DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
December 13, 2021

Administrator
Prairie Manor Care Center
220 Third Street Northwest
Blooming Prairie, MN 55917

RE: CCN: 245482
Cycle Start Date: August 26, 2021

Dear Administrator:

On October 11, 2021, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

Melissa Poepping, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poepping@state.mn.us

Electronically delivered
September 14, 2021

Administrator
Prairie Manor Care Center
220 Third Street Northwest
Blooming Prairie, MN 55917

RE: CCN: 245482
Cycle Start Date: August 26, 2021

Dear Administrator:

On August 26, 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 isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

ELECTRONIC PLAN OF CORRECTION (ePoC)

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

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

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

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

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

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

DEPARTMENT CONTACT

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

Annette Winters, Rapid Response Unit Supervisor
Metro 1, Golden Rule Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: annette.m.winters@state.mn.us
Mobile: (651) 558-7558

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 November 26, 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 February 26, 2022 (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
	245482	A. BUILDING _____ B. WING _____	C 08/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE MANOR CARE CENTER	**220 THIRD STREET NORTHWEST BLOOMING PRAIRIE, MN 55917**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS On 8/26/21, a standard abbreviated survey was conducted at your facility. Your facility was found to be NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaints were found to be SUBSTANTIATED: H5482033C (MN75728 and MN76010), with a deficiency cited at F684. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	F 000		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the	F 684	By 10/01/2021 we will have ensured that	10/8/21

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

Electronically Signed | 09/22/2021

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F 684	Continued From page 1 facility failed to follow the facility policy and/or physician orders related to resident weight gain, edema monitoring, and complete ongoing assessments for 3 of 3 residents (R1, R2, and R3) reviewed for quality of care. Findings include: R1's physician order dated 09/23/20 indicated daily weights everyday shift, goal weight 180-183 pounds (lbs.). R1's physician order dated 10/31/20 indicated staff were to monitor for fluid overload every Saturday, chart progress note weight, shortness of breath, edema, lung sounds, oxygen saturations, and respirations. R1's physician order dated 12/12/20 indicated staff were to low stretch wraps for edema; wrap right lower extremity. Do not wrap too tight. On during the day off at night. R1's hospital discharge summary dated 06/28/21 indicated R1 was admitted to the hospital on 6/25/21, with diagnoses that included fluid overload and was readmitted to the facility on 6/28/21. The summary indicated while R1 was hospitalized R1's diuretic medication was changed; the new order was Torsemide 10 mg (milligrams) once a day for congestive heart failure for 30 days, indicating a stop date of 7/29/21. R1's facility physician orders dated 06/28/21 identified the Torsemide per the hospital discharge summary. R1's progress noted date 7/9/21 indicated R1 was	F 684	weight increases are more accurately captured and monitored as outlined in the weight change policy by adding additional questions in the EMAR system of Point Click Care. These questions will require a response and will trigger need for additional assessment and monitoring if indicated. These questions will be put in by DON or designee. Questions include… Y/N is there weight gain of 2lb in 24 hours? Y/N is there weight gain of 5lbs in 1 week? Y/N assessment completed/documented if weight gain? Y/N physician notified of weight gain? By 10/08/21 all related policies and procedures will be reviewed by the DON or designee. By 10/08/21 There will be a nurse meeting for LPN's and RN's to review policies and procedures on edema monitoring, fluid overload/CHF monitoring, lung sounds assessment, status change, and reporting to physician and continued assessment of fluid overload. This training will be led by the DON or designee. The three residents from the survey confirmed to have failed monitoring have been assessed for edema/fluid and weight gain and provider notified per protocol. This was overseen by the DON. By 10/08/21 DON or designee will review all residents based on diseases, diagnosis, and medication regimen to	

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F 684	Continued From page 2 readmitted back to the hospital on 7/9/21 and R1's hospital discharge summary identified R1 returned to the facility on 7/12/21. The discharge summary indicated R1 was supposed to continue to take Torsemide 10 mg daily; the order did not identify a stop date. R1's facility physician order records did not identify a revision to the Torsemide order in accordance with the hospital discharge summary dated 7/12/21; facility orders continued to identify the Torsemide was to stop on 7/29/21. R1's progress notes on 7/26/21, identified R1 did not have shortness of breath and bilateral lower extremity edema. R1's physician visit dated 7/28/21, identified diagnosis of congestive heart failure with goal weight of 180 lbs. The physical exam indicated R1 had 3+ pitting edema in right and left lower legs. R1's weight record identified at the time of the visit R1 weighed 197.0 lbs. R1's medication administration record (MAR) identified from 7/30/21 to 8/10/21, R1 did not receive torsemide as prescribed according to the hospital discharge summary dated 7/12/2021. R1's weight record in conjunction with progress notes from 7/28/21 to 8/9/21. The record identified R1's had an increase in weight and lacked evidence of physician notification and did not include ongoing monitoring and assessment/evaluation of edema or fluid volume status. -On 7/29/21, wt. was 197.4 lbs. -On 7/30/21, wt. was 199.6 lbs. -On 7/31/21, wt. was 199.6 lbs.	F 684	ensure no other residents have been missed for edema/fluid and weight monitoring. DON or designee will conduct random weekly audits for the month of 10/2021 to ensure proper monitoring and documentation has been completed in review of resident weights, monitoring of edema, physician notification and follow up, and diuretic medications administered as ordered. Proof of the staff training, updated policies, and the October audits will be brought to the interdisciplinary team during the December 2021 QAPI meeting.	

