Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
July 27, 2023

Administrator
Centracare Health Monticello
1013 Hart Boulevard
Monticello, MN 55362

RE: CCN: 245511
Cycle Start Date: July 12, 2023

Dear Administrator:

On July 12, 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 immediate jeopardy (Level J), as evidenced by the electronically delivered CMS-2567,

Because corrective action was taken prior to the survey, past non-compliance does not require a plan of correction (POC).

REMOVAL OF IMMEDIATE JEOPARDY

On July 5, 2023, the situation of immediate jeopardy to potential health and safety cited at F695 was removed.

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 listed below to the CMS Region V Office for imposition:

- 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.

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 July 12, 2023. This prohibition is not subject to appeal. Under Public Law 105-15 (H.R. 968), you may request a waiver of this 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 Region V Office may notify you of their determination regarding any imposed remedies.

SUBSTANDARD QUALITY OF CARE (SQC)

SQC was identified at your facility. Sections 1819(g)(5)(C) and § 1919(g)(5)(C) of the Social Security Act and 42 CFR 488.325(h) requires that the attending physician of each resident who was found to have received substandard quality of care, as well as the State board responsible for licensing the facility's administrator, be notified of the substandard quality of care. **If you have not already provided the following information, you are required to provide to this agency within ten working days of your receipt of this letter the name and address of the attending physician of each resident found to have received substandard quality of care.**

Please note that, in accordance with 42 CFR 488.325(g), your failure to provide this information timely will result in termination of participation in the Medicare and/or Medicaid program(s) or imposition of alternative remedies.

Federal law, as specified in the Act at § 1819(f)(2)(B) and § 1919(f)(2)(B), prohibits approval of nurse assistant training programs offered by, or in, a facility which, within the previous two years, has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care. Therefore, Centracare Health Monticello is prohibited from offering or conducting a Nurse Assistant Training / Competency Evaluation Programs (NATCEP) or Competency Evaluation Programs for two years effective July 12, 2023. This prohibition remains in effect for the specified period even though substantial compliance is attained. Under Public Law 105-15 (H. R. 968), you may request a waiver of this 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.

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
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

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

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.

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

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

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,

Kamala Fiske-Downing

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us

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July 27, 2023

Administrator
Centracare Health Monticello
1013 Hart Boulevard
Monticello, MN 55362

Re: Event ID: B27F11

Dear Administrator:

The above facility survey was completed on July 12, 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,

Kamala Fiske-Downing

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245511	A. BUILDING _____ B. WING _____	C 07/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRACARE HEALTH MONTICELLO	1013 HART BOULEVARD MONTICELLO, MN 55362

(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 7/7/23, 7/11/23 and 7/12/23, 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 complaints were reviewed during the survey: H55113465C (MN95072) H55113456C (MN94926/MN94969), and a deficiency was issued at F695 at PAST NON-COMPLIANCE. Although the provider had implemented corrective action prior to survey, immediate jeopardy 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		
F 695 SS=J	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 care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered	F 695		

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 695	Continued From page 1 care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure oxygen therapy was provided per physician orders for 1 of 3 residents (R1) when R1, who required continuous oxygen (O2), had her oxygen removed by a nursing assistant (NA). This resulted in an immediate jeopardy (IJ). The immediate jeopardy began on 6/30/23, when R1's O2 was removed by a nursing assistant (NA). R1 went "limp" and unresponsive after approximately 9 minutes in the bathroom. R1 subsequently died. The administrator and director of nursing (DON) were notified of the immediate jeopardy at 3:39 p.m. on 7/12/23. The immediate jeopardy was removed, and the deficient practice corrected on 7/5/23, prior to the start of the survey and was therefore issued at Past Noncompliance. Findings include: R1's Face Sheet printed 7/3/23, identified R1 was admitted to the facility on hospice care 6/28/23 with diagnoses which included: chronic respiratory failure with hypoxia (a condition in which the body or region of the body is deprived of adequate oxygen supply at the tissue level, causing restlessness, confusion, anxiety, shortness of breath, rapid breathing and rapid heartbeat), pulmonary fibrosis, malignant neoplasm of right upper lobe of lung, and dependence on supplemental oxygen. On 6/30/23, a progress note indicated R1 had	F 695	Past noncompliance: no plan of correction required.	

