



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

Electronically Delivered  
July 5, 2024

Administrator  
The Villas At Richfield  
7727 Portland Avenue South  
Richfield, MN 55423

RE: CCN: 245492  
Cycle Start Date: May 31, 2024

Dear Administrator:

On July 2, 2024, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

Sincerely,

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

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



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July 5, 2024

Administrator  
The Villas At Richfield  
7727 Portland Avenue South  
Richfield, MN 55423

Re: Reinspection Results  
Event ID: OP3F12

Dear Administrator:

On July 2, 2024 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on May 31, 2024. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

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

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



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

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June 12, 2024

Administrator  
The Villas At Richfield  
7727 Portland Avenue South  
Richfield, MN 55423

RE: CCN: 245492  
Cycle Start Date: May 31, 2024

Dear Administrator:

On May 31, 2024, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

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

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

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

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

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

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:

The Villas At Richfield

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

#### DEPARTMENT CONTACT

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

Susie Haben, Rapid Response  
Licensing and Certification Program  
Health Regulation Division  
Minnesota Department of Health  
Midtown Square  
3333 Division Street, Suite 212  
Saint Cloud, Minnesota 56301-4557  
Email: [susie.haben@state.mn.us](mailto:susie.haben@state.mn.us)  
Office: (320) 223-7356 Mobile: (651) 230-2334

#### PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the respective deficiencies (if any) is acceptable.

#### VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

#### FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

If substantial compliance with the regulations is not verified by August 31, 2024 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by December 1, 2024 (six months after

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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

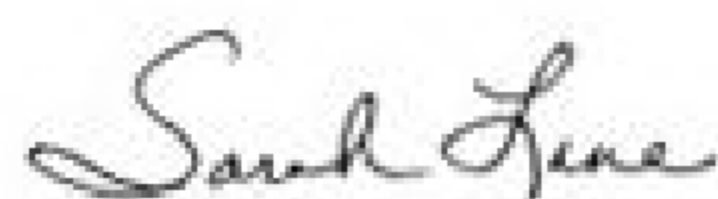
This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at:  
[https://mdhprovidercontent.web.health.state.mn.us/ltc\\_idr.cfm](https://mdhprovidercontent.web.health.state.mn.us/ltc_idr.cfm)

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](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,



Sarah Lane, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64900  
Saint Paul, MN 55164-0900  
Telephone: 651-201-4308 Fax: 651-215-9697  
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June 12, 2024

Administrator  
The Villas At Richfield  
7727 Portland Avenue South  
Richfield, MN 55423

Re: State Nursing Home Licensing Orders  
Event ID: OP3F11

Dear Administrator:

The above facility was surveyed on May 30, 2024 through May 31, 2024 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a "suggested method of correction" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the order within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at [https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\\_8.html](https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html). The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

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PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

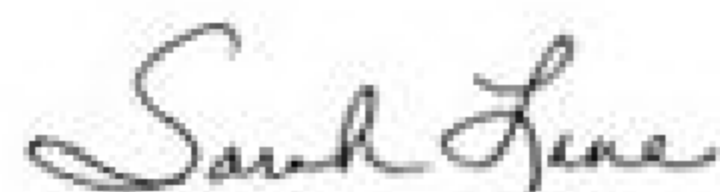
Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

**Susie Haben, Rapid Response  
Licensing and Certification Program  
Health Regulation Division  
Minnesota Department of Health  
Midtown Square  
3333 Division Street, Suite 212  
Saint Cloud, Minnesota 56301-4557  
Email: [susie.haben@state.mn.us](mailto:susie.haben@state.mn.us)  
Office: (320) 223-7356 Mobile: (651) 230-2334**

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

Please feel free to call me with any questions.

