



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

April 25, 2024

Administrator  
Jones Harrison Residence  
3700 Cedar Lake Avenue  
Minneapolis, MN 55416

RE: CCN: 245460  
Cycle Start Date: March 4, 2024

Dear Administrator:

On April 16, 2024, the Minnesota Department of Health, completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

A handwritten signature in black ink that reads 'H. Zahler'.

Holly Zahler, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
Orville L. Freeman Building | HRD 3A 3rd Floor  
PO Box 64900  
625 Robert Street North  
St. Paul, MN 55155  
Office: 651-201-4384  
Email: [holly.zahler@state.mn.us](mailto:holly.zahler@state.mn.us)



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April 25, 2024

Administrator  
Jones Harrison Residence  
3700 Cedar Lake Avenue  
Minneapolis, MN 55416

Re: Reinspection Results  
Event ID: 61OG12

Dear Administrator:

On April 16, 2024, survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on March 4, 2024. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'H. Zahler'.

Holly Zahler, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
Orville L. Freeman Building | HRD 3A 3rd Floor  
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March 11, 2024

Administrator  
Jones Harrison Residence  
3700 Cedar Lake Avenue  
Minneapolis, MN 55416

RE: CCN: 245460  
Cycle Start Date: March 4, 2024

Dear Administrator:

On March 4, 2024, a survey was completed at your facility by the Minnesota Department of Health, to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

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

#### **ELECTRONIC PLAN OF CORRECTION (ePoC)**

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

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

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

Jones Harrison Residence

March 11, 2024

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The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

## DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by an "F" and/or an "E" tag), i.e., the plan of correction should be directed to:

Lisa Krebs, Rapid Response  
Licensing and Certification Program  
Health Regulation Division  
Minnesota Department of Health  
Rochester District Office  
18 Woodlake Drive, Rochester MN, 55904  
Email: Lisa.Krebs@state.mn.us  
Office (507) 206-2728

## 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

Jones Harrison Residence

March 11, 2024

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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 June 4, 2024 (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 September 4, 2024 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

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

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

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

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

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at:

[https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\\_8.html](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.

Jones Harrison Residence

March 11, 2024

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Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink that reads "H. Zahler". The signature is written in a cursive, slightly slanted style.

Holly Zahler, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
Orville L. Freeman Building | HRD 3A 3rd Floor  
PO Box 64900  
625 Robert Street North  
St. Paul, MN 55155  
Office: 651-201-4384  
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March 11, 2024

Administrator  
Jones Harrison Residence  
3700 Cedar Lake Avenue  
Minneapolis, MN 55416

Re: State Nursing Home Licensing Orders  
Event ID: 61OG11

Dear Administrator:

The above facility was surveyed on February 29, 2024 through March 4, 2024, 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](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.

Jones Harrison Residence

March 11, 2024

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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:

Lisa Krebs, Rapid Response  
Licensing and Certification Program  
Health Regulation Division  
Minnesota Department of Health  
Rochester District Office  
18 Woodlake Drive, Rochester MN, 55904  
Email: [Lisa.Krebs@state.mn.us](mailto:Lisa.Krebs@state.mn.us)  
Office (507) 206-2728

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

Please feel free to call me with any questions.



Holly Zahler, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
Orville L. Freeman Building | HRD 3A 3rd Floor  
PO Box 64900  
625 Robert Street North  
St. Paul, MN 55155  
Office: 651-201-4384  
Email: [holly.zahler@state.mn.us](mailto:holly.zahler@state.mn.us)

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

PRINTED: 03/26/2024  
FORM APPROVED  
OMB NO. 0938-0391

|  |   |  |   |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>245460</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>03/04/2024</b> |
|--|---|--|---|

|   |  |
|---|--|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>JONES HARRISON RESIDENCE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3700 CEDAR LAKE AVENUE<br/>MINNEAPOLIS, MN 55416</b> |
|---|--|

| (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         | <p><b>INITIAL COMMENTS</b></p> <p>On 2/29/24 and 3/4/24, 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: H54601222C (MN101132 and MN101141) with a deficiency cited at F755.</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 755<br>SS=D | <p><b>Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)</b></p> <p><b>§483.45 Pharmacy Services</b><br/>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p><b>§483.45(a) Procedures.</b> A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving,</p>  | F 755 |  | 4/5/24 |

|   |       |                                |
|---|-------|--------------------------------|
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE<br><br><b>Electronically Signed</b> | TITLE | (X6) DATE<br><b>03/21/2024</b> |
|---|-------|--------------------------------|

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.

