



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
May 26, 2022

Administrator
Littlefork Medical Center
912 Main Street
Littlefork, MN 56653

RE: CCN: 245542
Cycle Start Date: May 18, 2022

Dear Administrator:

On May 18, 2022, the Minnesota Department of Health, completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Joanne Simon', with a horizontal line extending to the right.

Joanne Simon, Compliance Analyst
Minnesota Department of Health
Health Regulation Division
Telephone: 651-201-4161 Fax: 651-215-9697
Email: joanne.simon@state.mn.us

cc: Licensing and Certification File



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

May 26, 2022

Administrator
Littlefork Medical Center
912 Main Street
Littlefork, MN 56653

Re: Reinspection Results
Event ID: NH2D12

Dear Administrator:

On May 18, 2022 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 May 18, 2022. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

Sincerely,

A handwritten signature in black ink, appearing to read 'Joanne Simon', with a horizontal line extending to the right.

Joanne Simon, Compliance Analyst
Minnesota Department of Health
Health Regulation Division
Telephone: 651-201-4161 Fax: 651-215-9697
Email: joanne.simon@state.mn.us

cc: Licensing and Certification File



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
April 9, 2022

Administrator
Lifecare Roseau Manor
715 Delmore Drive
Roseau, MN 56751

RE: CCN: 245470
Cycle Start Date: March 30, 2022

Dear Administrator:

On March 30, 2022, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety, 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 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.

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.

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.

Lifecare Roseau Manor

April 9, 2022

Page 2

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by an "F" and/or an E tag), i.e., the plan of correction should be directed to:

Jen Bahr, RN, Unit Supervisor
Bemidji District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
705 5th Street NW, Suite A
Bemidji, MN 56601-2933
Email: Jennifer.bahr@state.mn.us
Office: (218) 308-2104 Mobile: (218) 368-3683

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, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the 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

Lifecare Roseau Manor

April 9, 2022

Page 3

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 THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

If substantial compliance with the regulations is not verified by June 30, 2022 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by September 30, 2022 (six months after the identification of noncompliance) your provider agreement will be terminated. 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.

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/lrc_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.

Lifecare Roseau Manor

April 9, 2022

Page 4

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Joanne Simon', with a long horizontal line extending to the right.

Joanne Simon, Enforcement Specialist

Minnesota Department of Health

Program Assurance Unit

Health Regulation Division

Telephone: 651-201-4161 Fax: 651-215-9697

Email: joanne.simon@state.mn.us

cc: Licensing and Certification File

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

PRINTED: 08/12/2022
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245542 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 04/18/2022 |
|--|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER LITTLEFORK MEDICAL CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 912 MAIN STREET LITTLEFORK, MN 56653 | | |
| (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 | <p>INITIAL COMMENTS</p> <p>On 4/15/22 and 4/18/22, a standard abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was found not to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.</p> <p>The following complaint was found to be UNSUBSTANTIATED: H5542040C (MN82193)</p> <p>The following complaint was found to be SUBSTANTIATED: H5542039C (MN82406) with a deficiency cited at F684.</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 684 SS=D | <p>Quality of Care CFR(s): 483.25</p> <p>§ 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> | F 684 | | 5/11/22 | |

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

TITLE

(X6) DATE

Electronically Signed

05/10/2022

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 684 | <p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and document review the facility failed to ensure 1 of 3 residents (R1) received a blood glucose recheck per house standing orders, failed to administer as needed (PRN) medications as prescribed by the physician and failed to reassess following an episode of decreased oxygen (O2) saturation levels.</p> <p>Findings include: R1's Resident Face Sheet indicated she admitted to the facility on 3/2/21. R1's diagnosis included long term use of insulin, type II diabetes, chronic obstructive pulmonary disease (COPD) and chronic respiratory failure with hypoxia. R1's Resident Face Sheet included the following orders: 3/8/22, continuous O2 2.5 liters. 3/8/22, Diabetic side effect monitoring three times daily. 3/8/22, Ipratropium-Albuterol inhalation solution 3 mg/3 ml. PRN every 4 hours. Document nebulizer respiratory treatment: Lung sounds, Pulse and O2 sats (saturation) before and after nebulizer treatment.</p> <p>R1's 48 hour Baseline care plan dated 3/2/22, indicated she was alert, forgetful and ambulated independently with a walker. The care plan identified the following: Medication concerns, insulin. The care plan failed to include COPD, respiratory failure or hypoxia.</p> <p>Facility House Standing Orders dated 7/10/17, indicated for Diabetic monitoring/treatment: If hypoglycemic (blood glucose less than 70) if able to swallow, may administer 8 ounces (oz) fruit</p> | F 684 | <ol style="list-style-type: none"> 1. R1 is deceased. 2. All residents who have a change in condition have the potential to be effected by the deficient practice. 3. The DON, Administrator or designee will educate all licensed nursing staff on house standing order protocols, assessment requirements, and appropriate record keeping. 4. Random audits regarding licensed nurses addressing any residents with a change in condition will be performed by DON or designee 3xweek x 2 weeks, then once weekly thereafter for six months. Auditing will begin on 5/11/22. Staff will be re-educated on an ongoing basis as needed based on the results of the audits. The monitoring results will be reported monthly to the Quality Assurance Committee and quarterly to the QAPI team. The QAPI team will make recommendations for ongoing monitoring. 5. Completion date for F684 5/11/22. <p>Review: Standing House Orders Condition Change of the Resident Recognition of Change of Condition House Standing Orders Notification of Significant Changes</p> | | |