Sincerely,



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

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

PRINTED: 06/26/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245492</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/31/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE VILLAS AT RICHFIELD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7727 PORTLAND AVENUE SOUTH RICHFIELD, MN 55423</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS  On 5/30/24, through 5/31/24, a standard abbreviated survey was conducted at your facility. Your facility was not in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.  The following complaints were reviewed with no deficiency cited. H54924110C MN00103630, H54924093C MN00103619. However, as a result of the investigation, deficiencies were cited at F550 and F695.  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 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2)  §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.  §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each	F 550		7/1/24	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

06/20/2024

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 550	<p>Continued From page 1</p> <p>resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record review the facility failed to provide care and services to promote dignity for 2 of 3 residents (R1, R4) who required assistance with activities of daily living (ADLs) and reported feeling embarrassed by their hygiene appearance.</p>	F 550	<p>1. R1 had hair washed and teeth brushed. R1's care plan was reviewed/updated to reflect residents' bathing and oral care preferences. R4 had hair washed and was dressed per resident's preference. R4's care plan was reviewed/updated to reflect residents'</p>	

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F 550	<p>Continued From page 2</p> <p>Findings include:</p> <p>R1's admission Minimum Data Set (MDS) dated 4/28/24, identified intact cognition and no behaviors. R1 had impaired strength bilaterally lower extremities, dependent on staff for toileting hygiene, all transfers, and placement of footwear. R1 required partial to moderate assistance to go from sitting on edge of bed to lying and substantial to maximum assistance for personal hygiene.</p> <p>R1's care plan dated 4/23/24, identified ADL's self-care performance deficit related to paraplegia, MS, depression, and anxiety and directed staff to provide total assistance with all personal hygiene.</p> <p>R1's Kardex care sheet dated 5/30/24, identified R1 required total assistance with all personal hygiene care, assist of one for bathing, and explain new routines or tasks to resident to avoid confusion.</p> <p>R1's shower schedule identified she was to receive one shower a week, on Sunday evening.</p> <p>R1's weekly skin inspection documents from 4/29/24, through 5/26/24, identified: -4/29/24 bed bath given; -5/4/24 shower given; -5/12/24 refused shower; -5/20/24 no bath indicated; -5/26/24 bed bath given.</p> <p>During observation and interview on 5/30/24 at 8:20 a.m., R1 sat in an electric wheelchair, fully dressed and hair appeared oily and uncombed. R1 stated staff assisted her up this morning but</p>	F 550	<p>bathing and dressing preferences.</p> <p>2. All residents who need assistance with activities of daily living have the potential to be affected. All like residents were interviewed to ensure that they are satisfied with their hygiene appearance and care plans adjusted accordingly.</p> <p>3. Activities of Daily Living/Maintain Abilities policy was reviewed and remains current. Education initiated with nursing staff on Resident Rights/Exercise of Rights regarding providing care and services to promote dignity with hygiene appearance. Education includes hair care, oral care, dressing and following the resident's specific care plan.</p> <p>4. DON or designee will interview 5 random resident's weekly to ensure they are satisfied with their hygiene appearance. The results of these audits will be shared with facility QAPI committee for input on need to increase, decrease, or discontinue audits.</p>	

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

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F 550	<p>Continued From page 3</p> <p>would feel much better if she was cleaned up more often, and more than just her bottom half (peri-area). R1 stated she was unable to complete her own personal hygiene and had a hard time getting staff to assist her. R1 also stated she required staff assistance to set up brushing her teeth and rinsing her mouth out. R1 stated she felt gross, grungy, and occasionally her head itched from a dirty scalp. R1 also indicated other residents had commented that her hair looked bad, greasy, and she felt embarrassed by that. R1 stated she would prefer at least two showers a week. Adding, her boyfriend had to start giving her showers and now she felt as if the facility relied on him to give her showers, but he was unable to keep doing that due to responsibilities at home with the two children. R1 indicated her last shower was 5 days ago.</p> <p>R4's quarterly MDS dated 5/14/24, identified cognition intact and no behaviors. R4 was dependent on staff for toileting hygiene, shower/bathing, upper and lower body dressing, personal hygiene, sit to lying and lying to sitting, transfer from chair to chair. R1 diagnoses included diabetes mellitus (DM), renal failure, post-traumatic stress (PTSD), anxiety, and depression.</p> <p>R4's care plan dated 5/21/24, identified targeted behaviors such as isolation, loss of interest, low mood, hopelessness, and feeling of sadness. R4 was also identified as at risk for alteration in mood/behavior related to PTSD, depressive mood, fear, and low self-esteem. Staff are encouraged to allow R4 to talk and encourage her to express feelings.</p>	F 550		

