



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
October 14, 2024

Administrator
Green Lea Senior Living
115 North Lyndale, Rr 2 Box 49
Mabel, MN 55954

RE: CCN: 245536
Cycle Start Date: August 14, 2024

Dear Administrator:

On September 12, 2024, we notified you a remedy was imposed. On October 2, 2024, the Minnesota Department 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 September 20, 2024.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective November 14, 2024, did not go into effect. (42 CFR 488.417 (b))

In our letter of September 12, 2024, 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 November 14, 2024, due to denial of payment for new admissions. Since your facility attained substantial compliance on September 20, 2024, 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 Therefore, the NATCEP prohibition is rescinded.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 Location 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 that reads 'Holly Zahler'.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3A 3rd Floor
Office: 651-201-4384
Email: holly.zahler@state.mn.us



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October 14, 2024

Administrator
Green Lea Senior Living
115 North Lyndale, Rr 2 Box 49
Mabel, MN 55954

Re: Reinspection Results
Event ID: JH6F12

Dear Administrator:

On October 2, 2024, 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 September 5, 2024. 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 that reads 'H. Zahler'.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3A 3rd Floor
Office: 651-201-4384
Email: holly.zahler@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

September 12, 2024

Administrator
Green Lea Senior Living
115 North Lyndale, RR 2 Box 49
Mabel, MN 55954

RE: CCN: 245536
Cycle Start Date: August 14, 2024

Dear Administrator:

On September 3, 2024, we informed you that we may impose enforcement remedies.

On September 5, 2024, 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 isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), 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 location for imposition. The CMS location 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 November 14, 2024

The CMS location will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective November 14, 2024. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective November 14, 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.

The CMS location may determine to impose other remedies such as a Civil Money Penalty.

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 \$12,924, 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 November 14, 2024, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, Green Lea Senior Living will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from November 14, 2024. 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

Green Lea Senior Living

September 12, 2024

Page 3

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, Regional Operations Supervisor, Rapid Response

Licensing and Certification Program

Health Regulation Division

Minnesota Department of Health

Rochester District Office

3425 40th Avenue NW, Suite 115

Rochester, MN 55901

Email: Lisa.Krebs@state.mn.us

Office (507) 206-2728

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 February 14, 2025 (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 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:

Nursing Home Informal Dispute Process
Minnesota Department of Health

Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900

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

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

Feel free to contact me if you have questions.

Sincerely,



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



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
September 12, 2024

Administrator
Green Lea Senior Living
115 North Lyndale, RR 2 Box 49
Mabel, MN 55954

Re: State Nursing Home Licensing Orders
Event ID: JH6F11

Dear Administrator:

The above facility was surveyed on September 4, 2024 through September 5, 2024 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:

Lisa Krebs, Regional Operations Supervisor, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Rochester District Office
3425 40th Avenue NW, Suite 115
Rochester, MN 55901
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728

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.

Sincerely,



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

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

PRINTED: 09/20/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245536	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/05/2024
NAME OF PROVIDER OR SUPPLIER GREEN LEA SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 115 NORTH LYNDAL, RR 2 BOX 49 MABEL, MN 55954		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS On 9/4/24, and 9/5/24, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaints were reviewed: H55367761C (MN00106286), and H55367909C (MN00106388) with a deficiency cited at F908. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	F 000			
F 908 SS=D	Essential Equipment, Safe Operating Condition CFR(s): 483.90(d)(2) §483.90(d)(2) Maintain all mechanical, electrical, and patient care equipment in safe operating condition. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to keep 2 of 2 mechanical lifts in proper working condition. Findings include: During an observation on 9/5/24 at 9:41 a.m.,	F 908	F 908 PLAN OF CORRECTION 1. In continuing compliance with F 908, Essential Equipment, Safe Operating Condition, Green Lea Senior Living immediately corrected the	9/20/24	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

