



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

Electronically delivered  
March 18, 2024

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

RE: CCN: 245495  
Cycle Start Date: March 7, 2024

Dear Administrator:

On March 7, 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 actual harm that was not immediate jeopardy (Level G),

The Statement of Deficiencies (CMS-2567) is being electronically delivered. Because corrective action was taken prior to the survey, past non-compliance does not require a plan of correction (POC).

#### REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy(ies) listed below to the CMS location for imposition. The CMS location concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Civil money penalty, (42 CFR 488.430 through 488.444).

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

#### NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than \$11,995; has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

Therefore, your agency is prohibited from offering or conducting a Nurse Assistant Training/Competency Evaluation Programs or Competency Evaluation Programs for two years effective March 7, 2024. This prohibition is not subject to appeal. Under Public Law 105-15 (H.R. 968), you may request a waiver of this

*An equal opportunity employer.*

The Emeralds At Grand Rapids LLC

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prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

The CMS location may notify you of their determination regarding any imposed remedies.

#### DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by a "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

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

#### APPEAL RIGHTS

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

[Steven.Delich@cms.hhs.gov](mailto:Steven.Delich@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  
202-795-7490

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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 Steven Delich, Program Representative at (312) 886-5216. Information may also be emailed to [Steven.Delich@cms.hhs.gov](mailto:Steven.Delich@cms.hhs.gov).

#### 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://forms.web.health.state.mn.us/form/NHDisputeResolution>

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)

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

PRINTED: 03/18/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245495</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/07/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE EMERALDS AT GRAND RAPIDS LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2801 SOUTH HIGHWAY 169</b> <b>GRAND RAPIDS, MN 55744</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	INITIAL COMMENTS  On 3/7/24, a standard abbreviated survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities.  The following complaint was reviewed H54951212C (MN101213) and a deficiency was issued at (F689) at PAST NON-COMPLIANCE.  Although the provider had implemented corrective action prior to survey, harm was sustained prior to the survey. No plan of correction is required for a finding of past non-compliance; however, the facility must acknowledge receipt of the electronic documents.	F 000	Past noncompliance: no plan of correction required.	
F 689 SS=G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)  §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and  §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review the facility failed to ensure an environment free from hazards. This resulted in actual harm to R1 who sustained a second degree burn when his knee rested against the baseboard heater and he was unable to move his knee or call for help. The deficient practice was corrected prior to the	F 689	Past noncompliance: no plan of correction required.	

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

Electronically Signed

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 689	<p>Continued From page 1</p> <p>start of the survey and was therefore issued at past noncompliance.</p> <p>Findings include:</p> <p>R1's Admission Record indicated he admitted to the facility on 1/18/21, with diagnosis that included encephalopathy (disease in which the functioning of the brain is affected), Diabetes, transient ischemic attack (a short period of symptoms similar to those of a stroke) and a tracheostomy (a direct airway through an incision in the trachea).</p> <p>R1's annual Minimum Data Set dated 2/5/24, indicated he was rarely/never understood, had upper and lower extremity impairments and was dependent on staff for all activities of daily living. R1's care plan dated 2/2/24, indicated he was non-verbal and unable to make his needs known. The care plan further identified a self care deficit related to R1 being dependent on nursing staff for all cares.</p> <p>R1's Progress Note dated 2/27/24, indicated at approximately 7:10 p.m. nursing assistant on duty called nurse to R1's room. R1's bed was close to the heater and R1 sustained a burn to his knee. R1's Skin and Wound Evaluation dated 2/28/24, identified a second degree burn 3.9 centimeter (cm) x 3.3 cm described as a ruptured blister.</p> <p>Facility's internal investigation dated 2/29/24 indicated, based on interview with unidentified NA, R1's bed was believed to have been moved closer to the wall unintentionally when the EMT staff transferred R1 to the gurney for his unrelated hospital visit.</p>	F 689		