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

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| F 684 | <p>Continued From page 2</p> <p>juice or milk or 6 oz supplement. Recheck blood sugar in 15 minutes. If no improvement give oral glucose gel, recheck blood glucose in 15 minutes. If still no improvement, notify medical doctor (MD)/nurse practitioner (NP) immediately. If unable to swallow or with altered consciousness, administer Glucagon 1 milligram (mg) intramuscular. Recheck blood sugar after 15 minutes and if still no improvement administer and additional 1 mg dose of glucagon, call for assistance and notify MD/NP immediately. Standing orders for respiratory symptoms included: O2 1-4 liters via nasal cannula or mask PRN for respiratory distress, acute dyspnea, hypoxia (to bring O2 saturation levels above 88%) or acute angina. (no greater than 2 liters for residents with COPD). Notify MD/NP.</p> <p>R1's Progress Notes revealed the following: 3/29/22, 8:29 a.m. Fasting blood sugar 56. TMA (trained medication aide) attempted to give resident her pills this a.m. and she spit them out. Given IM (intramuscular) Glucagon 1 mg at 8:13 a.m. O2 saturation 58 % - 76% this a.m. on 3 liters of O2. Assisted into recliner to prevent her from falling out of bed. - 3/29/22, 8:49 a.m. R1 was found on the floor kneeling. Assisted back into wheel chair. O2 on at 3.5 liters per nasal cannula. - 3/29/22, 10:00 a.m. R1 was offered food and to be fed several times and refused. R1 drank several sips of pop and apple juice when offered. - 3/29/22, at 11:36 a.m. R1 was very restless. Ativan 0.5 mg was crushed and put in pudding. R1 was able to take with a few sips of water. - 3/29/22, 12:56 p.m. Family member alerted registered nurse (RN) of the need for assistance to put R1 back into bed. Upon arrival to the room it was noted that R1 was not responsive. R1's</p> | F 684 | | | |

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| F 684 | <p>Continued From page 3</p> <p>fingers and lips were cyanotic. Blood glucose check was completed with a result of 66. Unable to obtain vitals signs using machine. No pulse detected and slow shallow breaths were noted. R1 did not elicit any kind of response. No pulse detected at about 12:25 p.m.</p> <p>During interview on 4/18/22, at 10:38 a.m. RN-A stated on the morning of 3/29/22, R1 had been having a "rough" morning. RN-A stated when R1's blood sugar was checked that morning it was low and said "I think in the 50's" so she administered Glucagon. RN-A stated R1 had been very anxious and could not get settled and said when R1 couldn't breath she couldn't get comfortable and liked to be on the floor. RN-A stated she did not perform a follow up blood sugar check because R1 had started to come around and had been talking to staff and was more awake. RN-A stated she should have rechecked R1's blood sugar. RN-A stated R1 also had low O2 saturation levels that morning and she had increased her O2 to 3 liters. RN-A stated she had not performed any further assessment of R1's respiratory status. RN-A further stated she had not notified the physician of R1's status and said she should have notified the physician but R1 had "been this way for the last week."</p> <p>At 11:31 a.m. the DON stated on the morning of 3/29/22, she was aware R1 had been restless and not wanting to eat which was not unusual for her. The DON stated initially she was not aware of R1's low blood sugar level until right before R1 became unresponsive. The DON stated after the Glucagon was administered by RN-A she would have expected that R1 be offered food and fluids, something high in sugar. She said if she refused, her blood sugar should have been checked</p> | F 684 | | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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| F 684 | <p>Continued From page 4</p> <p>again. The DON stated if unresponsive or if the blood sugar dropped more she would have expected a call to the physician. The DON stated R1's blood sugar should have been rechecked 15-20 minutes after the Glucagon injection per the standing orders. She stated the facility's standing orders were available on the unit and the nurses knew where to find them. The DON stated if R1's O2 saturation was low she believed R1 had an order for PRN nebulizer. The DON said she would have expected further assessment of R1's respiratory status. The DON further stated R1's family did not want R1 sent to the hospital for low O2 or blood sugars and said family had discussed comfort care but it had not been initiated at the time as family was unsure if it was the right time.</p> <p>At 12:19 p.m. the medical director (MD) stated he had not been aware of the situation involving R1. The MD said if a resident was having respiratory distress they "for sure should have had nebs (nebulizer)." The MD stated he was unsure why the facility had not followed the Glucagon protocol and said R1's blood sugar would have been rechecked within an hour at most and the physician should have been updated. The MD stated he also should have expected follow up assessments.</p> | F 684 | | | |



