DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
August 30, 2023

Administrator
Mala Strana Care & Rehabilitation Center
1001 Columbus Avenue North
New Prague, MN 56071

RE: CCN: 245514
Cycle Start Date: May 24, 2023

Dear Administrator:

On July 31, 2023, we notified you a remedy was imposed. On August 23, 2023 the Minnesota Department 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 August 10, 2023.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective August 24, 2023 did not go into effect. (42 CFR 488.417 (b))

In our letter of June 23, 2023, 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 was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from August 24, 2023 due to denial of payment for new admissions. Since your facility attained substantial compliance on August 10, 2023, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, 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,

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

DEPARTMENT OF HEALTH

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Electronically delivered
July 31, 2023

Administrator
Mala Strana Care & Rehabilitation Center
1001 Columbus Avenue North
New Prague, MN 56071

RE: CCN: 245514
Cycle Start Date: May 24, 2023

Dear Administrator:

On June 23, 2023, we informed you of imposed enforcement remedies.

On July 17, 2023, the Centers for Medicare and Medicaid Services (CMS) informed you that the following enforcement remedies were being imposed:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective August 24, 2023. (42 CFR 488.417 (b))

On July 20, 2023, 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:

- Mandatory denial of payment for new Medicare and Medicaid admissions, Federal regulations at 42 CFR 488.417 (b), effective August 24, 2023, 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 August 24, 2023. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective August 24, 2023.

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 June 23, 2023, 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 conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from August 24, 2023.

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" 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

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 November 24, 2023 (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 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/ 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 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.

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

DEPARTMENT OF HEALTH

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Electronically delivered

July 31, 2023

Administrator
Mala Strana Care & Rehabilitation Center
1001 Columbus Avenue North
New Prague, MN 56071

Re: Event ID: X2E911

Dear Administrator:

The above facility survey was completed on July 20, 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,

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245514	A. BUILDING _____ B. WING _____	C 07/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MALA STRANA CARE & REHABILITATION CENTER	1001 COLUMBUS AVENUE NORTH NEW PRAGUE, MN 56071

(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 7/19/23 to 7/20/23, 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. H55143709C (MN00095296) H55143803C (MN00094695) with deficiency issued at F684. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	F 000		
F 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:	F 684		8/10/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		08/08/2023

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	Continued From page 1 Based on observations, interviews, and records review, the facility failed to assess and monitor the skin condition for timely implementation of appropriate wound treatment for 1 of 1 resident (R2) who incurred a skin injury after a fall. Findings include: R2's admission minimum data set (MDS) dated 6/8/23, indicated an entry date of 6/1/23, and on hospice care. The MDS listed R2's active diagnoses including debility, respiratory condition, and depression. The MDS also indicated R2 did not have a skin tear, wound, or any skin problems. R2's care plan identified potential for alteration in skin integrity related to age, decreased mobility, and adult failure to thrive. The care plan also indicated that on 6/17/23, R2 had abrasion to the right lateral lower extremity. The care plan's goal noted R2 will remain free from skin breakdown, and the planned interventions directed staff to monitor skin integrity daily during cares, and nurse to do weekly skin inspections. The care plan also indicated R2 is at risk for falls related to age, decreased mobility, chronic pain, weakness, and self-transferring. The document titled, MHM Incident Review and Analysis, dated 6/17/23, showed report regarding R2's fall in the bathroom while self-transferring. The report did not indicate any skin tear or wound sustained from the fall. The progress notes showed that R2's wound was not identified during fall on 6/17/23, until 2 days later or on 6/19/23, as follows:	F 684	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. This Plan of Correction is submitted to meet requirements established by state and federal law. F684 Quality of Care R2 had the potential to be affected by the nurse calling the doctor on the second day instead of the first day. Residents with falls or skin tears have the potential to be affected by the alleged practice. Nursing staff were re-inserviced regarding significant change processes. Inservices will be ongoing as needed. Current residents were reviewed for potential changes. DON and/or designee will audit two residents weekly with significant changes x 6 weeks. The results will be reviewed at the monthly QAPI meeting for review and recommendations.	

