



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
November 9, 2023

Administrator
Gundersen Harmony Care Center
815 Main Avenue South
Harmony, MN 55939

RE: CCN: 245528
Cycle Start Date: October 11, 2023

Dear Administrator:

On October 20, 2023, we notified you a remedy was imposed. On November 3, 2023 the Minnesota Departments of Health 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 November 3, 2023.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective January 11, 2024 did not go into effect. (42 CFR 488.417 (b))

As we notified you in our letter of October 20, 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), your facility is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from October 11, 2023. 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 cursive script that reads 'Sarah Lane'.

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697
Email: sarah.lane@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
October 20, 2023

Administrator
Gundersen Harmony Care Center
815 Main Avenue South
Harmony, MN 55939

RE: CCN: 245528
Cycle Start Date: October 11, 2023

Dear Administrator:

On October 11, 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), The Statement of Deficiencies (CMS-2567) is being electronically delivered. Because corrective action was taken prior to the survey, past non-compliance does not require a plan of correction (POC).

This survey also found other deficiencies in your facility to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), whereby corrections were required.

REMOVAL OF IMMEDIATE JEOPARDY

On September 30, 2023, the situation of immediate jeopardy to potential health and safety cited at F600 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(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 January 11, 2024

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective January 11, 2024. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective January 11, 2024.

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)

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, Gundersen Harmony Care Center is prohibited from offering or conducting a Nurse Assistant Training / Competency Evaluation Programs (NATCEP) or Competency Evaluation Programs for two years effective October 11, 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:

Lisa Krebs, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Rochester District Office
18 Woodlake Drive, Rochester MN, 55904
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728

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.

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 April 11, 2024 (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 (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

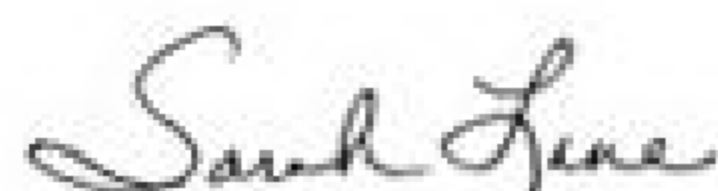
This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: https://mdhprovidercontent.web.health.state.mn.us/ltc_idr.cfm

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,

A handwritten signature in cursive script that reads "Sarah Lane".

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
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October 20, 2023

Administrator
Gundersen Harmony Care Center
815 Main Avenue South
Harmony, MN 55939

Re: Event ID: FZNQ11

Dear Administrator:

The above facility survey was completed on October 11, 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,

A handwritten signature in cursive script that reads 'Sarah Lane'.

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697
Email: sarah.lane@state.mn.us

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

PRINTED: 10/29/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245528	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/11/2023
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NAME OF PROVIDER OR SUPPLIER GUNDERSEN HARMONY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 815 MAIN AVENUE SOUTH HARMONY, MN 55939
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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 10/9/23, 10/10/23 and 10/11/23, 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: H55286192C (MN97359) with a deficiency issued at F609. In addition, a deficiency was cited at F600 for PAST NON-COMPLIANCE IJ.</p> <p>Although the provider had implemented corrective action prior to survey, immediate jeopardy was sustained prior to the correction. NO plan of correction for F600 is required for a finding of past non-compliance.</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 600 SS=J	<p>Free from Abuse and Neglect CFR(s): 483.12(a)(1)</p> <p>§483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This</p>	F 600		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 10/27/2023
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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 600	<p>Continued From page 1</p> <p>includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.</p> <p>§483.12(a) The facility must-</p> <p>§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure resident-to-resident sexual abuse were identified timely, and implement appropriate actions to prevent ongoing abuse for 1 of 1 resident (R1) who had severe cognitive impairment and unable to give consent. This deficient practice resulted in an immediate jeopardy (IJ) for R1, a reasonable person would have experienced severe psychosocial harm-dehumanization, and humiliation as a result of the sexual abuse.</p> <p>The IJ began on 5/13/23, when the facility failed to implement protection measures after staff observed R2 inappropriately touching R1's perineal area (in-between legs) which subsequently resulted in R2 continued inappropriately touching of R1. The administrator and clinical manager (CM)-A were notified of the IJ on 10/11/23 at 1:13 p.m. The facility implemented corrective action and the deficient practice was corrected on 9/30/23, prior to the survey and was issued at past non-compliance.</p> <p>Findings include:</p> <p>R1's quarterly minimum data set (MDS) dated</p>	F 600	Past noncompliance: no plan of correction required.	

