified eight nurses had attended the meeting with an additional four nurses being educated later on 12/11/20.

However, none of the provided RCA or subsequent education outlined they had reviewed R3's specific scenario, including have a POLST with 'selective treatment' checked, with staff to ensure they had knowledge on how to proceed if any unclear direction on the POLST was present. Further, there was no evidence provided demonstrating the nurses had been educated on ensuring POLST information is repeated if the telephone call with 911 or EMS is transferred to help ensure continuity of care despite 911 and EMS verbalizing this should be done.

The administrator and DON acknowledged these items were not educated to the staff since R3's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245459	A. BUILDING ______ B. WING ______	C **04/27/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS AT WINSTED LLC	**551 FOURTH STREET NORTH** **WINSTED, MN 55395**

(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 578	Continued From page 8 event happened and despite 911 directing them to ensure such education was completed. The DON verified if R3 was breathing then no CPR should have been performed against "the resident's wishes" as happened; however, expressed each situation can be different and "kind of tricky" depending on what options, including selective treatment, were identified on the POLST. The administrator voiced she did not question or investigate why RN-A simply did not just refuse or stop performing CPR knowing R3 had a signed POLST in place directing DNR / DNI measures. Further, the administrator and DON both verified no education had been done system-wide, including with nursing assistants or trained medication aides, who may have to assist with a CPR event; nor had any education been completed on when to start or withhold CPR or when to ensure family is contacted prior to EMS if a limited response (i.e., selective treatment) is wished. On 4/27/21, at 9:55 a.m. R3's primary physician (MD)-A was interviewed and verified she had a chance to review R3's medical record. MD-A expressed R3 had been found unresponsive on the floor in her room which prompted the nurse (RN-A) to contact 911 who then transferred her to EMS where they "gave the order" to begin CPR on R3. MD-A acknowledged there was confusion surrounding the situation and voiced it "comes down to" the nurse should have "had the clinical reasoning" to reiterate R3 as a DNR / DNI to EMS and making a clinical decision of "was she [R3] really deserving of CPR at the time." MD-A explained geriatric patients were often "difficult to assess" as they have frail pulses and subtle symptoms which, at times, can be mistaken for valid vital signs when they really were not	F 578		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245459	A. BUILDING ______ B. WING ______	C 04/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS AT WINSTED LLC	551 FOURTH STREET NORTH WINSTED, MN 55395

(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 578	Continued From page 9	F 578		

supportive of sustainable life (i.e., cheyne stokes breathing). As a result, MD-A voiced she felt the nurse acted reasonable given R3 had 'selective treatment' selected on her POLST as they could always reverse life-sustaining treatments (i.e., extubate) but could never provide them if too much time had lapsed. MD-A added, "Omission is always seen as negligence." MD-A stated it was important to "educate all the nurses" on the gravity of R3's situation and making sure POLST directives are implemented, including when 'selective treatment' was selected as treatment can then become "a gray zone thing." MD-A expressed she believed R3 likely sustained "some trauma from it [CPR]" but added given her age and poor cognition she did not feel it was "significant trauma." Further, MD-A stated she could not recall if she had been updated on this event when it occurred as the facility was in transition of medical directors at the time; however, reiterated R3's event served as an opportunity to review POLST(s) with the nursing home staff and ensure any "gray zone" areas are clarified, if needed. MD-A added, "This is why we educate people."

A provided Cardiopulmonary Resuscitation policy, dated 11/2019, identified individual emergency response plans were to be developed for each resident based on their individual assessment, needs, preferences, and advanced directives. The policy outlined a POLST would be completed upon admission and as needed, and was considered a valid medical order once signed by the physician. The policy directed, "When an emergency occurs, the nurse ... will guide care provided, according to the resident and/or resident's representative identified preferences indicated on the physician's orders and within the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245459	A. BUILDING ______ B. WING ______	C 04/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS AT WINSTED LLC	551 FOURTH STREET NORTH WINSTED, MN 55395