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
April 9, 2022

Administrator
Lifecare Roseau Manor
715 Delmore Drive
Roseau, MN 56751

Re: Event ID: 5HNR11

Dear Administrator:

The above facility survey was completed on March 30, 2022 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 black ink, appearing to read 'Joanne Simon', with a horizontal line extending to the right.

Joanne Simon, Enforcement Specialist
Minnesota Department of Health
Program Assurance Unit
Health Regulation Division
Telephone: 651-201-4161 Fax: 651-215-9697
Email: joanne.simon@state.mn.us

cc: Licensing and Certification File

Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00324 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 04/18/2022 |
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|--|--|
| NAME OF PROVIDER OR SUPPLIER LITTLEFORK MEDICAL CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 912 MAIN STREET LITTLEFORK, MN 56653 |
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|--------------------|---|---------------|---|--------------------|
| 2 000 | <p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>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 4/15/22 and 4/18/22, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found not in compliance with the MN State Licensure.</p> <p>The following complaint was found to be</p> | 2 000 | | |

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE
05/10/22

Minnesota Department of Health

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|--------------------|--|---------------|---|--------------------|
| 2 000 | <p>Continued From page 1</p> <p>UNSUBSTANTIATED: H5542040C (MN82193)</p> <p>The following complaint was found to be SUBSTANTIATED: H5542039C (MN82406); with licensing orders issued at 0830.</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 state form.</p> | 2 000 | | |

Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER LITTLEFORK MEDICAL CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 912 MAIN STREET LITTLEFORK, MN 56653 |
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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 | Continued From page 2 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 | | |
| 2 830 | <p>MN Rule 4658.0520 Subp. 1 Adequate and Proper Nursing Care; General</p> <p>Subpart 1. Care in general. A resident must receive nursing care and treatment, personal and custodial care, and supervision based on individual needs and preferences as identified in the comprehensive resident assessment and plan of care as described in parts 4658.0400 and 4658.0405. A nursing home resident must be out of bed as much as possible unless there is a written order from the attending physician that the resident must remain in bed or the resident prefers to remain in bed.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review the facility failed to ensure 1 of 3 residents (R1) received a blood glucose recheck per house standing orders, failed to administer as needed (PRN) medications as prescribed by the physician and failed to reassess following an episode of decreased oxygen (O2) saturation levels.</p> <p>Findings include: R1's Resident Face Sheet indicated she admitted to the facility on 3/2/21. R1's diagnosis included</p> | 2 830 | Corrected | 5/11/22 |

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| 2 830 | <p>Continued From page 3</p> <p>long term use of insulin, type II diabetes, chronic obstructive pulmonary disease (COPD) and chronic respiratory failure with hypoxia. R1's Resident Face Sheet included the following orders: 3/8/22, continuous O2 2.5 liters. 3/8/22, Diabetic side effect monitoring three times daily. 3/8/22, Ipratropium-Albuterol inhalation solution 3 mg/3 ml. PRN every 4 hours. Document nebulizer respiratory treatment: Lung sounds, Pulse and O2 sats (saturation) before and after nebulizer treatment.</p> <p>R1's 48 hour Baseline care plan dated 3/2/22, indicated she was alert, forgetful and ambulated independently with a walker. The care plan identified the following: Medication concerns, insulin. The care plan failed to include COPD, respiratory failure or hypoxia.</p> <p>Facility House Standing Orders dated 7/10/17, indicated for Diabetic monitoring/treatment: If hypoglycemic (blood glucose less than 70) if able to swallow, may administer 8 ounces (oz) fruit juice or milk or 6 oz supplement. Recheck blood sugar in 15 minutes. If no improvement give oral glucose gel, recheck blood glucose in 15 minutes. If still no improvement, notify medical doctor (MD)/nurse practitioner (NP) immediately. If unable to swallow or with altered consciousness, administer Glucagon 1 milligram (mg) intramuscular. Recheck blood sugar after 15 minutes and if still no improvement administer and additional 1 mg dose of glucagon, call for assistance and notify MD/NP immediately. Standing orders for respiratory symptoms included: O2 1-4 liters via nasal cannula or mask PRN for respiratory distress, acute dyspnea, hypoxia (to bring O2 saturation levels above 88%)</p> | 2 830 | | |