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

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                    | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>245460</b>   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                             |   | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>03/04/2024</b> |
|---|---|--|---|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>JONES HARRISON RESIDENCE</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3700 CEDAR LAKE AVENUE<br/>MINNEAPOLIS, MN 55416</b> |   |   |
| (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 755   | <p>Continued From page 1</p> <p>dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by:<br/>Based on observation, interview and document review the facility failed to administer blood pressure medication according to physician orders and failed to identify and report the medication errors to the physician for 1 of 1 resident (R1), reviewed for medication management.</p> <p>Findings include:</p> <p>Hypertension (high blood pressure): when the pressure in your blood vessels is too high (140/90 (millimeters of mercury) mmHg or higher).</p> <p>Hypotension (low blood pressure): when blood flows through your blood vessels at lower-than-normal pressures (less than 90/60 mmHg).</p> | F 755  | <p>Preparation, submission and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth in the statement of deficiencies. The facility has appealed the deficiencies and licensing violations stated herein. This Plan of Correction is prepared and/or executed to continuously improve the quality of care, to comply with all applicable state and federal regulatory requirements and constitutes the facility's allegation of compliance.</p> <p>It is the policy of Jones-Harrison to ensure that all medications are accurately administered based upon physician orders.</p> |   |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                    | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>245460</b>  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                                   |   | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>03/04/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>JONES HARRISON RESIDENCE</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3700 CEDAR LAKE AVENUE</b><br><b>MINNEAPOLIS, MN 55416</b> |   |   |
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| F 755   | <p>Continued From page 2</p> <p>R1's Prospective Payment System PPS 5-day assessment dated 1/18/24, identified R1 to have intact cognition and had diagnoses of hypertension, cerebral vascular accident (stroke), and congestive heart failure (when your heart can't pump blood hard enough to give your body a normal supply).</p> <p>R1's physician orders dated 1/19/24, identified an order for hydralazine hcl (vasodilator used to treat high blood pressure) to give 50 milligrams (mg) by mouth three times a day. Hold for systolic (the first number that measures the pressure in your arteries when your heart beats) blood pressure of less than 150.</p> <p>R1's January 2024 medication administration record (MAR) identified R1 was given hydralazine hcl 50 mg, 27 times when the systolic blood pressure (SBP) was less than 150 on the following days and times resulting in medication errors:<br/> 1/20/24: 8:00 a.m. when BP was 129/51, 12:00 p.m. when BP was 111/44 and 8:00 p.m. when BP was 109/62.<br/> 1/21/24: 8:00 a.m. when BP was 127/59, 12:00 p.m. when BP was 127/59 and 8:00 p.m. when BP was 127/59.<br/> 1/22/24: 8:00 a.m. when BP was 138/54, 12:00 p.m. when BP was 127/50 and 8:00 p.m. when BP was 127/50.<br/> 1/23/24: 8:00 p.m. when BP was 78/76.<br/> 1/24/24: 8:00 a.m. when BP was 135/53 and 12:00 p.m. when BP was 135/53, 8:00 p.m. the number "13" indicated, "Vitals outside parameters" was documented with no blood pressure reading noted.<br/> 1/25/24: 8:00 a.m. when BP was 136/61, and</p> | F 755  | <ol style="list-style-type: none"> <li>1. Corrective Action regarding R1: Nurses and Trained on that unit were immediately educated regarding the specific parameters listed in the physician order relative to R1's blood pressure medication. Medication Administration and Medication error policies were reviewed and remain current. All Nurses and Trained Medications Aides will be re-educated to these processes.</li> <li>2. Corrective Action as it applies to other residents: The care center completed a facility wide audit of all similar blood pressure medication parameters to ensure that these medications were being administered per physician orders.</li> <li>3. Re-occurrence will be prevented by having Nursing Administration conduct weekly audits for medications requiring blood pressure parameters for the first month beginning in April, and based upon results, these audits will be tapered for the following 2 months. Moreover, we will complete a medication administration observation specifically for blood pressure meds requiring parameters for 50% of our residents during the month of April, and based upon results, the med administrations observations will be tapered for the following 2 months. All results will be reviewed by our Quality Assurance Performance Improvement Team and based upon results; periodic audits may continue.</li> <li>4. The correction will be monitored by: Director of Nursing or designee.</li> </ol> |   |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>JONES HARRISON RESIDENCE</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3700 CEDAR LAKE AVENUE<br/>MINNEAPOLIS, MN 55416</b> |   |   |
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| F 755   | <p>Continued From page 3</p> <p>12:00 p.m. when BP was 124/60.<br/>1/26/24: 12:00 p.m. when BP was 129/51.<br/>1/27/24: 12:00 p.m. when BP was 127/69 and 8:00 p.m. when BP was 149/74.<br/>1/28/24: 8:00 a.m. when BP was 138/69, 12:00 p.m. when BP was 124/82 and 8:00 p.m. when BP was 113/69.<br/>1/29/24: 8:00 a.m. when BP was 124/69, 12:00 p.m. when BP was 107/65 and 8:00 p.m. when BP was 94/59.<br/>1/30/24: 8:00 a.m. 123/66, 12:00 p.m., 133/71 and 8:00 p.m. 134/70.<br/>1/31/24:12:00 p.m. 112/66. 8:00 p.m. the number "13" indicated, "Vitals outside parameters" was documented with no blood pressure reading noted.</p> <p>R1's February 2024 MAR identified R1 was given hydralazine hcl 50 mg 45 times when the SBP was less than 150 on the following days and times resulting in medication errors:<br/>2/1/24: 12:00 p.m. when BP was 146/69.<br/>2/2/24: 8:00 a.m. when BP was 121/50.<br/>2/3/24: 12:00 p.m. when BP was 116/65 and 8:00 p.m. when BP was 128/77.<br/>2/4/24: 8:00 a.m. when BP was 138/68, 12:00 p.m. when BP was 111/65 and 8:00 p.m. when BP was 127/74.<br/>2/5/24: 8:00 a.m. when BP was 138/53, 12:00 p.m. when BP was 119/65 and 8:00 p.m. when BP was 141/74.<br/>2/6/24: 12:00 p.m. when BP was 133/55 and 8:00 p.m. when BP was 133/55.<br/>2/7/24: 8:00 p.m. no blood pressure and medication not documented as given. Review of R1's progress notes did not identify if R1's medication was given or held or if blood pressure was checked.<br/>2/8/24: 12:00 p.m. when BP was 117/68 and 8:00</p> | F 755  |   |   |

