Electronically Submitted
November 5, 2019

Administrator
Fair Meadow Nursing Home
Box 8 300 Garfield Avenue Southeast
Fertile, MN 56540

RE: CCN: 245545
Cycle Start Date: October 18, 2019

Dear Administrator:

On October 18, 2019, 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 actual harm that was not immediate jeopardy (Level G) whereby corrections are not required.

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

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 listed below to the CMS Region V Office for imposition: 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).

DEPARTMENT CONTACT

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

Lyla Burkman, Unit Supervisor
Bemidji Survey Team
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health

705 5th Street Northwest, Suite A
Bemidji, Minnesota 56601-2933
Email: lyla.burkman@state.mn.us
Phone: (218) 308-2104
Fax: (218) 308-2122

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 DENIAL OF PAYMENT

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:

Tamika.Brown@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) 565-9462

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 Tamika Brown, Principal Program Representative by phone at (312) 353-1502 or by e-mail at Tamika.Brown@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 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,

Joanne Simon, Enforcement Specialist
Minnesota Department of Health
Licensing and Certification Program
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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245545	A. BUILDING _____ B. WING _____	C 10/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIR MEADOW NURSING HOME	**BOX 8 300 GARFIELD AVENUE SOUTHEAST FERTILE, MN 56540**

(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 10/17/19, and 10/18/19, an abbreviated standard survey was completed at your facility to conduct a complaint investigation. Your facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. The following complaint was found to be substantiated: H5545006C: F760, past non-compliance. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of the CMS-2567 form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.	F 000		
F 760 SS=G	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure insulin was administered per physician orders for 1 of 1 resident (R1) reviewed for significant medication error. This failure resulted in actual harm for R1 due to requiring hospitalization following the administration of the incorrect insulin dose. The medication error was identified immediately and the facility developed and implemented corrective actions on 6/19/19, therefore the deficient practice is being issued at a past non-compliance.	F 760	Past noncompliance: no plan of correction required.	11/11/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 11/11/2019

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F 760	Continued From page 1 Findings include: R1's quarterly Minimum Data Set (MDS) dated 7/31/19, indicated R1 had moderate cognitive impairment and diagnoses which included diabetes and non-Alzheimer's dementia. R1's physician orders dated 5/1/19, included orders for: -NovoLog Solution 100 units (u)/milliliter (ml) (fast acting insulin), inject 8 units subcutaneous (SQ) (under the skin) in the evening -NovoLog solutions 100 u/ml, inject 5 units SQ 2 times a day with breakfast and lunch. R1's care plan dated 8/7/19, indicated R1 had diabetes. Staff were directed to administer mediations as ordered, monitor and report to medical doctor (MD) any signs or symptoms of hypoglycemia including; sweating, tremor, increased heart rate, confusion or slurred speech. Monitor and report to MD any signs or symptoms of hyperglycemia including: increased thirst, frequent urination, fatigue, dry skin, poor wound healing, muscle cramps, stupor or acetone breath (fruity smelling) R1's Progress Note (PN) dated 5/28/19, at 5 p.m. indicated R1's medication order was read incorrectly prior to administering R1's supper time insulin dose. R1 was administered 100 units of NovoLog insulin instead of the 8 units ordered. The charge nurse, MD and family were informed immediately and an order was received to send R1 to the emergency room (ER) for hospitalization and overnight monitoring. The medication error was identified immediately after the administration of the wrong dose.	F 760		