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F 600	<p>Continued From page 2</p> <p>8/17/23, indicated R1's cognition was severely impaired with diagnoses of dementia, neurocognitive disorder with Lewy bodies (a type of progressive dementia that leads to a decline in thinking, reasoning, and independent function), aphasia (a disorder that results from damage to portions of the brain that are responsible for language), anxiety disorder and delusional disorder. R1 used wheelchair for mobility and wandered for one to three days.</p> <p>R1's care plan dated 4/12/23, indicated intermittent episodes of affection toward other residents has been determined inappropriate for R1 as she does not have the capacity to give consent. Interventions dated 4/12/23, directed staff to allow hand holding with other residents if R1 chooses to do so and monitor relationships with other residents.</p> <p>R2's quarterly MDS dated 8/3/23, indicated R2 had intact cognition and diagnoses of Alzheimer's disease, dementia, and anxiety disorder. R2 was independent with moving around the facility in a wheelchair and displayed physical behavior symptoms directed towards others for one to three days.</p> <p>R2's care plan dated 5/25/22, indicated R2 will occasionally say inappropriate things to female staff members or female residents, has attempted to touch female staff members and another female resident inappropriately in the past. Interventions dated 5/25/22, that staff will redirect R2's conversation if it starts to head in an inappropriate direction. Reminding R2 how much he loves his wife.</p> <p>During an observation on 10/9/23, at 4:43 p.m.</p>	F 600		

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F 600	<p>Continued From page 3</p> <p>R1 was seated in a Broda chair with the left side of her body facing the fish aquarium seated up to the table. She was hanging onto a baby doll that was wrapped in a blanket. She had flat affect and was kicking her feet. At 4:44 p.m R2 was seated in a wheelchair with R2's right side facing the window. R2 turned his head towards R1 who was at the table furthest from R2 by the fish aquarium, and would glance over at this surveyor then look out the window, this was repeated several times.</p> <p>R2's progress notes dated 5/13/23, at 4:30 pm, indicated that R2 wheeled self over to R1 and stated to her, "Do you want me to touch you", R2 then placed his hand in R1's inner leg/peri area, staff intervened and told R2 not to do that and removed R1 from the area. Another male resident (R4) stated to R2, "I'm glad you got caught." R2 told R4, "Fuck you." There was no indication the incident was reported.</p> <p>During an interview on 10/11/23, at 10:09 a.m. with R4 who according to his quarterly MDS dated 9/7/23, did not have cognitive impairment reported R2 used to be his roommate. R4 stated R2 was not very decent with the ladies. R4 reported he witnessed R2 grabbing in between R1's legs on 5/13/23, which was upsetting to him. R4 stated he yelled for licensed practical nurse (LPN)-A over. "It was terrible. I told the nurse why you are allowing this? [R1] doesn't even know what is going on, it makes me sick. It just isn't right." R4 explained R2 "used the f-word on me" because he "called him [R2] out" for touching R1.</p> <p>R2's progress notes dated 6/1/23, at 9:56 p.m. indicated R2 wheeled self over to R1 and put his hand on R1's inner thigh, staff observed from a distance and removed R1 from the area. R2</p>	F 600		