(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 578	Continued From page 10 plan of care." However, the policy lacked any directions or guidance on how to act if uncertainty exists with a signed POLST, or if EMS is giving instruction against resident' wishes.	F 578		
F 867 SS=F	QAPI/QAA Improvement Activities CFR(s): 483.75(g)(2)(ii) §483.75(g) Quality assessment and assurance. §483.75(g)(2) The quality assessment and assurance committee must: (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure the quality assessment (QA) committee thoroughly investigated, acted upon, and systemically addressed potential high-risk concerns with regards to Physician Orders for Life Sustaining Treatment (POLST) being implemented correctly during emergency situations. This had potential to affect all 45 residents residing in the facility at the time of the abbreviated survey. Findings include: Based on interview and document review, the facility failed to ensure Physicians Orders for Life Sustaining Treatment (POLST) were clarified, adequately communicated to emergency response (EMS), and implemented as written for 1 of 1 resident (R3) reviewed who was found unresponsive in their room and received cardio-pulmonary resuscitation (CPR) against their wishes. SEE F578 FOR ADDITIONAL INFORMATION.	F 867	R3 is no longer a resident at The Gardens at Winsted. The facility will and has been ensuring that all high-risk concerns are brought to QAPI committee to ensure thorough investigation, appropriate action taken, and systemically addressing of concerns is being completed during emergency situations. Administrator educated on QAPI to ensure appropriate discussion, thorough investigations and review of systemic high risk concerns or potential of concerns. Audits will be performed of monthly QAPI committee meeting minutes monthly x 6 months, quarterly x 6 months, and then as needed to ensure the facilities QAPI committee completes/discusses thorough investigated, acted upon, and systemically addressed potential high-risk concerns. The audit results will be reviewed by QAPI committee and changed in frequency and scope will be adjusted based on the	5/26/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245459	A. BUILDING ___ B. WING ___	C 04/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS AT WINSTED LLC	551 FOURTH STREET NORTH WINSTED, MN 55395

(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 867	Continued From page 11 A provided Quality Assurance/Assessment and Performance Improvement Plan, dated 4/8/21, identified a purpose using an on-going, data driven, pro-active approach to advance the quality of life and care of all residents at the nursing home. The plan outlined several initiatives the committee would develop policies to address which included, "Develop Corrective action or performance improvement activities," to help achieve the highest levels of safety, clinical interventions, resident and family satisfaction, and management practices. The plan directed a Performance Improvement Plan (PIP) could be conducted to help take a "systemic approach" to revise or improve care services. When selecting items for a PIP, the plan directed, "Factors we will consider: high-risk, high-volume, or problem-prone areas that affect health outcomes, quality of care and services, and areas that affect staff." Further, the plan outlined a systemic analysis and approach to actions which included the use of root-cause analysis, flowcharting, and/or fishbone diagrams. The plan continued, "To prevent future events and promote sustained improvement our organization develops actions to address the identified root cause and/or contributing factors of an issue/event that will affect change at the systems level." These changes would then be monitored through periodic measurement to ensure changes were implemented consistently. On 4/26/21, at 1:45 p.m. the administrator, director of nursing (DON), regional nurse consultant (RNC) and regional director of operations (RDO) were interviewed. They explained staff members were assigned education for POLST and Advanced Directives on	F 867	results. Administrator/Designee will be responsible.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245459	A. BUILDING ______ B. WING ______	C 04/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS AT WINSTED LLC	**551 FOURTH STREET NORTH WINSTED, MN 55395**

(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 867	Continued From page 12 hire and "ongoing as needed." The administrator verified the nurse responded and performed CPR on R3, despite a signed POLST directing no such measure should be done, at the direction of EMS. The administrator voiced they had investigated the incident using a root-cause analysis (RCA) approach and discovered the telephone call placed to 911 had been transferred from the 911 dispatcher to EMS personnel and the information of R3 being a DNR did not get passed along with the transferred telephone call. As a result, EMS had reiterated to the administrator to ensure staff were educated to always repeat information, like code status and POLST information, to subsequent personnel they speak with on the phone in an emergency event. The RCA, dated 11/12/20, identified R3's event was reviewed. The RCA outlined R3 as a DNR/DNI with selective treatment and included a copy of R3's progress note (dated 10/23/20) which verified R3 had CPR performed. A section labeled, "Action Plan," directed, "1. Education to staff on reading and reporting POLST when calling 911." In addition, a Nurse Meeting agenda, dated 11/30/20, was provided. This outlined education had been discussed on referencing a resident's POLST prior to contacting EMS. This directed, "If they [residents] do not want to be hospitalized, we should be calling the family for their direction." The education outlined not just the nurse managers were able to complete a POLST and concluded, "If you would like education on this, please reach out to me or another clinical manager." Further, an attached Attendance Record, dated 11/30/20, identified eight nurses had attended the meeting with an additional four nurses being educated later on 12/11/20. However, none of the provided RCA or	F 867		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245459	A. BUILDING ______ B. WING ______	C 04/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS AT WINSTED LLC	**551 FOURTH STREET NORTH WINSTED, MN 55395**