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F 684	Continued From page 2 -On 6/17/23 at 4:20 a.m., R2 had a fall in the bathroom. R2 did not incur any injury such as skin tear. -On 6/19/23 at 9:00 a.m. (late entry note dated 6/21/23), licensed practical nurse (LPN)-B's documentation indicated notifying the nurse practitioner about the skin tear on R2's right lower leg on this date and time. The progress notes also showed the subsequent actions (in chronological order) for R2's right lower leg wound, as follows: -On 6/19/23 at 12:09 p.m., registered nurse (RN)-A documented that R2 had a wound on right lower leg, described as "weeping old bloody drainage from previous skin tear" and the leg had 2+ (bad) pitting edema. RN-A cleansed the wound with wound cleaner, applied Bacitracin, and covered with Tegaderm. -On 6/19/23 at 3:44 p.m., RN-A obtained and documented Hospice wound treatment orders for the right lower leg wound as follows: 1) Cleanse with wound cleanser, pat dry, apply alginate to wound bed and cover with foam dressing in the morning every other day and as needed, and 2) Apply tubi grips, on in the morning, and off at night. -On 6/20/23 at 9:25 p.m., RN-A documented new treatment orders from the wound nurse practitioner to clean the wound, pat dry, apply Xerofoam 2 layers to wound bed, cover with foam dressing, change every 3rd day. R2's treatment administration record (TAR) for the month of 6/23, showed Hospice's wound treatment order to right lower leg started and then discontinued on 6/20/23, noted in part as "Cleanse with wound cleanser, pat dry, apply	F 684		

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F 684	Continued From page 3 alginate to wound bed and cover with foam dressing." The TAR also showed the wound nurse's treatment order that also started on 6/20/23, noted partly as, "clean the wound, pat dry, apply Xerofoam 2 layers to wound bed, cover with foam dressing" and indicated to be changed every 3rd day. During interview on 7/20/23 at 10:57 a.m., LPN-B stated she worked on 6/17/23, following the night shift when R2 fell. LPN-B said, "I saw [R2's] leg wrapped in kerlix, and I asked her what happened, she said she fell on the night and was why her leg was wrapped." LPN-B added, "I didn't do anything after that because I was not her [R2's] nurse." At 11:46 a.m., LPN-B verified she made a late entry note dated 6/21/23 about notifying the nurse practitioner on . LPN-B stated that on 6/19/23 or 2 days after she first saw R2's right lower leg wrapped with kerlix, she followed up with the "other nurse" to make sure the the nurse practitioner was notified about the wound. On 7/20/23 at 11:41 a.m., surveyor attempted to contact registered nurse (RN)-C, who was the nurse when R2 fell on 6/17/23 at about 4:02 a.m., but she did not call as instructed. During interview on 7/20/23 at 12:45 p.m., LPN-A stated she worked the 2nd shift (from 2:00 p.m. to 10:00 p.m.) on 6/17/23 and remembered R2 as one of the residents under her care that time. LPN-A also stated she received report from "agency nurse" that R2 had a fall but nothing was said about a wound. LPN-A further stated, "If there was wound and treatment, it should have been in the TAR but there was none that I recall." During interview on 7/20/23 at 4:15 p.m., RN-A	F 684		

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F 684	Continued From page 4 stated she is an agency nurse and had worked the morning shift on 6/17/23, and received a report from the night shift nurse that R2 had a fall. RN-A said, "There was a lot going on that day and I don't remember report of a skin tear when [R2] had the fall." RN-A also stated she remembers time when she was called into R2's room where R2's daughter showed the soaked dressing on R2's right lower leg, and that when she removed the dressing, "the wound was macerated." RN-A stated she was unsure if R2 "came from assisted living with the wound." RN-A stated she checked the TAR and there was nothing about a wound. RN-A added, "[R2] had edema in the leg and weeping in that wound." RN-A stated she decided "to do something before calling the doctor" and so she cleansed the weeping wound with wound cleanser, applied Bacitracin, and put a transparent dressing (Tegaderm) over the wound. RN-A stated after her assessment and intervention, she notified the doctor and Hospice and asked for a wound treatment order. RN-A verified her documentation that these actions happened on 6/19/23 or 2 days after R2 fell. On 7/20/23 at 1:28 p.m., the director of nursing (DON) verified there was lack of evidence to show assessment and monitoring of R2's skin tear/wound that was incurred from the fall on 6/17/23. The DON also verified documentation that indicated the wound (weeping) was only identified, assessed, and treated starting on 6/19/23 (2 days after the fall). The policy titled, Skin Assessment and Wound Management dated 2/23, provides the guidelines include implementation of appropriate preventative skin measures, staff to perform routine skin inspections (with daily care), and	F 684		

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F 684	Continued From page 5 nurses are to be notified if skin changes are identified. The policy indicates if a new non-pressure wound is noted, notify the doctor and obtain treatment orders.	F 684		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00811	A. BUILDING: _____ B. WING _____	C 07/20/2023

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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 7/19/23 to 7/20/23, a complaint survey was conducted at your facility by surveyor from the Minnesota Department of Health (MDH). Your facility was IN compliance with the MN State Licensure The following complaints were reviewed during	2 000		

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	00811	A. BUILDING: _____ B. WING _____	C 07/20/2023

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2 000	Continued From page 1 the survey. H55143709C (MN00095296) H55143803C (MN00094695) 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		