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F 684	Continued From page 3 -On 8/1/21, wt. was 199.8 lbs. -On 8/2/21, wt. was 200.2 lbs. -On 8/3/21, wt. was 201.6 lbs. -On 8/7/21, wt. was 201.6 lbs. -On 8/9/21, wt. was 202.8 lbs. R1's record from 7/28/21 to 8/7/21, did not include edema monitoring, lacked evaluations of fluid volume status despite documentation of 2 lb. weight gains in 24 hours, and lacked evidence of physician notification in accordance with the facility's Fluid Overload policy dated 2/2021. R1's fluid monitoring note dated 8/7/21, at 2:54 a.m. included "She was noted to be having BLE [bilateral lower extremity] edema. She also has SOB [shortness of breath] after using toilet. Resident has been steadily gaining wt. for the last few months. Feet elevated in bed and the RLE [right lower extremity] will be wrapped in the morning." R1's progress note dated 8/7/21, at 1:36 p.m. identified R1 did not have shortness of breath or edema. R1's care plan dated 8/9/21, did not identify diagnosis of congestive heart failure and/or a corresponding plan of care for fluid management. R1's progress notes dated 8/10/21, indicated R1 was short of breath, had edema, physician was notified, and R1 was sent to the emergency room for further evaluation. During an interview on 8/26/21, at 8:15 a.m. assistant director of nursing (ADON) stated R1 had history of congestive heart failure and her renal function had been steadily declining;	F 684		

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F 684	Continued From page 4	F 684		

hospice had been recommended on 8/4/21. ADON stated there was a medication error with the torsemide; it was supposed to be continued after 7/29/21, however, had the torsemide been administered it likely would have hurt the kidneys more.

During an interview on 8/26/21, at 2:13 p.m. director of nursing (DON) indicated it was the facility policy to notify the physician of a 2 lb. weight gain in one day or five pounds in a week. DON indicated residents with diagnosis of congestive heart failure and/or on diuretic medications are evaluated for fluid volume status once a week, however if there was evidence of changes such as weight gain or respiratory symptoms expected more frequent monitoring. DON stated expectation physicians are notified according to the facility policy and procedures. DON reviewed R1's record and confirmed R1 had a weight gain and indicated the physician should have been notified according to the policy. DON verified the lack of edema monitoring and evaluations and indicated the documentation should have been more descriptive.

During an interview on 8/26/21, at 3:05 p.m. nurse practitioner (NP) indicated a familiarity of R1's medical history. NP stated she would expect nursing to report the increase in weight and evaluate the swelling in addition to evaluating for other symptoms of fluid overload.

R2

During an observation and interview on 8/26/21, at 1:14 p.m. R2 sat in her wheelchair in her room, R2 had on compression stockings and her legs were in the dependent (down) position. R2 stated

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F 684	Continued From page 5	F 684		

an awareness of her recent weight gain and stated, "I think it's a lot of fluid, I think the fluid is going into my left breast, it feels heavy and sometimes it hurts". R2 indicated she wore compressions socks to improve circulation, stated they seemed harder to get on, and "my left leg feels heavy." When asked if nursing measured the amount of swelling by measuring or pushing on her legs with their finger, R2 responded "no they don't do that."

During an observation and interview on 8/26/21, at 1:20 p.m. licensed practical nurse (LPN)-A stated she was R2's nurse. LPN-A stated she had never used a tape measure to evaluate edema. LPN-A requested R2 allow her to check her legs for edema, R2 consented. LPN-A removed R2 stockings that came up to just below the knee; the skin as indented and red from where the stockings were. R2's left knee and thigh were larger compared to the right. LPN-A stated R2 had trace to 1+ edema around the ankle aspects with no pitting edema above in the left knee or thigh.

R2's physician order dated 7/19/2019 indicated daily weights, target weight 210 pounds (lbs.) Notify provider if weight is greater than 216 lbs.

R2's physician order dated 2/19/2020, Torsemide (diuretic medication) 100 milligrams (mg) two times a day for heart failure.

R2's physician order dated 5/29/20, indicated Metolazone (diuretic medication) 2.5 mg twice a week, ½ hour prior to torsemide on Mondays and Fridays for congestive heart failure.

R2's physician order dated 6/10/2020 indicated

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compression stocking on in the morning off at night, use ace wraps if stockings do not fit.

R2's physician order dated 11/9/2020 indicated complete fluid overload assessment on Saturdays Complete fluid overload assessment in chart progress note.

R2's annual Minimum Data Set (MDS) dated 7/15/21, indicated R2 did not have cognitive impairment and administered diuretic medication.