(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 867	Continued From page 13 subsequent education outlined they had reviewed R3's specific scenario, including have a POLST with 'selective treatment' checked, with staff to ensure they had knowledge on how to proceed if any unclear direction on the POLST was present. Further, there was no evidence provided demonstrating the nurses had been educated on ensuring POLST information is repeated if the telephone call with 911 or EMS is transferred to help ensure continuity of care despite 911 and EMS verbalizing this should be done. The administrator and DON acknowledged these items were not educated to the staff since R3's event happened and despite 911 directing them to ensure such education was completed. The DON verified if R3 was breathing then no CPR should have been performed against "the resident's wishes" as happened; however, expressed each situation can be different and "kind of tricky" depending on what options, including selective treatment, were identified on the POLST. The administrator voiced she did not question or investigate why the nurse simply did not just refuse or stop performing CPR knowing R3 had a signed POLST in place directing DNR / DNI measures. Further, the administrator and DON both verified no education had been done system-wide, including with nursing assistants or trained medication aides, who may have to assist with a CPR event; nor had any education been completed on when to start or withhold CPR or when to ensure family is contacted prior to EMS if a limited response (i.e., selective treatment) is wished. On 4/27/21, at 9:55 a.m. R3's primary physician (MD)-A was interviewed and expressed R3 had been found unresponsive on the floor in her room	F 867		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245459	A. BUILDING ______ B. WING ______	C 04/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS AT WINSTED LLC	551 FOURTH STREET NORTH WINSTED, MN 55395

(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 867	Continued From page 14	F 867		

which prompted the nurse to contact 911 who then transferred her to EMS where they "gave the order" to begin CPR on R3. MD-A acknowledged there was confusion surrounding the situation and voiced it "comes down to" the nurse should have "had the clinical reasoning" to reiterate R3 as a DNR / DNI to EMS and making a clinical decision of "was she [R3] really deserving of CPR at the time." MD-A explained geriatric patients were often "difficult to assess" as they have frail pulses and subtle symptoms which, at times, can be mistaken for valid vital signs when they really were not supportive of sustainable life (i.e., cheyne stokes breathing). As a result, MD-A voiced she felt the nurse acted reasonable given R3 had 'selective treatment' selected on her POLST as they could always reverse life-sustaining treatments (i.e., extubate) but could never provide them if too much time had lapsed. MD-A stated it was important to "educate all the nurses" on the gravity of R3's situation and making sure POLST directives are implemented, including when 'selective treatment' was selected as treatment can then become "a gray zone thing." Further, MD-A stated she could not recall if she had been updated on this event when it occurred as the facility was in transition of medical directors at the time; however, reiterated R3's event served as an opportunity to review POLST(s) with the nursing home staff and ensure any "gray zone" areas are clarified, if needed. MD-A added, "This is why we educate people."

On 4/27/21, at 1:46 p.m. a subsequent interview was held with the administrator and DON. They explained R3's event had been reviewed for several days afterward at their "morning meeting" which helped them determine a root cause analysis was needed on R3's event. The

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245459	A. BUILDING ______ B. WING ______	C 04/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS AT WINSTED LLC	**551 FOURTH STREET NORTH WINSTED, MN 55395**

(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 867	Continued From page 15 administrator voiced she considered any RCA to be a QA process and was reviewed with the interdisciplinary team (IDT) as such; however, verified no additional QA activities (i.e., PIP) had been implemented as a result of R3's event adding they felt the RCA was sufficient to capture the event and any needed education or process changes. The administrator voiced, in hindsight, an ad-hoc style of QA tool should have been used to ensure all areas of education were identified, addressed and monitored accordingly as it had "much better processes" for identification of issues and ensuring follow up given R3's event was a 'high-risk' event.	F 867		

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
May 13, 2021

Administrator
The Gardens At Winsted LLC
551 Fourth Street North
Winsted, MN 55395-0750

Re: State Nursing Home Licensing Orders
Event ID: X8IB11

Dear Administrator:

The above facility was surveyed on April 26, 2021 through April 27, 2021 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, Unit Supervisor
St. Cloud B District Office
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 note it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call me with any questions.

Melissa Poepping, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64970
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
	00352	A. BUILDING: ____ B. WING ____	C 04/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS AT WINSTED LLC	**551 FOURTH STREET NORTH WINSTED, MN 55395**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 000	Initial Comments	2 000		

*****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 4/26/21 to 4/27/21, an abbreviated survey was conducted by surveyors from the Minnesota Department of Health (MDH) to determine compliance for state licensure in conjuction with complaint investigation(s): H5459043C (MN71896), H5459044C (MN67554), H5459045C (MN66895), H5459046C (MN66614), H5459047C

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00352	A. BUILDING: ___ B. WING ___	C 04/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS AT WINSTED LLC	**551 FOURTH STREET NORTH WINSTED, MN 55395**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 000	Continued From page 1	2 000		

(MN64155), and H5459048C (MN62562).