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F 695	Continued From page 2 moderately impaired cognition. R1's Kardex printed 6/30/23, directed staff to notify the nurse prior to transfers so her oxygen level could be increased per orders. R1's Physician Orders dated 6/28/23 directed oxygen 5 liters (L) per minute at rest, and 1-15 L per minute at exertion, titrate for comfort. R1's Physician Orders dated 6/30/23 directed 5 L per minute at rest, and 10-15 L per minute with exertion. Titrate for comfort via high flow rate nasal cannula. On 6/30/23, R1's Weight and Vitals Summary indicated at 11:57 a.m. R1's O2 saturation (O2 sats, the level of oxygen in one's bloodstream. Normal is 95-100%) was 88%. At 2:07 p.m. R1's O2 sats was 85%. At 4:09 p.m. R1's O2 sats was 90%. On 6/30/23 at 5:30 p.m., a progress note indicated at 4:55 p.m. R1 was noted to be unresponsive on the floor, and she did not have oxygen (O2) on. R1 was immediately placed on O2 at 15 L, and slow shallow breaths were noted. R1 was assisted to bed. R1's vital signs ceased at 5:02 p.m. The facility investigation indicated on 6/30/23 at 4:44 p.m., NA-A went into R1's room. At 4:46 p.m. NA-A exited R1's room. At 4:47 p.m. R1's bathroom call light went on. NA-B answered the call light seconds later. R1's call light went off, and NA-B exited R1's room at 4:48 p.m. At 4:49 p.m. R1's call light went on, and seconds later NA-B went into R1's room. At 4:52 p.m. NA-B exited R1's room partially running. At 4:53 p.m.	F 695		

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F 695	Continued From page 3 RN-A entered R1's room. On 7/11/23 at 10:58 a.m., registered nurse (RN)-D indicated R1 required continuous O2 otherwise her oxygen saturation level would drop. In addition, RN-D stated R1 required an increase in O2 whenever R1 was going to do any activity, and NA's were expected to notify a licensed nurse prior to moving R1. On 7/11/23 at 11:45 a.m., RN-A stated R1's oxygen order indicated R1 required O2 via nasal cannula at 5 L when resting and required an increase in O2 to maintain O2 saturation levels when transferring or doing an activity. RN-A stated on 6/30/23, a NA alerted him R1 was on the floor. RN-A entered R1's bathroom and observed her on the floor, unconscious, without O2. R1 was transferred to her bed. RN-A listened to R1's heart and lung sounds and stated there was "nothing there." RN-A confirmed he was not made aware R1 was going to be transferred to the toilet, so he did not increase R1's oxygen, nor ensure it was on. On 7/11/23 at 12:12 p.m., NA-A stated 6/30/23 was the first day she had assisted R1. NA-A stated at approximately 4:50 p.m. she answered R1's call light. She observed R1 sitting in her wheelchair, holding the call light, and her nasal cannula was on, hooked up to the room concentrator. NA-A stated she observed R1 being "shaky," "jumpy," and sweating "a lot," and she appeared to be "very anxious." NA-A stated she asked R1 if she could remove her O2 and R1 replied yes. NA-A removed R1's O2 and brought R1 into the bathroom using her wheelchair. When R1 was assisted to the toilet, R1 had a loose bowel movement. NA-A directed R1 to place the	F 695		

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F 695	Continued From page 4 call light on when she finished, and NA-A left the bathroom. NA-A stated a few minutes later, NA-B came and reported R1 had fallen. NA-A stated when she entered R1's bathroom, R1 was on the floor unconscious, with both calves and feet "tucked under" her thighs. NA-A stated RN-A entered the bathroom and immediately questioned where R1's O2 was, and placed her nasal cannula on. NA-A stated R1 was placed into bed and took 2-3 "spaced out" breaths. R1 would not respond, and RN-A stated R1 had passed. NA-A confirmed she did not review R1's Kardex prior to assisting R1, and stated staff "never explained the importance of that oxygen." NA-A stated she did not inform RN-A of R1's condition prior to assisting her to the bathroom, and was not aware R1 required an increase in O2 prior to transfers. On 7/11/23 at 12:38 p.m., NA-C indicated R1 required oxygen use which was "very important" due to R1's diagnoses. NA-C indicated on 6/29/23, she had transferred R1's source of O2 from the portable to the room concentrator. NA-C indicated she would compare flow rate of the source they are removing the resident from and ensure the flow rate matched on the next source. Further, NA-C confirmed she was unaware NA's could not apply or remove O2 or notifying a licensed nurse to increase R1's O2 prior to transferring R1. On 7/11/23 at 1:00 p.m., RN-C indicated R1 required continuous O2, and confirmed she was not aware R1 required an increase in O2 while transferring or completing any activity. On 7/11/23 at 1:26 p.m., NA-D stated R1 required continuous O2 and staff were expected to move	F 695		

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F 695	Continued From page 5	F 695		

R1's O2 room concentrator with her when she would use the bathroom, but NA's were not allowed to remove a resident's O2 or change source of O2.

