Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
September 20, 2023

Administrator
North Star Manor
410 South McKinley Street
Warren, MN 56762

RE: CCN: 245550
Cycle Start Date: August 9, 2023

Dear Administrator:

On August 31, 2023, 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,

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

September 20, 2023

Administrator
North Star Manor
410 South McKinley Street
Warren, MN 56762

Re: Reinspection Results
Event ID: 169L12

Dear Administrator:

On August 31, 2023 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 August 9, 2023. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

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
August 18, 2023

Administrator
North Star Manor
410 South McKinley Street
Warren, MN 56762

RE: CCN: 245550
Cycle Start Date: August 9, 2023

Dear Administrator:

On August 9, 2023, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted 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

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:

Susie Haben, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Midtown Square
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us
Office: (320) 223-7356 Mobile: (651) 230-2334

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 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 November 9, 2023 (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 February 9, 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/ltc_idr.cfm

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

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

Questions regarding all documents submitted as a response to the Life Safety Code deficiencies (those preceded by a "K" tag), i.e., the plan of correction, request for waivers, should be directed to:

Travis Z. Ahrens
Interim State Fire Safety Supervisor
Health Care & Correctional Facilities/Explosives
MN Department of Public Safety-Fire Marshal Division
445 Minnesota St., Suite 145
St. Paul, MN 55101
Cell: 1-507-308-4189

Feel free to contact me if you have questions.

Sincerely,

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245550	A. BUILDING ______ B. WING ______	C 08/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH STAR MANOR	**410 SOUTH MCKINLEY STREET WARREN, MN 56762**

(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 8/8/23, and 8/9/23, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaints were reviewed. H55504232C (MN00095650), H55504304C (MN00094852) with a deficiency issued at F755. 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 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.	F 755		8/24/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed | TITLE | (X6) DATE: 08/24/2023

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 755	Continued From page 1 §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to administer physician's order as written for 1 of 3 (R2) residents reviewed for steroid inhalation which resulted in a diagnosis of oral thrush. Findings include: R2's significant change Minimum data set (MDS) dated 8/1/23, identified intact cognition with no behaviors. R2's diagnoses included chronic obstructive pulmonary disease (COPD), and respiratory failure. R2's care plan dated 4/5/23, identified R2 had	F 755	• How corrective action will be accomplished for those residents found to have been affected by the deficient practice. - All nebulizer and inhaler orders were updated in PCC with instructions for mouth rinse after treatment and for nurse to sign off after completion of task. - Education provided at nurses meeting on 8/16/23. Nursing meetings are mandatory. Attendance tracked by Staff Development Coordinator (SDC) for completion. - Policy for Medication Administration Nebulizer and Medication Administration	

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F 755	Continued From page 2 respiratory/pulmonary concerns with COPD. Staff were instructed to give aerosol or bronchodilators as ordered, monitor for any side effects and effectiveness, and shortness of breath on exertion. R2's PHYSICIAN ORDER summary dated 8/10/23, identified: -Order date 4/1/23, identified oxygen at 2 liters (L) per nasal cannula as needed (PRN) to keep oxygen saturation level above 90% related to COPD. -Order date 7/25/23, DuoNeb solution 0.5/2.5 mg/ml (ipratropium/albuterol) one vial inhale orally via nebulizer every four hours as needed for shortness of breath and difficulty breathing related to COPD. -Order date 6/28/23, Ipratropium-Albuterol inhalation solution 0.5/2.5 mg/ml one dose inhale orally four times a day related to COPD. Rinse mouth after each nebulizer. -Order date 3/24/23, and discontinued 7/27/23, Budesonide inhalation suspension 0.5 mg/2 ml one inhalation orally two times a day for shortness of breath or wheezing. Rinse mouth after nebulizer treatment. -Order date 5/27/23, held from 6/20/23, through 7/1/23, and discontinued 7/25/23, Spiriva inhalation, aerosol solution 2.5 mcg two puffs inhale orally one time a day for asthma related to COPD. Review of R2's progress note on 6/27/23 at 4:40	F 755	Metered Dose Inhaler was updated to reflect the mouth rinse task and nurse sign off documentation. •How the facility will identify other residents having the potential to be affected by the same deficient practice. - All residents receiving nebulizers and/or inhalers were identified. Orders were updated on these residents with instructions for mouth rinse after treatment and for nurse to sign off after completion of task. •What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur. - New inhaler/nebulizer orders will be reviewed at daily Interdisciplinary Team Meetings to ensure the orders are correct and follow policy/procedure of with mouth rinse with nurse sign off. This daily audit will be delegated to a team member by the Director of Nursing (DON). •How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur. - New inhaler/nebulizer orders will be reviewed at daily Interdisciplinary Team Meetings to ensure the orders are correct and follow policy/procedure of with mouth rinse with nurse sign off. This daily audit will be delegated to a team member by the Director of Nursing (DON). - Infection Preventionist, RN will continue	