R2's physician visit dated 7/28/2021, indicated R2's last hospitalization was 11/2019 for heart failure exacerbation. The identified a cardiovascular diet and 2-liter fluid restriction were recommended. R2 had signed a waiver to remove the restriction. Note identified the target weight of 210 lbs. and on physical exam R2 had +2 pitting edema in both legs. The note indicated compression and elevation were helping the leg pain, however R2 requested a Biofreeze (analgesic cream) scheduled for leg pain.

R2's care plan dated 8/4/21, indicated R2 had CHF. Associated interventions included: Administer medications, oxygen and obtain lab work as ordered, Complete respiratory assessments weekly: include weight, edema, lung sounds, oxygen saturations, respirations, and any shortness of breath. R2's pacemaker care plan included the intervention to monitor/document/report to MD as needed any signs or symptoms of altered cardiac output or pacemaker malfunction.

R2's weight record in conjunction with progress notes from 8/10/21 to 8/26/21. The record identified R2's weight was above 216 lbs. since

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8/10/21; record lacked physician notification per physician orders. The record also did not include consistent monitoring or evaluation of edema and/or weight gain.
-On 8/10/21, wt. was 214.4 lbs.
-On 8/11/21, wt. was 216.2 lbs.
-On 8/14/21, wt. was 216.6 lbs.
-On 8/15/21, wt. was 217.2 lbs.
-On 8/17/21, wt. was 218.4 lbs.
-On 8/18/21, wt. was 219.4 lbs.
-On 8/19/21, wt. was 220.8 lbs.
-On 8/21/21, wt. was 218.2 lbs.
-On 8/23/21, wt. was 218.8 lbs.
-On 8/25/21, wt. was 219.0 lbs.
-On 8/26/21, wt. was 221.0 lbs.

R2's fluid monitoring note dated 8/7/21, indicated R2's weight was stable and "no new edema observed". The note had no other information pertaining to the presence of edema if any.

R2's fluid monitoring note dated 8/14/21, indicated R2's weight was "stable at 216.6 [lbs.]" and had "trace edema to BLE [bilateral lower extremities]". The note did not identify location and extent of the edema on R2's legs.

R2's fluid monitoring note dated 8/21/21, identified R2's weight was "stable" and R2 had "trace edema to BLE"

R2's record between 8/22/21 and 8/26/21, did not include edema monitoring and fluid volume status assessment.

During an interview on 8/26/21, at 1:23 p.m. LPN-A reviewed R2's progress notes and weights, indicated the last documentation of edema monitoring/evaluation was on 8/21/21.

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LPN-A indicated the note did not identify the location(s) of the edema and it could not conclusively be determined if R2's edema had worsened. LPN-A indicated an unawareness if the physician was notified pertaining to the weights above 216 lbs. LPN-A indicated that the floor nurses were supposed to notify the charge nurses, then the charge nurses would follow-up.

During an interview on 8/26/21, at 1:27 p.m. LPN-B reviewed R2's record and confirmed R2's weight had consistently stayed above 216 lbs. since 8/10/21. LPN-B stated an unawareness if the physician had been notified and confirmed the progress notes did not identify if the physician had been notified. Surveyor informed LPN-B of R2's statements during the interview pertaining to the location of where she felt the fluid build-up. LPN-B indicated an unawareness and stated when she had asked R2 about pain, R2 had denied pain anywhere but LPN-B had not thought to directly ask R2 about fluid gain locations as part of edema monitoring or evaluation.

During an interview on 8/26/21, at 2:13 p.m. director of nursing (DON) stated education had been provided on edema monitoring. DON reviewed R2's record and confirmed the weight gain, stated the physician should have been notified per orders. DON stated the nurse(s) should have identified the increase in weight as they are documenting, would expect increased monitoring and evaluations when there was a weight gain.

On 8/26/21, at 3:05 p.m. nurse practitioner (NP) stated she was not aware of R2's weight gain and stated an expectation the facility follows physician orders for notification of weight gains and monitor

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PRAIRIE MANOR CARE CENTER	**220 THIRD STREET NORTHWEST BLOOMING PRAIRIE, MN 55917**

(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 684	Continued From page 9	F 684		

evaluate edema when there were weight gains. NP indicated she would call and follow-up with the facility with new orders.

R3

During an observation and interview on 8/26/21, at 1:48 p.m. R3 sat in his wheelchair in his room; R3 had black compression socks on both legs and his legs were in the dependent (down) position. Both of R3's legs were observed to be edematous from foot to mid-shin area. R3 stated an awareness of a weight gain, and stated he has an increase swelling in his legs. R3 stated he typically only had more swelling in his left leg and small amount in his right, however, his left leg was more swollen than usual. R3 stated he could feel that his legs had more fluid in them. R3 stated that when he got up in the morning his right leg didn't have swelling but would by the end of the day. R3 stated since he was admitted to the facility, he has been sitting up in his chair more and was not elevating his legs during the day. R3 was asked if staff were measuring, his edema by using their fingers to press his legs to see if the skin would stay indented, R3 stated "no" they were not doing that.