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|---|---|--|---|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>JONES HARRISON RESIDENCE</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3700 CEDAR LAKE AVENUE<br/>MINNEAPOLIS, MN 55416</b> |   |   |
| (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 755   | Continued From page 4<br>p.m. when BP was 117/68.<br>2/9/24: 8:00 a.m. when BP was 144/74, 12:00 p.m. when BP was 117/67 and 8:00 p.m. when BP was 93/53.<br>2/10/24: 8:00 a.m. when BP was 116/66, 12:00 p.m. when BP was 146/70 and 8:00 p.m. when BP was 119/65.<br>2/11/24: 8:00 a.m. when BP was 123/21, 12:00 p.m. when BP was 114/66 and 8:00 p.m. when BP was 131/64.<br>2/12/24: 8:00 p.m. when BP was 137/64.<br>2/14/24: 8:00 a.m. when BP was 119/64 and 12:00 p.m. when BP was 119/64.<br>2/15/24: 8:00 a.m. when BP was 139/53, 12:00 p.m. when BP was 103/52 and 8:00 p.m. when BP was 127/64.<br>2/16/24: 8:00 a.m. when BP was 138/65 and 12:00 p.m. when BP was 138/65.<br>2/17/24: 8:00 a.m. when BP was 147/78, 12:00 p.m., 147/78 and 8:00 p.m. when BP was 101/58.<br>2/18/24: 8:00 a.m. when BP was 125/63, 12:00 p.m., 138/68 and 8:00 p.m. when BP was 138/68.<br>2/19/24: 8:00 a.m. when BP was 93/36, 12:00 p.m., 100/45 and 8:00 p.m. when BP was 138/64.<br>2/20/24: 8:00 a.m. when BP was 77/52, and 12:00 p.m. when BP was 126/77. At 8:00 p.m. 90/61 a number "5" was documented indicating the medication was held see progress notes. Review of R1's progress notes did not identify if R1's medication was given or held, at 10:25 a.m. identified R1's blood pressure was written as 77/52 which was incorrect, correct B/P was 105/55.<br>2/21/24: 8:00 a.m. when BP was 115/69 and 12:00 p.m. when BP was 115/69.<br>2/22/24 identified a number "5" was documented indicating the medication was held at 8:00 a.m., 12:00 p.m. and 8:00 p.m. with no blood pressures documented. Review of R1's progress notes did | F 755  |   |   |

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

PRINTED: 03/26/2024  
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OMB NO. 0938-0391

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>JONES HARRISON RESIDENCE</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3700 CEDAR LAKE AVENUE<br/>MINNEAPOLIS, MN 55416</b> |   |   |
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| F 755   | <p>Continued From page 5</p> <p>not identify if R1's medication was given or held or if blood pressures were checked.</p> <p>R1's progress note dated 2/23/24, at 8:58 a.m. identified R1 appeared to be lethargic, responded to verbal commands slowly, B/P 89/35 at 9:30 a.m. R1 was sent to the hospital.</p> <p>R1's March 2024 MAR identified R1 was given hydralazine hcl 50 mg 5 times when the systolic blood pressure was less than 150 on the following days and times resulting in medication errors:<br/>3/2/24: 8:00 a.m. when BP was 118/64 and 8:00 p.m. when BP was 93/54.<br/>3/3/24: 8:00 a.m., 111/58 had a number "9" documented indicating to "see progress notes," review of R1's progress notes on 3/3/24 does not identify that medication was held. 8:00 p.m. when BP was 107/61.<br/>3/4/24: 12:00 p.m. when BP was 132/73.</p> <p>Review of R1's medical record identified R1 received hydralazine hcl 50 mg against physician ordered blood pressure parameters resulting in 77 medication errors. No documentation was found that the facility notified a physician of R1's ongoing medication errors from 1/19/24 to 3/4/24.</p> <p>R1's Nurse Practitioner (NP) follow-up hospital visit, dated 3/4/24, identified R1 was sent to the emergency department (ED) on 2/23/24 for hypotension and altered mental status, while inpatient R1 was treated for hypernatremia (high concentration of sodium in the blood) and furosemide (medication used to treat fluid retention), hydralazine, and lisinopril (medication that relaxes and widens the blood vessels lowering blood pressure) were held and resumed</p> | F 755  |   |   |

