DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
December 16, 2020

Administrator
Augustana Mercy Care Center
710 South Kenwood Avenue
Moose Lake, MN 55767

RE: CCN: 245491
Cycle Start Date: September 17, 2020

Dear Administrator:

On October 8, 2020, we notified you a remedy was imposed. On December 8, 2020 the Minnesota Department(s) of Health and Public Safety completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of December 3, 2020.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective November 7, 2020 be discontinued as of December 3, 2020. (42 CFR 488.417 (b))

However, as we notified you in our letter of October 8, 2020, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from November 7, 2020. This does not apply to or affect any previously imposed NATCEP loss.

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

Feel free to contact me if you have questions.

Sincerely,

Joanne Simon, Enforcement Specialist
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: 651-201-4161 Fax: 651-215-9697
Email: joanne.simon@state.mn.us

cc: Licensing and Certification File

Electronically delivered
November 23, 2020

Administrator
Augustana Mercy Care Center
710 South Kenwood Avenue
Moose Lake, MN 55767

RE: CCN: 245491
Cycle Start Date: September 17, 2020

Dear Administrator:

On October 8, 2020, we informed you of imposed enforcement remedies.

On October 29, 2020, the Minnesota Department(s) of Health completed a survey and it has been determined that your facility continues to not to be in substantial compliance. The most serious deficiencies in your facility were found to be isolated deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567, whereby corrections are required.

As a result of the survey findings:

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective November 7, 2020, will remain in effect.

This Department continues to recommend that CMS impose a civil money penalty. (42 CFR 488.430 through 488.444).

You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective November 7, 2020. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective November 7, 2020.

You should notify all Medicare/Medicaid residents admitted on, or after, this date of the restriction. The remedy must remain in effect until your facility has been determined to be in substantial compliance or your provider agreement is terminated. Please note that the denial of payment for new admissions includes Medicare/Medicaid beneficiaries enrolled in managed care plans. It is your obligation to inform managed care plans contracting with your facility of this denial of payment for new admissions.

As we notified you in our letter of October 8, 2020, in accordance with Federal law, as specified in the

Act at Section 1819(f)(2)(B)(iii)(I)(b) and 1919(f)(2)(B)(iii)(I)(b), your facility is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from November 7, 2020.

ELECTRONIC PLAN OF CORRECTION (ePOC)

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable plan of correction (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. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

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.

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:

- Optional denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417 (a));

- Per day civil money penalty (42 CFR 488.430 through 488.444).

DEPARTMENT CONTACT

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

Teresa Ament, Unit Supervisor
Duluth District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Duluth Technology Village
11 East Superior Street, Suite 290

Duluth, Minnesota 55802-2007
Email: teresa.ament@state.mn.us
Phone: (218) 302-6151

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 - Health Regulation Division staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for their 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 SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by December 17, 2020 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. 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.

APPEAL RIGHTS

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at https://dab.efile.hhs.gov no later than sixty (60) days after

receiving this letter. Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request shall be submitted electronically to:

Tamika.Brown@cms.hhs.gov

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201
(202) 565-9462

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Tamika Brown, Principal Program Representative by phone at (312) 353-1502 or by e-mail at Tamika.Brown@cms.hhs.gov.

INFORMAL DISPUTE RESOLUTION/ 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 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,

Joanne Simon, Enforcement Specialist
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: 651-201-4161 Fax: 651-215-9697
Email: joanne.simon@state.mn.us

cc: Licensing and Certification File

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245491	A. BUILDING _____ B. WING _____	C 10/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUGUSTANA MERCY CARE CENTER	**710 SOUTH KENWOOD AVENUE MOOSE LAKE, MN 55767**

(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 10/28/20, through 10/29/20, an abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was found NOT to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. The following complaint was found to be SUBSTANTIATED: H5491038C, with a deficiency cited at F755. The following complaints were found to be UNSUBSTANTIATED: H5491037C and H5491039C The facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's 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 on-site revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.	F 000		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services 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	F 755		12/3/20

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

Electronically Signed | 12/02/2020

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 755	Continued From page 1 personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §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 §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: Based on interview and document review, the facility failed to ensure 1 of 3 residents (R3) received an antibiotic ordered to be given as soon as possible (ASAP) was given timely. Findings include: R3's Resident Profile, printed on 10/29/20, indicated R3's diagnoses included encounter for surgical aftercare following surgery on the skin and subcutaneous tissue, non-pressure chronic	F 755	F755 This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. The Plan of Correction is submitted to meet requirements established by State and Federal law.	

