



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
October 2, 2023

Administrator
Oaklawn Care & Rehabilitation Center
201 Oaklawn Avenue
Mankato, MN 56001

RE: CCN: 245517
Cycle Start Date: June 15, 2023

Dear Administrator:

On August 17, 2023, we notified you a remedy was imposed. On August 23, 2023 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 September 11, 2023.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective September 15, 2023 did not go into effect. (42 CFR 488.417 (b))

In our letter of July 21, 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 September 15, 2023 due to denial of payment for new admissions. Since your facility attained substantial compliance on September 11, 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 Therefore, the NATCEP prohibition is rescinded.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,

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



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October 2, 2023

Administrator
Oaklawn Care & Rehabilitation Center
201 Oaklawn Avenue
Mankato, MN 56001

Re: Reinspection Results
Event ID: 0D6912

Dear Administrator:

On September 27, 2023 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on August 9, 2023. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in blue 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



Protecting, Maintaining and Improving the Health of All Minnesotans

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August 17, 2023

Administrator
Oaklawn Care & Rehabilitation Center
201 Oaklawn Avenue
Mankato, MN 56001

RE: CCN: 245517
Cycle Start Date: June 15, 2023

Dear Administrator:

On July 21, 2023, we informed you that we may impose enforcement remedies.

On August 9, 2023, the Minnesota Department of Health completed a survey and it has been determined that your facility is not in substantial compliance. The most serious deficiencies in your facility were found to be widespread deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level F), as evidenced by the electronically attached CMS-2567, whereby corrections are required.

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 Region V Office for imposition. The CMS Region V Office concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Mandatory Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective September 15, 2023

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective September 15, 2023. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective September 15, 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.

This Department is also recommending that CMS impose a civil money penalty. You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

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

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.

If you have not achieved substantial compliance by September 15, 2023, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, Oaklawn Care & Rehabilitation Center will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from September 15, 2023. You will receive further information regarding this from the State agency. This prohibition is not subject to appeal. Further, this prohibition may be rescinded at a later date if your facility achieves substantial compliance prior to the effective date of denial of payment for new admissions. However, under Public Law 105-15, you may contact the State agency and request a waiver of this prohibition if certain criteria are met.

ELECTRONIC PLAN OF CORRECTION (ePOC)

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved. 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.

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:

LeAnn Huseth, RN, Unit Supervisor
Fergus Falls District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
1505 Pebble Lake Road, Suite 300
Fergus Falls, Minnesota. 56537
Email: leann.huseth@state.mn.us
Office: (218) 332-5140 Mobile: (218) 403-1100

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 December 15, 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 § 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42

Oaklawn Care & Rehabilitation Center

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CFR § 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 (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:

Oaklawn Care & Rehabilitation Center

August 17, 2023

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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,



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



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Electronically delivered
August 17, 2023

Administrator
Oaklawn Care & Rehabilitation Center
201 Oaklawn Avenue
Mankato, MN 56001

Re: State Nursing Home Licensing Orders
Event ID: OD6911

Dear Administrator:

The above facility was surveyed on August 8, 2023 through August 9, 2023 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.

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:

LeAnn Huseh, RN, Unit Supervisor
Fergus Falls District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
1505 Pebble Lake Road, Suite 300
Fergus Falls, Minnesota. 56537
Email: leann.huseh@state.mn.us
Office: (218) 332-5140 Mobile: (218) 403-1100

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 feel free to call me with any 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 AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/12/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/09/2023
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NAME OF PROVIDER OR SUPPLIER OAKLAWN CARE & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 OAKLAWN AVENUE MANKATO, MN 56001
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	<p>INITIAL COMMENTS</p> <p>On 8/8/23 and 8/9/23, 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.</p> <p>The following complaint was reviewed: H55174096C (MN00095573).</p> <p>Deficient practice was identified related to incidental finding at F585.</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance.</p> <p>Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.</p>	F 000		
F 585 SS=F	<p>Grievances CFR(s): 483.10(j)(1)-(4)</p> <p>§483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC</p>	F 585		9/11/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		08/27/2023

