



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
May 31, 2024

Administrator
Mission Nursing Home
3401 East Medicine Lake Boulevard
Plymouth, MN 55441

RE: CCN: 245546
Cycle Start Date: April 24, 2024

Dear Administrator:

On May 30, 2024, 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 that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing
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

May 31, 2024

Administrator
Mission Nursing Home
3401 East Medicine Lake Boulevard
Plymouth, MN 55441

Re: Reinspection Results
Event ID: I8ST12

Dear Administrator:

On May 30, 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 April 24, 2024. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing
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
May 1, 2024

Administrator
Mission Nursing Home
3401 East Medicine Lake Boulevard
Plymouth, MN 55441

RE: CCN: 245546
Cycle Start Date: April 24, 2024

Dear Administrator:

On April 24, 2024, a survey was completed at your facility by the Minnesota Departments 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 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.

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting

Mission Nursing Home

May 1, 2024

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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:

**Annette Winters, Regional Operations Supervisor, Federal Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
625 Robert Street North
P.O. Box 64975
Saint Paul, Minnesota 55164-0975
Email: annette.m.winters@state.mn.us
Mobile: (651) 558-7558**

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 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

Mission Nursing Home

May 1, 2024

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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 July 24, 2024 (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 October 24, 2024 (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.

Feel free to contact me if you have questions.

Mission Nursing Home

May 1, 2024

Page 4

Sincerely,

A handwritten signature in black ink that reads "Kamala Fiske-Downing". The signature is written in a cursive style with a distinct loop at the end of the last name.

Kamala Fiske-Downing

Minnesota Department of Health

Health Regulation Division

Telephone: (651) 201-4112

Email: Kamala.Fiske-Downing@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245546	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/24/2024
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NAME OF PROVIDER OR SUPPLIER MISSION NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3401 EAST MEDICINE LAKE BOULEVARD PLYMOUTH, MN 55441
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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
F 000	INITIAL COMMENTS On 4/24/24, 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. H55463275C (MN00102713) with a deficiency issued at F583. 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 583 SS=D	Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii) §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.	F 583		5/17/24

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

TITLE

(X6) DATE

Electronically Signed

05/10/2024

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: 245546	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/24/2024
NAME OF PROVIDER OR SUPPLIER MISSION NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3401 EAST MEDICINE LAKE BOULEVARD PLYMOUTH, MN 55441		
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F 583	<p>Continued From page 1</p> <p>§483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service.</p> <p>§483.10(h)(3) The resident has a right to secure and confidential personal and medical records.</p> <p>(i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws.</p> <p>(ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review the facility failed to ensure confidentiality of personal records for one of one resident (R1) reviewed. The facility gave R1's medical information to his probation officer and the electric health monitor case manager.</p> <p>Findings Include:</p> <p>R1's Face sheet printed on 4/24/24 indicated R1 was admitted to the facility on 2/16/24. Diagnoses included alcoholic gastric without bleeding, alcohol induced acute pancreatitis, and alcohol dependence.</p> <p>R1's progress note dated 2/16/24 indicated R1</p>	F 583	<p>How did the deficiency occur?</p> <p>The deficiency occurred due to a unique occurrence. The unique occurrence was that the resident was under house arrest with an electric home monitor (EHM) system. This monitor, which is in plain view at the doorway of resident's room, had statements on it that read something to the effect that the resident was not in compliance, that the resident had not been doing the breathalyzer, and that the EHM office did not have the resident's correct phone number. The following timeline shows how ADON received EHM email.</p> <p>4/3/24 Resident told the ADON that he</p>	