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F 600	<p>Continued From page 4</p> <p>went to his room. Staff will monitor for increased behaviors. There was no indication the incident was reported.</p> <p>R2's progress note dated 8/21/23, at 1:06 p.m. indicated R2 exhibited sexual behaviors towards R1. R2 was reaching and touching R1 between the legs. R2 was asked to stop and leave R1 alone despite this, R2 continued to exhibit the behavior two more times, R1 was then moved to another area. R2 later continued to approach R1 and was again asked to leave R1 alone and go find somewhere else to sit. Social worker (SW)-A intervened and directed R2's thoughts to a different subject. There was no indication the incident was reported or investigated.</p> <p>R1's progress note dated 9/30/23, indicated R1 was sitting in her chair in the TV lounge. R2 was observed to have his left hand on R1's left breast. Staff separated R1 and R2. R1 was showing no signs and symptoms of distress at this time. Order in place to monitor for distress. Staff completed event and notified Administration, director of nursing (DON), case manager (CM), social worker (SW), and family.</p> <p>During an interview on 10/9/23 at 1:59 p.m., nursing assistant (NA)-A and NA-B, NA-A indicated on a typical day staff assisted R2 with his morning cares; R2 liked to be up in his wheelchair by 8:30 a.m. NA-B stated during cares R2 would sometimes would grab you inappropriately. Staff would redirect and tell him the behavior was not appropriate. NA-A indicated R2 went from "targeting" staff to "targeting" R1. R2 was alert and knew to wait by the window every Saturday for his family, he knew where his room was, and he knew his old roommate R4.</p>	F 600		

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F 600	<p>Continued From page 5</p> <p>"[R2] knows what he is doing is wrong." NA-A explained R2 needed to have supervision at all times when he is up in his wheelchair. R2 watched to see where staff were, if staff were not within his line of sight he would "make a grab on someone, namely poor R1".</p> <p>During an interview on 10/9/23, at 4:59 p.m. NA-C indicated during morning cares, it was normal for R2 to try to touch body parts and kiss you. Tell him it's not appropriate and R2 apologized. NA-C indicated that R1 and R2 needed to be kept apart due to R2 touching R1 inappropriately. NA-C guessed R1 did not have the capacity to consent. "R1 was still married, if R1 actually had the capacity to think, there was no way R1 would be ok with any male touching her like that."</p> <p>During an interview on 10/9/23, at 5:17 p.m. NA-D stated an awareness of R2's long standing sexually inappropriate behaviors that included innuendos, advances, grabbing for women's private parts, and strong sexual language. Staff were supposed to redirect R2 and explain the behavior was not appropriate. NA-D stated R1 hardly ever talked and thought R1 did not have the ability to say "no". "I feel bad for R1." NA-D would find it hard to believe R1 had the ability to consent or "would consent to having anything like her boobs fondled or crotch grabbed."</p> <p>During an interview on 10/9/23, at 5:21 p.m. NA-E indicated R2 had a history of being sexually inappropriate with female staff and was not aware if R2 had been sexually inappropriate with female residents aside from R1. NA-D indicated he was working on 9/30/23 when R2 was fondling R1's breast. After the incident, initially both R1 and R2</p>	F 600		

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F 600	<p>Continued From page 6</p> <p>were on 15-minute checks, "but now we have to keep our eyes on R2 at all times, R2 can't be trusted."</p> <p>During an interview on 10/9/23 at 11:58 a.m., licensed practical nurse (LPN)-B indicated R2 had a long history of being sexually inappropriate with staff and now with R1. LPN-B explained they keep R1 and R2 apart, sit at separate tables away from each other during meals and activities. Staff also make sure R2 keeps his distance from other female residents.</p> <p>During a phone interview on 10/10/23, at 12:41 p.m. LPN-B indicated R2 had attempted to reach out and touch R1's groin area several times. R2 had been educated several times by nursing about being inappropriate, staying in his own space, and not touching others. LPN-B had discussed her concerns about R2's sexual behaviors with SW-A and director of nursing (DON) several times if it was safe for R2 to be around other residents when he demonstrated these behaviors. LPN-B explained "This was R1's home and R1 should not have to deal with being constantly touched and prodded." LPN-B indicated R2 would always look around to see where staff were when R1 was in the vicinity, "like he was waiting for staff to leave so he could approach R1." LPN-B indicated according to R2's family member, the sexual behaviors were nothing new and R2 had been like this for years.</p> <p>During an interview on 10/10/23, at 1:50 p.m. LPN-A indicated they were working on 5/26/23 and 6/1/23 and stated that R2 has had sexual behaviors towards staff since his admission a year and a half ago. LPN-A indicated R2 started to "target" R1 sexually in May of 2023. He</p>	F 600		