As a result, the following correction orders are issued. Please indicate your electronic plan of correction that you have reviewed these order, and identify the date when they will be corrected.

Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far left column entitled " ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyors findings are the Suggested Method of Correction and Time period for Correction.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00352	A. BUILDING: ______ B. WING ______	C 04/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS AT WINSTED LLC	551 FOURTH STREET NORTH WINSTED, MN 55395

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 000	Continued From page 2 PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.	2 000		
2 255	MN Rule 4658.0070 Quality Assessment and Assurance Committee A nursing home must maintain a quality assessment and assurance committee consisting of the administrator, the director of nursing services, the medical director or other physician designated by the medical director, and at least three other members of the nursing home's staff, representing disciplines directly involved in resident care. The quality assessment and assurance committee must identify issues with respect to which quality assurance activities are necessary and develop and implement appropriate plans of action to correct identified quality deficiencies. The committee must address, at a minimum, incident and accident reporting, infection control, and medications and pharmacy services. This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure the quality assessment (QA) committee thoroughly investigated, acted upon, and systemically addressed potential high-risk concerns with regards to Physician Orders for Life Sustaining Treatment (POLST) being implemented correctly during emergency situations. This had potential to affect all 45	2 255	Corrected.	5/26/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00352	A. BUILDING: ____ B. WING ____	C 04/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS AT WINSTED LLC	551 FOURTH STREET NORTH WINSTED, MN 55395

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 255	Continued From page 3 residents residing in the facility at the time of the abbreviated survey. Findings include: Based on interview and document review, the facility failed to ensure Physicians Orders for Life Sustaining Treatment (POLST) were clarified, adequately communicated to emergency response (EMS), and implemented as written for 1 of 1 resident (R3) reviewed who was found unresponsive in their room and received cardio-pulmonary resuscitation (CPR) against their wishes. SEE F578 FOR ADDITIONAL INFORMATION. A provided Quality Assurance/Assessment and Performance Improvement Plan, dated 4/8/21, identified a purpose using an on-going, data driven, pro-active approach to advance the quality of life and care of all residents at the nursing home. The plan outlined several initiatives the committee would develop policies to address which included, "Develop Corrective action or performance improvement activities," to help achieve the highest levels of safety, clinical interventions, resident and family satisfaction, and management practices. The plan directed a Performance Improvement Plan (PIP) could be conducted to help take a "systemic approach" to revise or improve care services. When selecting items for a PIP, the plan directed, "Factors we will consider: high-risk, high-volume, or problem-prone areas that affect health outcomes, quality of care and services, and areas that affect staff." Further, the plan outlined a systemic analysis and approach to actions which included the use of root-cause analysis, flowcharting, and/or fishbone diagrams. The plan continued, "To prevent future events and promote sustained improvement our organization develops actions to address the identified root cause and/or contributing factors of an issue/event that will	2 255		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00352	A. BUILDING: ____ B. WING ____	C 04/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS AT WINSTED LLC	**551 FOURTH STREET NORTH WINSTED, MN 55395**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 255	Continued From page 4	2 255		

affect change at the systems level." These changes would then be monitored through periodic measurement to ensure changes were implemented consistently.
On 4/26/21, at 1:45 p.m. the administrator, director of nursing (DON), regional nurse consultant (RNC) and regional director of operations (RDO) were interviewed. They explained staff members were assigned education for POLST and Advanced Directives on hire and "ongoing as needed." The administrator verified the nurse responded and performed CPR on R3, despite a signed POLST directing no such measure should be done, at the direction of EMS. The administrator voiced they had investigated the incident using a root-cause analysis (RCA) approach and discovered the telephone call placed to 911 had been transferred from the 911 dispatcher to EMS personnel and the information of R3 being a DNR did not get passed along with the transferred telephone call. As a result, EMS had reiterated to the administrator to ensure staff were educated to always repeat information, like code status and POLST information, to subsequent personnel they speak with on the phone in an emergency event.
The RCA, dated 11/12/20, identified R3's event was reviewed. The RCA outlined R3 as a DNR/DNI with selective treatment and included a copy of R3's progress note (dated 10/23/20) which verified R3 had CPR performed. A section labeled, "Action Plan," directed, "1. Education to staff on reading and reporting POLST when calling 911." In addition, a Nurse Meeting agenda, dated 11/30/20, was provided. This outlined education had been discussed on referencing a resident's POLST prior to contacting EMS. This directed, "If they [residents] do not want to be hospitalized, we should be calling the family for their direction." The education outlined not just