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F 583	<p>Continued From page 2</p> <p>was admitted to the facility for alcohol induced gastritis, esophagitis, and metabolic acidosis.</p> <p>R1's brief interview for mental status (BIMS) assessment dated 2/23/24 indicated R1 had a score of 15 which meant R1 was cognitively intact.</p> <p>R1's progress note dated 3/14/24 indicated facility staff found empty bottles of alcohol in R1's room. The progress note indicated R1 admitted to drinking two pints of alcohol in the last eight days.</p> <p>R1's progress note dated 3/18/24 indicated R1 had anxiety, nausea, and easy agitation.</p> <p>R1's progress note dated 4/16/24 signed by the interim director of nursing (IDON) indicated R1 was upset with the nurse practitioner (NP) while saying she was worthless.</p> <p>R1's progress note dated 4/23/24 signed by IDON indicated the name of R1's probation officer (PO) as well as the phone number for the PO.</p> <p>An email correspondence between the admission director (AD) and the EHM (electronic health monitor) case manager on 4/19/24 at 10:32 a.m., AD stated to EHM that she needed R1's PO name and phone number because the facility had suspicion of abuse of R1's probation.</p> <p>An email correspondence between R1's PO and AD on 4/20/24 at 9:00 a.m., R1's PO stated she will be visiting with R1 that day and that she would go over the contract he signed regarding the conditions of his program.</p> <p>An email correspondence between the AD and</p>	F 583	<p>was going to be on probation.</p> <p>4/4/24 Resident had meeting with probation and then had an ankle bracelet placed on his left ankle.</p> <p>4/4/24 ADON put in order to check skin on ankle to make sure his skin did not break down.</p> <p>4/4/24 Resident gave ADON the EHM email so ADON would confirm that he was at the facility.</p> <p>4/19/24 ADON emailed EHM regarding violation on EHM device.</p> <p>4/24/24 Met with State regarding HIPAA violation, no ROI.</p> <p>The issue was contacting EHM for the violation listed on resident's EHM device. This is protected under HIPAA.</p> <p>5/1/24 Received email from State that facility was in violation.</p> <p>5/2/24 Went over with Leadership that it is viewed as a HIPAA violation to contact EHM or any Probation Officer about violations, due to no ROI.</p> <p>What is Leadership doing to prevent this from happening again?</p> <p>Leadership reviewed Admission Paperwork page 18, on Privacy and Confidentiality.</p> <p>Leadership is updating their admission paperwork to include more people in the Release of Information (i.e.: Probation Officer).</p> <p>Leadership will continue to monitor by addressing at IDT, added HIPAA to IDT form.</p>	

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NAME OF PROVIDER OR SUPPLIER MISSION NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3401 EAST MEDICINE LAKE BOULEVARD PLYMOUTH, MN 55441		
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F 583	<p>Continued From page 3</p> <p>R1's PO on 4/20/24 at 9:06 a.m., AD stated R1's behavior has been off recently. AD stated the facility's concern is that he may still be using alcohol. AD stated R1 had been previously discharged during another stay for his use of alcohol. AD stated R1 has been caught doing the "same thing" during the current stay.</p> <p>During an interview with R1 on 4/24/24 at 9:41 a.m., R1 stated he was on house arrest for driving under the influence (DUI). R1 stated his EHM case manager and his PO have been in contact with the facility. R1 stated "there is a lot of conversations going on about his legal status and his medical status". R1 stated he did not give the facility authorization to speak with his PO or the EHM.</p> <p>During an interview with registered nurse (RN)-A on 4/24/24 at 1:02 p.m., RN-A stated the facility was in contact with R1's PO because his PO was inquiring about R1's compliance with not drinking alcohol.</p> <p>During an interview with IDON on 4/24/24 at 1:35 p.m., IDON stated R1 is his own legal guardian. IDON stated there is a monitor on R1's room floor and it was saying that R1 was out of compliance. IDON stated the message on the monitor stated he was out of compliance, R1 not having performed his breathalyzer examination, and that R1's phone number was not in service. IDON stated she contacted Hennepin County and spoke with R1's PO stating he had an outburst recently and the facility thought he was using drugs or alcohol. IDON stated she thought his PO needed to intervene. IDON stated she did not have documentation where R1 gave the facility permission to speak with R1's PO.</p>	F 583		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245546	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/24/2024
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F 583	<p>Continued From page 4</p> <p>During an interview with AD on 4/24/24 at 1:56 p.m., AD stated the facility had a concern with R1 using alcohol in the facility. AD stated she contacted R1's PO stating the facility had concerns over his behavior and being out of compliance with his monitor base that was in his room. AD stated she did not have a release of information (ROI) on file to speak with R1's EHM or his PO.</p> <p>A policy for medical records was requested.</p>	F 583		



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
May 1, 2024

Administrator
Mission Nursing Home
3401 East Medicine Lake Boulevard
Plymouth, MN 55441

Re: State Nursing Home Licensing Orders
Event ID: I8ST11

Dear Administrator:

The above facility was surveyed on April 24, 2024 through April 24, 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.