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F 600	<p>Continued From page 7</p> <p>seemed to constantly seek R1 out to inappropriately touch her groin and breast. LPN-A stated they would constantly redirect R2 away from R1 until R2 would go to bed, which was after supper. LPN-A indicated there were many "near miss" events where staff intervened before R2 could touch R1 and there may have been times where the sexual abuse was not documented. LPN-A indicated each event was reported to the DON. It was not until the incident on 9/30/23, when R2 was fondling R1's breasts that interventions of increased supervision was implemented to prevent R2 from touching R1.</p> <p>During an interview on 10/10/23, at 12:01 p.m. registered nurse (RN)-A indicated on 8/21/23, R1 was by the wall where the fish aquarium was on the right side facing the Memory Lane hallway. R2 was wheeling himself up to R1's left side and started talking with her. Then R2 put his right hand on R1's right inner thigh/peri area, it was on top of R1's pants not in them. RN-A intervened, moved R2 away and told him it was not appropriate, R2 apologized to RN-A, however, he attempted to do the same thing to R1 twice after that. RN-A indicated R1 was moved to the nurse's station where staff would be close and deter R2. RN-A indicated she had not reported the incident to facility administration on 8/21/23, because R2's sexual behaviors were so normalized in the facility.</p> <p>During a phone interview on 10/10/23, at 2:29 p.m. family member (FM)-A indicated R1 was Lutheran and followed her religion closely. R1 was married, had children and was previously an activity director at a LTC facility. R1 never showed public displays of affection with any of her husband's and was very private in that manner.</p>	F 600		

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F 600	<p>Continued From page 8</p> <p>Prior to R1's illness if another male were to ever touch her breasts or groin area it would have mortified and humiliated R1, especially in a public setting or in front of other people. R1 believed and preached no sex before marriage and would have been severely humiliated and mortified by these sexual touches.</p> <p>During a phone interview on 10/11/23, at 12:35 p.m. R1's guardian (G)-A indicated she was R1's guardian until the end of October (2023) then FM-A would take over guardianship. G-A indicated an awareness of R1 having her breasts fondled by an unknown male resident. R1 was a vulnerable adult and did not remember things. During a meeting in April it was determined R1 was not able to consent to sexual activities due to her dementia.</p> <p>During an interview on 10/10/23, at 3:05 p.m. social worker (SW)-A and DON indicated an unawareness of sexual touches to R1's groin on 5/13/23, 6/1/23 and 8/21/23. SW-A stated, if we had known we would have immediately protected R1, reported the abuse to the state and put prevention plans in place to protect all residents which is what we did when we knew R2 fondled R1's breasts on 9/30/23.</p> <p>Although R1 had severe cognition, unable to consent and had a flat affect the facility did not implement interventions to mitigate the risk of abuse occurring to R1 by R2. FM-A and guardian both identified R1 was unable to consent. FM-A identified how R1 would have responded to the abuse if she had the ability. As a result of this information the reasonable person concept was applied for R1.</p>	F 600		

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F 600	<p>Continued From page 9</p> <p>The facility policy, "Abuse Potential/Vulnerable Adult/QAPI review" revised 01/2023, indicated It is the policy of Gundersen Harmony Care Center to maintain an environment where residents are free from abuse, neglect, exploitation, and misappropriation of resident property and all residents, staff, families, visitors, volunteers, students, and resident representatives are encouraged and supported in reporting any suspected acts of abuse, neglect, exploitation, or misappropriation of resident property. Sexual Abuse is non-consensual sexual contact of any type with a resident. Generally sexual contact is nonconsensual if the resident either: appears to want the contact to occur but lacks the cognitive ability to consent; or does not want the contact to occur. G. Reporting and Response "Abuse " reporting requirements: Gundersen Harmony Care Center will ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, that may constitute reasonable suspicion of a crime are reported immediately, but not later than 2 hours after the allegation is made ...Internal reporting: Employees must always report any "abuse, suspicion of "abuse", or suspicion of crime immediately to the Administrator. Note: Failure to report can make employee just as responsible for the abuse in accordance with State Law.</p> <p>The past-noncompliance immediate jeopardy began on 5/13/23 and was removed on 9/30/23, when the facility implemented a systemic plan to ensure all residents were safe. The following actions were implemented prior to survey. -Review of R2's care plan dated identified continuous monitoring of his whereabouts.</p>	F 600		