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F 755	Continued From page 3 p.m. R2 returned from NVHC visit with NP for follow up on COPD and R2 requested cough syrup for coughing. New orders identified: 1. Nystatin 5 ml four times a day for 10 days (for diagnosis of thrush) 2. Duo Nebs as previously order four times a day. 3. Rinse mouth after each nebulizer to prevent thrush. 4. Augmentin 875 mg twice a day times 10 days. 5. Prednisone 40 mg daily times five doses. R2's electronic medication administration record (EMAR) dated 6/1/23, through 6/27/23, indicated staff did not sign off indicating R2 rinsed mouth after administration of Budesonide (steroid) nebulizer treatment prior to diagnosis of thrush. During an observation and interview on 8/8/23 at 3:24 p.m. licensed practical nurse (LPN)-A sanitized hands, removed DuoNeb inhalant medication from box, completed checks with electronic medication administration record (EMAR), locked medication cart and computer screen, and entered R2's room. LPN-A checked R2's oxygen level 92%, applied gloves and prepared medication. LPN-A handed the nebulizer tube container to R2, instructed her to place mouthpiece in her mouth, turned nebulizer machine on, and said, "I will be back in seven minutes" and exited the room. At approximately 3:35 p.m. an unidentified staff requested assistance from LPN-A and walked down the hallway. R2 completed the nebulizer treatment, turned off nebulizer machine, and placed the	F 755	to do surveillance on all infections. If a resident is diagnosed with thrush, the Infection Preventionist will audit to determine if a nebulizer or inhaler was used that would have possibly lead to this diagnosis. If a finding is noted, increased resident specific auditing will be determined by the IDT team. - Observational audits of mouth rinse after nebulizer and inhaler mediation administration will be completed by the DON or delegated team member on the day and pm shifts weekly for the first three months, every other week for the next three months and one time per month for three months.	

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F 755	Continued From page 4	F 755		

tubing and mouthpiece onto the bedside table. At approximately 3:45 p.m. surveyor entered R2's room asked if she had anything to drink and R2 stated "no, but now that you mentioned that I should have rinsed out my mouth after that nebulizer treatment." R2 took a sip of water, swished it around in her mouth and spit the water into the garbage can. R2 then stated, "I think that is what I am supposed to do so the sores in my mouth do not come back".

During a follow-up interview on 8/9/23 at 1:40 p.m. RN-A stated staff were expected to enter on R2's EMAR whether she rinsed her mouth or not after the nebulizer treatment was completed to prevent thrush. RN-D also verified when an X mark was entered on the EMAR she was unsure of what that meant.

Review of R2's EMAR lacked evidence nursing staff documented R2's mouth rinse following her nebulizer treatments from June 1st, 2023 through survey exit.

During an interview on 8/9/23 at 11:00 a.m. RN-B stated it was important to have R2 rinse after her nebulizer treatments as oral thrush was usually caused by a steroid inhalation medication and lack of rinsing the mouth afterwards.