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 585	<p>Continued From page 1 facility stay.</p> <p>§483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph.</p> <p>§483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident.</p> <p>§483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include:</p> <p>(i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system;</p> <p>(ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their</p>	F 585		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 585	Continued From page 2 conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations; (iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated; (iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law; (v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued; (vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and (vii) Maintaining evidence demonstrating the	F 585		

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F 585	<p>Continued From page 3</p> <p>result of all grievances for a period of no less than 3 years from the issuance of the grievance decision.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and document review, the facility failed to establish a grievance policy to ensure residents could voice grievances anonymously and without fear of discrimination or reprisal. In addition, the facility failed to post in prominent locations throughout the facility the right to file grievances orally or in writing; the right to file grievances anonymously; and the name and contact information of the grievance official with whom a grievance could be filed. This deficient practice had the potential to affect all 50 residents and visitors in the facility.</p> <p>Findings include:</p> <p>During an observation on 8/9/23 at 10:00 a.m., the facility lacked a posting of the grievance process as well as no grievance forms were available in prominent locations in the facility. A Minnesota Bill of Rights poster was observed in the main hallway of the facility and listed facility contacts of an administrator, director of nursing (DON) and two social services representatives. All four contacts listed on the poster were no longer employed at the facility. Grievance official was listed as an administrator who was no longer employed by the facility. The poster lacked contact information for a current grievance official.</p> <p>During an interview on 8/9/23 at 10:25 a.m., the social service director (SSD) stated if a resident wanted to file a grievance a staff person would provide the resident a form and place it in the</p>	F 585	<p>Plan of Correction</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <p>All residents have the potential to be affected by this practice</p> <p>The measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not occur:</p> <p>The facility will implement a new grievance policy to ensure that residents will have the opportunity to voice grievances anonymously. The facility will notify all residents that this new policy will be implemented at the next resident council meeting. The facility will post signage in prominent locations to explain the facility's new grievance policy. This signage will include the right to file grievances orally or in writing, the right to file grievances anonymously and the name and contact information of the grievance official with whom the grievances could be filed.</p> <p>Quality Assurance ,plans to monitor facility performance to make sure that</p>	

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NAME OF PROVIDER OR SUPPLIER OAKLAWN CARE & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 201 OAKLAWN AVENUE MANKATO, MN 56001		
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F 585	<p>Continued From page 4</p> <p>mailbox outside the SSD's office after completion. The SSD verified the grievance procedure and forms were not located in prominent places throughout the facility and not available for residents and families to review and file anonymously.</p> <p>During an interview on 8/9/23 at 11:12 a.m., certified nursing assistant (CNA)-A stated when a resident wanted to file a grievance, staff were expected to inform the charge nurse who would address it. Indicated he was not aware where the grievance forms were located in the facility.</p> <p>During an interview on 8/9/23 at 11:15 a.m., registered nurse (RN)-A stated when a resident had a grievance, staff were expected to inform the nurse manager or obtain a form from the nursing office and assist the resident with completing the form.</p> <p>During an interview on 8/9/23 at 11:20 a.m., CNA-B stated when a resident had a grievance, staff were expected to inform the charge nurse. Indicated she was not aware where the grievance forms were located in the facility.</p> <p>During an interview on 8/9/23 at 11:23 a.m., licensed practical nurse (LPN)-A stated when residents had a complaint or a grievance, they could inform any staff member and that staff member would inform the nurse. If the nurse was unable to address the grievance, they would obtain a grievance form and assist them with completing it. Indicated the grievance forms were located in the nursing office file cabinet.</p> <p>During an interview on 8/9/23 at 12:00 p.m., the administrator verified the names of the facility</p>	F 585	<p>corrections are achieved and are permanent:</p> <p>The facility's Social Service department will be responsible for collecting and following up with any anonymous grievances submitted. The department will also be responsible for signage explaining the facility's newly implemented grievance process on both units and in other prominent locations. Social Services will audit the new grievance signage and anonymous grievance boxes x3 a week for x2 weeks. Administrator will add new grievance process to QAPI agenda for the IDT team to discuss.</p> <p>Completion date: 9/11/2023</p>	