On 7/11/23 at 2:56 p.m., NA-B stated R1 was a new admit and 6/30/23 was the first time NA-B had assisted R1. NA-B stated he answered R1's bathroom call light at approximately 4:55 p.m., and observed R1 sitting on the toilet without O2. NA-B stated he was unaware R1 required the use of continuous O2 at that time. NA-B stated R1 was not finished at that time and did not notice anything "different" with R1 at that time. NA-B stated he returned approximately a minute later to assist R1 with transferring off the toilet and back into her wheelchair. NA-B stated when R1 stood up she went "limp," and he assisted R1 to the floor. R1 was unresponsive. NA-B stated he exited R1's bathroom to find RN-A. NA-B stated he did not review R1's Kardex prior to assisting R1.

On 7/11/23 at 3:41 p.m., hospice RN-E stated facility staff had reported on 6/30/23, R1 was in the bathroom without O2 on and went unresponsive. Staff assisted R1 into bed where she took a few breaths and then passed. Further, RN-E indicated R1 required continuous O2 5 L at rest and with any exertion or activity such as transferring or toileting, R1 required an increase in O2 above 5 L. In addition, RN-E confirmed R1 not having O2 applied could have contributed to R1's death.

On 7/11/23 at 4:14 p.m., RN-B indicated R1 required continuous O2 and with any activity R1 would require an increase in O2. RN-B stated on 6/30/23, she was called to R1's room along with

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F 695	Continued From page 6 RN-A. Upon arrival to R1's bathroom, RN-B state R1 was observed on the floor, with no O2 on, and R1 appeared pale but breathing. RN-B stated O2 was applied and increased O2 to 15 L, R1 was assisted into bed and passed away. RN-B inquired why R1's O2 was not on to which NA-A stated she took R1 to the bathroom, approximately 9 minutes prior to incident, and was unaware R1 couldn't have the O2 off. On 7/11/23 at 4:45 p.m., the director of nursing (DON) stated on 6/30/23, NA-A removed R1's nasal cannula prior to assisting her with toileting and transferring. The DON stated NA-A did not notify RN-A prior to transferring R1, as R1's Kardex directed. The DON stated NA-B assisted R1 to transfer off the toilet and did not notify RN-A prior to transfer as R1's Kardex directed, as well as NA-B did not recognize or was not aware R1 required continuous oxygen. Further, DON staff were expected to review each resident's Kardex prior to start of their shift. On 7/12/23 at 10:13 a.m., the DON was interviewed again. The DON stated by not receiving O2, R1 could sustain hypoxia, restlessness, lethargy, cyanosis, sweating, elevated heart rate, loss of consciousness and death. On 7/12/23 at 11:24 p.m., the hospice medical director stated by not receiving O2, R1 was put at increased risk of loss of consciousness and/or death. On 7/12/23 at 11:35 a.m., the DON stated majority of all staff education regarding oxygen monitoring and hypoxia was completed by 7/5/23.	F 695		

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F 695	Continued From page 7 On 7/12/23 at 1:47 p.m., the facility medical director stated by R1's O2 not being applied put her at risk for an adverse outcome such as death due to R1's number of different pulmonary diagnoses. The Oxygen Administration-Long Term Care policy dated 6/23, identified licensed nurses and trained medication aids (TMA) may only regulate liter flow rates according to provider orders. The past noncompliance immediate jeopardy began on 6/30/23. The immediate jeopardy was removed and the deficient practice corrected by 7/5/23, after the facility implemented a systemic plan that included the following actions: NA-A was removed from the facility pending investigation and was provided immediate education on reviewing each resident's Kardex prior to start of shift. All nursing staff were educated on the facility policy related to oxygen monitoring which included identifying licensed nurses and trained medication assistants only can adjust oxygen rate and source as well as reviewing each residents Kardex prior to the beginning of the shift; and orientation for both licensed nurses and nursing assistants have been revised to include facility specific policy related to oxygen monitoring.	F 695		

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	00717	A. BUILDING: _____ B. WING _____	C 07/12/2023

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CENTRACARE HEALTH MONTICELLO	1013 HART BOULEVARD MONTICELLO, MN 55362

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2 000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 7/7/23, 7/11/23, and 7/12/23, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was IN compliance with the MN State Licensure	2 000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00717	A. BUILDING: _____ B. WING _____	C 07/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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2 000	Continued From page 1 The following complaints were reviewed during the survey: H55113456C (MN94926/MN94969); H55113465C (MN95072). 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		