Mission Nursing Home

May 1, 2024

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.

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:

**Annette Winters, Regional Operations Supervisor, Federal Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
625 Robert Street North
P.O. Box 64975
Saint Paul, Minnesota 55164-0975
Email: annette.m.winters@state.mn.us
Mobile: (651) 558-7558**

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

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00235	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/24/2024
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NAME OF PROVIDER OR SUPPLIER MISSION NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3401 EAST MEDICINE LAKE BOULEVARD PLYMOUTH, MN 55441
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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 4/24/24, 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(s) (was/were) issued. Please indicate in your electronic plan of correction you have reviewed these orders and</p>	2 000		
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Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

05/10/24

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00235	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/24/2024
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2 000	<p>Continued From page 1</p> <p>identify the date when they will be completed.</p> <p>The following complaints were reviewed. H55463275C (MN00102713) with a licensing order issued at 1860.</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor's findings are the Suggested Method of Correction and Time Period for Correction.</p> <p>You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of</p>	2 000		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00235	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/24/2024
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NAME OF PROVIDER OR SUPPLIER MISSION NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3401 EAST MEDICINE LAKE BOULEVARD PLYMOUTH, MN 55441
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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 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		
21860	<p>MN St. Statute 144.651 Subd. 16 Patients & Residents of HC Fac.Bill of Rights</p> <p>Subd. 16. Confidentiality of records. Patients and residents shall be assured confidential treatment of their personal and medical records, and may approve or refuse their release to any individual outside the facility. Residents shall be notified when personal records are requested by any individual outside the facility and may select someone to accompany them when the records or information are the subject of a personal interview. Copies of records and written information from the records shall be made available in accordance with this subdivision and section 144.335. This right does not apply to complaint investigations and inspections by the Department of Health, where required by third party payment contracts, or where otherwise provided by law.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review the facility failed to ensure confidentiality of personal records for one of one resident (R1) reviewed. The facility gave R1's medical information to his probation officer and the electric health monitor case</p>	21860	<p>How did the deficiency occur? The deficiency occurred due to a unique occurrence. The unique occurrence was that the resident was under house arrest with an electric home monitor (EHM)</p>	5/17/24

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21860	<p>Continued From page 3</p> <p>manager.</p> <p>Findings Include:</p> <p>R1's Face sheet printed on 4/24/24 indicated R1 was admitted to the facility on 2/16/24. Diagnoses included alcoholic gastric without bleeding, alcohol induced acute pancreatitis, and alcohol dependence.</p> <p>R1's progress note dated 2/16/24 indicated R1 was admitted to the facility for alcohol induced gastritis, esophagitis, and metabolic acidosis.</p> <p>R1's brief interview for mental status (BIMS) assessment dated 2/23/24 indicated R1 had a score of 15 which meant R1 was cognitively intact.</p> <p>R1's progress note dated 3/14/24 indicated facility staff found empty bottles of alcohol in R1's room. The progress note indicated R1 admitted to drinking two pints of alcohol in the last eight days.</p> <p>R1's progress note dated 3/18/24 indicated R1 had anxiety, nausea, and easy agitation.</p> <p>R1's progress note dated 4/16/24 signed by the interim director of nursing (IDON) indicated R1 was upset with the nurse practitioner (NP) while saying she was worthless.</p> <p>R1's progress note dated 4/23/24 signed by IDON indicated the name of R1's probation officer (PO) as well as the phone number for the PO.</p> <p>An email correspondence between the admission director (AD) and the EHM (electronic health monitor) case manager on 4/19/24 at 10:32 a.m., AD stated to EHM that she needed R1's PO</p>	21860	<p>system. This monitor, which is in plain view at the doorway of resident's room, had statements on it that read something to the effect that the resident was not in compliance, that the resident had not been doing the breathalyzer, and that the EHM office did not have the resident's correct phone number. The following timeline shows how ADON received EHM email.</p> <p>4/3/24 Resident told the ADON that he was going to be on probation.</p> <p>4/4/24 Resident had meeting with probation and then had an ankle bracelet placed on his left ankle.</p> <p>4/4/24 ADON put in order to check skin on ankle to make sure his skin did not break down.</p> <p>4/4/24 Resident gave ADON the EHM email so ADON would confirm that he was at the facility.</p> <p>4/19/24 ADON emailed EHM regarding violation on EHM device.</p> <p>4/24/24 Met with State regarding HIPAA violation, no ROI.</p> <p>The issue was contacting EHM for the violation listed on resident's EHM device. This is protected under HIPAA.</p> <p>5/1/24 Received email from State that facility was in violation.</p> <p>5/2/24 Went over with Leadership that it is viewed as a HIPAA violation to contact EHM or any Probation Officer about violations, due to no ROI.</p> <p>What is Leadership doing to prevent this from happening again?</p> <p>Leadership reviewed Admission Paperwork page 18, on Privacy and Confidentiality.</p> <p>Leadership is updating their admission</p>	