During an observation and interview on 8/26/21, at 2:05 p.m. assistant director of nursing (ADON) entered R3's room, obtained consent to evaluate R3's edema. ADON pulled down R3's socks and took off his shoes. ADON used her fingers to press down in different locations on both of R3's legs; ADON stated R3 had +2 pitting edema from foot to knee on the right leg and +3 pitting edema from foot to knee on the left leg.

R3's admission assessment dated 7/9/21,

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identified R3 had +1 pitting edema in his upper and lower extremities. The assessment did not identify the exact location and/or extent of the edema.

R3's physician order dated 7/9/21 indicated Lasix (diuretic medication) 40 milligrams (mg) every day for leg edema.

R3's physician order dated 7/9/21 indicated daily weights, goal weight 285 pounds (lbs.).

R3's physician visit dated 7/13/21, identified diagnosis of "Edema Leg" and Physical Exam identified edema was present on right and left lower leg. Assessment and Plan for the edema included, "Will have facility apply bilateral lower extremity compression stockings and encourage patient to elevate lower extremities throughout the day as he is able."

R3's physician order dated 7/16/21, indicated Jobst stockings (compression stockings) on during the day/off at night.

R3's physician order dated 7/25/21 indicated fluid overload monitoring and chart progress note every Sunday (weight, shortness of breath, edema, lung sounds, oxygen saturations (02), respirations).

R3's care plan dated 8/4/21, did not identify diagnosis of edema or plan for edema management and did not include the physician's recommendation to elevate lower extremities

R3's weight record in conjunction with progress notes were reviewed from 8/5/21 to 8/26/21. The record identified a wt. gain above R3's physician

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prescribed goal wt. of 285 lbs.; The record did not include ongoing consistent monitoring and comprehensive evaluations/assessment of R3's edema and/or weight gains to ascertain fluid volume status.
-On 8/7/21, wt. was 285.7 lbs.
-On 8/8/21 wt. was 290.0 lbs.
-On 8/15/21 wt. was 292.0 lbs.
-On 8/19/21 wt. was 292.7 lbs.
-On 8/23/21 wt. was 293.4 lbs.
-On 8/25/21 wt. was 292.2 lbs.

The record lacked physician notification of the weight gain above R1's goal weight and in accordance with the facility's standing orders.

R3's progress note dated 8/5/21, indicated R3's weights were stable and "continues to have bilateral lower extremity edema." The note did not provide any further description of the edema.

R3's progress notes dated 8/8/21 through 8/10/21, did not identify the weight gain and indicated R3 did not have edema. Progress note on 8/11/21, included no new edema. Progress notes dated 8/12/21 through 8/26/21, did not identify a weight gain evaluation and indicated R3 did not have edema.

During an interview on 8/26/21, at 2:13 p.m. director of nursing (DON) stated education had been provided on edema monitoring. DON reviewed R3's record and confirmed the weight gain and the lack of edema monitoring and evaluation in conjunction with the weight gains. DON stated the nurse should identify the increase in weight as they are documenting, would expect increased monitoring and evaluations when there was a weight gain, and any complete required

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notification. DON stated an expectation of physician notification when weights were above goal range and/or notify the physician for 2 lb. weight gain in one day or 5 lbs. in a week per facility policy.

During an interview on 8/26/21, at 3:05 p.m. nurse practitioner (NP) indicated an unawareness R3 had a weight increase and was not at his goal weight. NP stated she would expect nursing to report the increase in weight and evaluate the swelling in addition to evaluating for other symptoms of fluid overload. NP indicated she would call and follow-up with the facility with new orders.

Facility Fluid Overload Monitoring policy dated 2/2021, included the following: Each resident with a diagnosis of Heart Failure and/or edema, kidney disease or any other pertinent diagnosis will be monitored for fluid overload to prevent possible health complications. Physician or NP will be notified of any changes or signs and symptoms of fluid overload. Residents that have heart failure/edema or other diagnosis that puts them at risk for fluid overload will have daily weights completed unless the physician specifies differently. Weight will be monitored per facility policy-see height and weight policy. If there is a noted weight increase of 2 lbs. or more in a day or 5 lbs. in a week, the nurse assigned to resident will complete a respiratory assessment. If there is an increase in edema noted when applying and/or removing ace wraps/compression socks, the nurse assigned to resident will complete a respiratory assessment. Assessment findings will be documented on. MD and/or hospice will be notified immediately of any signs or symptoms of fluid overload such as weight increase of 2 lbs. or

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F 684	Continued From page 13 more in a day or 5 lbs. in a week, feelings of shortness of breath, low oxygen saturations, increased edema, increased respirations, or abnormal lung sounds. All residents that are at risk for fluid overload on admission will have a respiratory assessment completed daily for 4 weeks and then will be assessed routinely at a minimum of once a week. If a resident has an increase in weight, the physician will be notified, and monitoring will be initiated immediately and to be completed daily for 1 week. Then will resume weekly assessments once stable.	F 684		

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
September 14, 2021

Administrator
Prairie Manor Care Center
220 Third Street Northwest
Blooming Prairie, MN 55917

Re: State Nursing Home Licensing Orders
Event ID: JT9611

Dear Administrator:

The above facility was surveyed on August 26, 2021 through August 26, 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:

Annette Winters, Rapid Response Unit Supervisor
Metro 1, Golden Rule Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: annette.m.winters@state.mn.us
Mobile: (651) 558-7558

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

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2 000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 8/26/21, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found NOT in compliance with the MN State Licensure. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date when they will be completed.	2 000		

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2 000	Continued From page 1 The following complaint was found to be SUBSTANTIATED: H5482033C (MN75728 and MN76010) with a licensing order issued at 0830. 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 out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction. You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at <https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html> The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of	2 000		

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2 000	Continued From page 2 state form. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.	2 000		
2 830	MN Rule 4658.0520 Subp. 1 Adequate and Proper Nursing Care; General Subpart 1. Care in general. A resident must receive nursing care and treatment, personal and custodial care, and supervision based on individual needs and preferences as identified in the comprehensive resident assessment and plan of care as described in parts 4658.0400 and 4658.0405. A nursing home resident must be out of bed as much as possible unless there is a written order from the attending physician that the resident must remain in bed or the resident prefers to remain in bed. This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to follow the facility policy and/or physician orders related to resident weight gain, edema monitoring, and complete ongoing assessments for 3 of 3 residents (R1, R2, and R3) reviewed for quality of care. Findings include: R1's physician order dated 09/23/20 indicated daily weights everyday shift, goal weight 180-183	2 830	By 10/01/2021 we will have ensured that weight increases are more accurately captured and monitored as outlined in the weight change policy by adding additional questions in the EMAR system of Point Click Care. These questions will require a response and will trigger need for additional assessment and monitoring if indicated. These questions will be put in by DON or designee. Questions include… Y/N is there weight gain of 2lb in 24	10/8/21

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2 830	Continued From page 3 pounds (lbs.). R1's physician order dated 10/31/20 indicated staff were to monitor for fluid overload every Saturday, chart progress note weight, shortness of breath, edema, lung sounds, oxygen saturations, and respirations. R1's physician order dated 12/12/20 indicated staff were to low stretch wraps for edema; wrap right lower extremity. Do not wrap too tight. On during the day off at night. R1's hospital discharge summary dated 06/28/21 indicated R1 was admitted to the hospital on 6/25/21, with diagnoses that included fluid overload and was readmitted to the facility on 6/28/21. The summary indicated while R1 was hospitalized R1's diuretic medication was changed; the new order was Torsemide 10 mg (milligrams) once a day for congestive heart failure for 30 days, indicating a stop date of 7/29/21. R1's facility physician orders dated 06/28/21 identified the Torsemide per the hospital discharge summary. R1's progress noted date 7/9/21 indicated R1 was readmitted back to the hospital on 7/9/21 and R1's hospital discharge summary identified R1 returned to the facility on 7/12/21. The discharge summary indicated R1 was supposed to continue to take Torsemide 10 mg daily; the order did not identify a stop date. R1's facility physician order records did not identify a revision to the Torsemide order in accordance with the hospital discharge summary dated 7/12/21; facility orders continued to identify	2 830	hours? Y/N is there weight gain of 5lbs in 1 week? Y/N assessment completed/documented if weight gain? Y/N physician notified of weight gain? By 10/08/21 all related policies and procedures will be reviewed by the DON or designee. By 10/08/21 There will be a nurse meeting for LPN's and RN's to review policies and procedures on edema monitoring, fluid overload/CHF monitoring, lung sounds assessment, status change, and reporting to physician and continued assessment of fluid overload. This training will be led by the DON or designee. The three residents from the survey confirmed to have failed monitoring have been assessed for edema/fluid and weight gain and provider notified per protocol. This was overseen by the DON. By 10/08/21 DON or designee will review all residents based on diseases, diagnosis, and medication regimen to ensure no other residents have been missed for edema/fluid and weight monitoring. DON or designee will conduct random weekly audits for the month of 10/2021 to ensure proper monitoring and documentation has been completed in review of resident weights, monitoring of edema, physician notification and follow up, and diuretic medications administered as ordered.	

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2 830	Continued From page 4 the Torsemide was to stop on 7/29/21. R1's progress notes on 7/26/21, identified R1 did not have shortness of breath and bilateral lower extremity edema. R1's physician visit dated 7/28/21, identified diagnosis of congestive heart failure with goal weight of 180 lbs. The physical exam indicated R1 had 3+ pitting edema in right and left lower legs. R1's weight record identified at the time of the visit R1 weighed 197.0 lbs. R1's medication administration record (MAR) identified from 7/30/21 to 8/10/21, R1 did not receive torsemide as prescribed according to the hospital discharge summary dated 7/12/2021. R1's weight record in conjunction with progress notes from 7/28/21 to 8/9/21. The record identified R1's had an increase in weight and lacked evidence of physician notification and did not include ongoing monitoring and assessment/evaluation of edema or fluid volume status. -On 7/29/21, wt. was 197.4 lbs. -On 7/30/21, wt. was 199.6 lbs. -On 7/31/21, wt. was 199.6 lbs. -On 8/1/21, wt. was 199.8 lbs. -On 8/2/21, wt. was 200.2 lbs. -On 8/3/21, wt. was 201.6 lbs. -On 8/7/21, wt. was 201.6 lbs. -On 8/9/21, wt. was 202.8 lbs. R1's record from 7/28/21 to 8/7/21, did not include edema monitoring, lacked evaluations of fluid volume status despite documentation of 2 lb. weight gains in 24 hours, and lacked evidence of physician notification in accordance with the facility's Fluid Overload policy dated 2/2021.	2 830	Proof of the staff training, updated policies, and the October audits will be brought to the interdisciplinary team during the December 2021 QAPI meeting.	

