



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

Electronically delivered  
September 28, 2023

Administrator  
Augustana Chapel View Care Center  
615 Minnetonka Mills Road  
Hopkins, MN 55343

RE: CCN: 245493  
Cycle Start Date: September 19, 2023

Dear Administrator:

On September 19, 2023, 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:

- 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:

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](mailto: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 December 19, 2023 (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).

Augustana Chapel View Care Center

September 28, 2023

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In addition, if substantial compliance with the regulations is not verified by March 19, 2024 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

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

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

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

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies.

All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at:

[https://mdhprovidercontent.web.health.state.mn.us/ltr\\_idr.cfm](https://mdhprovidercontent.web.health.state.mn.us/ltr_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,



Melissa Poepping, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64900  
Saint Paul, Minnesota 55164-0970  
Phone: 651-201-4117  
Email: [Melissa.Poepping@state.mn.us](mailto:Melissa.Poepping@state.mn.us)



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Electronically delivered

September 28, 2023

Administrator  
Augustana Chapel View Care Center  
615 Minnetonka Mills Road  
Hopkins, MN 55343

Re: Event ID: KWFO11

Dear Administrator:

The above facility survey was completed on September 19, 2023 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

Electronically posted is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Melissa Poepping'.

Melissa Poepping, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64900  
Saint Paul, Minnesota 55164-0970  
Phone: 651-201-4117  
Email: [Melissa.Poepping@state.mn.us](mailto:Melissa.Poepping@state.mn.us)

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

PRINTED: 10/13/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245493</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/19/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AUGUSTANA CHAPEL VIEW CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>615 MINNETONKA MILLS ROAD HOPKINS, MN 55343</b>
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(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
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F 000	<p>INITIAL COMMENTS</p> <p>On 9/18/23 through 9/19/23, 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. H54935391C(MN96789). H54935665C(MN97009).</p> <p>AND</p> <p>The following complaints were reviewed. H54935525C(MN96870). with a deficiency issued at F684</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance.</p> <p>Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.</p>	F 000		
F 684 SS=D	<p>Quality of Care CFR(s): 483.25</p> <p>§ 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</p>	F 684		10/27/23

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

TITLE

(X6) DATE

Electronically Signed

10/06/2023

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 684	<p>Continued From page 1</p> <p>practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review, the facility delayed the necessary care and treatment to manage symptoms of pain, anxiety, and agitation for 1 of 3 residents (R2) reviewed for quality of care. R2 was restless, yelling out for help, and not provided the prescribed medications to alleviate discomfort.</p> <p>R2's care plan dated 7/14/23, indicated R2 required staff to monitor her degenerative joint disease (inflammation and joint damage) and if the condition worsened to update her medical providers for additional medication.</p> <p>R2's care plan dated 7/17/23, indicated she was alert, oriented, and able to make her needs known. The planned intervention was to update her medical provider if she developed worsening symptoms not resolved by the current treatment plan.</p> <p>R2's Minimum Data Set (MDS) dated 7/17/23, indicated she had mild impaired cognition, a minimum depression score, and no behavioral symptoms. She had a stroke and was unable to move her left side, heart disease, arthritis, difficulty sleeping, restlessness and agitation. She required extensive assistance to move in bed, transfer from bed to wheelchair, dress, use the toilet, and hygiene activities. She did not receive medication for anxiety, depression, or narcotics for pain. The care area assessment (CAA) triggered areas of concern related to cognition, vision, communication, activities of daily living (ADL), and urinary incontinence.</p>	F 684	<p>F 684 Quality of Care</p> <p>This Plan of Correction constitutes our written allegation of compliance for the deficiency 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.</p> <p>It is the policy of Chapel View to comply with F 684. To ensure continued compliance, the following plan has been put into place;</p> <p>R2 has since discharged from facility with a discharge date of 9/8/2023.</p> <p>R2 was admitted to Chapel View on 7/13/2023. Family had reached the decision to sign onto hospice on 9/3/2023. A referral was made to Methodist Hospice on that date. At the time of the referral resident was exhibiting baseline behaviors inclusive of calling out for help, calling out for water, general restlessness. A call was also placed to the on call nurse practitioner to proactively request comfort medications in the event the medications would be needed.</p> <p>LPN 1 was the nurse on duty 9/3/2023 from 2:30PM-11:00PM. LPN 1 discussed the hospice referral with family and placed the call proactively for comfort care orders. LPN 1 assessment that it was not necessary to administer the medications on that shift as the resident was at</p>	