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F 550	<p>Continued From page 4</p> <p>R4's Kardex care sheet dated 6/4/24, identified R4 required assist of one with bathing weekly and as needed (PRN).</p> <p>R4 preferred bed bath and uses shower cup to wash hair. R4 transferred with assist of two and a Hoyer lift.</p> <p>R4's shower schedule identified she was to have received her shower on Wednesday during day shift.</p> <p>During interview on 5/30/24 at 1:42 p.m., nursing assistant (NA)-C stated R1 was assisted to get up this morning at around 10:00 a.m. by herself and NA-D. by setting up R1 to wash her face, under arms, and staff completed peri cares. NA-C added R1 was not set up to brush her teeth, as she had brushed them on Tuesday (two days ago). NA-C also indicated how busy the day had been because he was training his new co-worker NA-D. NA-C also indicated R1 usually received a shower once a week but relied on her boyfriend for that.</p> <p>During interview on 5/30/24 at 1:55 p.m., (NA)- D stated first day of work at this facility. NA-D stated around 10:00 a.m. R1 wanted to get up and NA-C assisted with the Hoyer lift and dressed her. NA-D stated no cares were completed, none. NA-D stated R1 did not ask for any cares to be completed, and he worked under the supervision of NA-C. NA-D stated there was no conversation about cares to have been completed, R1 was dressed and lifted off of bed with a Hoyer lift and then placed in wheelchair. NA-D stated R1 received a shower once a week but unaware if her shower was scheduled for today. NA-D stated once R1 was placed in wheelchair both (NA-C</p>	F 550		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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NAME OF PROVIDER OR SUPPLIER  <b>THE VILLAS AT RICHFIELD</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7727 PORTLAND AVENUE SOUTH RICHFIELD, MN 55423</b>		
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F 550	<p>Continued From page 5 and NA-D) left her room and helped another resident.</p> <p>During an observation and interview on 5/30/24, at 4:11 p.m., R4 laid in bed, pajamas on, with a sheet covering her. R4 appeared alert and oriented. R4 stated she was incontinent at times and that she received a shower once a week. R4 also indicated staff did not wash her hair "the other day" and that it was, "not okay with me." R4 indicated she usually does not ask staff to wash her hair and that it was hard for her to ask staff for help. R4 added her scalp felt itchy and her hair was usually not oily but was today. R4 stated really wanted someone to help her wash it. R4 stated she always had clean hair and was embarrassed how it looked and felt today, which was itchy and oily.</p> <p>During an interview on 5/31/24 11:45 a.m., registered nurse (RN)-A stated staff were expected to help residents who were unable to do it for themselves so that they received the care they are here for. RN-A also stated R1 received showers and when she was absent from the building frequently on her shower day, staff would be expected to offer another shower for a later date/time. RN-A expected staff to document additional information when this occurred.</p> <p>During an interview on 5/31/24 at 1:53 p.m., licensed social worker (LSW) stated when staff notice a resident's hair was dirty/oily they should offer a shower. LSW stated dirty/oily hair care could affect resident's wellbeing and self-confidence.</p> <p>During an interview on 5/31/24, at 2:00 p.m., NA-B stated R1 received a completed bed bath</p>	F 550		