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

PRINTED: 09/12/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/09/2023
NAME OF PROVIDER OR SUPPLIER OAKLAWN CARE & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 201 OAKLAWN AVENUE MANKATO, MN 56001		
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F 585	<p>Continued From page 5</p> <p>contacts for grievances on the Minnesota Bill of Rights poster were no longer employed at the facility and the grievance process or forms were not posted in prominent places. In addition, the administrator stated the forms were not available for a resident or family member to fill out anonymously without asking for assistance from facility staff.</p> <p>The facility policy titled, Complaint and Grievance Procedure last revised 2/2018, indicated all complaints and grievances would be verbally expressed as follows: first to the charge nurse and if unresolved, then to the director of Nursing (DON) or applicable department head, and if still unresolved, a verbal complain to the administrator. A grievance form would be completed when the verbal complaint had been voiced to each of the above individuals. Forms (grievance) were available at the nurse's station or social services office. The written grievance must be signed and dated by the person making the complaint. The policy lacked identification of a grievance official who was responsible for overseeing the grievance process and contact information. In addition, the policy lacked the right to file grievances anonymously, and the right to file a grievance without fear of discrimination or reprisal.</p>	F 585		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/09/2023
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NAME OF PROVIDER OR SUPPLIER OAKLAWN CARE & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 OAKLAWN AVENUE MANKATO, MN 56001
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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 8/8/23 and 8/9/23, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing order was issued. Please indicate in your electronic plan of correction you have reviewed these orders and</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 08/27/23
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Minnesota Department of Health

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2 000	<p>Continued From page 1</p> <p>identify the date when they will be completed.</p> <p>The following complaint was reviewed: H55174096C (MN00095573) with a licensing order issued at (1880).</p> <p>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 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 which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction.</p> <p>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/ib14_1.html> The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. 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. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of</p>	2 000		

Minnesota Department of Health

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2 000	Continued From page 2 state form. 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.	2 000		
21880	MN St. Statute 144.651 Subd. 20 Patients & Residents of HC Fac.Bill of Rights Subd. 20. Grievances. Patients and residents shall be encouraged and assisted, throughout their stay in a facility or their course of treatment, to understand and exercise their rights as patients, residents, and citizens. Patients and residents may voice grievances and recommend changes in policies and services to facility staff and others of their choice, free from restraint, interference, coercion, discrimination, or reprisal, including threat of discharge. Notice of the grievance procedure of the facility or program, as well as addresses and telephone numbers for the Office of Health Facility Complaints and the area nursing home ombudsman pursuant to the Older Americans Act, section 307(a)(12) shall be posted in a conspicuous place. Every acute care inpatient facility, every residential program as defined in section 253C.01, every nonacute care facility, and every facility employing more than two people that provides outpatient mental health services shall have a written internal grievance procedure that, at a minimum, sets forth the process to be followed; specifies time limits, including time limits for facility response; provides for the patient or resident to have the assistance of an advocate; requires a written response to written	21880		9/11/23

