Electronically delivered

July 30, 2021

Administrator
Ebenezer Care Center
2545 Portland Avenue South
Minneapolis, MN 55404

RE: CCN: 245587
Cycle Start Date: July 14, 2021

Dear Administrator:

On July 14, 2021, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety, to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

ELECTRONIC PLAN OF CORRECTION (ePoC)

Within **ten (10) calendar days** after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved.

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

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" tag), i.e., the plan of correction should be directed to:

Susan Frericks, Unit Supervisor
Metro D District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
PO Box 64990
St. Paul MN 55164-0900
Email: susan.frericks@state.mn.us
Mobile: (218) 368-4467

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 October 14, 2021, 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 January 14, 2022 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.

Feel free to contact me if you have questions.

Sincerely,

Kamala Fiske-Downing
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: (651) 201-4112 Fax: (651) 215-9697
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
	245587	A. BUILDING _____ B. WING _____	C 07/14/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EBENEZER CARE CENTER	**2545 PORTLAND AVENUE SOUTH MINNEAPOLIS, MN 55404**

(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 7/13/21, and 7/14/21, a standard abbreviated survey was conducted at your facility. Your facility was found to be NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaints were found to be SUBSTANTIATED: H5587091C (MN74608), with a deficiency cited at F760 and F684. 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 substantial compliance with the regulations has been attained.	F 000		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:	F 684		8/30/21

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

Electronically Signed | 08/09/2021

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

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F 684	Continued From page 1 Based on interview and document review, the facility failed to provide ongoing monitoring of blood pressure for 1 of 3 residents (R3) reviewed for medication errors. Findings include: R3's Face Sheet printed 7/14/21, indicated diagnoses included essential hypertension, hemiplegia and hemiparesis (paralysis of one side of the body), and persistent atrial fibrillation (a type of heart disorder marked by an irregular or rapid heartbeat). R3's quarterly Minimum Data Set dated 6/22/21, indicated R3 was cognitively intact. R3's care plan updated 7/5/21, indicated R3 had cardiac problems related to atrial fibrillation and hypertension, history of cerebral vascular accident (stroke) and left sided hemiparesis. R3's Physician Orders Summary Report dated 7/14/21, indicated Carvedilol Tablet, give 6.25 milligrams (mg) twice a day related to essential (primary) hypertension and to check blood pressure (BP) and pulse once daily. Additional orders included lorsartan potassium tablet 50 mg, give 50 mg by mouth one time a day for hypertension; diltiazem hydrocloride extended release (hcl er) capsule extended release 24 hour, give 120 mg by mouth one time a day related to essential (primary) hypertension. R3's Weights and Vitals Summary dated 7/14/21, lacked indication that R3's blood pressures were being checked per providers orders for Carvedilol 6.25 mg, to check blood pressure and pulse once daily. R3's Weights and Vitals Summary, for	F 684	F684: Quality of Care Submission of this Allegation of compliance is not a legal admission that a deficiency exists or that this Statement of Deficiencies was correctly cited and is also not to be construed as an admission against the Facility, Administrator, of any Employees, Agents or other Individuals who draft or may be discussed in the Allegation of Compliance. In addition, preparation and submission of the Allegation of Compliance does not constitute an admission or an agreement of any kind by the Facility of the truth of any facts alleged or the correctness of any conclusions set forth in the Statement by the survey agency. Accordingly, the Facility has prepared and submitted this Allegation of Compliance solely because of the requirements under State and Federal law that mandate submission of an Allegation of Compliance within ten days of receipt of the Statement of Deficiencies as a condition of participation in Title 18 and Title 19 programs. The submission of this Allegation of Compliance within this time frame should in no way be considered or constructed as an agreement with allegations of noncompliance or admission by the facility. This plan of correction is not to be constructed as an admission by the facility or any of its agents that the survey agents findings in this report are true or correct. The plan of correction is written	