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F 684	<p>Continued From page 2</p> <p>R2's care plan dated 8/25/23, indicated R2's baseline behavior was an inability to express her feelings, and restlessness. The intervention included identification of events associated with her symptoms such as pain or the need to toilet. In addition, staff would help her develop coping skills and provide additional resources as needed.</p> <p>R2's medical provider order dated 8/25/23, indicated she received Tylenol for pain three times a day.</p> <p>R2's significant change in condition MDS dated 8/26/23, indicated she developed concerns related to psychosocial (condition affecting social factors and individual thoughts and behaviors), well-being and mood symptoms. Her cognition decreased from mildly impaired to severe and developed behaviors such as yelling out loud.</p> <p>R2's medication administration record (MAR) dated 8/30/23, indicated R2 received a new order for Zoloft (antidepressant medication) until 9/4/23 when it was stopped by the hospice nurse per hospice protocols.</p> <p>R2's medical provider order dated 9/3/23, titled "general decline" from nurse practitioner (NP)-A indicated orders to refer R2 to hospice care, prescribed Haldol and Dilaudid as needed for pain, shortness of breath and agitation.</p> <p>R2's nursing progress note written by licensed practical nurse (LPN)-B dated 9/3/23 at 9:02 p.m., indicated R2 refused to eat and remained in bed for her shift. LPN-B indicated R2 was restless, ate only a few bites, yelled out she was cold but</p>	F 684	<p>baseline and was not experiencing increased behavior/restless or complaints of pain.</p> <p>LPN 2 was the nurse on duty on 9/3/2023 from 10:30PM TO 9/4/2023 at 7:00am. LPN 2 did not administer any medications as resident slept the entire shift.</p> <p>RN 1 was the nurse on duty on 9/4/2023 from 6:30am-3:00pm. RN1 administered morning medications prior to 8:00am inclusive of Tylenol. RN 1 did not administer any additional medications as resident was at baseline. Resident was requesting water and did not complain of pain. Daughters came shortly after and inquired if resident had received medications ordered the previous afternoon and requested them to be administered. The medications were administered at 10:19am. Resident enrolled in hospice at 1:00pm on 9/4/2023.</p> <p>Note that the comfort medications were not administered due to resident being at baseline and not for lack of availability of medication.</p> <p>Actions taken to identify other potential residents having similar occurrences: Care plan and medication regimes for other patients/residents on hospice are being reviewed for appropriateness and effectiveness for symptom management. Measures put in place to ensure deficient practice does not recur:</p> <p>To further promote this quality of care issue, nurses are being re-educated on the importance of symptom management inclusive of pain, restlessness and agitation; that non-pharmacologic</p>	

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F 684	<p>Continued From page 3</p> <p>kicked off her blankets, and yelled out she was thirsty but refused to drink fluids when offered. Her oxygen level was 88 percent (% [a normal level would be between 95 to 100%]). R2's family requested hospice care and NP-A was contacted. NP-A ordered a hospice referral, Dilaudid and Haldol. R2's insurance company denied the request for Haldol and Dilaudid. LPN-B contacted NP-B who switched the order to Ativan and Dilaudid. LPN-B was "awaiting meds to be delivered at this time" and would administer the medication when it arrived.</p> <p>R2's nursing progress note written by LPN-B dated 9/4/23 at 9:32 p.m. indicated R2 was admitted to hospice care. She was restless and yelling out "help me" when she started her shift. She gave R2 Ativan and Dilaudid at 3:00 p.m. and Haldol (antipsychotic medication to decrease anxiety and agitation) at 4:15 p.m. After R2 was repositioned on her left side she stopped yelling out. Hospice discontinued all her previous medication except for Tylenol.</p> <p>R2's hospice orders dated 9/4/23 indicated she met the requirements for hospice admission, in addition, staff would only call hospice for medical questions or status updates. Only hospice would decide if hospitalization was necessary. Discontinued all previous medication orders. Hospice would supply all equipment and supplies necessary to provide end of life care.</p> <p>R2's facility pharmacy hospice communication form to the facility's pharmacy dated 9/4/23, indicated R2 was a hospice patient therefore her medication for Dilaudid, Haldol and Ativan would be dispensed from the Hospital Pharmacy.</p>	F 684	<p>intervention are to be trialed first if the symptoms are not severe; the facility has an Emergency Kit available for use when needed; and the need for eScripts for narcotics.</p> <p>Care plan and medication regimes for other patients/residents on hospice are being reviewed for appropriateness and effectiveness for symptom management.</p> <p>Effective implementation of actions will be monitored by: To ensure ongoing compliance one hospice patient will be audited per week to ensure effectiveness of symptom management for 2 months and then random audits will be done. Findings from these audits will be trended and reviewed at QAPI for further guidance and possible need for continued auditing. Those responsible to maintain compliance will be: Director of Nursing or designee is responsible to maintain compliance. Completion date is 10/27/2023</p>	

