



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
November 12, 2020

Administrator
The Emeralds At Grand Rapids Llc
2801 South Highway 169
Grand Rapids, MN 55744

RE: CCN: 245495
Cycle Start Date: September 4, 2020

Dear Administrator:

On September 24, 2020, we notified you a remedy was imposed. On October 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 October 30, 2020.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective October 24, 2020 be discontinued as of October 30, 2020. (42 CFR 488.417 (b))

However, as we notified you in our letter of September 24, 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 October 24, 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,

A handwritten signature in black ink, appearing to read 'Joanne Simon', with a horizontal line extending to the right.

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



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
September 28, 2020

Administrator
The Emeralds At Grand Rapids Llc
2801 South Highway 169
Grand Rapids, MN 55744

RE: CCN: 245495
Cycle Start Date: September 4, 2020

Dear Administrator:

On September 24, 2020, we informed you of imposed enforcement remedies.

On September 10, 2020, the Minnesota Department 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 October 24, 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 October 24, 2020. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective October 24, 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 September 24, 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

The Emeralds At Grand Rapids Llc

September 28, 2020

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conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from October 24, 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 Survey Team
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 March 4, 2021 (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

The Emeralds At Grand Rapids Llc

September 28, 2020

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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/lrc_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable 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

The Emeralds At Grand Rapids Llc

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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,

A handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke extending to the right.

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

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

PRINTED: 10/09/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245495	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/10/2020
NAME OF PROVIDER OR SUPPLIER THE EMERALDS AT GRAND RAPIDS LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2801 SOUTH HIGHWAY 169 GRAND RAPIDS, MN 55744		
(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 9/10/20, an abbreviated standard 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: H5495083C 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 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the	F 684	F684: Quality of Care	10/16/20	

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

TITLE

(X6) DATE
10/08/2020

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245495	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/10/2020
NAME OF PROVIDER OR SUPPLIER THE EMERALDS AT GRAND RAPIDS LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2801 SOUTH HIGHWAY 169 GRAND RAPIDS, MN 55744		
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F 684	<p>Continued From page 1</p> <p>facility failed to provide ongoing assessment of a non-pressure related wound for 1 of 3 residents (R3) reviewed.</p> <p>Findings include:</p> <p>R3's admission Minimum Data Set dated 8/11/20, indicated she had intact cognition, and required extensive assistance from two staff for bed mobility, transfers and toileting. The MDS indicated R3 had a surgical wound.</p> <p>R3's care plan dated 8/5/20, identified R3 had a surgical wound to the right below knee amputation. The care plan directed staff to monitor skin integrity daily during cares, and complete treatments per order.</p> <p>R3's Weekly Skin Inspection dated 8/5/20, indicated left/side leg had red rash. R3 had an appointment with her physican the following day.</p> <p>R3's Weekly Skin Inspection dated 8/12/20, skin check not completed.</p> <p>R3's Weekly Skin Inspection dated 8/16/20, indicated R3 refused her shower due to not feeling well. Skin check was not completed.</p> <p>R3's Weekly Skin Inspection dated 8/19/20, indicated R3 was sleeping, skin check not completed.</p> <p>R3's Physician Appointment Note dated 8/21/20, indicated R3's incision healing well, staples removed and steri- strips applied.</p> <p>R3's progress note dated 8/21/20, indicated she was seen in the clinic for a follow-up visit. Keep</p>	F 684	<p>Immediate Corrective Action:</p> <p>R3's wound is now being monitored daily for signs of infection.</p> <p>Action as it Applies to Others:</p> <p>Skin Assessment & Wound Management policy was reviewed and remains current.</p> <p>All residents with wounds were assessed to ensure daily monitoring is in place for infection and to notify NP/MD if any signs of infection noted.</p> <p>All nurses educated on need to ensure monitoring if wounds are done at least daily to assess for signs of infection and to notify NP/MD of any changes/concerns.</p> <p>Date of Compliance: 10/16/2020</p> <p>Reoccurrence will be prevented by: Audit of 5 residents with wounds will be conducted weekly x 4 weeks then monthly x2 months to assure monitoring is in place. The results of these audits will be shared with the facility QAPI committee for input on the need to increase, decrease, or discontinue the audits.</p> <p>Corrections will be monitored by: DON/Nurse Managers/Designee</p>		