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F 684	Continued From page 2 5/1/21, to 7/14/21 indicated R3's blood pressure checks completed by facility were: not checked daily per physician order. During the month of 5/21, blood pressures were checked only 7 days out of 31 days, the month of 6/21, blood presures were checked only six days out of 30 days, and the month of 7/1/21, through 7/13/21, blood pressures were checked only 3 days out of 13 days. BP readings were as follows: -5/1/21, at 2:51 p.m. 118/65 millimeters per mercury (mm/hg) -5/8/21, at 12:56 p.m. 172/76 -5/11/21, at 7:30 p.m. 133/77 -5/15/21, at 2:50 p.m. 116/67 -5/16/21, at 8:33 p.m. 147/73 -5/16/21, at 4:00 p.m. 122/72 -5/22/21, at 1:56 p.m. 141/78 -6/5/21, at 1:11 p.m. 168/82 -6/8/21, at 8:59 a.m. 118/64 -6/12/21, at 4:11 p.m. 122/72 -6/17/21, at 9:30 a.m. 165/80 -6/19/21, at 1:20 p.m. 128/61 -6/27/21, at 2:45 p.m. 122/62 -7/1/21, at 8:53 a.m. 138/60 -7/6/21, at 7: 31 a.m. 143/70 -7/9/21, at 13:47 p.m. 118/75 -7/14/21, at 2:09 p.m. 132/69 During interview on 7/14/21, at 1:30 p.m. nurse manager (RN)-A stated the facility expectation was for R3's blood pressure to be checked per physician orders before administration of Carvedilol Tablet 6.25 mg. RN-A also stated the human body changes and was not stagnant therefore blood pressure should be checked prior to the medication administration per order.	F 684	for the purpose of compliance with the rules of participation for Medicare and Medicare programs. Individual patient: The residents involved had no negative outcomes because of this incident. Blood pressure and pulse monitoring was discontinued prior to surveyors exiting. Identification of other residents: This is not a systemic practiced that was identified by MDH surveyors. Nurse manger will run medication report for residents receiving antihypertensive medication to identify if there is a supplemental order weekly. Measures Systemic Changes: Licensed nurses will be re-educated on the importance of ensuring that blood pressure, pulse or other supplemental provider request is correctly entered in Point Click Care and interventions completed by licensed staff. Monitoring of Compliance: The Director of Nursing/Designees will conduct 3 random audits weekly for 3 weeks, and then will conduct 3 random audits monthly for 3 months on residents receiving antihypertensive medication to ensure that supplemental orders are been carried out and requirements entered in PCC MAR/ETAR.	

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F 684	Continued From page 3 During an interview on 7/14/21, at 2:27 p.m. the director of nursing (DON) stated it was the expectation that staff to check blood pressure and pulse per physician orders. During a phone interview on 7/15/21, at 4:20 p.m. nurse practioner (NP)-A stated since the order directed staff to check BP and pulse once daily while on medication, the nursing staff should have completed the BP and pulse checks. If R3's blood pressure had stabilized the facility staff were expected to call the provider and clarify if blood pressure and pulse monitoring should be stopped for R3 prior to administration of Carvedilol Tablet give 6.25 mg, or clarified if blood pressure and pulse should be changed to once a week. The facility Medication Error Management Policy updated 9/16, indicated initiate any orders received from doctor or nurse practitioner.	F 684	To Ensure Correction is Achieved and Sustained Director of Nursing/Administrator will present the results of audits to QAPI for review for recommendation/ changes or ongoing audits/ monitoring after analysis for five months. Director of Nursing/Administrator are responsible for compliance. Plan of Correction will be completed by August 30th, 2021	
F 760 SS=D	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 a resident received their antidepressant medication (listed by brand name on the Medication Administration Record (MAR), but by generic name on the packaging) for 1 of 3 residents (R2) reviewed for significant medication errors.	F 760	F 0760 Residents Are Free of Significant Medication Errors Submission of this Allegation of compliance is not a legal admission that a deficiency exists or that this Statement of Deficiencies was correctly cited and is also not to be construed as an admission	8/30/21