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F 760	Continued From page 2 PN dated 5/28/19, at 5:57 p.m. indicated registered nurse (RN)-A reported she had given R1 too much insulin in error. R1 normally received NovoLog 8 unit and was given 100 unit SQ. A call was placed to the MD and an order was received to send R1 to the ED for treatment of the insulin overdose and to immediately give R1 sugar and to send R1 the the ED per ambulance. Call was placed for transportation per ambulance. Paper work gathered and sent with ambulance. Family was called and updated. Monitoring Blood sugars while waiting for ambulance. At 5:00 p.m. Blood Sugar (BS) was 145, at 5:20 p.m. BS was 147. Resident was alert and oriented, color pale, skin dry and warm to touch. R1 left per ambulance at 5:35 p.m. PN dated 5/29/19, at 4:41 p.m. indicated R1 was readmitted to the facility following hospitalization. Review of R1's hospital PN and discharge summary indicated R1 was hospitalized and received glucose (sugar) tablets, IV fluids of 5% dextrose (sugar) and 10% dextrose to treat hypoglycemia. R1 had BSs during hospitalization down into the 30's (normal is 70 or above). Discharge summary dated 5/29/19, indicated R1's BS was stable at 160 prior to discharge back to the nursing home, and no new orders given. On 10/17/19, at 4:15 p.m. RN-B verified the insulin medication error had occurred which required an overnight hospitalization for R1. RN-B stated following this medicaiton error, all licensed staff had received education regarding the five rights of medication administration which included ensuring the correct dose would be administered.	F 760		

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F 760	Continued From page 3 On 10/18/19, at 8:50 a.m. RN-C was observed to give R1 the morning dose of insulin. RN-C opened up R1's Medication Administration Record (MAR) and verified R1's insulin order. RN-C removed R1's insulin pen, verified the medication, attached the needle to the pen, primed the pen with two units of insulin, dialed up the ordered five units, and proceeded to administer the correct dose to R1. Prior to administering, RN-C informed R1 of the medication to be administered, asked which site he would like to receive it, and cleansed the area with an alcohol prep. Following the administration, RN-C disposed of the needle properly. -At 8:58 a.m. R1 stated he been on insulin for over 20 years and had no concerns about his blood sugars as they had been doing great. -At 9:29 a.m. the South Med Cart was noted to have an insulin folder which held information pertaining to the different types of insulin, how they work, a picture of fast acting NovoLog, information on medications and the directive to double check insulin doses if over 20 units was to be administered. The folder also contained a policy for the administration of insulin and the five rights of administration. -At 9:50 a.m. RN-C said she had started in August 2019, and since that time the facility had held monthly inservices on different aspects of patient safety. RN-C confirmed she had received education related to medication administration, the five rights of medication administration as well as insulin administration with her initial training. Shortly there-after, licensed practical nurse (LPN)-B stated the nurses had received	F 760		

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F 760	Continued From page 4	F 760		

education during a staff meeting regarding the different insulin types and there were also handouts taped to the wall by the East and West medication carts titled "Rapid Acting Insulin" and "Types of Insulin" for staff review. LPN-B stated the pharmacy attached a "High Alert" sticker on each rapid acting insulin's bottle.

-At 10:12 a.m. LPN-A confirmed education was provided to the licensed nursing staff regarding medication errors and the five rights of proper medication administration.

-At 11:05 a.m. The administrator confirmed the insulin medication error had occurred which required R1 to be hospitalized overnight. The administered stated, a medication administration inservice was provided on 6/19/19, which included the administration of insulin and the five rights of medication administration.

-At 11:17 a.m. The DON stated confirmed the insulin error had occurred and following the error, all licensed nursing staff attended/received medication administration re-education related to the administration of insulin and the five rights of medication administration. The facility and the local pharmacy had collaborated to ensure that insulin was labeled and high alert stickers were placed on each fast acting insulin bottle.

The deficient practice was corrected on 6/19/19, after the facility developed and implemented corrective action which included medication administration including the five rights, collaboration with the pharmacist related to medicaiton labeling and the use of medicaiton high alert stickers, and developing handouts and creating binders which contained information

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F 760	Continued From page 5 related to insulin types and the action of each which were available on each medicaiton cart for nurse's to reference, when needed. A staff signature sheet was reviewed to ensure education was received to all nursing staff. The facility's Medication Insulin Administration Policy dated 5/30/19, indicated if an order was for greater than 20 units of fast acting insulin, the order must be verified with another licensed nurse.	F 760		