09/20/2024

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245536	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/05/2024
NAME OF PROVIDER OR SUPPLIER GREEN LEA SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 115 NORTH LYNDAL, RR 2 BOX 49 MABEL, MN 55954		
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F 908	<p>Continued From page 1</p> <p>nursing assistant (NA)-A was observed with Volara brand mechanical sit-to-stand lift (used to assist a resident to different positions with the resident needing to provide half of the weight bearing status) identified by the label B01-18. The lift had handle bar up and down switches that when pressed did not work to raise the resident up into a standing position. The same lift had a remote with an up and down function and the button to lower a resident to a sitting position was non-functioning. All of the machine wheels were visibly caked with hair that prevented the machine to easily turn or push. A full body mechanical lift A02-16 had a remote with the two buttons hanging out of the secure button holder held together by electrical tape. The wheels of this lift were also caked with hair.</p> <p>During an interview on 9/5/24 at 9:41 a.m., NA-A stated both of the lifts were still in use even though they needed repair. NA-A stated maintenance was aware the machines needed to be fixed. NA-A stated that normally a machine should be able to move with just two fingers but due to the amount of hair and grime on the wheels she had to use her full body to move the machine. NA-A demonstrated by moving the machine with her full body.</p> <p>During an observation and interview on 9/5/24 at 10:38 a.m., NA-A and NA-B used machine B01-18 used the machine to transfer a resident. NA-B stated "we just push the buttons until we figure out which one works." The resident was able to transfer from the bed to the commode with machine B01-18.</p> <p>During an interview on 9/5/24 at 10:29 a.m., maintenance director (M)-A stated the staff have</p>	F 908	<p>deficiency by ordering and installing parts to both lifts. The maintenance director cleaned hair off wheels of both lifts. As of 9/8/2024 both lifts are now in safe operating condition.</p> <p>2. To correct the deficiency and to ensure the problem does not recur Maintenance Director was educated on 09/20/2024 by the Executive Director on ensuring weekly lift checks were completed via TELs accurately which includes making repairs and cleaning the wheels. The Executive Director and/or designee will audit weekly lift checks for accuracy for 12 weeks and then randomly to ensure continued compliance.</p> <p>3. As part of Green Lea Senior Living's ongoing commitment to quality assurance, the ED and/or designee will report identified concerns from drills through the community's QA Process.</p>	

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

PRINTED: 09/20/2024
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NAME OF PROVIDER OR SUPPLIER GREEN LEA SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 115 NORTH LYNDAL, RR 2 BOX 49 MABEL, MN 55954		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 908	<p>Continued From page 2</p> <p>to inform him when a machine is in need of repair. The staff were supposed to put the request in TELS (an electronic request system) and maintenance would immediately fix the issue. M-A stated he does not clean the wheels and that the lift company that the facility purchased the machines from will clean the wheels yearly. M-A stated "the machines work but they need new buttons. You would not get a shock from them when you use them." M-A stated he would go downstairs and get the parts to fix the machines immediately but stated he was not going to fix the button on the handle of the B01-18 lift right now because it would take too long.</p> <p>During record review on 9/5/24, Mechanical lift A02-16 and B01-18 maintenance weekly check lists for August 2024 were completed on 8/5/24, 8/12/24, 8/19/24, and 8/26/24 included components of the lift that were supposed to be inspected and included check marked boxes indicating tasks were completed or identified the task inspection was not applicable. The check list did not identify if there were repairs and/or cleaning that was completed at the time of the inspection.</p> <p>During record review the last inspection document the facility had on hand of the company coming to the facility for an inspection was from 6/27/21.</p> <p>During an interview on 9/5/24 at 2:06 p.m., Administrator stated that it is expected that the mechanical lifts be in proper working order.</p> <p>The manufacturer was called on 9/5/24 at 1:50 p.m., and an email was also sent. No response to the phone call or email from the manufacturer.</p>	F 908		

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

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F 908	Continued From page 3 SMT Health systems Volaro Series 4 Lift Operator's Manual dated 3/2019, identified the lift is operated by switches located at the tips of the handles. This allows proper ergonomics by keeping the hands on the handles while operating the lift and maneuvering it at the same time. The optional hand control provides a second source to operate the lift. Every Day keep your Volaro lift clean by wiping it down with a damp cloth. Use a mild detergent if needed. Every three months check the movement of the lift and remove hair from casters if needed. Periodically, a general visual inspection of the external parts and all functions can be carried out to ensure no adverse damage has occurred. If any doubt, withdraw the equipment from use and call SMT Customer Service.	F 908		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00124	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/05/2024
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NAME OF PROVIDER OR SUPPLIER GREEN LEA SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 115 NORTH LYNDAL, RR 2 BOX 49 MABEL, MN 55954
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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
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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 9/4/24 and 9/5/24, 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 1665. Please indicate in your electronic plan of correction you have reviewed these 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 09/20/24
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00124	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/05/2024
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NAME OF PROVIDER OR SUPPLIER GREEN LEA SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 115 NORTH LYNDAL, RR 2 BOX 49 MABEL, MN 55954
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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
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2 000	<p>Continued From page 1</p> <p>and identify the date when they will be completed.</p> <p>The following complaints were reviewed: H55367761C (MN00106286) and H55367909C (MN00106388) with a licensing order issued at 1685.</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		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00124	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/05/2024
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NAME OF PROVIDER OR SUPPLIER GREEN LEA SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 115 NORTH LYNDALE, RR 2 BOX 49 MABEL, MN 55954
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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		
21685	MN Rule 4658.1415 Subp. 2 Plant Housekeeping, Operation, & Maintenance Subp. 2. Physical plant. The physical plant, including walls, floors, ceilings, all furnishings, systems, and equipment must be kept in a continuous state of good repair and operation with regard to the health, comfort, safety, and well-being of the residents according to a written routine maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review the facility failed to keep 2 of 2 mechanical lifts in proper working condition. Findings include: During an observation on 9/5/24 at 9:41 a.m., nursing assistant (NA)-A was observed with Volara brand mechanical sit-to-stand lift (used to assist a resident to different positions with the resident needing to provide half of the weight bearing status) identified by the label B01-18. The lift had handle bar up and down switches that when pressed did not work to raise the resident up into a standing position. The same lift had a remote with an up and down function and the button to lower a resident to a sitting position was	21685	corrected	9/20/24