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F 760	Continued From page 4 Findings include: R2's Face Sheet printed 7/14/21, indicated R2's diagnoses included major depressive disorder, Parkinson's disease (brain disorder that leads to shaking, stiffness, and difficulty with walking, balance, and coordination) and dementia (the impaired ability to remember, think, or make decisions that interferes with doing everyday activities) in other disease classification. R2's quarterly Minimum Data Set dated 5/11/21, indicated R2 had severe cognitive impairment and was taking antidepressants during the seven days of the assessment period. R2's care plan dated 3/11/21, indicated R2 used antidepressant medication with interventions that included administering medication as ordered by physician, and monitoring for agitation, side effects and effectiveness. R2's Physician Orders Summary Report printed 7/14/21, indicated an order for Cymbalta capsule (used to treat depression and anxiety) delayed release particles (duloxetine hcl), give 60 milligrams (mg) by mouth (PO) one time a day for restlessness and agitation. R2's Medication Administration Record (MAR) dated 4/21, indicated Cymbalta capsule delayed release particles (duloxetine hcl) give 60 mg by mouth one time a day for restlessness and agitation. Cymbalta was scheduled for morning medication administration. R2's medication packaging card label dated 7/11/21, indicated duloxetine cap 60 mg, take one capsule by mouth once daily.	F 760	against the Facility, Administrator, of any Employees, Agents or other Individuals who draft or may be discussed in the Allegation of Compliance. In addition, preparation and submission of the Allegation of Compliance does not constitute an admission or an agreement of any kind by the Facility of the truth of any facts alleged or the correctness of any conclusions set forth in the Statement by the survey agency. Accordingly, the Facility has prepared and submitted this Allegation of Compliance solely because of the requirements under State and Federal law that mandate submission of an Allegation of Compliance within ten days of receipt of the Statement of Deficiencies as a condition of participation in Title 18 and Title 19 programs. The submission of this Allegation of Compliance within this time frame should in no way be considered or constructed as an agreement with allegations of noncompliance or admission by the facility. This plan of correction is not to be constructed as an admission by the facility or any of its agents that the survey agents findings in this report are true or correct. The plan of correction is written for the purpose of compliance with the rules of participation for Medicare and Medicare programs. Individual Patient: The resident involved had no negative	

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F 760	Continued From page 5 On the following dates 4/5/21, 4/7/21, 4/9/21, 4/12/21, and 4/15/21, the number "9" was indicated on MAR which was a code for "other/see nurses notes." Progress notes: - 4/5/21, there were no refill progress notes indicated for 4/5/21. - 4/7/21, indicated Cymbalta capsule delayed release particles 60 mg PO one time a day for restlessness and agitation. Medication not available, pharmacy notified. - 4/9/21, indicated Cymbalta capsule delayed release particles 60 mg PO one time a day for restlessness and agitation. Medication not at hands, pharmacy called, and refill order sent, will follow up. - 4/12/21, indicated Cymbalta capsule delayed release particles 60 mg PO one time a day for restlessness and agitation. Ordered from pharmacy. - 4/15/21, indicated Cymbalta capsule delayed release particles 60 mg PO one time a day for restlessness and agitation. Medication ordered. During interview on 7/14/21, at 9:18 a.m. licensed practical nurse (LPN)-A stated R2's Cymbalta was ordered on 4/15/21, when it was noted not available on the medication cart for administration. LPN-A stated she placed the number "9" on the electronic MAR (EMAR) which was linked to the progress notes and indicated the medication was reordered from pharmacy and it was reordered via fax using the pharmacy reorder sheet. LPN-A stated the pharmacy reorder sheets and fax confirmation for April 2020, were no longer available and explained the process was when medications were reordered	F 760	outcomes because of this incident. Identification of Other Residents: This is not a systemic practiced that was identified by MDH surveyor. Nurse Managers will run 24 hours report to identify missing medications, or medications not administered and ensure that follow up interventions are completed timely. Measures Systemic Changes: Licensed Nursing staff will be re-educated on the expectations and policy on missing medications and the steps to appropriately ensure that medications are available as soon as possible. Monitoring of Compliance: The Director of Nursing/ Nurse Managers / nursing supervisor or designee will run reports daily to identify missed medications. The Director of Nursing/Designees will conduct 3 random audits weekly for 3 weeks, and then will conduct 3 random audits monthly for 3 months on residents receiving medication to ensure that supplemental orders are been carried out and requirements entered in PCC MAR/ETAR. To Ensure Correction is Achieved and Sustained:	