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F 684	<p>Continued From page 2</p> <p>incision dry, re-wrap with ace bandage daily, and as needed and follow up in four weeks.</p> <p>R3's Weekly Skin Inspection dated 8/26/20, indicated R3 had a rash that went under her arm, rash on her left buttock and a bruise on her arm. No indication incision was looked at.</p> <p>R3's Weekly Skin Inspection dated 8/29/20, indicated she refused her shower and skin inspection.</p> <p>R3's progress note dated 8/30/20, indicated her stump had an area that had bled slightly, and R3 said she bumped it on the wall.</p> <p>R3's progress note dated 8/31/20, indicated a couple of steri-strips had come loose from R3's stump, it bled, and the nurse manager was notified.</p> <p>R3's progress note dated 9/3/20, indicated she had a 2.0 centimeter (cm) x 3.0 cm red area on her incision. Physician updated.</p> <p>R3's Physician Appointment Note dated 9/4/20, indicated wound dehiscence (a surgical complication in which a wound ruptures along a surgical incision) mid portion of incision. Steri-strips and gauze applied. Kelfex (antibiotic)500 milligrams (mg) ordered, continue wound care.</p> <p>R3's Prescription Report dated 9/4/20, indicated Keflex 500 mg four times daily for infection.</p> <p>R3's Weekly Skin Inspection dated 9/5/20, indicated she did not want a shower, no indication skin was inspected.</p>	F 684			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245495	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/10/2020
NAME OF PROVIDER OR SUPPLIER THE EMERALDS AT GRAND RAPIDS LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2801 SOUTH HIGHWAY 169 GRAND RAPIDS, MN 55744		
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F 684	Continued From page 3 R3's progress note dated 9/10/20, indicated R3's right stump was seen by the physician on 9/4/20. Physician prescribed Keflex. Wound valuated today and incision remains stable. Redness measures 2.7 cm x 3.2 cm with scant drainage noted from 1.0 cm opening on incision line. On 9/10/20, at 1:17 p.m. licensed practical nurse (LPN)-A stated when R3 first admitted, staff were not supposed to remove the bandage from her surgical wound. LPN-A stated after R3's first follow-up appointment on 8/21/20, she had kerlix underneath the ace wrap. LPN-A stated staff looked at the bandage for drainage, but had not seen the actual incision. LPN-A stated she was not sure if they could remove the kerlix. At 1:21 p.m. LPN-B stated R3 had admitted with staples in her surgical wound, then went to the physician and returned with steri-strips in place of the staples. LPN-B stated staff said it was bleeding, she looked at the wound, and it was open so she set up an appointment with the physician. LPN-B stated she had not seen the wound prior to it dehiscing on 9/2/20. LPN-B further stated since R3 had returned with an antibiotic for wound infection on 9/2/20, she still had not seen the wound. At 2:05 p.m. the director of nursing (DON) stated staff should have been looking at R3's incision regularly, and stated if they were not sure of the order, it should have been clarified with the physician. A policy was requested, but not provided.	F 684			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
September 28, 2020

Administrator
The Emeralds At Grand Rapids Llc
2801 South Highway 169
Grand Rapids, MN 55744

Re: State Nursing Home Licensing Orders
Event ID: SXPY11

Dear Administrator:

The above facility was surveyed on September 10, 2020 through September 10, 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.

The Emeralds At Grand Rapids Llc

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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:

**Teresa Ament, Unit Supervisor
Duluth Survey Team
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: 00299	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/10/2020
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NAME OF PROVIDER OR SUPPLIER THE EMERALDS AT GRAND RAPIDS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2801 SOUTH HIGHWAY 169 GRAND RAPIDS, MN 55744
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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) COMPLETE DATE
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2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>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 9/10/20, an abbreviated survey was conducted to determine compliance with State Licensure. Your facility was found not to be in compliance with the MN State Licensure.</p> <p>The following complaint was found to be SUBSTANTIATED: H5495083C. Licensing orders</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 10/08/20
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00299	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/10/2020
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NAME OF PROVIDER OR SUPPLIER THE EMERALDS AT GRAND RAPIDS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2801 SOUTH HIGHWAY 169 GRAND RAPIDS, MN 55744
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2 000	Continued From page 1 were issued.	2 000		
2 830	<p>MN Rule 4658.0520 Subp. 1 Adequate and Proper Nursing Care; General</p> <p>Subpart 1. Care in general. A resident must receive nursing care and treatment, personal and custodial care, and supervision based on individual needs and preferences as identified in the comprehensive resident assessment and plan of care as described in parts 4658.0400 and 4658.0405. A nursing home resident must be out of bed as much as possible unless there is a written order from the attending physician that the resident must remain in bed or the resident prefers to remain in bed.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to provide ongoing assessment of a non-pressure related wound for 1 of 3 residents (R3) reviewed.</p> <p>Findings include: R3's admission Minimum Data Set dated 8/11/20, indicated she had intact cognition, and required extensive assistance from two staff for bed mobility, transfers and toileting. The MDS indicated R3 had a surgical wound.</p>	2 830	<p>F684: Quality of Care</p> <p>Immediate Corrective Action:</p> <p>R3's wound is now being monitored daily for signs of infection.</p> <p>Action as it Applies to Others:</p> <p>Skin Assessment & Wound Management policy was reviewed and remains current.</p> <p>All residents with wounds were assessed</p>	10/16/20