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2 830	Continued From page 5 R1's fluid monitoring note dated 8/7/21, at 2:54 a.m. included "She was noted to be having BLE [bilateral lower extremity] edema. She also has SOB [shortness of breath] after using toilet. Resident has been steadily gaining wt. for the last few months. Feet elevated in bed and the RLE [right lower extremity] will be wrapped in the morning." R1's progress note dated 8/7/21, at 1:36 p.m. identified R1 did not have shortness of breath or edema. R1's care plan dated 8/9/21, did not identify diagnosis of congestive heart failure and/or a corresponding plan of care for fluid management. R1's progress notes dated 8/10/21, indicated R1 was short of breath, had edema, physician was notified, and R1 was sent to the emergency room for further evaluation. During an interview on 8/26/21, at 8:15 a.m. assistant director of nursing (ADON) stated R1 had history of congestive heart failure and her renal function had been steadily declining; hospice had been recommended on 8/4/21. ADON stated there was a medication error with the torsemide; it was supposed to be continued after 7/29/21, however, had the torsemide been administered it likely would have hurt the kidneys more. During an interview on 8/26/21, at 2:13 p.m. director of nursing (DON) indicated it was the facility policy to notify the physician of a 2 lb. weight gain in one day or five pounds in a week. DON indicated residents with diagnosis of congestive heart failure and/or on diuretic	2 830		

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medications are evaluated for fluid volume status once a week, however if there was evidence of changes such as weight gain or respiratory symptoms expected more frequent monitoring. DON stated expectation physicians are notified according to the facility policy and procedures. DON reviewed R1's record and confirmed R1 had a weight gain and indicated the physician should have been notified according to the policy. DON verified the lack of edema monitoring and evaluations and indicated the documentation should have been more descriptive.

During an interview on 8/26/21, at 3:05 p.m. nurse practitioner (NP) indicated a familiarity of R1's medical history. NP stated she would expect nursing to report the increase in weight and evaluate the swelling in addition to evaluating for other symptoms of fluid overload.

R2

During an observation and interview on 8/26/21, at 1:14 p.m. R2 sat in her wheelchair in her room, R2 had on compression stockings and her legs were in the dependent (down) position. R2 stated an awareness of her recent weight gain and stated, "I think it's a lot of fluid, I think the fluid is going into my left breast, it feels heavy and sometimes it hurts". R2 indicated she wore compressions socks to improve circulation, stated they seemed harder to get on, and "my left leg feels heavy." When asked if nursing measured the amount of swelling by measuring or pushing on her legs with their finger, R2 responded "no they don't do that."

During an observation and interview on 8/26/21, at 1:20 p.m. licensed practical nurse (LPN)-A stated she was R2's nurse. LPN-A stated she had

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never used a tape measure to evaluate edema. LPN-A requested R2 allow her to check her legs for edema, R2 consented. LPN-A removed R2 stockings that came up to just below the knee; the skin as indented and red from where the stockings were. R2's left knee and thigh were larger compared to the right. LPN-A stated R2 had trace to 1+ edema around the ankle aspects with no pitting edema above in the left knee or thigh.

R2's physician order dated 7/19/2019 indicated daily weights, target weight 210 pounds (lbs.) Notify provider if weight is greater than 216 lbs.

R2's physician order dated 2/19/2020, Torsemide (diuretic medication) 100 milligrams (mg) two times a day for heart failure.

R2's physician order dated 5/29/20, indicated Metolazone (diuretic medication) 2.5 mg twice a week, ½ hour prior to torsemide on Mondays and Fridays for congestive heart failure.

R2's physician order dated 6/10/2020 indicated compression stocking on in the morning off at night, use ace wraps if stockings do not fit.

R2's physician order dated 11/9/2020 indicated complete fluid overload assessment on Saturdays Complete fluid overload assessment in chart progress note.

R2's annual Minimum Data Set (MDS) dated 7/15/21, indicated R2 did not have cognitive impairment and administered diuretic medication.