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F 760	Continued From page 6 and were not received from the pharmacy, a follow-up call was placed to pharmacy but had sent the fax at the end of her shift. During interview on 7/14/21, at 9:59 a.m. LPN-B stated the medication was not available on 4/12/21, and was ordered from pharmacy after filling out the pharmacy reorder sheet and faxed to pharmacy. LPN-B stated the pharmacy order sheets and confirmation were no longer available as they were thrown away after 30 days and they were unable to show proof that the medication was reordered. LPN-B stated placed the number "nine" on the EMAR and wrote that the medication was unavailable and was reordered from pharmacy. During interview on 7/14/21, at 11:10 a.m. pharmacist (PHARM)-A stated the only refill request that was received from the facility in April 2021, for R2 was on 4/17/21. PHARM-A also stated the prior request for refill sent by the facility was on 1/30/21, and this was a refill too soon request, which was filled and sent to facility on 2/20/21. PHARM-A further stated the refill request the pharmacy had received from the facility this year 2021, for R2's Cymbalta 60 mg were sent from the facility on the following dates: 1/30/21 (filled on 2/20/21), 4/17/21, 5/11/21, 6/9/21, and 7/11/21. During interview on 7/14/21, at 11:38 a.m. the director of nursing (DON) stated the nurses were not aware Cymbalta was the same as duloxetine, the generic name. The EMAR indicated Cymbalta 60 mg while the medication packaging card indicated duloxetine 60 mg and this "threw them off."	F 760	The results of audits will be presented to QAPI for review and recommend changes or ongoing audits/monitoring after analysis for five months. Director of Nursing/Administrator are responsible for compliance. Plan of Correction will be completed by August 30th, 2021	

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F 760	Continued From page 7 During interview on 7/14/21, at 1:15 p.m. registered nurse (RN)-A stated Cymbalta 60 mg was missed on 4/5/21, 4/7/21, 4/9/21, 4/12/21, and 4/15/21, by the nurses because the EMAR had the brand name of "Cymbalta" and the medication packaging card label had "duloxetine 60 mg," the generic name and nursing staff were confused. RN-A stated the medication supply was in the facility all along; however, the nurses did not know that the generic name of "duloxetine 60 mg" which was written on the medication packaging label was the same as Cymbalta. Pharmacy confirmation faxed slips were requested from the facility but were not received. The facility's Medication Error Management Policy updated 9/16, indicated initiate any orders received from doctor or nurse practitioner.	F 760		

Electronically delivered
July 30, 2021

Administrator
Ebenezer Care Center
2545 Portland Avenue South
Minneapolis, MN 55404

Re: State Nursing Home Licensing Orders
Event ID: 18DI11

Dear Administrator:

The above facility was surveyed on July 13, 2021 through July 14, 2021 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:

Susan Frericks, Unit Supervisor
Metro D District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
PO Box 64990
St. Paul MN 55164-0900
Email: susan.frericks@state.mn.us
Mobile: (218) 368-4467

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 note it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call me with any questions.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing
Minnesota Department of Health
Licensing and Certification Program

Program Assurance Unit
Health Regulation Division
Telephone: (651) 201-4112 Fax: (651) 215-9697
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
	00191	A. BUILDING: _____ B. WING _____	C 07/14/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EBENEZER CARE CENTER	**2545 PORTLAND AVENUE SOUTH MINNEAPOLIS, MN 55404**

(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	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 7/13/21, and 7/14/21, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found NOT in compliance with the MN State Licensure. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date when they will be completed.	2 000		

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2 000	Continued From page 1 The following complaint was found to be SUBSTANTIATED: H5587091C (MN74608) with a licensing order issued at 1545. 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 is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form.	2 000		

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21545	Continued From page 2	21545		
21545	MN Rule 4658.1320 A.B.C Medication Errors A nursing home must ensure that: A. Its medication error rate is less than five percent as described in the Interpretive Guidelines for Code of Federal Regulations, title 42, section 483.25 (m), found in Appendix P of the State Operations Manual, Guidance to Surveyors for Long-Term Care Facilities, which is incorporated by reference in part 4658.1315. For purposes of this part, a medication error means: (1) a discrepancy between what was prescribed and what medications are actually administered to residents in the nursing home; or (2) the administration of expired medications. B. It is free of any significant medication error. A significant medication error is: (1) an error which causes the resident discomfort or jeopardizes the resident's health or safety; or (2) medication from a category that usually requires the medication in the resident's blood to be titrated to a specific blood level and a single medication error could alter that level and precipitate a reoccurrence of symptoms or toxicity. All medications are administered as prescribed. An incident report or medication error report must be filed for any medication error that occurs. Any significant medication errors or resident reactions must be reported to the physician or the physician's designee and the resident or the resident's legal guardian or designated representative and an explanation must be made in the resident's clinical record. C. All medications are administered as prescribed. An incident report or medication error report must be filed for any medication error that occurs. Any significant medication errors or	21545		8/30/21