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F 550	Continued From page 6 this morning and confirmed R1's hair appeared dirty and oily, but they only washed hair on shower days. NA-B stated because R1's hair appeared oily; he should have offered to wash it.  During an interview on 5/31/24 at 3:00 p.m., director of nursing (DON) stated staff should offer services such as cares, washing up, and brush teeth every day to resident. DON added when the resident's assessment was completed, they were asked what their preference was for frequency of showers and that information was brought to the resident's care conference.  Facility Dignity policy requested informed facility did not have one.  Facility policy titled Activities of Daily Living/Maintain Abilities Policy dated 5/9/24, identified the facility was responsible to create and sustain an environment that humanizes and individualizes each resident's quality of life by ensuring all staff, all shifts, and departments, understand the principle of quality of like, and honor and support these principles for each resident; and that the care and services provided are person-centered, and honor and support each resident's preferences, choices, values, and beliefs. A resident unable to carry out activities of daily living will receive necessary services to maintain grooming and personal hygiene.	F 550			
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i)  § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy	F 695			7/1/24

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F 695	<p>Continued From page 7</p> <p>care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review the facility failed to administer and discharge/assess timely a nebulizer treatment according to standards of for 1 of 1 resident (R2) who was left alone during administration of a nebulizer treatment for administration (15 minutes) and an additional 105 minutes following the treatment.</p> <p>Findings include:</p> <p>R2's annual Minimum Data Set (MDS) dated 4/16/24, identified R2 was cognitively intact with no behaviors. R2 had diagnoses of traumatic spinal cord injury, seizure disorder, quadriparesis (paralysis that affects all four limbs and torso from neck down), and depression. R2 had impairment of bilaterally lower extremities, and dependent on staff for toileting hygiene, shower/bathing, clothing and shoes placed on, personal hygiene, sit to lying and lying to sit. R2 required substantial to maximum assistance required to roll left and roll right. R2 was dependent on staff for be to chair transfers, unable to walk, and had a motorized wheelchair.</p> <p>R2's physician orders indicated:</p> <p>-Acetylcysteine Inhalation Solution 20 % (a solution used to help break up thick, sticky mucus that could form in airways) 2 milliliters (ml) inhale orally four times a day for shortness of breath (SOB), active date 5/29/24.</p>	F 695	<ol style="list-style-type: none"> <li>1. R2 had self-administration assessment completed, and it was found R1 cannot self-administer a nebulizer treatment. The nurse who incorrectly administered the nebulizer treatment was re-educated on nebulizer treatment administration.</li> <li>2. Residents who have orders for nebulizer treatments have the potential to be affected. All like residents were audited to determine if they have self-administration assessment completed. Care plans updated and orders entered for self-administration for nebulizer treatments as appropriate.</li> <li>3. Specific Medication Administration Procedures policy was reviewed and remains current. Education initiated with nurses regarding how to administer nebulizer treatments and to remain with the resident for the treatment unless the resident had been assessed and authorized to self-administer nebulizer treatments. Education includes what to do if the resident is able to self-administer but does not have an order or self-administration assessment complete.</li> <li>4. DON or designee will audit the administration of 3 random residents' nebulizer treatments per week x 4 weeks. The results of these audits will be shared with facility QAPI committee for input on</li> </ol>	

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F 695	<p>Continued From page 8</p> <p>-Ipratropium-Albuterol Inhalation Solution (0.5-2.5 (3) milligrams (MG)/3 ML (Ipratropium-Albuterol) 3 ml inhale orally four times a day for SOB, active date 5/29/24.</p> <p>R2's Electronic Medication Administration dated 5/30/24, at 12:00 a.m. two separate inhalation nebulizer treatment medications were administered and signed off by LPN-C: Ipratropium-Albuterol and Acetylcysteine both medications were started on 5/29/24, at 12:00 a.m.</p> <p>R2's progress note on 5/24/2024, at 1:34 p.m. indicated alert and oriented (A &amp; O) per baseline and required help with care and transfers. R2 requested staff to put pressure on his abdomen, then he starts to cough to clear his throat. R2 was at risk of aspiration with his saliva.</p> <p>R2's progress note on 5/24/2024, at 9:10 p.m. R2 was in bed with head of bed (HOB) elevated. A &amp; O and called for staff assist with call light. R2 had copious sputum production. Contacted provider and received order to send to emergency department (ED) for assessment.</p> <p>R2's progress note on 5/28/24, at 6:56 p.m. R2 readmitted back to facility and treated at hospital for SOB.</p> <p>R2's previous hospital admission document dated 5/24/24, identified R2 presented with SOB and coughing. R2 had oxygen saturation levels (SaO2) of 85% (90% or higher is normal), had similar symptoms for the past week and had lots of secretions and was not able to cough up on his own. R2's assessment showed hypoxia (low</p>	F 695	need to increase, decrease, or discontinue audits.	