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F 684	<p>Continued From page 4</p> <p>During interview on 9/19/23 at 11:00 a.m., pharmacy (PH)-A staff member stated they deliver medication to the facility three times a day starting around 1:00 p.m., The first two delivery times are set but the third delivery option is only for emergency medications not available in the facility's medication emergency kit. They received R2's new order on 9/3/23 at 5:20 p.m. Since Dilaudid and Ativan was in the medication emergency kit at the facility they scheduled R2's delivery for the next day on 9/4/23, for the afternoon. PH-A stated the only time Dilaudid and Ativan was dispensed from the medication emergency kit for R2 was on 9/4/23 at 10:15 a.m.</p> <p>During interview on 9/19/23 at 11:07 a.m., family member (FM)-A stated on 9/3/23, R2 had increased pain, feared she was falling, and yelled out "help." FM-B was at the facility in the afternoon on 9/3/23 and was told the nurse practitioner (NP)-B was notified about R2's increased anxiety, agitation and pain and she ordered Dilaudid and Ativan. LPN-B said she would give R2 the medication as soon as the pharmacy delivered it. The medication was not delivered before FM-B left the facility around 6:00 p.m. FM-A stated on 9/4/23, she learned from FM-B the nursing staff did not give R2 the Dilaudid or Ativan and R2 was found yelling out for help.</p> <p>During interview on 9/19/23 at 11:43 a.m., FM-B stated during her visit with R2 during the afternoon on 9/3/23, a nurse told her they updated the NP-A regarding R2's increased pain, anxiety, and agitation. NP-A ordered new medication and they would give it to her as soon as it arrived from the pharmacy. The medication had not arrived before FM-B left around 6:00</p>	F 684		

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F 684	<p>Continued From page 5</p> <p>p.m., The next morning, she arrived at the facility and what she found was "disturbing." Her mother was "frantically" yelling out "help, help." She found a nurse who told her R2 did not have any orders for pain, anxiety, or agitation. She then found the clinical manager (CM)-A who looked in R2's medical record and located the order placed on 9/3/23, for Dilaudid and Ativan. CM-A used the medication emergency kit supply to administer R2's Diluadid and Ativan.</p> <p>During interview on 9/19/23 at 12:11 p.m., LPN-A stated when a medical provider orders new medication they fax it to the pharmacy to be filled. If the new medication is a narcotic the ordering medical provider must fax a written prescription to the pharmacy before they can fill the order. LPN-A stated the pharmacy delivers medication a couple of times a day. If they need the medication right away the nurse would go to the medication emergency kit instead of waiting for the next delivery. She added if a nurse calls a medical provider for medication to treat pain or anxiety, she expects them to use the medication emergency kit instead of making the patient suffer waiting for a delivery. She added the facility provides 24-hour nursing care and they have access to the pharmacy and medical providers around the clock.</p> <p>During interview on 9/19/23 at 12:21 p.m., registered nurse (RN)-B stated if a resident had new or worsening discomfort, she would call the medical provider. If a narcotic was ordered she would pull the medication from the medication emergency kit and give it to the resident right away instead of waiting for a delivery from the pharmacy. She added if she received the new order during shift change, she would still get the</p>	F 684		