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21685	<p>Continued From page 3</p> <p>non-functioning. All of the machine wheels were visibly caked with hair that prevented the machine to easily turn or push. A full body mechanical lift A02-16 had a remote with the two buttons hanging out of the secure button holder held together by electrical tape. The wheels of this lift were also caked with hair.</p> <p>During an interview on 9/5/24 at 9:41 a.m., NA-A stated both of the lifts were still in use even though they needed repair. NA-A stated maintenance was aware the machines needed to be fixed. NA-A stated that normally a machine should be able to move with just two fingers but due to the amount of hair and grime on the wheels she had to use her full body to move the machine. NA-A demonstrated by moving the machine with her full body.</p> <p>During an observation and interview on 9/5/24 at 10:38 a.m., NA-A and NA-B used machine B01-18 used the machine to transfer a resident. NA-B stated "we just push the buttons until we figure out which one works." The resident was able to transfer from the bed to the commode with machine B01-18.</p> <p>During an interview on 9/5/24 at 10:29 a.m., maintenance director (M)-A stated the staff have to inform him when a machine is in need of repair. The staff were supposed to put the request in TELS (an electronic request system) and maintenance would immediately fix the issue. M-A stated he does not clean the wheels and that the lift company that the facility purchased the machines from will clean the wheels yearly. M-A stated "the machines work but they need new buttons. You would not get a shock from them when you use them." M-A stated he would go downstairs and get the parts to fix the machines</p>	21685		
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NAME OF PROVIDER OR SUPPLIER GREEN LEA SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 115 NORTH LYNDALE, RR 2 BOX 49 MABEL, MN 55954
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21685	<p>Continued From page 4</p> <p>immediately but stated he was not going to fix the button on the handle of the B01-18 lift right now because it would take too long.</p> <p>During record review on 9/5/24, Mechanical lift A02-16 and B01-18 maintenance weekly check lists for August 2024 were completed on 8/5/24, 8/12/24, 8/19/24, and 8/26/24 included components of the lift that were supposed to be inspected and included check marked boxes indicating tasks were completed or identified the task inspection was not applicable. The check list did not identify if there were repairs and/or cleaning that was completed at the time of the inspection.</p> <p>During record review the last inspection document the facility had on hand of the company coming to the facility for an inspection was from 6/27/21.</p> <p>During an interview on 9/5/24 at 2:06 p.m., Administrator stated that it is expected that the mechanical lifts be in proper working order.</p> <p>The manufacturer was called on 9/5/24 at 1:50 p.m., and an email was also sent. No response to the phone call or email from the manufacturer.</p> <p>SMT Health systems Volaro Series 4 Lift Operator's Manual dated 3/2019, identified the lift is operated by switches located at the tips of the handles. This allows proper ergonomics by keeping the hands on the handles while operating the lift and maneuvering it at the same time. The optional hand control provides a second source to operate the lift.</p> <p>Every Day keep your Volaro lift clean by wiping it down with a damp cloth. Use a mild detergent if needed.</p>	21685		
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21685	<p>Continued From page 5</p> <p>Every three months check the movement of the lift and remove hair from casters if needed. Periodically, a general visual inspection of the external parts and all functions can be carried out to ensure no adverse damage has occurred. If any doubt, withdraw the equipment from use and call SMT Customer Service.</p> <p>SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee, could educate staff regarding the importance of reporting when a mechanical lift is in need of repair. The DON or designee, could coordinate with maintenance or housekeeping to a safe, clean, functional and homelike environment. The DON or designee, could coordinate with maonduct periodic audits of the mechanical lifts to ensure they are in proper working condition.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	21685		