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21880	<p>Continued From page 3</p> <p>grievances; and provides for a timely decision by an impartial decision maker if the grievance is not otherwise resolved. Compliance by hospitals, residential programs as defined in section 253C.01 which are hospital-based primary treatment programs, and outpatient surgery centers with section 144.691 and compliance by health maintenance organizations with section 62D.11 is deemed to be compliance with the requirement for a written internal grievance procedure.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to establish a grievance policy to ensure residents could voice grievances anonymously and without fear of discrimination or reprisal. In addition, the facility failed to post in prominent locations throughout the facility the right to file grievances orally or in writing; the right to file grievances anonymously; and the name and contact information of the grievance official with whom a grievance could be filed. This deficient practice had the potential to affect all 50 residents and visitors in the facility.</p> <p>Findings include:</p> <p>During an observation on 8/9/23 at 10:00 a.m., the facility lacked a posting of the grievance process as well as no grievance forms were available in prominent locations in the facility. A Minnesota Bill of Rights poster was observed in the main hallway of the facility and listed facility contacts of an administrator, director of nursing (DON) and two social services representatives.</p>	21880	<p>Plan of Correction</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <p>All residents have the potential to be affected by this practice</p> <p>The measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not occur:</p> <p>The facility will implement a new grievance policy to ensure that residents will have the opportunity to voice grievances anonymously. The facility will notify all residents that this new policy will be implemented at the next resident council meeting. The facility will post signage in</p>	
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21880	<p>Continued From page 4</p> <p>All four contacts listed on the poster were no longer employed at the facility. Grievance official was listed as an administrator who was no longer employed by the facility. The poster lacked contact information for a current grievance official.</p> <p>During an interview on 8/9/23 at 10:25 a.m., the social service director (SSD) stated if a resident wanted to file a grievance a staff person would provide the resident a form and place it in the mailbox outside the SSD's office after completion. The SSD verified the grievance procedure and forms were not located in prominent places throughout the facility and not available for residents and families to review and file anonymously.</p> <p>During an interview on 8/9/23 at 11:12 a.m., certified nursing assistant (CNA)-A stated when a resident wanted to file a grievance, staff were expected to inform the charge nurse who would address it. Indicated he was not aware where the grievance forms were located in the facility.</p> <p>During an interview on 8/9/23 at 11:15 a.m., registered nurse (RN)-A stated when a resident had a grievance, staff were expected to inform the nurse manager or obtain a form from the nursing office and assist the resident with completing the form.</p> <p>During an interview on 8/9/23 at 11:20 a.m., CNA-B stated when a resident had a grievance, staff were expected to inform the charge nurse. Indicated she was not aware where the grievance forms were located in the facility.</p> <p>During an interview on 8/9/23 at 11:23 a.m., licensed practical nurse (LPN)-A stated when</p>	21880	<p>prominent locations to explain the facility's new grievance policy. This signage will include the right to file grievances orally or in writing, the right to file grievances anonymously and the name and contact information of the grievance official with whom the grievances could be filed.</p> <p>Quality Assurance ,plans to monitor facility performance to make sure that corrections are achieved and are permanent:</p> <p>The facility's Social Service department will be responsible for collecting and following up with any anonymous grievances submitted. The department will also be responsible for signage explaining the facility's newly implemented grievance process on both units and in other prominent locations. Social Services will audit the new grievance signage and anonymous grievance boxes x3 a week for x2 weeks. Administrator will add new grievance process to QAPI agenda for the IDT team to discuss.</p> <p>Completion date: 9/11/2023</p>	
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21880	<p>Continued From page 5</p> <p>residents had a complaint or a grievance, they could inform any staff member and that staff member would inform the nurse. If the nurse was unable to address the grievance, they would obtain a grievance form and assist them with completing it. Indicated the grievance forms were located in the nursing office file cabinet.</p> <p>During an interview on 8/9/23 at 12:00 p.m., the administrator verified the names of the facility contacts for grievances on the Minnesota Bill of Rights poster were no longer employed at the facility and the grievance process or forms were not posted in prominent places. In addition, the administrator stated the forms were not available for a resident or family member to fill out anonymously without asking for assistance from facility staff.</p> <p>The facility policy titled, Complaint and Grievance Procedure last revised 2/2018, indicated all complaints and grievances would be verbally expressed as follows: first to the charge nurse and if unresolved, then to the director of Nursing (DON) or applicable department head, and if still unresolved, a verbal complain to the administrator. A grievance form would be completed when the verbal complaint had been voiced to each of the above individuals. Forms (grievance) were available at the nurse's station or social services office. The written grievance must be signed and dated by the person making the complaint. The policy lacked identification of a grievance official who was responsible for overseeing the grievance process and contact information. In addition, the policy lacked the right to file grievances anonymously, and the right to file a grievance without fear of discrimination or reprisal.</p>	21880		
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21880	<p>Continued From page 6</p> <p>SUGGESTED METHOD OF CORRECTION: The Director of Nursing and/or designee could review and revise policies pertaining to resident grievances, educate staff on these policies and perform audits to ensure postings, forms, etc. are readily available for residents.</p> <p>TIME PERIOD FOR CORRECTION: Twenty One (21) days.</p>	21880		