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21545	Continued From page 3 resident reactions must be reported to the physician or the physician's designee and the resident or the resident's legal guardian or designated representative and an explanation must be made in the resident's clinical record. This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure a resident received their antidepressant medication (listed by brand name on the Medication Administration Record (MAR), but by generic name on the packaging) for 1 of 3 residents (R2) reviewed for significant medication errors. Findings include: R2's Face Sheet printed 7/14/21, indicated R2's diagnoses included major depressive disorder, Parkinson's disease (brain disorder that leads to shaking, stiffness, and difficulty with walking, balance, and coordination) and dementia (the impaired ability to remember, think, or make decisions that interferes with doing everyday activities) in other disease classification. R2's quarterly Minimum Data Set dated 5/11/21, indicated R2 had severe cognitive impairment and was taking antidepressants during the seven days of the assessment period. R2's care plan dated 3/11/21, indicated R2 used antidepressant medication with interventions that included administering medication as ordered by physician, and monitoring for agitation, side effects and effectiveness.	21545	F 21545-Medication Errors, (Minnesota State Nursing Home Licensure) Submission of this Allegation of compliance is not a legal admission that a deficiency exists or that this Statement of Deficiencies was correctly cited and is also not to be construed as an admission against the Facility, Administrator, of any Employees, Agents or other Individuals who draft or may be discussed in the Allegation of Compliance. In addition, preparation and submission of the Allegation of Compliance does not constitute an admission or an agreement of any kind by the Facility of the truth of any facts alleged or the correctness of any conclusions set forth in the Statement by the survey agency. Accordingly, the Facility has prepared and submitted this Allegation of Compliance solely because of the requirements under State and Federal law that mandate submission of an Allegation of Compliance within ten days of receipt of the Statement of Deficiencies as a condition of participation in Title 18 and Title 19 programs. The submission of this Allegation of Compliance within this time	

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21545	Continued From page 4 R2's Physician Orders Summary Report printed 7/14/21, indicated an order for Cymbalta capsule (used to treat depression and anxiety) delayed release particles (duloxetine hcl), give 60 milligrams (mg) by mouth (PO) one time a day for restlessness and agitation. R2's Medication Administration Record (MAR) dated 4/21, indicated Cymbalta capsule delayed release particles (duloxetine hcl) give 60 mg by mouth one time a day for restlessness and agitation. Cymbalta was scheduled for morning medication administration. R2's medication packaging card label dated 7/11/21, indicated duloxetine cap 60 mg, take one capsule by mouth once daily. On the following dates 4/5/21, 4/7/21, 4/9/21, 4/12/21, and 4/15/21, the number "9" was indicated on MAR which was a code for "other/see nurses notes." Progress notes: - 4/5/21, there were no refill progress notes indicated for 4/5/21. - 4/7/21, indicated Cymbalta capsule delayed release particles 60 mg PO one time a day for restlessness and agitation. Medication not available, pharmacy notified. - 4/9/21, indicated Cymbalta capsule delayed release particles 60 mg PO one time a day for restlessness and agitation. Medication not at hands, pharmacy called, and refill order sent, will follow up. - 4/12/21, indicated Cymbalta capsule delayed release particles 60 mg PO one time a day for restlessness and agitation. Ordered from pharmacy. - 4/15/21, indicated Cymbalta capsule delayed	21545	frame should in no way be considered or constructed as an agreement with allegations of noncompliance or admission by the facility. This plan of correction is not to be constructed as an admission by the facility or any of its agents that the survey agents' findings in this report are true or correct. The plan of correction is written for the purpose of compliance with the rules of participation for Medicare and Medicare programs. Individual Patient: The residents involved had no negative outcomes because of these incidents. Identification of Other Residents: This is not a systemic practiced that was identified by MDH surveyor. Reports will be run daily to capture missing medications and for appropriate documentation and measures be placed to receive medication as soon as possible. Measures Systemic Changes: Licensed nursing staff will be re-educated about medication administration. Licensed staff will be re-educated about medical administration policy. Daily medication reports will be run to identify medication not administered.	