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00299	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/10/2020
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NAME OF PROVIDER OR SUPPLIER THE EMERALDS AT GRAND RAPIDS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2801 SOUTH HIGHWAY 169 GRAND RAPIDS, MN 55744
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2 830	<p>Continued From page 2</p> <p>R3's care plan dated 8/5/20, identified R3 had a surgical wound to the right below knee amputation. The care plan directed staff to monitor skin integrity daily during cares, and complete treatments per order.</p> <p>R3's Weekly Skin Inspection dated 8/5/20, indicated left/side leg had red rash. R3 had an appointment with her physican the following day.</p> <p>R3's Weekly Skin Inspection dated 8/12/20, skin check not completed.</p> <p>R3's Weekly Skin Inspection dated 8/16/20, indicated R3 refused her shower due to not feeling well. Skin check was not completed.</p> <p>R3's Weekly Skin Inspection dated 8/19/20, indicated R3 was sleeping, skin check not completed.</p> <p>R3's Physician Appointment Note dated 8/21/20, indicated R3's incision healing well, staples removed and steri- strips applied.</p> <p>R3's progress note dated 8/21/20, indicated she was seen in the clinic for a follow-up visit. Keep incision dry, re-wrap with ace bandage daily, and as needed and follow up in four weeks.</p> <p>R3's Weekly Skin Inspection dated 8/26/20, indicated R3 had a rash that went under her arm, rash on her left buttock and a bruise on her arm. No indication incision was looked at.</p> <p>R3's Weekly Skin Inspection dated 8/29/20, indicated she refused her shower and skin inspection.</p> <p>R3's progress note dated 8/30/20, indicated her</p>	2 830	<p>to ensure daily monitoring is in place for infection and to notify NP/MD if any signs of infection noted.</p> <p>All nurses educated on need to ensure monitoring if wounds are done at least daily to assess for signs of infection and to notify NP/MD of any changes/concerns.</p> <p>Date of Compliance: 10/16/2020</p> <p>Reoccurrence will be prevented by: Audit of 5 residents with wounds will be conducted weekly x 4 weeks then monthly x2 months to assure monitoring is in place. The results of these audits will be shared with the facility QAPI committee for input on the need to increase, decrease, or discontinue the audits.</p> <p>Corrections will be monitored by: DON/Nurse Managers/Designee</p>	

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2 830	<p>Continued From page 3</p> <p>stump had an area that had bled slightly, and R3 said she bumped it on the wall.</p> <p>R3's progress note dated 8/31/20, indicated a couple of steri-strips had come loose from R3's stump, it bled, and the nurse manager was notified.</p> <p>R3's progress note dated 9/3/20, indicated she had a 2.0 centimeter (cm) x 3.0 cm red area on her incision. Physician updated.</p> <p>R3's Physician Appointment Note dated 9/4/20, indicated wound dehiscence (a surgical complication in which a wound ruptures along a surgical incision) mid portion of incision. Steri-strips and gauze applied. Keflex (antibiotic)500 milligrams (mg) ordered, continue wound care.</p> <p>R3's Prescription Report dated 9/4/20, indicated Keflex 500 mg four times daily for infection.</p> <p>R3's Weekly Skin Inspection dated 9/5/20, indicated she did not want a shower, no indication skin was inspected.</p> <p>R3's progress note dated 9/10/20, indicated R3's right stump was seen by the physician on 9/4/20. Physician prescribed Keflex. Wound valuated today and incision remains stable. Redness measures 2.7 cm x 3.2 cm with scant drainage noted from 1.0 cm opening on incision line.</p> <p>On 9/10/20, at 1:17 p.m. licensed practical nurse (LPN)-A stated when R3 first admitted, staff were not supposed to remove the bandage from her surgical wound. LPN-A stated after R3's first follow-up appointment on 8/21/20, she had kerlix underneath the ace wrap. LPN-A stated staff</p>	2 830		

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2 830	<p>Continued From page 4</p> <p>looked at the bandage for drainage, but had not seen the actual incision. LPN-A stated she was not sure if they could remove the kerlix.</p> <p>At 1:21 p.m. LPN-B stated R3 had admitted with staples in her surgical wound, then went to the physician and returned with steri-strips in place of the staples. LPN-B stated staff said it was bleeding, she looked at the wound, and it was open so she set up an appointment with the physician. LPN-B stated she had not seen the wound prior to it dehiscing on 9/2/20. LPN-B further stated since R3 had returned with an antibiotic for wound infection on 9/2/20, she still had not seen the wound.</p> <p>At 2:05 p.m. the director of nursing (DON) stated staff should have been looking at R3's incision regularly, and stated if they were not sure of the order, it should have been clarified with the physician.</p> <p>A policy was requested, but not provided.</p> <p>SUGGESTED METHOD OF CORRECTION: The administrator, director of nursing, or designee could review the pertinent policies and procedures, revise as necessary, and educate the staff related to the policies and procedures</p> <p>TIME PERIOD FOR CORRECTION: Twenty one (21) days.</p>	2 830		