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F 600	Continued From page 10 -Review of R1's progress notes dated 9/30/23 identified monitoring/assessing for R1's behaviors for any changes as a result of the abuse -Facility staff received abuse and sexual abuse training -During staff interviews from 10/9/23 to 10/11/23, identified direct care staff were able to articulate what constituted abuse and the facility's abuse reporting policy.	F 600		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the	F 609		11/3/23

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F 609	<p>Continued From page 11</p> <p>incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review, the facility failed to ensure the State Agency (SA) were notified within 2 hours of staff witnessing three allegations of resident-to-resident sexual abuse for 1 of 1 residents (R1) when R2 inappropriately placed his hands in between R1's legs.</p> <p>Findings include:</p> <p>A Facility Reported Incident (FRI) submitted to the State Agency on 10/11/23 at 8:08 p.m., alleged resident to resident sexual abuse when staff witnessed R2 wheeled self over to R1 and stated to her, "Do you want me to touch you", as R2 placed his hand in R1's inner leg/peri area, staff intervened and told R2 not to do that and removed R1 from the area. Another male resident [R4] stated to R2, "I'm glad you got caught." R2 told [R4], "Fuck you." The incident occurred on 5/13/23, at 4:30 p.m. which was approximately 151 days prior to the facility reporting the incident.</p> <p>During an interview on 10/11/23, at 10:09 a.m. with R4 who according to his quarterly MDS dated 9/7/23, did not have cognitive impairment reported R2 used to be his roommate. R4 stated R2 was not very decent with the ladies. R4 reported he witnessed R2 grabbing around in between R1's legs on 5/13/23, which was upsetting to him. R4 stated he yelled for licensed practical nurse (LPN)-A over. "It was terrible. I told the nurse why you are allowing this? [R1] doesn't even know what is going on, it makes me</p>	F 609	<p>Gundersen Harmony Care Center POC for Survey ending 10.11.23</p> <p>F 609: Gundersen Harmony Care Center will continue to ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. Gundersen Harmony Care Center re-educated and competency tested all staff on reporting procedures and what is reportable for abuse and neglect. As an extra measure, all resident care plans/ cna care needs assist sign offs for all shifts and nursing assessment flowsheet signoffs for all shifts have been updated to reflect: "All staff will report any suspicion of maltreatment or abuse to charge nurse who will report to manager on call by phone immediately." Social Worker will</p>	

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F 609	<p>Continued From page 12</p> <p>sick. It just isn't right." R4 explained R2 "used the f-word on me" because he "called him [R2] out" for touching R1.</p> <p>A FRI submitted to the State Agency on 10/11/23 at 8:56 p.m., alleged resident to resident sexual abuse when staff witnessed R2 wheel self over to R1 and put his hand on R1's inner thigh. The incident occurred on 6/1/23, at 8:09 p.m. which was approximately 132 days prior to the facility reporting the incident.</p> <p>A FRI submitted to the State Agency on 10/11/23 at 8:54 p.m., alleged resident to resident sexual abuse when staff witnessed R2 inappropriately was reaching and touching in between R1's legs, R2 place his hand inside R1's inner thigh. R2 was redirected to another area, despite this he did do the same behavior two more times. The incident occurred on 8/21/23 at which was approximately 51 days prior to the facility reporting the incident.</p> <p>R1's quarterly Minimum Data Set (MDS) dated 8/17/23, indicated R1's cognition was severely impaired with diagnoses of dementia, neurocognitive disorder with Lewy bodies (a type of progressive dementia that leads to a decline in thinking, reasoning, and independent function), aphasia (a disorder that results from damage to portions of the brain that are responsible for language), anxiety disorder and delusional disorder. R1 used wheelchair for mobility and wandered for one to three days.</p> <p>R1's care plan dated 4/12/23, indicated intermittent episodes of affection toward other residents has been determined inappropriate for R1 as she does not have the capacity to give consent. Interventions dated 4/12/23, directed</p>	F 609	audit resident behaviors monthly x 6 months to ensure behaviors that constitute abuse are reported appropriately. Results will be reported to the QAA committee at monthly meetings. Date completed 11.03.23	