During an interview on 8/9/23 at 11:30 a.m. R2 sat in wheelchair in her room. R2 stated she had just finished her nebulizer treatment and turned off the machine. R2 also stated she had rinsed her mouth with water and spit it into the garbage can. R2 indicated the nurse must have gotten busy. R2 stated she had gotten thrush in her mouth and still had an awful taste in there, not sure if all the sores were gone yet. R2 indicated

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F 755	Continued From page 5	F 755		

she needed reminders from staff to rinse her mouth after the breathing treatment and as did not always remember to do it.

During a telephone interview on 8/9/23 at 1:07 p.m. nurse practitioner (NP) verified she had seen R2 on 6/27/23, in the Emergency Department (ED) due to increased breathing. NP indicated during that visit, R2 was diagnosed with thrush on soft palate, placed on Nystatin (used to treat yeast infections in the mouth) most likely caused by steroid inhalation (Pulmicort) and lack of rinsing her mouth out with water after the treatments.

During a telephone interview on 8/9/23 at 1:25 p.m. pharmacist (P)-A stated anytime a resident received a steroid nebulizer treatment such as Budesonide (Pulmicort) nursing should have ensured R2 rinsed out her mouth to prevent thrush.

During an interview on 8/9/23 at 2:30 p.m. trained medication assistant (TMA)-A stated R2's memory was fair but would be unable to remember to rinse her mouth out after her nebulizer treatment without reminders from staff.

During an interview on 8/9/23 at 3:11 p.m. RN-C stated R2 was pretty much orientated but most likely could not remember to rinse mouth out with water after her nebulizer treatment and needed reminders. RN-C stated staff were expected to remind R2 to rinse her mouth out after the nebulizer treatments to help prevent thrush.

During an interview on 8/9/23 at 4:30 p.m. director of nursing (DON) verified when an order was placed in PCC there were options to choose

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F 755	Continued From page 6	F 755		

an add on (such as rinse mouth) and that add on was not completed when the steroid inhalant was placed on R2's EMAR. DON stated nursing staffed required cueing to rinse R2's mouth and that should have been recognized sooner. DON indicted the nurse on the medication cart were expected to have followed the recommendations regarding steroid inhalations to have prevented oral thrush. DON verified from 6/1/23, through 6/26/23, R2's medication administration record did not show mouth washes were completed and it was certainly possible that the lack of rinsing out R2's mouth increased her chance of getting thrush. DON stated if it was not documented as completed, it was not done.

Facility policy titled Adverse Consequences and Medication Errors dated 8/15/21, revealed a medication error was defined as the preparation or administration of drugs which was not in accordance with physician's orders, manufacturer specifications, or accepted professional standards and principles of professionals providing services. An adverse consequence was defined as an unpleasant symptom or even that was due to or associated with a medication such as side effect.

Facility policy titled Order Entry dated 6/28/23, revealed to ensure safe delivery of medications and treatments and prevent medication errors a nurse would be expected to add New Orders Checklist sticker to the original order and the following steps completed:

a. Enter order into PCC then print.

b. Order faxed to pharmacy if applicable.

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F 755	Continued From page 7 c. A second licensed nurse would have been required to verify the order was entered properly and initial the sticker. The second licensed nurse would also be expected to have placed the order in East/West file folder for the third check by night shift licensed nurse.	F 755		

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
August 18, 2023

Administrator
North Star Manor
410 South McKinley Street
Warren, MN 56762

Re: State Nursing Home Licensing Orders
Event ID: 169L11

Dear Administrator:

The above facility was surveyed on August 7, 2023 through August 9, 2023 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:

Susie Haben, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Midtown Square
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us
Office: (320) 223-7356 Mobile: (651) 230-2334

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00356	A. BUILDING: ______ B. WING ______	C 08/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH STAR MANOR	**410 SOUTH MCKINLEY STREET WARREN, MN 56762**

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2 000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER 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. 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. 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. INITIAL COMMENTS: On 8/8/23, and 8/9/23, 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.	2 000		

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2 000	Continued From page 1 The following complaints were reviewed during the survey. H55504232C (MN00095650), H55504304C (MN00094852), with a licensing order issued at 1555. 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. 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	2 000		