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F 695	<p>Continued From page 9</p> <p>levels of oxygen in your body tissues causes symptoms like confusion, restlessness difficulty breathing, rapid heart rate, bluish skin, and can be life threatening, with SaO2 in mid 80's, and required 10 liters (L) nonrebreather (an oxygen mask that gave a lot of oxygen in an emergency). R2's chest x-ray showed atelectasis (partial collapse of a lung or part of a lung due to loss of air in the air sacs).</p> <p>During an interview on 5/30/24 at 8:56 a.m., R2 stated on 5/24/24 he was hospitalized for breathing problems, and then came to the nursing home on 5/28/24. R2 stated he had only been out of the hospital for two days and this morning the night nurse placed a mask on his face, turned machine (Nebulizer) on at 1:00 a.m., and left the room. R2 stated was very tired, fell asleep, and much later, was awakened by NA-A to find the mask remained on his face and the nebulizer machine was still turned on and was loud. R2 indicated his roommate told him the nurse never came back to remove his mask and turn the machine off, which kept him awake, so sometime after 2:30 a.m. he placed his call light on, and alerted NA-A that R2 needed assistance. R2 stated with the way his hands were now he was unable to grab things to remove a mask from his face and required assistance. R2 stated NA-A came in and removed the mask from his face and turned the machine off.</p> <p>During an interview on 5/31/24 at 2:30 a.m., NA-A stated last her shift started on 5/29/24 and ended 5/30/24; during the night shift licensed practical nurse (LPN)-C placed a nebulizer treatment (mask) on R2's face around 12:00 a.m. NA-A stated two hours later (at 2:00 a.m.) during her rounds, R2's roommate placed his call light on,</p>	F 695		

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F 695	<p>Continued From page 10</p> <p>came out in the hallway and got her attention. NA-A stated R2's roommate informed her R2's nebulizer machine and the mask remained on his face since 12:00 a.m. NA-A stated R2 was sleeping, and his face mask was removed, and machine turned off just after 2:00 a.m. NA-A stated she was very surprised, informed LPN-A right away and she indicated she forgot about it. NA-A added, LPN-C should have checked on R2 and removed the mask earlier. NA-A stated R2 would not be able to remove the mask by himself, because he had difficulty grabbing things.</p> <p>During an interview on 5/31/24 at 9:34 a.m., LPN-B stated administrating nurses were expected to assess the resident before and after the administration of a nebulizer. LPN-B stated the nebulizer treatment usually took about 10 minutes and the nurse was expected to stay with the resident and make sure they received the full dose without any side effects, such as a change in respiratory condition, then remove the mask. LPN-B added, a mask left on a resident for a length of time may have caused a negative effect on their breathing.</p> <p>During an interview on 5/31/24 at 11:20 a.m., LPN-A stated the administrating nurse was expected to check the resident's heart rate and respirations before and after a nebulizer treatment. LPN-A stated she would have placed the mask on the resident, stayed with resident until the nebulizer treatment was completed, usually 15 minutes, and mask should have been removed. LPN-A verified nebulizer treatments could have caused a change in respiratory status and a nurse would be expected to monitor the resident.</p>	F 695		