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F 609	<p>Continued From page 13</p> <p>staff to allow hand holding with other residents if R1 chooses to do so and monitor relationships with other residents.</p> <p>R2's quarterly MDS dated 8/3/23, indicated R2 had intact cognition and diagnoses of Alzheimer's disease, dementia, and anxiety disorder. R2 was independent with moving around the facility in a wheelchair and displayed physical behavior symptoms directed towards others for one to three days.</p> <p>R2's care plan dated 5/25/22, indicated R2 will occasionally say inappropriate things to female staff members or female residents, has attempted to touch female staff members and another female resident inappropriately in the past. Interventions dated 5/25/22, that staff will redirect R2's conversation if it starts to head in an inappropriate direction. Reminding R2 how much R2 loves his wife.</p> <p>During an interview on 10/10/23, at 1:50 p.m. LPN-A indicated working on 5/26/23 and 6/1/23 and stated that R2 has had sexual behaviors towards staff since his admission a year and a half ago. LPN-A indicated R2 started to "target" R1 sexually in May of 2023. He seemed to constantly seek R1 out to inappropriately touch her groin and breast. LPN-A stated they would constantly redirect R2 away from R1 until R2 would go to bed, which was right after supper. LPN-A indicated there were many "near miss" events where staff intervened before R2 could touch R1 and there may have been times where the sexual abuse was not documented. LPN-a indicated each event was reported to the DON. It was not until the incident on 9/30/23, when R2 was fondling R1's breasts that interventions of</p>	F 609		

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F 609	<p>Continued From page 14</p> <p>increased supervision was implemented to prevent R2 from touching R1.</p> <p>During an interview on 10/10/23, at 12:01 p.m. registered nurse (RN)-A indicated on 8/21/23, R1 was by the wall where the fish aquarium was on the right side facing the Memory Lane hallway. R2 was wheeling himself up to R1's left side and started talking with her. Then R2 put his right hand on R1's right inner thigh/peri area, it was on top of R1's pants not in them. RN-A intervened, moved R2 away and told him it was not appropriate, R2 apologized to RN-A, however, he attempted to do the same thing to R1 twice after that. RN-A indicated R1 was moved to the nurse's station where staff would be close and to detour R2. RN-A indicated she had not reported the incident to facility administration on 8/21/23, because R2's sexual behaviors were so normalized in the facility.</p> <p>During an interview on 10/10/23, at 3:05 p.m. social worker (SW)-A and DON indicated an unawareness of sexual touches to R1's groin on 5/13/23, 6/1/23 and 8/21/23. SW-A stated, if we had known we would have immediately protected R1, reported the abuse to the state and put prevention plans in place to protect all residents which is what we did when we knew R2 fondled R1's breasts on 9/30/23.</p> <p>The facility policy, "Abuse Potential/Vulnerable Adult/QAPI review" revised 01/2023, indicated It is the policy of Gundersen Harmony Care Center to maintain an environment where residents are free from abuse, neglect, exploitation, and misappropriation of resident property and all residents, staff, families, visitors, volunteers, students, and resident representatives are</p>	F 609		

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F 609	Continued From page 15 encouraged and supported in reporting any suspected acts of abuse, neglect, exploitation, or misappropriation of resident property. Sexual Abuse is non-consensual sexual contact of any type with a resident. Generally sexual contact is nonconsensual if the resident either: appears to want the contact to occur but lacks the cognitive ability to consent; or does not want the contact to occur. G. Reporting and Response "Abuse " reporting requirements: Gundersen Harmony Care Center will ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, that may constitute reasonable suspicion of a crime are reported immediately, but not later than 2 hours after the allegation is made ...Internal reporting: Employees must always report any "abuse, suspicion of "abuse", or suspicion of crime immediately to the Administrator. Note: Failure to report can make employee just as responsible for the abuse in accordance with State Law.	F 609		

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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 10/9/23, 10/10/23 and 10/11/23 , a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found IN compliance with the MN State Licensure. The following complaints were reviewed: H55286192C (MN97359). No licensing orders</p>	2 000		
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 10/27/23
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NAME OF PROVIDER OR SUPPLIER GUNDERSEN HARMONY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 815 MAIN AVENUE SOUTH HARMONY, MN 55939
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 000	Continued From page 1 were issued. Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.	2 000		