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2 000	Continued From page 2 is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of 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		
21555	MN Rule 4658.1325 Subp. 2 Administrationof Medications Staff designated Subp. 2. Staff designated to administer medications. A nurse or unlicensed nursing personnel, as described in part 4658.1360, must be designated as responsible for the administration of medications during each work period. This MN Requirement is not met as evidenced by: Based on observation, interview and record review the facility failed to administer physician's order as written for 1 of 3 (R2) residents reviewed for steroid inhalation which resulted in a diagnosis of oral thrush. Findings include: R2's significant change Minimum data set (MDS) dated 8/1/23, identified intact cognition with no behaviors. R2's diagnoses included chronic obstructive pulmonary disease (COPD), and respiratory failure. R2's care plan dated 4/5/23, identified R2 had respiratory/pulmonary concerns with COPD. Staff	21555	Corrected	8/24/23

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21555	Continued From page 3	21555		

were instructed to give aerosol or bronchodilators as ordered, monitor for any side effects and effectiveness, and shortness of breath on exertion.

R2's PHYSICIAN ORDER summary dated 8/10/23, identified:

-Order date 4/1/23, identified oxygen at 2 liters (L) per nasal cannula as needed (PRN) to keep oxygen saturation level above 90% related to COPD.

-Order date 7/25/23, DuoNeb solution 0.5/2.5 mg/ml (ipratropium/albuterol) one vial inhale orally via nebulizer every four hours as needed for shortness of breath and difficulty breathing related to COPD.

-Order date 6/28/23, Ipratropium-Albuterol inhalation solution 0.5/2.5 mg/ml one dose inhale orally four times a day related to COPD. Rinse mouth after each nebulizer.

-Order date 3/24/23, and discontinued 7/27/23, Budesonide inhalation suspension 0.5 mg/2 ml one inhalation orally two times a day for shortness of breath or wheezing. Rinse mouth after nebulizer treatment.

-Order date 5/27/23, held from 6/20/23, through 7/1/23, and discontinued 7/25/23, Spiriva inhalation, aerosol solution 2.5 mcg two puffs inhale orally one time a day for asthma related to COPD.

Review of R2's progress note on 6/27/23 at 4:40 p.m. R2 returned from NVHC visit with NP for follow up on COPD and R2 requested cough

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21555	Continued From page 4	21555		

syrup for coughing. New orders identified:

1. Nystatin 5 ml four times a day for 10 days (for diagnosis of thrush)

2. Duo Nebs as previously order four times a day.

3. Rinse mouth after each nebulizer to prevent thrush.

4. Augmentin 875 mg twice a day times 10 days.

5. Prednisone 40 mg daily times five doses.

R2's electronic medication administration record (EMAR) dated 6/1/23, through 6/27/23, indicated staff did not sign off indicating R2 rinsed mouth after administration of Budesonide (steroid) nebulizer treatment prior to diagnosis of thrush.

During an observation and interview on 8/8/23 at 3:24 p.m. licensed practical nurse (LPN)-A sanitized hands, removed DuoNeb inhalant medication from box, completed checks with electronic medication administration record (EMAR), locked medication cart and computer screen, and entered R2's room. LPN-A checked R2's oxygen level 92%, applied gloves and prepared medication. LPN-A handed the nebulizer tube container to R2, instructed her to place mouthpiece in her mouth, turned nebulizer machine on, and said, "I will be back in seven minutes" and exited the room. At approximately 3:35 p.m. an unidentified staff requested assistance from LPN-A and walked down the hallway. R2 completed the nebulizer treatment, turned off nebulizer machine, and placed the tubing and mouthpiece onto the bedside table. At approximately 3:45 p.m. surveyor entered R2's room asked if she had anything to drink and R2

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21555	Continued From page 5	21555		

stated "no, but now that you mentioned that I should have rinsed out my mouth after that nebulizer treatment." R2 took a sip of water, swished it around in her mouth and spit the water into the garbage can. R2 then stated, "I think that is what I am supposed to do so the sores in my mouth do not come back".

During a follow-up interview on 8/9/23 at 1:40 p.m. RN-A stated staff were expected to enter on R2's EMAR whether she rinsed her mouth or not after the nebulizer treatment was completed to prevent thrush. RN-D also verified when an X mark was entered on the EMAR she was unsure of what that meant.