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F 755	Continued From page 2 ulcer of other part of right foot with bone involvement without evidence of necrosis (death of cells or tissue), osteomyelitis (infection in the bone), methicillin resistant staphylococcus aureus infection as the cause of diseases classified elsewhere (bacteria with antibiotic resistance), enterococcus as the cause of diseases classified elsewhere (a streptococcus that occurs naturally in the intestine but if introduced elsewhere in the body causes inflammation and blood infection), long term (current) use of antibiotics, and type 2 diabetes mellitus with hyperglycemia. R3's Referral Form dated 10/20/20, indicated R3 was to start Bactrim DS as soon as possible (ASAP). New diagnosis: Bactrim DS Rx given to pt. Please have filled & start ASAP R3's Medications Administration History: dated 10/1/20, - 10/28/20, indicated R3 did not receive Bactrim DS on 10/20/20. Documented on 10/20/20, at 10:20 p.m. by licensed practical nurse (LPN)- A as Not administered: Drug/Item Unavailable. On 10/21/20, at 1:49 p.m. LPN-B documented Late Administration: Administered Late. On 10/28/20, at 2:02 p.m. R3 was interviewed. R3 stated she was at the facility with an infection in her right foot. She was there to rest, eat right, and receive antibiotics. R3 stated she went to see her doctor on 10/20/20, at the clinic. Her doctor wanted to re-start her antibiotic and said he wanted her to get a dose that evening. R3 stated she did not receive the antibiotic until around 2 p.m. the next day on 10/21/20.	F 755	It is the policy of Cassia Augustana Moose Lake to comply with F755 To assure continued compliance, the following plan has been put into place;c Regarding cited resident: The facility was cited per failure to ensure 1 of 3 residents (R3) received an antibiotic ordered to be given as soon as possible (ASAP) was given timely. Actions taken to identify other potential residents having similar occurrences: On 10/21/2020, initial concerns received from resident's son regarding resident (R3) not receiving the antibiotic ordered to be given as soon as possible. Medication was retrieved from Omnicell machine (an automated dispensing cabinet for medications) and provided for initial dosing of antibiotic. Initial re-education provided to unit HIC and LPN regarding orders that are prescribed as soon as possible (ASAP), including ensuring that the order is processed and the unit manager and nurse are aware of the need for the medication. Additional education provided on calling the pharmacist to inquire when the medication can be received per scheduled deliveries to the facility and further inquiry regarding retrieving the initial dosing out of the Omnicell machine. All appropriate facility licensed staff educated on the use, purpose and functioning of the Omnicell machine (an automated dispensing cabinet for medications) including on how to obtain	

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AUGUSTANA MERCY CARE CENTER	**710 SOUTH KENWOOD AVENUE MOOSE LAKE, MN 55767**

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F 755	Continued From page 3 -at 4:01 p.m. the director of nursing (DON) showed writer the Omnicell machine (an automated dispensing cabinet for medications). She stated the machine was for dispensing emergency medication. The DON stated Bactrim DS was in the machine but listed as SMZ/TMP SS. The DON stated on 10/20/20, the nursing staff couldn't find the medication in the machine. The DON verified R3 did not receive her antibiotic Bactrim DS ordered as ASAP until almost 24 hours later. On 10/29/20, at 10:36 a.m. R3's son was interviewed. He said he did not not know why his Mom didn't get the first dose of Bactrim DS on 10/20/20, he was upset by the delay and filed a complaint. -at 11:24 a.m. LPN-A was interviewed. LPN-A stated she could not recall the event but if she charted the medication as not given it would have been because it hadn't been delivered by the pharmacy. She stated she had not received any training on the Omnicell machine. In addition LPN-A stated the registered nurse (RN) supervisor would remove any medications from the machine. She was not sure if there was an RN supervisor on duty that shift, and further stated all of the RN supervisors have not been trained on using the machine. -at 11:33 a.m. LPN-B was called, she did not answer her phone and her mailbox was full so unable to interview. -at 12:07 p.m. the pharmacist (O)-B was interviewed. O-B stated an antibiotic ordered as ASAP would mean the staff should get the	F 755	such medications from the medication cabinet as not to delay medication administration. All appropriate facility licensed staff granted access to Omnicell cabinet and ensured training of use. Staff education posted on Omnicell machine to ensure that facility licensed staff are aware of Bactrim being listed in the machine as SMZ/TMP to ensure no further discrepancies are noted with medication retrieval or attempts to retrieve medication. Measures put in place to ensure deficient practice does not recur: All appropriate licensed staff were educated on 12/1/2020, 12/2/2020 and 12/3/2020 on the use, purpose and function of the Omnicell machine. All appropriate licensed staff were also educated on providing as soon as possible (ASAP) medications being administered on the date of the order provided. Nursing staff to notify DON (Director of Nursing) if there are concerns or issues with obtaining the medication prescribed per order or if there are concerns with obtaining a medication in a timely fashion. All appropriate licensed staff were educated on how to locate Bactrim listed under SMZ/TMP in the Omnicell machine. A sign was placed on 12/3/2020 on Bactrim being listed in the Omnicell machine under SMZ/TMP. Effective implementation of actions will be monitored by: The clinical managers will incorporate a	