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00352	A. BUILDING: ______ B. WING ______	C 04/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS AT WINSTED LLC	**551 FOURTH STREET NORTH WINSTED, MN 55395**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 255	Continued From page 5	2 255		

the nurse managers were able to complete a POLST and concluded, "If you would like education on this, please reach out to me or another clinical manager." Further, an attached Attendance Record, dated 11/30/20, identified eight nurses had attended the meeting with an additional four nurses being educated later on 12/11/20. However, none of the provided RCA or subsequent education outlined they had reviewed R3's specific scenario, including have a POLST with 'selective treatment' checked, with staff to ensure they had knowledge on how to proceed if any unclear direction on the POLST was present. Further, there was no evidence provided demonstrating the nurses had been educated on ensuring POLST information is repeated if the telephone call with 911 or EMS is transferred to help ensure continuity of care despite 911 and EMS verbalizing this should be done.
The administrator and DON acknowledged these items were not educated to the staff since R3's event happened and despite 911 directing them to ensure such education was completed. The DON verified if R3 was breathing then no CPR should have been performed against "the resident's wishes" as happened; however, expressed each situation can be different and "kind of tricky" depending on what options, including selective treatment, were identified on the POLST. The administrator voiced she did not question or investigate why the nurse simply did not just refuse or stop performing CPR knowing R3 had a signed POLST in place directing DNR / DNI measures. Further, the administrator and DON both verified no education had been done system-wide, including with nursing assistants or trained medication aides, who may have to assist with a CPR event; nor had any education been completed on when to start or withhold CPR or when to ensure family is contacted prior to EMS if

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00352	A. BUILDING: ______ B. WING ______	C 04/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS AT WINSTED LLC	**551 FOURTH STREET NORTH WINSTED, MN 55395**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 255	Continued From page 6	2 255		

a limited response (i.e., selective treatment) is wished.
On 4/27/21, at 9:55 a.m. R3's primary physician (MD)-A was interviewed and expressed R3 had been found unresponsive on the floor in her room which prompted the nurse to contact 911 who then transferred her to EMS where they "gave the order" to begin CPR on R3. MD-A acknowledged there was confusion surrounding the situation and voiced it "comes down to" the nurse should have "had the clinical reasoning" to reiterate R3 as a DNR / DNI to EMS and making a clinical decision of "was she [R3] really deserving of CPR at the time." MD-A explained geriatric patients were often "difficult to assess" as they have frail pulses and subtle symptoms which, at times, can be mistaken for valid vital signs when they really were not supportive of sustainable life (i.e., cheyne stokes breathing). As a result, MD-A voiced she felt the nurse acted reasonable given R3 had 'selective treatment' selected on her POLST as they could always reverse life-sustaining treatments (i.e., extubate) but could never provide them if too much time had lapsed. MD-A stated it was important to "educate all the nurses" on the gravity of R3's situation and making sure POLST directives are implemented, including when 'selective treatment' was selected as treatment can then become "a gray zone thing." Further, MD-A stated she could not recall if she had been updated on this event when it occurred as the facility was in transition of medical directors at the time; however, reiterated R3's event served as an opportunity to review POLST(s) with the nursing home staff and ensure any "gray zone" areas are clarified, if needed. MD-A added, "This is why we educate people."
On 4/27/21, at 1:46 p.m. a subsequent interview was held with the administrator and DON. They explained R3's event had been reviewed for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00352	A. BUILDING: ______ B. WING ______	C 04/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS AT WINSTED LLC	**551 FOURTH STREET NORTH WINSTED, MN 55395**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 255	Continued From page 7 several days afterward at their "morning meeting" which helped them determine a root cause analysis was needed on R3's event. The administrator voiced she considered any RCA to be a QA process and was reviewed with the interdisciplinary team (IDT) as such; however, verified no additional QA activities (i.e., PIP) had been implemented as a result of R3's event adding they felt the RCA was sufficient to capture the event and any needed education or process changes. The administrator voiced, in hindsight, an ad-hoc style of QA tool should have been used to ensure all areas of education were identified, addressed and monitored accordingly as it had "much better processes" for identification of issues and ensuring follow up given R3's event was a 'high-risk' event. SUGGESTED METHOD OF CORRECTION: The administrator, or designee, could review applicable QA policies and procedures to ensure all lapsed high-risk areas (i.e., POLST implementation) are addressed through the appropriate, comprehensive QA processes to ensure adequate monitoring and resolution(s) are in place. They could then audit to ensure ongoing compliance. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	2 255		
21840	MN St. Statute 144.651 Subd. 12 Patients & Residents of HC Fac.Bill of Rights Subd. 12. Right to refuse care. Competent residents shall have the right to refuse treatment based on the information required in subdivision 9. Residents who refuse treatment, medication, or dietary restrictions shall be informed of the likely medical or major psychological results of	21840		4/28/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00352	A. BUILDING: ______ B. WING ______	C 04/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS AT WINSTED LLC	**551 FOURTH STREET NORTH WINSTED, MN 55395**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
21840	Continued From page 8 the refusal, with documentation in the individual medical record. In cases where a resident is incapable of understanding the circumstances but has not been adjudicated incompetent, or when legal requirements limit the right to refuse treatment, the conditions and circumstances shall be fully documented by the attending physician in the resident's medical record. This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure Physicians Orders for Life Sustaining Treatment (POLST) were clarified, adequately communicated to emergency response (EMS), and implemented as written for 1 of 1 resident (R3) reviewed who received cardio-pulmonary resuscitation (CPR) against their wishes. Findings include: R3's quarterly Minimum Data Set (MDS), dated 10/13/20, identified R3 had long and short-term memory impairment and required extensive assistance with activities of daily living (ADLs). R3's Clinical Resident Profile, printed 4/27/21, identified a heading along the top of R3's electronic medical record (EMR) which outlined, "Code Status: CODE STATUS: DNR [Do Not Resuscitate]." Further, R3's care plan, dated 3/30/20, identified R3 was a "DNR/DNI [do not intubate]" and directed, " Honor my POLST wishes," and, "Avoid calling 911, call [family names listed] instead ... if possible, do not transport to ER - If possible do not admit to the hospital from ER ..." R3's most recent POLST, signed 4/20/16, directed if R3 was not breathing or had no pulse as, "DNR/DO NOT ATTEMPT RESUSCITATION (Allow Natural Death)," with additional printed font	21840	Corrected.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00352	A. BUILDING: ____ B. WING ____	C 04/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS AT WINSTED LLC	551 FOURTH STREET NORTH WINSTED, MN 55395