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21545	Continued From page 5 release particles 60 mg PO one time a day for restlessness and agitation. Medication ordered. During interview on 7/14/21, at 9:18 a.m. licensed practical nurse (LPN)-A stated R2's Cymbalta was ordered on 4/15/21, when it was noted not available on the medication cart for administration. LPN-A stated she placed the number "9" on the electronic MAR (EMAR) which was linked to the progress notes and indicated the medication was reordered from pharmacy and it was reordered via fax using the pharmacy reorder sheet. LPN-A stated the pharmacy reorder sheets and fax confirmation for April 2020, were no longer available and explained the process was when medications were reordered and were not received from the pharmacy, a follow-up call was placed to pharmacy but had sent the fax at the end of her shift. During interview on 7/14/21, at 9:59 a.m. LPN-B stated the medication was not available on 4/12/21, and was ordered from pharmacy after filling out the pharmacy reorder sheet and faxed to pharmacy. LPN-B stated the pharmacy order sheets and confirmation were no longer available as they were thrown away after 30 days and they were unable to show proof that the medication was reordered. LPN-B stated placed the number "nine" on the EMAR and wrote that the medication was unavailable and was reordered from pharmacy. During interview on 7/14/21, at 11:10 a.m. pharmacist (PHARM)-A stated the only refill request that was received from the facility in April 2021, for R2 was on 4/17/21. PHARM-A also stated the prior request for refill sent by the facility was on 1/30/21, and this was a refill too soon request, which was filled and sent to facility on	21545	Pharmacist will continue with monthly and PRN pharmacy review. Monitoring of Compliance: The Director of Nursing/ Nurse Mangers/Designee will conduct random medication audits. To Ensure Correction is Achieved and Sustained: Director of Nursing/Designee will randomly conduct medication administration audits on residents located on each floor weekly x 2. After 2 weeks, medication administration audits on residents located on each floor will be conducted monthly x 3. The results of audits will be presented to QAPI for review and recommend changes or ongoing audits/monitoring after analysis. Plan of Correction will be completed by August 30th, 2021	

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21545	Continued From page 6	21545		

2/20/21. PHARM-A further stated the refill request the pharmacy had received from the facility this year 2021, for R2's Cymbalta 60 mg were sent from the facility on the following dates: 1/30/21 (filled on 2/20/21), 4/17/21, 5/11/21, 6/9/21, and 7/11/21.

During interview on 7/14/21, at 11:38 a.m. the director of nursing (DON) stated the nurses were not aware Cymbalta was the same as duloxetine, the generic name. The EMAR indicated Cymbalta 60 mg while the medication packaging card indicated duloxetine 60 mg and this "threw them off."

During interview on 7/14/21, at 1:15 p.m. registered nurse (RN)-A stated Cymbalta 60 mg was missed on 4/5/21, 4/7/21, 4/9/21, 4/12/21, and 4/15/21, by the nurses because the EMAR had the brand name of "Cymbalta" and the medication packaging card label had "duloxetine 60 mg," the generic name and nursing staff were confused. RN-A stated the medication supply was in the facility all along; however, the nurses did not know that the generic name of "duloxetine 60 mg" which was written on the medication packaging label was the same as Cymbalta.

Pharmacy confirmation faxed slips were requested from the facility but were not received.

The facility's Medication Error Management Policy updated 9/16, indicated initiate any orders received from doctor or nurse practitioner.

SUGGESTED METHOD OF CORRECTION:
The director of nursing (DON), or designee, could review/revise policies and procedures related to medication administration and/or errors. The DON, or designee, could develop a system to

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21545	Continued From page 7 educate staff. The DON, or designee, could develop a monitoring system to ensure medication was correctly administered. The quality assurance committee could monitor these measures to ensure compliance. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	21545		