R2's physician visit dated 7/28/2021, indicated R2's last hospitalization was 11/2019 for heart failure exacerbation. The identified a

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2 830	Continued From page 8 cardiovascular diet and 2-liter fluid restriction were recommended. R2 had signed a waiver to remove the restriction. Note identified the target weight of 210 lbs. and on physical exam R2 had +2 pitting edema in both legs. The note indicated compression and elevation were helping the leg pain, however R2 requested a Biofreeze (analgesic cream) scheduled for leg pain. R2's care plan dated 8/4/21, indicated R2 had CHF. Associated interventions included: Administer medications, oxygen and obtain lab work as ordered, Complete respiratory assessments weekly: include weight, edema, lung sounds, oxygen saturations, respirations, and any shortness of breath. R2's pacemaker care plan included the intervention to monitor/document/report to MD as needed any signs or symptoms of altered cardiac output or pacemaker malfunction. R2's weight record in conjunction with progress notes from 8/10/21 to 8/26/21. The record identified R2's weight was above 216 lbs. since 8/10/21; record lacked physician notification per physician orders. The record also did not include consistent monitoring or evaluation of edema and/or weight gain. -On 8/10/21, wt. was 214.4 lbs. -On 8/11/21, wt. was 216.2 lbs. -On 8/14/21, wt. was 216.6 lbs. -On 8/15/21, wt. was 217.2 lbs. -On 8/17/21, wt. was 218.4 lbs. -On 8/18/21, wt. was 219.4 lbs. -On 8/19/21, wt. was 220.8 lbs. -On 8/21/21, wt. was 218.2 lbs. -On 8/23/21, wt. was 218.8 lbs. -On 8/25/21, wt. was 219.0 lbs. -On 8/26/21, wt. was 221.0 lbs.	2 830		

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2 830	Continued From page 9 R2's fluid monitoring note dated 8/7/21, indicated R2's weight was stable and "no new edema observed". The note had no other information pertaining to the presence of edema if any. R2's fluid monitoring note dated 8/14/21, indicated R2's weight was "stable at 216.6 [lbs.]" and had "trace edema to BLE [bilateral lower extremities]". The note did not identify location and extent of the edema on R2's legs. R2's fluid monitoring note dated 8/21/21, identified R2's weight was "stable" and R2 had "trace edema to BLE" R2's record between 8/22/21 and 8/26/21, did not include edema monitoring and fluid volume status assessment. During an interview on 8/26/21, at 1:23 p.m. LPN-A reviewed R2's progress notes and weights, indicated the last documentation of edema monitoring/evaluation was on 8/21/21. LPN-A indicated the note did not identify the location(s) of the edema and it could not conclusively be determined if R2's edema had worsened. LPN-A indicated an unawareness if the physician was notified pertaining to the weights above 216 lbs. LPN-A indicated that the floor nurses were supposed to notify the charge nurses, then the charge nurses would follow-up. During an interview on 8/26/21, at 1:27 p.m. LPN-B reviewed R2's record and confirmed R2's weight had consistently stayed above 216 lbs. since 8/10/21. LPN-B stated an unawareness if the physician had been notified and confirmed the progress notes did not identify if the physician had been notified. Surveyor informed LPN-B of R2's statements during the interview pertaining to	2 830		

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the location of where she felt the fluid build-up. LPN-B indicated an unawareness and stated when she had asked R2 about pain, R2 had denied pain anywhere but LPN-B had not thought to directly ask R2 about fluid gain locations as part of edema monitoring or evaluation.

During an interview on 8/26/21, at 2:13 p.m. director of nursing (DON) stated education had been provided on edema monitoring. DON reviewed R2's record and confirmed the weight gain, stated the physician should have been notified per orders. DON stated the nurse(s) should have identified the increase in weight as they are documenting, would expect increased monitoring and evaluations when there was a weight gain.

On 8/26/21, at 3:05 p.m. nurse practitioner (NP) stated she was not aware of R2's weight gain and stated an expectation the facility follows physician orders for notification of weight gains and monitor evaluate edema when there were weight gains. NP indicated she would call and follow-up with the facility with new orders.

R3

During an observation and interview on 8/26/21, at 1:48 p.m. R3 sat in his wheelchair in his room; R3 had black compression socks on both legs and his legs were in the dependent (down) position. Both of R3's legs were observed to be edematous from foot to mid-shin area. R3 stated an awareness of a weight gain, and stated he has an increase swelling in his legs. R3 stated he typically only had more swelling in his left leg and small amount in his right, however, his left leg was more swollen than usual. R3 stated he could feel that his legs had more fluid in them. R3

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stated that when he got up in the morning his right leg didn't have swelling but would by the end of the day. R3 stated since he was admitted to the facility, he has been sitting up in his chair more and was not elevating his legs during the day. R3 was asked if staff were measuring, his edema by using their fingers to press his legs to see if the skin would stay indented, R3 stated "no" they were not doing that.

During an observation and interview on 8/26/21, at 2:05 p.m. assistant director of nursing (ADON) entered R3's room, obtained consent to evaluate R3's edema. ADON pulled down R3's socks and took off his shoes. ADON used her fingers to press down in different locations on both of R3's legs; ADON stated R3 had +2 pitting edema from foot to knee on the right leg and +3 pitting edema from foot to knee on the left leg.

R3's admission assessment dated 7/9/21, identified R3 had +1 pitting edema in his upper and lower extremities. The assessment did not identify the exact location and/or extent of the edema.