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| F 755   | <p>Continued From page 6</p> <p>when R1 returned to the facility on 3/1/24. In review of R1's MAR, both prior to and since returning from hospital, there are still episodes of the hydralazine being given despite blood pressures being below the hold parameters. Parameters to hold if SBP &lt;150 are not always followed. R1 had received the hydralazine when systolic blood pressure (SBP) was in the 110's. In previous discussions with nurse managers, challenging to have hold parameters in their LTC setting as trained medication aides (TMA)'s are usually giving meds and do not have within their scope to follow parameters. Risk for hypotension with ongoing use of hydralazine, so will discontinue. Will continue with BID (twice a day) blood pressure checks to see if additional anti-hypertensives are required.</p> <p>During an interview on 3/4/24 at 3:13 p.m., TMA-A indicated R1's hydralazine hcl cannot be given unless the top number of the blood pressure was greater than 150. TMA-A reviewed R1's MAR and stated, "I gave R1 the blood pressure medication a few times when the top number was below 150." TMA-A indicated R1's noon dose today was given even though R1's systolic blood pressure was less than 150. TMA-A stated, "I must not have been paying attention to that." TMA-A indicated this would be a medication error and would have to be reported to the nurse.</p> <p>During an observation and interview on 3/4/24, at 3:46 p.m., R1 was lying in bed and stated, the staff check my blood pressure at least three times a day and was unsure of what medications she received.</p> <p>During an interview on 3/4/24 at 3:55 p.m.,</p> | F 755  |   |   |

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| F 755   | <p>Continued From page 7</p> <p>licensed practical nurse (LPN)-A reviewed R1's MAR and stated, it looks like R1 had been given hydralazine hcl multiple time when the parameter was to hold the medication if R1's systolic was under 150. LPN-A indicated these would be medication errors and the physician should have been notified. LPN-A stated, "it looks like staff are not paying attention to the order."</p> <p>During an interview on 3/4/24 at 4:15 p.m., registered nurse (RN)-A indicated she was the nurse manager of R1's floor. RN-A reviewed R1's MAR's and was unaware that R1 received hydralazine HCL numerous times for the months of February and March in error. RN-A stated, staff were not following doctors' orders, these would be medication errors, nursing would need to monitor R1's blood pressure, notify the provider, and do a med error report.</p> <p>During an interview on 3/4/24 at 4:48 p.m., director of nursing (DON) indicated RN-A had just informed her about R1's medication errors with hydralazine hcl being given numerous times over the last couple months due to not following R1's blood pressure parameters. DON indicated physician orders for medications should be followed, when they are not followed it would be a medication error. When a medication error occurred, staff would monitor the resident for adverse effects, complete a med error report, and the physician would need to be updated.</p> <p>Facility policy, Medication Management Policy revised 3/31/23, identified the purpose for the facility to be free of medication errors ... 1. All medication errors must be reported immediately upon identification of the error occurring. Complete the Medication error in Point Click Care</p> | F 755  |   |   |

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| F 755   | Continued From page 8<br>under assessment tab. Inform the Nursing Supervisor and Director of Nursing (DON) of the error. DON/Designee will complete a root cause analysis of the error. 2. Resident's MD/NP needs to be notified: the immediacy of notification is dependent on the category or error, harm/lack of harm to the Resident and time of day; notification timing will be determined by the Nursing Supervisor or DON/Designee. 3. Initiate any orders received from MD/NP. 4. Family notification of medication error is dependent on the administration of the wrong drug, wrong dose or omission of a drug with respect for the time of day; be sure communication is followed through if the call is to be made on a following shift. 5. A medication error could originate from other entities, not exclusively pharmacy and facility (e.g., providers, family, lab, software provider, etc.); and communicated to that entity for their own root cause analysis and process improvement. 6. Root cause analysis is to be completed for all medication errors. This process is necessary to prevent a repeat of the error and/or determine system issues. 7. DON/Designee will review the medication error UDA in Point Click Care, determine category of error and close and lock it. DON/Designee will then complete a root cause analysis for medication error and place type of error onto the tracking log. 8. DON reviews all medication error reports, is responsible for determining notification of error to the Medical Director and intervention, if any, regarding the individual employee or medication systems/procedures. 9. Re-education and/or disciplinary measures are to be implemented as outlined below based on the type or error and prescribed educational and/or counseling intervention. Disciplinary measures are at the discretion of the DON based on the | F 755  |   |   |