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
21840	Continued From page 9	21840		

reading, "An automatic external defibrillator (AED) should not be used for a patient who has chosen "Do Not Attempt Resuscitation." The POLST continued and directed to implement order(s) outlined in the subsequent section(s) if R3 was not in cardiopulmonary arrest. These orders included, "LIMIT INTERVENTIONS AND TREAT REVERSIBLE CONDITIONS," and explained these as, "Provide interventions aimed at treatment of new or reversible illness / injury or non-life threatening chronic conditions. Duration of invasive or uncomfortable interventions should generally be limited. (Transport to ER [emergency room] presumed)." This statement was concluded with a single checkmark placed next to, "Do not intubate." Further, the POLST outlined additional interventions and treatments for R3 which would be acceptable to use; including oral and/or IV antibiotics and using a tube feeding through the nose or mouth. The POLST was signed by a nursing home staff member, R3's certified nurse practitioner, and R3's family member (FM)-A.
R3's progress note, dated 10/23/20, identified R3 was found laying on the floor in her room at 4:20 a.m. after staff heard her moaning. R3 was recorded, " ... bleeding from her nose, unresponsive, respirations of 10, O2 90%, no other vitals obtained at that time." The nurse working was called to the room and directed the trained medication aide (TMA) to call 911. The note continued, "911 notified, POLST reviewed. 911 instructed nurse to begin CPR. They were told resident was DNR but they stated to start CPR anyway. Nurse began compressions, AED was applied to resident, no shocks were given." EMS then arrived and assumed R3's care. R3 was transferred to the hospital via ambulance at 4:50 a.m. and FM-A was updated with a voicemail.
R3's corresponding ED History and Physical,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00352	A. BUILDING: ______ B. WING ______	C 04/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS AT WINSTED LLC	**551 FOURTH STREET NORTH WINSTED, MN 55395**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
21840	Continued From page 10	21840		

dated 10/23/20, identified R3 was found on the floor in her nursing home room after a presumable fall. The note continued, "She had a bloody nose and was unresponsive. The staff notified EMS who recommended they start CPR. Once EMS arrived, patient was found to have a pulse, still unresponsive with oxygen saturations in the 60s (percent) on room air." The note outlined the physician discussed R3's status with her FM-B who voiced, " ... [R3] would not want aggressive life-sustaining treatments ..." Treatment options were discussed and the note concluded, "The decision was made to admit the patient with comfort measures only." Further, the report outlines a physical exam was completed which noted, "Lungs: Diffusely coarse. There is mild bruising over the upper sternum, suspect from CPR."