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F 695	<p>Continued From page 11</p> <p>During an interview on 5/31/24 at 11:45 a.m. registered nurse/floor manager (RN)-A stated the nurse would be expected to complete a respiratory assessment before and after administration of a nebulizer treatment (e.g. respirations, hear rate, and oxygen saturation levels) and document in the progress notes. RN-A also stated the nurse would be expected to have remained with the resident in his room during the administration of the nebulizer treatment, monitor and recognize any side effects, and/or change in respiratory status and mask should be removed when treatment was completed.</p> <p>During a telephone interview on 5/31/24 at 12:25 p.m., LPN-C stated she completed a respiratory assessment before and after she administered R2's Ipratropium-Albuterol inhalation just after 12:00 a.m. LPN-C stated she had placed the mask on R2's face and turned on the machine and left R2's room. LPN-C was located outside R2's room when another resident requested assistance. LPN-C stated she entered R2's room over 25 minutes later and thought she removed the mask from R2's face. LPN-C stated NA-A had approached her after 12:30 a.m., not exactly sure what time, and informed her the R2's mask remained on his face with the nebulizer machine on. LPN-C stated she should have stayed with R2 until the nebulizer treatment was completed to monitor breathing and response to the treatment. LPN-C indicated she usually stayed with resident during a nebulizer treatment unless someone needed help.</p> <p>During a telephone interview on 5/31/24, at 2:32 pm pharmacy consultant (PC) stated unless the resident had been assessed to self-administer the nebulizer treatment the nurse should have</p>	F 695		

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F 695	<p>Continued From page 12</p> <p>remained with the resident during the administration of both treatments. PC also stated both of R2's nebulizer treatments (Acetylcysteine Inhalation Solution and Ipratropium-Albuterol Inhalation Solution) could have caused adverse side effects and the nurse would have been expected to stay with R2 and monitored for change in respiratory status, assessed how R2 tolerated the treatments, and ensured the mask stayed in place.</p> <p>During an interview on 5/31/24 at 3:00 p.m., director of nursing (DON) stated R2 was not assessed to self-administer his nebulizer treatments. DON stated LPN-C should have stayed in the room with R2 while she administered the nebulizer treatments to monitor for respiratory distress. DON stated both of the nebulizer treatments were new for R2, which made it even more important to monitor him. DON verified on 5/30/24, at 12:00 a.m. LPN-C signed off she administered Ipratropium/albuterol inhalation first then administered Acetylcysteine nebulizer second treatments via mask.</p> <p>Facility document titled Specific Medication Administration Procedures, dated 2006, provided by the PC indicated purpose was to allow for safe, accurate, and effective administration of medication using a nebulizer. Instructions included: once the medication was placed in the nebulizer cup, turn machine on and remain with the resident for the treatment unless had been assessed and authorized to self-administer. Monitor for medication side effects, including rapid pulse, restlessness, and nervousness throughout the treatment. Administer therapy until medication gone, when completed, turn off nebulizer, and rinse and disinfect the nebulizer</p>	F 695		

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F 695	Continued From page 13 equipment. Obtain post-treatment pulse, respiratory rate, and lung sounds and documents findings on the medical record (EMAR) or medical record.	F 695		