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F 689	<p>Continued From page 2</p> <p>During observation on 3/7/24 at 10:13 a.m., registered nurse (RN)-A was performing wound care on R1's knee. Each time RN-A applied the prescribed cream to R1's knee, R1 displayed discomfort by flinching.</p> <p>During that same observation at 10:13 a.m., R1's bed was observed to be a 18-24 inches from the baseboard heater (RN-A was standing between baseboard and R1's bed as she performed resident care). The baseboard was not hot to touch by surveyor; surveyor was able to keep hand on baseboard for over a minute comfortably.</p> <p>During interview on 3/7/24 at 11:10 a.m., RN-A stated she had been working the day R1 was burned and said she had assessed R1 around 12:45 p.m. after he returned from an unrelated hospital visit and the burn had not been present. RN-A stated staff came to her around 7:00 p.m. and showed her the burn.</p> <p>During interview on 3/7/24 at approximately 11:00 a.m., the maintenance director (MD) stated the heating system was a hot water baseboard system and said he did not have a manual for the system. The MD stated there was a weekly temperature check on the all the baseboards in the facility but said he did not have records dating prior to the incident because it had just recently been implemented. The MD said weekly temperature checks were not being completed prior to R1 sustaining the burn because they had not been set up in the maintenance system but this was corrected immediately follow R1's incident.</p> <p>On 3/7/24 at 11:16 a.m. the administrator</p>	F 689		

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F 689	<p>Continued From page 3</p> <p>confirmed the weekly temperature checks on the baseboards had been implemented after R1 had been burned.</p> <p>The Regional Maintenance Consultant (RMC) was interview on 3/7/24 at 12:20 p.m., and said according to the policy, surface temperatures of the heaters should not be over 120 degrees to avoid injury. The RMC stated the baseboard heat registers should be checked during weekly room audit inspections and said the facility should have been checking the temperatures during the heating months which were typically September 1st through May 1st.</p> <p>During interview on 3/7/24 at 12:47 p.m., nursing assistant (NA)-A stated she was working the day R1 was burned on the heat register. NA-A said R1 had returned from the hospital and the nurse had been in his room around 3:30 p.m NA-A stated she had left at 6:00 p.m. and had not repositioned R1 on her shift. NA-A said R1 was unable to make even slight adjustments independently and relied on staff for positioning.</p> <p>During interview on 3/7/24 at 2:00 p.m., the director of nursing (DON) stated her understanding was R1 had come back from the hospital the day he was burned and said his bed was up against the heat register. The DON stated the wound care nurse practioner who assessed the knee indicated R1 had sustained a second degree burn.</p> <p>During interview on 3/7/24 at 2:13 p.m., NA-C said R1's bed had been too close to the wall and he ended up with the burn on his knee.</p> <p>Facility policy Baseboard Heat Register Surface</p>	F 689		

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F 689	<p>Continued From page 4</p> <p>Temperature dated 1/9/17, and updated 2/28/24, indicated facility maintenance director will check baseboard heating register surface temperatures and make immediate corrections to the thermostats if any temperatures are above 120 degrees Fahrenheit. Notification of the administrator will occur immediately if any temperatures are above 120 degrees in any resident room.</p> <p>Prior to the start of the survey the facility initiated immediate temperature checks on all baseboard heaters facility wide and bed placement checks. Additionally, the facility maintenance R1's baseboard heater in an attempt to determine reason for overheating and continued daily checks with no temperatures over 120. Lastly the facility developed and implemented a system to perform weekly checks of the heat register temperatures, developed and implemented bed placement audits throughout the facility and educated staff regarding implementation of the procedures. The education and audits were verified through interview and document review.</p>	F 689		



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

Electronically delivered

March 18, 2024

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

Re: Event ID: OSOM11

Dear Administrator:

The above facility survey was completed on March 7, 2024 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)

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00299</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/07/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE EMERALDS AT GRAND RAPIDS LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2801 SOUTH HIGHWAY 169 GRAND RAPIDS, MN 55744</b>
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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>INITIAL COMMENTS: On 3/7/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found IN compliance with the MN State Licensure. The following complaint was reviewed: H54951212C (MN101213). NO licensing orders</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
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00299</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/07/2024</b>
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2 000	Continued From page 1  were issued. Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. 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.	2 000		