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F 684	<p>Continued From page 6</p> <p>medication for the resident instead of asking the oncoming staff to do so to prevent any delay of care.</p> <p>During interview on 9/19/23 at 12:50 p.m., the director of nursing (DON) stated R2 at "baseline" typically called out for "help" therefore the nurse did not use the medication emergency kit to provide the Dilaudid and Ativan because there was no need. Instead R2 could wait for the pharmacy to deliver the medication on 9/4/23. She added had R2 needed the medication right away she would have expected the staff to get the medication out of the emergency kit. DON said LPN-B was very dedicated to her residents and if R2 was in any discomfort she would have given her the medication right away. She said LPN-B contacted NP-A on 9/3/23 because the family requested hospice care for R2. LPN-B requested medication for pain, anxiety, or agitation just to have on hand if her condition worsened.</p> <p>During interview on 9/19/23 at 12: 55 p.m., clinical manager (CM)-A stated on 9/4/23, there was a lot of confusion between the family and the nursing staff. R2's FM-B was upset because no one gave R2 the Dilaudid and Ativan the day before. CM-A stated she found the order and used the medication emergency kit supply to give her the medications. CM-A stated LPN-B asked NP-A for medication to treat pain, anxiety, or agitation to have on hand if or when R2's condition worsened, not because she had developed those symptoms and needed treatment right away. She added LPN-B's nursing progress note on 9/3/23 at 9:02 p.m., did not indicate a need for Dilaudid or Ativan and it was acceptable to wait for the pharmacy to deliver the medication.</p>	F 684		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245493</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/19/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>AUGUSTANA CHAPEL VIEW CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>615 MINNETONKA MILLS ROAD</b> <b>HOPKINS, MN 55343</b>		
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F 684	<p>Continued From page 7</p> <p>During interview on 9/19/23 at 1:00 p.m., LPN-B stated she cared for R2 on 9/3/23 but was off on 9/4/23. She said R2's family told her they wanted their mother to get hospice care. She called the provider on 9/3/23, to discuss the families wishes. In addition, she asked NP-A to prescribe comfort medication (medication to manage end of life symptoms and pain) to have on hand just in case R2's condition worsened. She stated if R2 was having pain, anxiety, or agitation she would have retrieved the medication from the medication emergency kit. She denied telling FM-B she would give R2 the medication when it arrived from the pharmacy.</p> <p>During interview on 9/19/23 at 1:13 p.m., RN-A stated she started work on 9/3/23, and worked the night shift. She said R2 slept the whole night and if she was in any discomfort, she would have given her the Dilaudid and Ativan from the medication emergency kit.</p> <p>During interview on 9/19/23 at 1:20 p.m., the hospice intake (HI)-A staff member stated when they receive an order to start hospice for a new client, they first set up an appointment with a nurse to determine if the resident met the criteria for hospice care. Prior to the appointment they would not order medication, or services. R2 was visited on 9/4/23 at 1:00 p.m., and she met the criteria for admission. Per hospice protocols once a resident is accepted into their care, the nurse would contact the hospice medical provider to receive new orders for comfort care medications and equipment.</p> <p>DON email correspondence dated 9/20/23, indicated on 9/3/23 R2 was calling out for help,</p>	F 684		

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NAME OF PROVIDER OR SUPPLIER  <b>AUGUSTANA CHAPEL VIEW CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>615 MINNETONKA MILLS ROAD</b> <b>HOPKINS, MN 55343</b>		
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F 684	<p>Continued From page 8</p> <p>water and had "general restlessness." The nurse updated R2's NP to get an order to refer R2 for hospice care. At the same time, the LPN-B "proactively" asked for comfort medication. LPN-B did not administer the medication because R2 always yelled out and was agitated. In addition, the comfort medication (Ativan and Diluadid) were not given until the family requested them to do so.</p> <p>Facility policy Medication Management Responsibility: Licensed nurse dated 9/27/23, indicated the facility's medication emergency kit is used when a resident is not able to wait for the pharmacy to deliver the medication. Prior to using the emergency kit staff must call the pharmacy and explain why the resident needed the medication right away. If the medication needed was a narcotic the pharmacy staff would be alerted to insure, they have an active prescription from the ordering medical provider before giving the medication.</p> <p>Facility policy Pain Management dated 10/14/22, indicated pain management included: assessing for pain, finding the source of the pain, intervene with medication and non-medication interventions, and determine if the interventions used were effective. Pain assessments included: identify conditions associated with pain, along with what type of pain, what caused the pain, and what helped to relieve the pain. In addition, staff needed to implement pain interventions, monitor for the effectiveness, and modify the course of treatment if not working. Acute and chronic pain require continuous pain assessments. If the pain assessment identified worsening symptoms, notify the medical provider to develop a new plan of action.</p>	F 684		

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

PRINTED: 10/13/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245493</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/19/2023</b>
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00727</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C <b>09/19/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AUGUSTANA CHAPEL VIEW CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>615 MINNETONKA MILLS ROAD HOPKINS, MN 55343</b>
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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 9/18/23 through 9/19/23, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing order(s) (was/were) issued. Please indicate in your electronic plan of correction you have reviewed</p>	2 000		
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Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

10/06/23

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00727</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C <b>09/19/2023</b>
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2 000	<p>Continued From page 1</p> <p>these orders and identify the date when they will be completed.</p> <p>The following complaints were reviewed with no deficiency issued.  H54935391C(MN96789).  H54935665C(MN97009).  H54935525C(MN96870).</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software.</p> <p>The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.</p>	2 000		