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| 2 830 | <p>Continued From page 4</p> <p>or acute angina. (no greater than 2 liters for residents with COPD). Notify MD/NP.</p> <p>R1's Progress Notes revealed the following: 3/29/22, 8:29 a.m. Fasting blood sugar 56. TMA (trained medication aide) attempted to give resident her pills this a.m. and she spit them out. Given IM (intramuscular) Glucagon 1 mg at 8:13 a.m. O2 saturation 58 % - 76% this a.m. on 3 liters of O2. Assisted into recliner to prevent her from falling out of bed. - 3/29/22, 8:49 a.m. R1 was found on the floor kneeling. Assisted back into wheel chair. O2 on at 3.5 liters per nasal cannula. - 3/29/22, 10:00 a.m. R1 was offered food and to be fed several times and refused. R1 drank several sips of pop and apple juice when offered. - 3/29/22, at 11:36 a.m. R1 was very restless. Ativan 0.5 mg was crushed and put in pudding. R1 was able to take with a few sips of water. - 3/29/22, 12:56 p.m. Family member alerted registered nurse (RN) of the need for assistance to put R1 back into bed. Upon arrival to the room it was noted that R1 was not responsive. R1's fingers and lips were cyanotic. Blood glucose check was completed with a result of 66. Unable to obtain vitals signs using machine. No pulse detected and slow shallow breaths were noted. R1 did not elicit any kind of response. No pulse detected at about 12:25 p.m.</p> <p>During interview on 4/18/22, at 10:38 a.m. RN-A stated on the morning of 3/29/22, R1 had been having a "rough" morning. RN-A stated when R1's blood sugar was checked that morning it was low and said "I think in the 50's" so she administered Glucagon. RN-A stated R1 had been very anxious and could not get settled and said when R1 couldn't breath she couldn't get comfortable and liked to be on the floor. RN-A stated she did not</p> | 2 830 | | |

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| 2 830 | <p>Continued From page 5</p> <p>perform a follow up blood sugar check because R1 had started to come around and had been talking to staff and was more awake. RN-A stated she should have rechecked R1's blood sugar. RN-A stated R1 also had low O2 saturation levels that morning and she had increased her O2 to 3 liters. RN-A stated she had not performed any further assessment of R1's respiratory status. RN-A further stated she had not notified the physician of R1's status and said she should have notified the physician but R1 had "been this way for the last week."</p> <p>At 11:31 a.m. the DON stated on the morning of 3/29/22, she was aware R1 had been restless and not wanting to eat which was not unusual for her. The DON stated initially she was not aware of R1's low blood sugar level until right before R1 became unresponsive. The DON stated after the Glucagon was administered by RN-A she would have expected that R1 be offered food and fluids, something high in sugar. She said if she refused, her blood sugar should have been checked again. The DON stated if unresponsive or if the blood sugar dropped more she would have expected a call to the physician. The DON stated R1's blood sugar should have been rechecked 15-20 minutes after the Glucagon injection per the standing orders. She stated the facility's standing orders were available on the unit and the nurses knew where to find them. The DON stated if R1's O2 saturation was low she believed R1 had an order for PRN nebulizer. The DON said she would have expected further assessment of R1's respiratory status. The DON further stated R1's family did not want R1 sent to the hospital for low O2 or blood sugars and said family had discussed comfort care but it had not been initiated at the time as family was unsure if it was the right time.</p> | 2 830 | | |

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| 2 830 | <p>Continued From page 6</p> <p>At 12:19 p.m. the medical director (MD) stated he had not been aware of the situation involving R1. The MD said if a resident was having respiratory distress they "for sure should have had nebs (nebulizer)." The MD stated he was unsure why the facility had not followed the Glucagon protocol and said R1's blood sugar would have been rechecked within an hour at most and the physician should have been updated. The MD stated he also should have expected follow up assessments.</p> <p>SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee could review and revise policies and procedures for proper monitoring and assessment following a change of condition and/or administration of as needed medication. The DON or designee could perform audits on a regular basis to ensure compliance.</p> <p>TIMEFRAME FOR CORRECTION: Twenty-one (21) days.</p> | 2 830 | | |