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F 755	Continued From page 4 medication from the ekit or the Omnicel machine. She stated 24 hours later would not be considered given as ASAP. O-B stated a trainer came to the facility and trained facility staff on how to use the machine. The facility staff were supposed to train new staff. O-B stated there should have been a list attached to the side of the machine with a list of medications that were in the machine. -at 2:06 p.m. RN-A was interviewed. RN-A stated she did not recall the event of 10/20/20, but stated the process for new orders is the health unit coordinator would transcribe any new orders after a resident returns from a clinic appointment. She stated ASAP means the medication should be given the day of the order. RN-A stated the purpose of the Omnicell machine is to be able to access medication after hours. She stated she and her preceptor tried to access it using RN-A's fingerprint and she did not have access. She stated this was reported to the DON. She stated her training had been to look at the machine and watch her preceptor take medications out a couple of times. -at 3:25 p.m. RN-B was interviewed. RN-B stated the training for using the Omnicell machine was done by the Omnicell company. The machine had been in use about five months. RN-B stated the DON and the nurse managers were trained. RN-B stated some of the RN supervisors have been trained, but not all of them. RN-B stated he thought the list of medications in the machine was in the medication room. RN-B stated ASAP meant staff should get the medication from the Omnicell machine. RN-B stated the expectation for a medication ordered as ASAP should be to remove the medication from the Omnicell	F 755	daily audit of new medications prescribed into their daily routine while reading facility daily progress notes to ensure medications are received in a timely fashion. Audit will be conducted weekly x4 weeks to ensure that medications are received in a timely fashion including those that are prescribed as soon as possible (ASAP). Results of these audits will be reviewed by the facility QAPI committee and they will make the decision if further monitoring/audits are recommended. Those responsible to maintain compliance will be: The Director of Nursing, or designee, is responsible for maintain compliance. Completion date for certification purposes only is: 12/3/2020	

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F 755	Continued From page 5 machine, if the medication was not in the machine he would expect the staff to call the RN supervisor or the on-call RN. The policy titled Medication Administration with a revision date of 7/18/19, indicated medications were to be administered to residents as prescribed by the primary medical doctor/nurse practitioner/physician assistant (MD/NP/PA). The policy titled Emergency Medication Supply with a revision date of 8/26/19, indicated emergency needs for medications may be met using the facility's approved emergency medication supply if it cannot be obtained directly from the pharmacy. The Omnicell Training Sign In Sheet dated 2/13/20, had five signatures listed. RN-A was not listed as trained to use the machine.	F 755		

Electronically delivered
November 23, 2020

Administrator
Augustana Mercy Care Center
710 South Kenwood Avenue
Moose Lake, MN 55767

Re: State Nursing Home Licensing Orders
Event ID: 1BA811

Dear Administrator:

The above facility was surveyed on October 28, 2020 through October 29, 2020 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:

Teresa Ament, Unit Supervisor
Duluth District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Duluth Technology Village
11 East Superior Street, Suite 290
Duluth, Minnesota 55802-2007
Email: teresa.ament@state.mn.us
Phone: (218) 302-6151

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.