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21860	<p>Continued From page 4</p> <p>name and phone number because the facility had suspicion of abuse of R1's probation.</p> <p>An email correspondence between R1's PO and AD on 4/20/24 at 9:00 a.m., R1's PO stated she will be visiting with R1 that day and that she would go over the contract he signed regarding the conditions of his program.</p> <p>An email correspondence between the AD and R1's PO on 4/20/24 at 9:06 a.m., AD stated R1's behavior has been off recently. AD stated the facility's concern is that he may still be using alcohol. AD stated R1 had been previously discharged during another stay for his use of alcohol. AD stated R1 has been caught doing the "same thing" during the current stay.</p> <p>During an interview with R1 on 4/24/24 at 9:41 a.m., R1 stated he was on house arrest for driving under the influence (DUI). R1 stated his EHM case manager and his PO have been in contact with the facility. R1 stated "there is a lot of conversations going on about his legal status and his medical status". R1 stated he did not give the facility authorization to speak with his PO or the EHM.</p> <p>During an interview with registered nurse (RN)-A on 4/24/24 at 1:02 p.m., RN-A stated the facility was in contact with R1's PO because his PO was inquiring about R1's compliance with not drinking alcohol.</p> <p>During an interview with IDON on 4/24/24 at 1:35 p.m., IDON stated R1 is his own legal guardian. IDON stated there is a monitor on R1's room floor and it was saying that R1 was out of compliance. IDON stated the message on the monitor stated he was out of compliance, R1 not having</p>	21860	<p>paperwork to include more people in the Release of Information (i.e.: Probation Officer).</p> <p>Leadership will continue to monitor by addressing at IDT, added HIPAA to IDT form.</p>	

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21860	<p>Continued From page 5</p> <p>performed his breathalyzer examination, and that R1's phone number was not in service. IDON stated she contacted Hennepin County and spoke with R1's PO stating he had an outburst recently and the facility thought he was using drugs or alcohol. IDON stated she thought his PO needed to intervene. IDON stated she did not have documentation where R1 gave the facility permission to speak with R1's PO.</p> <p>During an interview with AD on 4/24/24 at 1:56 p.m., AD stated the facility had a concern with R1 using alcohol in the facility. AD stated she contacted R1's PO stating the facility had concerns over his behavior and being out of compliance with his monitor base that was in his room. AD stated she did not have a release of information (ROI) on file to speak with R1's EHM or his PO.</p> <p>A policy for medical records was requested.</p> <p>SUGGESTED METHOD OF CORRECTION: The Director of Nursing or designated person to determine how the deficiency occurred, review policies and procedures, revise as necessary, educated staff on revisions, and monitor to ensure compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days.</p>	21860		