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| F 755   | Continued From page 9<br>individual circumstances. 10. Internal tracking of the steps taken for education, counseling, or discipline of individual employees is to be maintained and progressive intervention as necessary. 11. Any disciplinary action that included limiting of practice or termination of the employee must be reported to the MN Board of Nursing for license nursing staff or the Nursing Assistant Registry for Trained Medication Aides (TMA). 12. Medication errors are tracked by the DON or Designee. Tracking and individual medication error reports as appropriate, are reviewed at the facility QAPI meeting and by the Consulting Pharmacist to provide additional review for system issues. INTERNAL MEDICATION ERROR CHART identified a Category and Description Example ...D Error that reached the patient and could have necessitated monitoring and or intervention to preclude harm, example: Regular release metoprolol (blood pressure medication) was ordered for patient instead of extended release. E Error that could have caused temporary harm. Example: Blood pressure medication was inadvertently omitted from the orders. A medication error is any preventable event that may cause or lead to inappropriate medication use or patient/resident harm while the medication is in the control of a healthcare professional or patient/resident. (U.S. Food & Drug Administration, 2022). SNF Med Error definitions identified an event: Medication administered outside the parameters that the MD/NP ordered ... | F 755  |   |   |

Minnesota Department of Health

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| 2 000 | <p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;"><b>NH LICENSING CORRECTION ORDER</b></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:<br/>On 2/29/24 and 3/4/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was not in compliance with the MN State Licensure, and the following licensing order(s) (was/were) issued. Please indicate in your electronic plan of correction you have reviewed</p> | 2 000 |  |  |
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| Minnesota Department of Health<br>LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE<br><br><b>Electronically Signed</b> | TITLE | (X6) DATE<br><b>03/21/24</b> |
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| 2 000 | <p>Continued From page 1</p> <p>these orders and identify the date when they will be completed.</p> <p>The following complaints were reviewed: H54601222C (MN101132 and MN101141) with a licensing order issued at (1545). Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction.</p> <p>You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at &lt;<a href="https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html">https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html</a>&gt; The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form.</p> | 2 000 |  |  |
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| 2 000              | Continued From page 2<br><br>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.   | 2 000         |   |                    |
| 21545              | MN Rule 4658.1320 A.B.C Medication Errors<br><br>A nursing home must ensure that:<br>A. Its medication error rate is less than five percent as described in the Interpretive Guidelines for Code of Federal Regulations, title 42, section 483.25 (m), found in Appendix P of the State Operations Manual, Guidance to Surveyors for Long-Term Care Facilities, which is incorporated by reference in part 4658.1315. For purposes of this part, a medication error means:<br>(1) a discrepancy between what was prescribed and what medications are actually administered to residents in the nursing home; or<br>(2) the administration of expired medications.<br>B. It is free of any significant medication error. A significant medication error is:<br>(1) an error which causes the resident discomfort or jeopardizes the resident's health or safety; or<br>(2) medication from a category that usually requires the medication in the resident's blood to be titrated to a specific blood level and a single medication error could alter that level and precipitate a reoccurrence of symptoms or toxicity. All medications are administered as prescribed. An incident report or medication error report must be filed for any medication error that occurs. Any significant medication errors or resident reactions must be reported to the physician or the physician's designee and the | 21545         |   | 4/5/24             |