R3's subsequent (nursing home) progress note, dated 10/29/20, identified R3 had expired while hospitalized.

On 4/26/21, at 1:17 p.m. R3's FM-A was contacted. At 2:06 p.m. a return call was provided and FM-A was interviewed who recalled the events leading up to R3's death and voiced it left them with "unanswered questions." FM-A explained R3 had been found on the floor unresponsive early in the morning on 10/23/20, and 911 was called who directed the nursing home staff member to perform CPR despite her being DNR / DNI which resulted in broken ribs. FM-A expressed they were not upset about the care provided to R3, however, questioned "did somebody error in calling 911" and not the family first to seek guidance. R3 was then transferred to the hospital where she was found to have "septic shock," and she remained hospitalized for several days before she passed away.

On 4/26/21, at 1:32 p.m. registered nurse (RN)-A was contacted for interview. A return call was

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00352	A. BUILDING: ______ B. WING ______	C 04/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS AT WINSTED LLC	551 FOURTH STREET NORTH WINSTED, MN 55395

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
21840	Continued From page 11 provided at 3:19 p.m. and RN-A verified she was the nurse working when R3 had been found unresponsive on her room floor. RN-A described R3 as "barely breathing" when she entered the room and was unable to recall if R3 had a palpable pulse or not. RN-A explained she immediately instructed a nursing assistant (NA) to obtain R3's chart, and the NA proceeded to read R3's POLST aloud which affirmed R3 was a DNR / DNI with "selective treatments" being checked. RN-A stated she questioned the NA(s) present in the room on the meaning of the 'selective treatment' to which they responded, "We don't know." As a result, the decision was made to contact 911 and "see what they say" to do. RN-A stated she voiced to 911 "over and over" R3 was a DNR; however, they still directed her to begin CPR. RN-A verified she started chest compressions and continued them until EMS arrived and took over the scene. RN-A stated she was unaware if multiple people had been present on the 911 call, or if someone else had assumed the call part-way through as she never personally talked to them as the NA(s) were talking to them and just reporting aloud "what they we're saying" to her. RN-A stated she did not contact R3's family before dialing 911, as her care plan directed, as in the moment her concern was with R3's condition; however, R3's family member(s) were updated after the event. RN-A stated she acted and provided CPR despite knowing R3 was a DNR / DNI because 911 had directed her to do so adding, "I thought 911 had precedence over what I was doing." RN-A described the entire situation as "very chaotic" and the NA(s) were "very emotional" which may have contributed to such. RN-A stated the management had since discussed the event with her, and they had voiced contacting 911 in R3's situation "was fine" but should another similar event happen, to reference	21840		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00352	A. BUILDING: ___ B. WING ___	C 04/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS AT WINSTED LLC	551 FOURTH STREET NORTH WINSTED, MN 55395

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
21840	Continued From page 12	21840		

the POLST and act as it instructed (i.e., DNR). RN-A expressed, in hindsight, contacting the family prior to 911 would have been beneficial since "selective treatment" was checked and they were unclear on the exact meaning or wishes the family intended with such. Further, RN-A stated she had learned to ensure she herself observed and reviewed POLST(s) since R3's event but added, "They [management] didn't tell me that. I've just been doing that ever since."

On 4/26/21, at 1:45 p.m. the administrator, director of nursing (DON), regional nurse consultant (RNC) and regional director of operations (RDO) were interviewed. They explained staff members were assigned education for POLST and Advanced Directives on hire and "ongoing as needed." The administrator verified RN-A was the nurse who responded and performed CPR on R3, despite her signed POLST directing no such measure should be done, at the direction of EMS. The administrator voiced they had investigated the incident using a root-cause analysis (RCA) approach and discovered the telephone call placed to 911 had been transferred from the 911 dispatcher to EMS personnel and the information of R3 being a DNR did not get passed along with the transferred telephone call. As a result, EMS had reiterated to the administrator to ensure staff were educated to always repeat information, like code status and POLST information, to subsequent personnel they speak with on the phone in an emergency event.