Sincerely,

Joanne Simon, Enforcement Specialist
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: 651-201-4161 Fax: 651-215-9697
Email: joanne.simon@state.mn.us

cc: Licensing and Certification File

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00049	A. BUILDING: _____ B. WING _____	C 10/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUGUSTANA MERCY CARE CENTER	**710 SOUTH KENWOOD AVENUE MOOSE LAKE, MN 55767**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 000	Initial Comments *****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 10/28/20, through 10/29/20, an abbreviated survey was conducted to determine compliance with State Licensure. Your facility was found to be NOT in compliance with the MN State Licensure. Please indicate in your electronic plan of correction that you have reviewed these orders, and identify the date when they will be completed.	2 000		

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

Electronically Signed | 12/02/20

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2 000	Continued From page 1 The following complaint was found to be SUBSTANTIATED: H5491038C with a licensing order issued at S1595. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form.	2 000		
21595	MN Rule 4658.1335 Subp. 1 Stock Medications Subpart 1. Stock supply medications. Only medications obtainable without prescription may be retained in general stock supply and must be kept in the original labeled container. This MN Requirement is not met as evidenced by: F755 medication (antibiotic) not given ASAP as ordered. It was available in the emergency dispensing machine, staff were not aware of availablity, resident went almost 24 hours before receiving. SUGGESTED METHOD OF CORRECTION: The Director of Nursing or designee could develop, review, and/or revise policies and procedures to ensure staff responsible after hours have been trained on using the Omnicell automated dispensing cabinet system for medications. The Director of Nursing or designee could educate all appropriate staff on the policies and procedures. The Director of Nursing or designee could develop monitoring systems to ensure ongoing compliance. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	21595	F755 This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. The Plan of Correction is submitted to meet requirements established by State and Federal law. It is the policy of Cassia Augustana Moose Lake to comply with F755 To assure continued compliance, the following plan has been put into place;c Regarding cited resident: The facility was cited per failure to ensure 1 of 3 residents (R3) received an antibiotic ordered to be given as soon as possible (ASAP) was given timely.	12/3/20

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21595	Continued From page 2	21595	Actions taken to identify other potential residents having similar occurrences: On 10/21/2020, initial concerns received from resident's son regarding resident (R3) not receiving the antibiotic ordered to be given as soon as possible. Medication was retrieved from Omnicell machine (an automated dispensing cabinet for medications) and provided for initial dosing of antibiotic. Initial re-education provided to unit HIC and LPN regarding orders that are prescribed as soon as possible (ASAP), including ensuring that the order is processed and the unit manager and nurse are aware of the need for the medication. Additional education provided on calling the pharmacist to inquire when the medication can be received per scheduled deliveries to the facility and further inquiry regarding retrieving the initial dosing out of the Omnicell machine. All appropriate facility licensed staff educated on the use, purpose and functioning of the Omnicell machine (an automated dispensing cabinet for medications) including on how to obtain such medications from the medication cabinet as not to delay medication administration. All appropriate facility licensed staff granted access to Omnicell cabinet and ensured training of use. Staff education posted on Omnicell machine to ensure that facility licensed staff are aware of Bactrim being listed in the machine as SMZ/TMP to ensure no further discrepancies are noted with medication retrieval or attempts to retrieve medication.	

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21595	Continued From page 3	21595	Measures put in place to ensure deficient practice does not recur: All appropriate licensed staff were educated on 12/1/2020, 12/2/2020 and 12/3/2020 on the use, purpose and function of the Omnicell machine. All appropriate licensed staff were also educated on providing as soon as possible (ASAP) medications being administered on the date of the order provided. Nursing staff to notify DON (Director of Nursing) if there are concerns or issues with obtaining the medication prescribed per order or if there are concerns with obtaining a medication in a timely fashion. All appropriate licensed staff were educated on how to locate Bactrim listed under SMZ/TMP in the Omnicell machine. A sign was placed on 12/3/2020 on Bactrim being listed in the Omnicell machine under SMZ/TMP. Effective implementation of actions will be monitored by: The clinical managers will incorporate a daily audit of new medications prescribed into their daily routine while reading facility daily progress notes to ensure medications are received in a timely fashion. Audit will be conducted weekly x4 weeks to ensure that medications are received in a timely fashion including those that are prescribed as soon as possible (ASAP). Results of these audits will be reviewed by the facility QAPI committee and they will make the decision if further monitoring/audits are recommended.	

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21595	Continued From page 4	21595	Those responsible to maintain compliance will be: The Director of Nursing, or designee, is responsible for maintain compliance. Completion date for certification purposes only is: 12/3/2020	