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| 21545              | <p>Continued From page 3</p> <p>resident or the resident's legal guardian or designated representative and an explanation must be made in the resident's clinical record.</p> <p>C. All medications are administered as prescribed. An incident report or medication error report must be filed for any medication error that occurs. Any significant medication errors or resident reactions must be reported to the physician or the physician's designee and the resident or the resident's legal guardian or designated representative and an explanation must be made in the resident's clinical record.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview and document review the facility failed to administer blood pressure medication according to physician orders and failed to identify and report the medication errors to the physician for 1 of 1 resident (R1), reviewed for medication management.</p> <p>Findings include:</p> <p>Hypertension (high blood pressure): when the pressure in your blood vessels is too high (140/90 (millimeters of mercury) mmHg or higher).</p> <p>Hypotension (low blood pressure): when blood flows through your blood vessels at lower-than-normal pressures (less than 90/60 mmHg).</p> <p>R1's Prospective Payment System PPS 5-day assessment dated 1/18/24, identified R1 to have intact cognition and had diagnoses of hypertension, cerebral vascular accident (stroke),</p> | 21545         | <p>Preparation, submission and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth in the statement of deficiencies. The facility has appealed the deficiencies and licensing violations stated herein. This Plan of Correction is prepared and/or executed to continuously improve the quality of care, to comply with all applicable state and federal regulatory requirements and constitutes the facility's allegation of compliance.</p> <p>It is the policy of Jones-Harrison to ensure that all medications are accurately administered based upon physician orders.</p> <p>1. Corrective Action regarding R1: Nurses and Trained on that unit were immediately educated regarding the specific parameters listed in the physician</p> |                    |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>JONES HARRISON RESIDENCE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3700 CEDAR LAKE AVENUE<br/>MINNEAPOLIS, MN 55416</b> |
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| 21545 | <p>Continued From page 4</p> <p>and congestive heart failure (when your heart can't pump blood hard enough to give your body a normal supply).</p> <p>R1's physician orders dated 1/19/24, identified an order for hydralazine hcl (vasodilator used to treat high blood pressure) to give 50 milligrams (mg) by mouth three times a day. Hold for systolic (the first number that measures the pressure in your arteries when your heart beats) blood pressure of less than 150.</p> <p>R1's January 2024 medication administration record (MAR) identified R1 was given hydralazine hcl 50 mg, 27 times when the systolic blood pressure (SBP) was less than 150 on the following days and times resulting in medication errors:</p> <p>1/20/24: 8:00 a.m. when BP was 129/51, 12:00 p.m. when BP was 111/44 and 8:00 p.m. when BP was 109/62.<br/> 1/21/24: 8:00 a.m. when BP was 127/59, 12:00 p.m. when BP was 127/59 and 8:00 p.m. when BP was 127/59.<br/> 1/22/24: 8:00 a.m. when BP was 138/54, 12:00 p.m. when BP was 127/50 and 8:00 p.m. when BP was 127/50.<br/> 1/23/24: 8:00 p.m. when BP was 78/76.<br/> 1/24/24: 8:00 a.m. when BP was 135/53 and 12:00 p.m. when BP was 135/53, 8:00 p.m. the number "13" indicated, "Vitals outside parameters" was documented with no blood pressure reading noted.<br/> 1/25/24: 8:00 a.m. when BP was 136/61, and 12:00 p.m. when BP was 124/60.<br/> 1/26/24: 12:00 p.m. when BP was 129/51.<br/> 1/27/24: 12:00 p.m. when BP was 127/69 and 8:00 p.m. when BP was 149/74.<br/> 1/28/24: 8:00 a.m. when BP was 138/69, 12:00 p.m. when BP was 124/82 and 8:00 p.m. when</p> | 21545 | <p>order relative to R1's blood pressure medication. Medication Administration and Medication error policies were reviewed and remain current. All Nurses and Trained Medications Aides will be re-educated to these processes.</p> <p>2. Corrective Action as it applies to other residents: The care center completed a facility wide audit of all similar blood pressure medication parameters to ensure that these medications were being administered per physician orders.</p> <p>3. Re-occurrence will be prevented by having Nursing Administration conduct weekly audits for medications requiring blood pressure parameters for the first month beginning in April, and based upon results, these audits will be tapered for the following 2 months. Moreover, we will complete a medication administration observation specifically for blood pressure meds requiring parameters for 50% of our residents during the month of April, and based upon results, the med administrations observations will be tapered for the following 2 months. All results will be reviewed by our Quality Assurance Performance Improvement Team and based upon results; periodic audits may continue.</p> <p>4. The correction will be monitored by: Director of Nursing or designee.</p> |  |