The RCA, dated 11/12/20, identified R3's event was reviewed. The RCA outlined R3 as a DNR/DNI with selective treatment and included a copy of R3's progress note (dated 10/23/20) which verified R3 had CPR performed. A section labeled, "Action Plan," directed, "1. Education to staff on reading and reporting POLST when

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00352	A. BUILDING: ______ B. WING ______	C 04/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS AT WINSTED LLC	**551 FOURTH STREET NORTH WINSTED, MN 55395**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
21840	Continued From page 13 calling 911." In addition, a Nurse Meeting agenda, dated 11/30/20, was provided. This outlined education had been discussed on referencing a resident's POLST prior to contacting EMS. This directed, "If they [residents] do not want to be hospitalized, we should be calling the family for their direction." The education outlined not just the nurse managers were able to complete a POLST and concluded, "If you would like education on this, please reach out to me or another clinical manager." Further, an attached Attendance Record, dated 11/30/20, identified eight nurses had attended the meeting with an additional four nurses being educated later on 12/11/20. However, none of the provided RCA or subsequent education outlined they had reviewed R3's specific scenario, including have a POLST with 'selective treatment' checked, with staff to ensure they had knowledge on how to proceed if any unclear direction on the POLST was present. Further, there was no evidence provided demonstrating the nurses had been educated on ensuring POLST information is repeated if the telephone call with 911 or EMS is transferred to help ensure continuity of care despite 911 and EMS verbalizing this should be done. The administrator and DON acknowledged these items were not educated to the staff since R3's event happened and despite 911 directing them to ensure such education was completed. The DON verified if R3 was breathing then no CPR should have been performed against "the resident's wishes" as happened; however, expressed each situation can be different and "kind of tricky" depending on what options, including selective treatment, were identified on the POLST. The administrator voiced she did not question or investigate why RN-A simply did not just refuse or stop performing CPR knowing R3	21840		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00352	A. BUILDING: ______ B. WING ______	C 04/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS AT WINSTED LLC	**551 FOURTH STREET NORTH WINSTED, MN 55395**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
21840	Continued From page 14 had a signed POLST in place directing DNR / DNI measures. Further, the administrator and DON both verified no education had been done system-wide, including with nursing assistants or trained medication aides, who may have to assist with a CPR event; nor had any education been completed on when to start or withhold CPR or when to ensure family is contacted prior to EMS if a limited response (i.e., selective treatment) is wished. On 4/27/21, at 9:55 a.m. R3's primary physician (MD)-A was interviewed and verified she had a chance to review R3's medical record. MD-A expressed R3 had been found unresponsive on the floor in her room which prompted the nurse (RN-A) to contact 911 who then transferred her to EMS where they "gave the order" to begin CPR on R3. MD-A acknowledged there was confusion surrounding the situation and voiced it "comes down to" the nurse should have "had the clinical reasoning" to reiterate R3 as a DNR / DNI to EMS and making a clinical decision of "was she [R3] really deserving of CPR at the time." MD-A explained geriatric patients were often "difficult to assess" as they have frail pulses and subtle symptoms which, at times, can be mistaken for valid vital signs when they really were not supportive of sustainable life (i.e., cheyne stokes breathing). As a result, MD-A voiced she felt the nurse acted reasonable given R3 had 'selective treatment' selected on her POLST as they could always reverse life-sustaining treatments (i.e., extubate) but could never provide them if too much time had lapsed. MD-A added, "Omission is always seen as negligence." MD-A stated it was important to "educate all the nurses" on the gravity of R3's situation and making sure POLST directives are implemented, including when 'selective treatment' was selected as treatment can then become "a gray zone thing." MD-A	21840		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00352	A. BUILDING: ____ B. WING ____	C 04/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS AT WINSTED LLC	**551 FOURTH STREET NORTH WINSTED, MN 55395**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
21840	Continued From page 15 expressed she believed R3 likely sustained "some trauma from it [CPR]" but added given her age and poor cognition she did not feel it was "significant trauma." Further, MD-A stated she could not recall if she had been updated on this event when it occurred as the facility was in transition of medical directors at the time; however, reiterated R3's event served as an opportunity to review POLST(s) with the nursing home staff and ensure any "gray zone" areas are clarified, if needed. MD-A added, "This is why we educate people." A provided Cardiopulmonary Resuscitation policy, dated 11/2019, identified individual emergency response plans were to be developed for each resident based on their individual assessment, needs, preferences, and advanced directives. The policy outlined a POLST would be completed upon admission and as needed, and was considered a valid medical order once signed by the physician. The policy directed, "When an emergency occurs, the nurse ... will guide care provided, according to the resident and/or resident's representative identified preferences indicated on the physician's orders and within the plan of care." However, the policy lacked any directions or guidance on how to act if uncertainty exists with a signed POLST, or if EMS is giving instruction against resident' wishes. SUGGESTED METHOD OF CORRECTION: The director of nursing (DON), or designee, could audit existing patient records to ensure all POLST(s) are current and reflective of patient' wishes. The DON could then educate nurses to ensure clarity with POLST implementation; then audit to ensure ongoing compliance. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	21840		