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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;"><b>NH LICENSING CORRECTION ORDER</b></p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p><b>INITIAL COMMENTS:</b> On 5/30/24, through 5/31/24, a complaint survey was conducted at your facility by a surveyor from the Minnesota Department of Health (MDH). Your facility was not in compliance with the MN State Licensure, and the following licensing order was issued. Please indicate in your electronic plan of correction you have reviewed these orders and</p>	2 000		
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <b>Electronically Signed</b>	TITLE	(X6) DATE <b>06/20/24</b>
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2 000	<p>Continued From page 1</p> <p>identify the date when they will be completed.</p> <p>The following complaints were reviewed with no licensing orders issued. H54924110C MN00103630, H54924093C MN00103619.</p> <p>However, as a result of the investigation a licensing order was issued at 1805.</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction.</p> <p>You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at &lt;<a href="https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html">https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html</a>&gt; The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the</p>	2 000		
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2 000	Continued From page 2  heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form.	2 000		
21805	<p>MN St. Statute 144.651 Subd. 5 Patients &amp; Residents of HC Fac.Bill of Rights</p> <p>Subd. 5. Courteous treatment. Patients and residents have the right to be treated with courtesy and respect for their individuality by employees of or persons providing service in a health care facility.</p> <p>This MN Requirement is not met as evidenced by: Based on observations, interviews and record review the facility failed to provide care and services to promote dignity for 2 of 3 residents (R1, R4) who required assistance with activities of daily living (ADLs) and reported feeling embarrassed by their hygiene appearance.</p> <p>Findings include:</p> <p>R1's admission Minimum Data Set (MDS) dated 4/28/24, identified intact cognition and no behaviors. R1 had impaired strength bilaterally lower extremities, dependent on staff for toileting hygiene, all transfers, and placement of footwear. R1 required partial to moderate assistance to go from sitting on edge of bed to lying and substantial to maximum assistance for personal hygiene.</p>	21805	Corrected	7/1/24