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| 21545 | <p>Continued From page 5</p> <p>BP was 113/69.<br/>1/29/24: 8:00 a.m. when BP was 124/69, 12:00 p.m. when BP was 107/65 and 8:00 p.m. when BP was 94/59.<br/>1/30/24: 8:00 a.m. 123/66, 12:00 p.m., 133/71 and 8:00 p.m. 134/70.<br/>1/31/24:12:00 p.m. 112/66. 8:00 p.m. the number "13" indicated, "Vitals outside parameters" was documented with no blood pressure reading noted.</p> <p>R1's February 2024 MAR identified R1 was given hydralazine hcl 50 mg 45 times when the SBP was less than 150 on the following days and times resulting in medication errors:<br/>2/1/24: 12:00 p.m. when BP was 146/69.<br/>2/2/24: 8:00 a.m. when BP was 121/50.<br/>2/3/24: 12:00 p.m. when BP was 116/65 and 8:00 p.m. when BP was 128/77.<br/>2/4/24: 8:00 a.m. when BP was 138/68, 12:00 p.m. when BP was 111/65 and 8:00 p.m. when BP was 127/74.<br/>2/5/24: 8:00 a.m. when BP was 138/53, 12:00 p.m. when BP was 119/65 and 8:00 p.m. when BP was 141/74.<br/>2/6/24: 12:00 p.m. when BP was 133/55 and 8:00 p.m. when BP was 133/55.<br/>2/7/24: 8:00 p.m. no blood pressure and medication not documented as given. Review of R1's progress notes did not identify if R1's medication was given or held or if blood pressure was checked.<br/>2/8/24: 12:00 p.m. when BP was 117/68 and 8:00 p.m. when BP was 117/68.<br/>2/9/24: 8:00 a.m. when BP was 144/74, 12:00 p.m. when BP was 117/67 and 8:00 p.m. when BP was 93/53.<br/>2/10/24: 8:00 a.m. when BP was 116/66, 12:00 p.m. when BP was 146/70 and 8:00 p.m. when BP was 119/65.</p> | 21545 |  |  |
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| 21545 | <p>Continued From page 6</p> <p>2/11/24: 8:00 a.m. when BP was 123/21, 12:00 p.m. when BP was 114/66 and 8:00 p.m. when BP was 131/64.</p> <p>2/12/24: 8:00 p.m. when BP was 137/64.</p> <p>2/14/24: 8:00 a.m. when BP was 119/64 and 12:00 p.m. when BP was 119/64.</p> <p>2/15/24: 8:00 a.m. when BP was 139/53, 12:00 p.m. when BP was 103/52 and 8:00 p.m. when BP was 127/64.</p> <p>2/16/24: 8:00 a.m. when BP was 138/65 and 12:00 p.m. when BP was 138/65.</p> <p>2/17/24: 8:00 a.m. when BP was 147/78, 12:00 p.m., 147/78 and 8:00 p.m. when BP was 101/58.</p> <p>2/18/24: 8:00 a.m. when BP was 125/63, 12:00 p.m., 138/68 and 8:00 p.m. when BP was 138/68.</p> <p>2/19/24: 8:00 a.m. when BP was 93/36, 12:00 p.m., 100/45 and 8:00 p.m. when BP was 138/64.</p> <p>2/20/24: 8:00 a.m. when BP was 77/52, and 12:00 p.m. when BP was 126/77. At 8:00 p.m. 90/61 a number "5" was documented indicating the medication was held see progress notes. Review of R1's progress notes did not identify if R1's medication was given or held, at 10:25 a.m. identified R1's blood pressure was written as 77/52 which was incorrect, correct B/P was 105/55.</p> <p>2/21/24: 8:00 a.m. when BP was 115/69 and 12:00 p.m. when BP was 115/69.</p> <p>2/22/24 identified a number "5" was documented indicating the medication was held at 8:00 a.m., 12:00 p.m. and 8:00 p.m. with no blood pressures documented. Review of R1's progress notes did not identify if R1's medication was given or held or if blood pressures were checked.</p> <p>R1's progress note dated 2/23/24, at 8:58 a.m. identified R1 appeared to be lethargic, responded to verbal commands slowly, B/P 89/35 at 9:30 a.m. R1 was sent to the hospital.</p> | 21545 |  |  |
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| 21545 | <p>Continued From page 7</p> <p>R1's March 2024 MAR identified R1 was given hydralazine hcl 50 mg 5 times when the systolic blood pressure was less than 150 on the following days and times resulting in medication errors:<br/>           3/2/24: 8:00 a.m. when BP was 118/64 and 8:00 p.m. when BP was 93/54.<br/>           3/3/24: 8:00 a.m., 111/58 had a number "9" documented indicating to "see progress notes," review of R1's progress notes on 3/3/24 does not identify that medication was held. 8:00 p.m. when BP was 107/61.<br/>           3/4/24: 12:00 p.m. when BP was 132/73.</p> <p>Review of R1's medical record identified R1 received hydralazine hcl 50 mg against physician ordered blood pressure parameters resulting in 77 medication errors. No documentation was found that the facility notified a physician of R1's ongoing medication errors from 1/19/24 to 3/4/24.</p> <p>R1's Nurse Practitioner (NP) follow-up hospital visit, dated 3/4/24, identified R1 was sent to the emergency department (ED) on 2/23/24 for hypotension and altered mental status, while inpatient R1 was treated for hypernatremia (high concentration of sodium in the blood) and furosemide (medication used to treat fluid retention), hydralazine, and lisinopril (medication that relaxes and widens the blood vessels lowering blood pressure) were held and resumed when R1 returned to the facility on 3/1/24. In review of R1's MAR, both prior to and since returning from hospital, there are still episodes of the hydralazine being given despite blood pressures being below the hold parameters. Parameters to hold if SBP &lt;150 are not always followed. R1 had received the hydralazine when systolic blood pressure (SBP) was in the 110's. In previous discussions with nurse managers,</p> | 21545 |  |  |
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| 21545 | <p>Continued From page 8</p> <p>challenging to have hold parameters in their LTC setting as trained medication aides (TMA)'s are usually giving meds and do not have within their scope to follow parameters. Risk for hypotension with ongoing use of hydralazine, so will discontinue. Will continue with BID (twice a day) blood pressure checks to see if additional anti-hypertensives are required.</p> <p>During an interview on 3/4/24 at 3:13 p.m., TMA-A indicated R1's hydralazine hcl cannot be given unless the top number of the blood pressure was greater than 150. TMA-A reviewed R1's MAR and stated, "I gave R1 the blood pressure medication a few times when the top number was below 150." TMA-A indicated R1's noon dose today was given even though R1's systolic blood pressure was less than 150. TMA-A stated, "I must not have been paying attention to that." TMA-A indicated this would be a medication error and would have to be reported to the nurse.</p> <p>During an observation and interview on 3/4/24, at 3:46 p.m., R1 was lying in bed and stated, the staff check my blood pressure at least three times a day and was unsure of what medications she received.</p> <p>During an interview on 3/4/24 at 3:55 p.m., licensed practical nurse (LPN)-A reviewed R1's MAR and stated, it looks like R1 had been given hydralazine hcl multiple time when the parameter was to hold the medication if R1's systolic was under 150. LPN-A indicated these would be medication errors and the physician should have been notified. LPN-A stated, "it looks like staff are not paying attention to the order."</p> <p>During an interview on 3/4/24 at 4:15 p.m.,</p> | 21545 |  |  |