R3's physician order dated 7/9/21 indicated Lasix (diuretic medication) 40 milligrams (mg) every day for leg edema.

R3's physician order dated 7/9/21 indicated daily weights, goal weight 285 pounds (lbs.).

R3's physician visit dated 7/13/21, identified diagnosis of "Edema Leg" and Physical Exam identified edema was present on right and left lower leg. Assessment and Plan for the edema included, "Will have facility apply bilateral lower extremity compression stockings and encourage patient to elevate lower extremities throughout

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2 830	Continued From page 12 the day as he is able." R3's physician order dated 7/16/21, indicated Jobst stockings (compression stockings) on during the day/off at night. R3's physician order dated 7/25/21 indicated fluid overload monitoring and chart progress note every Sunday (weight, shortness of breath, edema, lung sounds, oxygen saturations (02), respirations). R3's care plan dated 8/4/21, did not identify diagnosis of edema or plan for edema management and did not include the physician's recommendation to elevate lower extremities R3's weight record in conjunction with progress notes were reviewed from 8/5/21 to 8/26/21. The record identified a wt. gain above R3's physician prescribed goal wt. of 285 lbs.; The record did not include ongoing consistent monitoring and comprehensive evaluations/assessment of R3's edema and/or weight gains to ascertain fluid volume status. -On 8/7/21, wt. was 285.7 lbs. -On 8/8/21 wt. was 290.0 lbs. -On 8/15/21 wt. was 292.0 lbs. -On 8/19/21 wt. was 292.7 lbs. -On 8/23/21 wt. was 293.4 lbs. -On 8/25/21 wt. was 292.2 lbs. The record lacked physician notification of the weight gain above R3's goal weight and in accordance with the facility's standing orders. R3's progress note dated 8/5/21, indicated R3's weights were stable and "continues to have bilateral lower extremity edema." The note did not provide any further description of the edema.	2 830		

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2 830	Continued From page 13 R3's progress notes dated 8/8/21 through 8/10/21, did not identify the weight gain and indicated R3 did not have edema. Progress note on 8/11/21, included no new edema. Progress notes dated 8/12/21 through 8/26/21, did not identify a weight gain evaluation and indicated R3 did not have edema. During an interview on 8/26/21, at 2:13 p.m. director of nursing (DON) stated education had been provided on edema monitoring. DON reviewed R3's record and confirmed the weight gain and the lack of edema monitoring and evaluation in conjunction with the weight gains. DON stated the nurse should identify the increase in weight as they are documenting, would expect increased monitoring and evaluations when there was a weight gain, and any complete required notification. DON stated an expectation of physician notification when weights were above goal range and/or notify the physician for 2 lb. weight gain in one day or 5 lbs. in a week per facility policy. During an interview on 8/26/21, at 3:05 p.m. nurse practitioner (NP) indicated an unawareness R3 had a weight increase and was not at his goal weight. NP stated she would expect nursing to report the increase in weight and evaluate the swelling in addition to evaluating for other symptoms of fluid overload. NP indicated she would call and follow-up with the facility with new orders. Facility Fluid Overload Monitoring policy dated 2/2021, included the following: Each resident with a diagnosis of Heart Failure and/or edema, kidney disease or any other pertinent diagnosis will be monitored for fluid overload to prevent	2 830		

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2 830	Continued From page 14 possible health complications. Physician or NP will be notified of any changes or signs and symptoms of fluid overload. Residents that have heart failure/edema or other diagnosis that puts them at risk for fluid overload will have daily weights completed unless the physician specifies differently. Weight will be monitored per facility policy-see height and weight policy. If there is a noted weight increase of 2 lbs. or more in a day or 5 lbs. in a week, the nurse assigned to resident will complete a respiratory assessment. If there is an increase in edema noted when applying and/or removing ace wraps/compression socks, the nurse assigned to resident will complete a respiratory assessment. Assessment findings will be documented on. MD and/or hospice will be notified immediately of any signs or symptoms of fluid overload such as weight increase of 2 lbs. or more in a day or 5 lbs. in a week, feelings of shortness of breath, low oxygen saturations, increased edema, increased respirations, or abnormal lung sounds. All residents that are at risk for fluid overload on admission will have a respiratory assessment completed daily for 4 weeks and then will be assessed routinely at a minimum of once a week. If a resident has an increase in weight, the physician will be notified, and monitoring will be initiated immediately and to be completed daily for 1 week. Then will resume weekly assessments once stable. SUGGESTED METHOD OF CORRECTION: DON or designee could review and/or revise if appropriate the facility's protocols for fluid balance monitoring and assessment documentation expectations. The DON/designee could then re-educate nursing of the facility's expectations. The DON/designee then could identify residents who are at risk for fluid overload based on their disease process or medication	2 830		

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2 830	Continued From page 15 regimen and ensure residents are properly monitored/assessed for fluid balance and physicians were properly notified according to parameters set by the physician or facility policy. The DON/designee could then develop and implement an auditing system as part of their quality assurance program to ensure ongoing compliance and quality of care for residents served. TIME PERIOD FOR CORRECTION: Twenty One (21) days	2 830		