Review of R2's EMAR lacked evidence nursing staff documented R2's mouth rinse following her nebulizer treatments from June 1st, 2023 through survey exit.

During an interview on 8/9/23 at 11:00 a.m. RN-B stated it was important to have R2 rinse after her nebulizer treatments as oral thrush was usually caused by a steroid inhalation medication and lack of rinsing the mouth afterwards.

During an interview on 8/9/23 at 11:30 a.m. R2 sat in wheelchair in her room. R2 stated she had just finished her nebulizer treatment and turned off the machine. R2 also stated she had rinsed her mouth with water and spit it into the garbage can. R2 indicated the nurse must have gotten busy. R2 stated she had gotten thrush in her mouth and still had an awful taste in there, not sure if all the sores were gone yet. R2 indicated she needed reminders from staff to rinse her mouth after the breathing treatment and as did not always remember to do it.

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21555	Continued From page 6 During a telephone interview on 8/9/23 at 1:07 p.m. nurse practitioner (NP) verified she had seen R2 on 6/27/23, in the Emergency Department (ED) due to increased breathing. NP indicated during that visit, R2 was diagnosed with thrush on soft palate, placed on Nystatin (used to treat yeast infections in the mouth) most likely caused by steroid inhalation (Pulmicort) and lack of rinsing her mouth out with water after the treatments. During a telephone interview on 8/9/23 at 1:25 p.m. pharmacist (P)-A stated anytime a resident received a steroid nebulizer treatment such as Budesonide (Pulmicort) nursing should have ensured R2 rinsed out her mouth to prevent thrush. During an interview on 8/9/23 at 2:30 p.m. trained medication assistant (TMA)-A stated R2's memory was fair but would be unable to remember to rinse her mouth out after her nebulizer treatment without reminders from staff. During an interview on 8/9/23 at 3:11 p.m. RN-C stated R2 was pretty much orientated but most likely could not remember to rinse mouth out with water after her nebulizer treatment and needed reminders. RN-C stated staff were expected to remind R2 to rinse her mouth out after the nebulizer treatments to help prevent thrush. During an interview on 8/9/23 at 4:30 p.m. director of nursing (DON) verified when an order was placed in PCC there were options to choose an add on (such as rinse mouth) and that add on was not completed when the steroid inhalant was placed on R2's EMAR. DON stated nursing staffed required cueing to rinse R2's mouth and that should have been recognized sooner. DON	21555		

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21555	Continued From page 7 indicted the nurse on the medication cart were expected to have followed the recommendations regarding steroid inhalations to have prevented oral thrush. DON verified from 6/1/23, through 6/26/23, R2's medication administration record did not show mouth washes were completed and it was certainly possible that the lack of rinsing out R2's mouth increased her chance of getting thrush. DON stated if it was not documented as completed, it was not done. Facility policy titled Adverse Consequences and Medication Errors dated 8/15/21, revealed a medication error was defined as the preparation or administration of drugs which was not in accordance with physician's orders, manufacturer specifications, or accepted professional standards and principles of professionals providing services. An adverse consequence was defined as an unpleasant symptom or even that was due to or associated with a medication such as side effect. Facility policy titled Order Entry dated 6/28/23, revealed to ensure safe delivery of medications and treatments and prevent medication errors a nurse would be expected to add New Orders Checklist sticker to the original order and the following steps completed: a. Enter order into PCC then print. b. Order faxed to pharmacy if applicable. c. A second licensed nurse would have been required to verify the order was entered properly and initial the sticker. The second licensed nurse would also be expected to have placed the order in East/West file folder for the third check by night shift licensed nurse.	21555		

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21555	Continued From page 8 SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee could review and revise policies and procedures for ensuring physician orders are administered as ordered. The director of nursing or designee could develop a system to educate staff and develop a monitoring system to ensure medication were correctly administered. The quality assurance committee could monitor these measures to ensure compliance. TIME PERIOD FOR CORRECTION: Twenty One (21) days	21555		