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| 21545 | <p>Continued From page 9</p> <p>registered nurse (RN)-A indicated she was the nurse manager of R1's floor. RN-A reviewed R1's MAR's and was unaware that R1 received hydralazine HCL numerous times for the months of February and March in error. RN-A stated, staff were not following doctors' orders, these would be medication errors, nursing would need to monitor R1's blood pressure, notify the provider, and do a med error report.</p> <p>During an interview on 3/4/24 at 4:48 p.m., director of nursing (DON) indicated RN-A had just informed her about R1's medication errors with hydralazine hcl being given numerous times over the last couple months due to not following R1's blood pressure parameters. DON indicated physician orders for medications should be followed, when they are not followed it would be a medication error. When a medication error occurred, staff would monitor the resident for adverse effects, complete a med error report, and the physician would need to be updated.</p> <p>Facility policy, Medication Management Policy revised 3/31/23, identified the purpose for the facility to be free of medication errors ... 1. All medication errors must be reported immediately upon identification of the error occurring. Complete the Medication error in Point Click Care under assessment tab. Inform the Nursing Supervisor and Director of Nursing (DON) of the error. DON/Designee will complete a root cause analysis of the error. 2. Resident's MD/NP needs to be notified: the immediacy of notification is dependent on the category or error, harm/lack of harm to the Resident and time of day; notification timing will be determined by the Nursing Supervisor or DON/Designee. 3. Initiate any orders received from MD/NP. 4. Family notification of medication error is dependent on</p> | 21545 |  |  |
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| 21545 | <p>Continued From page 10</p> <p>the administration of the wrong drug, wrong dose or omission of a drug with respect for the time of day; be sure communication is followed through if the call is to be made on a following shift. 5. A medication error could originate from other entities, not exclusively pharmacy and facility (e.g., providers, family, lab, software provider, etc.); and communicated to that entity for their own root cause analysis and process improvement. 6. Root cause analysis is to be completed for all medication errors. This process is necessary to prevent a repeat of the error and/or determine system issues. 7. DON/Designee will review the medication error UDA in Point Click Care, determine category of error and close and lock it. DON/Designee will then complete a root cause analysis for medication error and place type of error onto the tracking log. 8. DON reviews all medication error reports, is responsible for determining notification of error to the Medical Director and intervention, if any, regarding the individual employee or medication systems/procedures. 9. Re-education and/or disciplinary measures are to be implemented as outlined below based on the type or error and prescribed educational and/or counseling intervention. Disciplinary measures are at the discretion of the DON based on the individual circumstances. 10. Internal tracking of the steps taken for education, counseling, or discipline of individual employees is to be maintained and progressive intervention as necessary. 11. Any disciplinary action that included limiting of practice or termination of the employee must be reported to the MN Board of Nursing for license nursing staff or the Nursing Assistant Registry for Trained Medication Aides (TMA). 12. Medication errors are tracked by the DON or Designee. Tracking and individual medication error reports as appropriate, are</p> | 21545 |  |  |
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| 21545              | <p>Continued From page 11</p> <p>reviewed at the facility QAPI meeting and by the Consulting Pharmacist to provide additional review for system issues. INTERNAL MEDICATION ERROR CHART identified a Category and Description Example ...D Error that reached the patient and could have necessitated monitoring and or intervention to preclude harm, example: Regular release metoprolol (blood pressure medication) was ordered for patient instead of extended release. E Error that could have caused temporary harm. Example: Blood pressure medication was inadvertently omitted from the orders. A medication error is any preventable event that may cause or lead to inappropriate medication use or patient/resident harm while the medication is in the control of a healthcare professional or patient/resident. (U.S. Food &amp; Drug Administration, 2022). SNF Med Error definitions identified an event: Medication administered outside the parameters that the MD/NP ordered ...</p> <p><b>SUGGESTED METHOD OF CORRECTION:</b><br/>The director of nursing (DON) or designee could review and revise policies and procedures for medication errors. The director of nursing or designee could develop a system to educate staff and develop a monitoring system to ensure medications were correctly administered. The quality assurance committee could monitor these measures to ensure compliance.</p> <p><b>TIME PERIOD FOR CORRECTION:</b> Twenty One (21) days</p> | 21545         |   |                    |