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21805	<p>Continued From page 3</p> <p>R1's care plan dated 4/23/24, identified ADL's self-care performance deficit related to paraplegia, MS, depression, and anxiety and directed staff to provide total assistance with all personal hygiene.</p> <p>R1's Kardex care sheet dated 5/30/24, identified R1 required total assistance with all personal hygiene care, assist of one for bathing, and explain new routines or tasks to resident to avoid confusion.</p> <p>R1's shower schedule identified she was to receive one shower a week, on Sunday evening.</p> <p>R1's weekly skin inspection documents from 4/29/24, through 5/26/24, identified: -4/29/24 bed bath given; -5/4/24 shower given; -5/12/24 refused shower; -5/20/24 no bath indicated; -5/26/24 bed bath given.</p> <p>During observation and interview on 5/30/24 at 8:20 a.m., R1 sat in an electric wheelchair, fully dressed and hair appeared oily and uncombed. R1 stated staff assisted her up this morning but would feel much better if she was cleaned up more often, and more than just her bottom half (peri-area). R1 stated she was unable to complete her own personal hygiene and had a hard time getting staff to assist her. R1 also stated she required staff assistance to set up brushing her teeth and rinsing her mouth out. R1 stated she felt gross, grungy, and occasionally her head itched from a dirty scalp. R1 also indicated other residents had commented that her hair looked bad, greasy, and she felt embarrassed by that. R1 stated she would prefer at least two showers a week. Adding, her</p>	21805		
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21805	<p>Continued From page 4</p> <p>boyfriend had to start giving her showers and now she felt as if the facility relied on him to give her showers, but he was unable to keep doing that due to responsibilities at home with the two children. R1 indicated her last shower was 5 days ago.</p> <p>R4's quarterly MDS dated 5/14/24, identified cognition intact and no behaviors. R4 was dependent on staff for toileting hygiene, shower/bathing, upper and lower body dressing, personal hygiene, sit to lying and lying to sitting, transfer from chair to chair. R1 diagnoses included diabetes mellitus (DM), renal failure, post-traumatic stress (PTSD), anxiety, and depression.</p> <p>R4's care plan dated 5/21/24, identified targeted behaviors such as isolation, loss of interest, low mood, hopelessness, and feeling of sadness. R4 was also identified as at risk for alteration in mood/behavior related to PTSD, depressive mood, fear, and low self-esteem. Staff are encouraged to allow R4 to talk and encourage her to express feelings.</p> <p>R4's Kardex care sheet dated 6/4/24, identified R4 required assist of one with bathing weekly and as needed (PRN).</p> <p>R4 preferred bed bath and uses shower cup to wash hair. R4 transferred with assist of two and a Hoyer lift.</p> <p>R4's shower schedule identified she was to have received her shower on Wednesday during day shift.</p> <p>During interview on 5/30/24 at 1:42 p.m., nursing assistant (NA)-C stated R1 was assisted to get up</p>	21805		
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21805	<p>Continued From page 5</p> <p>this morning at around 10:00 a.m. by herself and NA-D. by setting up R1 to wash her face, under arms, and staff completed peri cares. NA-C added R1 was not set up to brush her teeth, as she had brushed them on Tuesday (two days ago). NA-C also indicated how busy the day had been because he was training his new co-worker NA-D. NA-C also indicated R1 usually received a shower once a week but relied on her boyfriend for that.</p> <p>During interview on 5/30/24 at 1:55 p.m., (NA)- D stated first day of work at this facility. NA-D stated around 10:00 a.m. R1 wanted to get up and NA-C assisted with the Hoyer lift and dressed her. NA-D stated no cares were completed, none. NA-D stated R1 did not ask for any cares to be completed, and he worked under the supervision of NA-C. NA-D stated there was no conversation about cares to have been completed, R1 was dressed and lifted off of bed with a Hoyer lift and then placed in wheelchair. NA-D stated R1 received a shower once a week but unaware if her shower was scheduled for today. NA-D stated once R1 was placed in wheelchair both (NA-C and NA-D) left her room and helped another resident.</p> <p>During an observation and interview on 5/30/24, at 4:11 p.m., R4 laid in bed, pajamas on, with a sheet covering her. R4 appeared alert and oriented. R4 stated she was incontinent at times and that she received a shower once a week. R4 also indicated staff did not wash her hair "the other day" and that it was, "not okay with me." R4 indicated she usually does not ask staff to wash her hair and that it was hard for her to ask staff for helpR4 added her scalp felt itchy and her hair was usually not oily but was today. R4 stated really wanted someone to help her wash it. R4</p>	21805		
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21805	<p>Continued From page 6</p> <p>stated she always had clean hair and was embarrassed how it looked and felt today, which was itchy and oily.</p> <p>During an interview on 5/31/24 11:45 a.m., registered nurse (RN)-A stated staff were expected to help residents who were unable to do it for themselves so that they received the care they are here for. RN-A also stated R1 received showers and when she was absent from the building frequently on her shower day, staff would be expected to offer another shower for a later date/time. RN-A expected staff to document additional information when this occurred.</p> <p>During an interview on 5/31/24 at 1:53 p.m., licensed social worker (LSW) stated when staff notice a resident's hair was dirty/oily they should offer a shower. LSW stated dirty/oily hair care could affect resident's wellbeing and self-confidence.</p> <p>During an interview on 5/31/24, at 2:00 p.m., NA-B stated R1 received a completed bed bath this morning and confirmed R1's hair appeared dirty and oily, but they only washed hair on shower days. NA-B stated because R1's hair appeared oily; he should have offered to wash it.</p> <p>During an interview on 5/31/24 at 3:00 p.m., director of nursing (DON) stated staff should offer services such as cares, washing up, and brush teeth every day to resident. DON added when the resident's assessment was completed, they were asked what their preference was for frequency of showers and that information was brought to the resident's care conference.</p> <p>Facility Dignity policy requested informed facility did not have one.</p>	21805		
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21805	<p>Continued From page 7</p> <p>Facility policy titled Activities of Daily Living/Maintain Abilities Policy dated 5/9/24, identified the facility was responsible to create and sustain an environment that humanizes and individualizes each resident's quality of life by ensuring all staff, all shifts, and departments, understand the principle of quality of like, and honor and support these principles for each resident; and that the care and services provided are person-centered, and honor and support each resident's preferences, choices, values, and beliefs. A resident unable to carry out activities of daily living will receive necessary services to maintain grooming and personal hygiene.</p> <p><b>SUGGESTED METHOD OF CORRECTION:</b> The administrator or designee could develop and implement systems to ensure resident dignity is maintained. The facility could educate all staff on these systems. Random audits for dignity could be done to ensure ongoing compliance. The administrator or designee could take that audit results to the quality assurance group for review and further recommendations.</p> <p><b>TIME PERIOD FOR CORRECTION:</b> Twenty-one (21) days.</p>	21805		
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