



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
November 6, 2024

Administrator
Ebenezer Integrated Care & Rehab
45 West 10th Street
Saint Paul, MN 55102

RE: CCN: 245587
Cycle Start Date: October 1, 2024

Dear Administrator:

On November 5, 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.

A handwritten signature in black ink, appearing to read 'Melissa Poepping'.

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us



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November 6, 2024

Administrator
Ebenezer Integrated Care & Rehab
45 West 10th Street
Saint Paul, MN 55102

Re: Reinspection Results
Event ID: Y6HH12

Dear Administrator:

On November 5, 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 October 1, 2024. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in blue ink, appearing to read 'M. Poepping'.

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
October 10, 2024

Administrator
Ebenezer Integrated Care & Rehab
45 West 10th Street
Saint Paul, MN 55102

RE: CCN: 245587
Cycle Start Date: October 1, 2024

Dear Administrator:

On October 1, 2024, 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:

LeAnn Huseth, RN, Regional Operations Supervisor
Fergus Falls District Office
Health Regulation Division
Minnesota Department of Health
2312 College Way
Fergus Falls, 56537
Email: leann.huseth@state.mn.us
Office: (218) 332-5140 Mobile: (218) 403-1100

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 January 1, 2025 (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 April 1, 2025 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the

Ebenezer Integrated Care & Rehab

October 10, 2024

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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/ltr_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,



Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

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

PRINTED: 10/23/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245587	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/01/2024
NAME OF PROVIDER OR SUPPLIER EBENEZER INTEGRATED CARE & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 45 WEST 10TH STREET SAINT PAUL, MN 55102		
(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 9/25/24, 9/26/24, 9/30/24 and 10/01/24, a standard abbreviated complaint 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: H55877966C (MN106424) and H55877962C (MN106351) with a deficiency cited at (F689). 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 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the	F 689		11/1/24	
			F000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 10/17/2024
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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 689	<p>Continued From page 1</p> <p>facility failed to determine causal factors and develop new interventions to prevent falls for 1 of 1 residents (R1) reviewed for falls who had a history of falls and slid out of wheelchair while transporting to appointment.</p> <p>Findings include:</p> <p>R1's quarterly Minimum Data Set (MDS) dated 7/16/24, indicated R1 had dementia, schizophrenia and moderate cognitive impairment. R1's MDS further indicated she used a wheelchair for mobility and could not ambulate.</p> <p>R1's care plan dated 7/18/24, indicated R1 was at risk for falls related to deconditioning, balance problems, incontinence, psychoactive drug use and history of falls. R1's care plan directed staff to anticipate needs, give resident verbal reminders not to transfer without assistance and offer to lie down when observed restless in wheelchair.</p> <p>R1's Fall Assessment dated 8/14/24, indicated R1 had intermittent confusion, chair bound, required assistive device and scored a fall risk of 13 (moderate risk for falls).</p> <p>A fall Interdisciplinary Note (IDT) note dated 5/28/24, indicated resident found lying on the floor, right side wheelchair nearby, shoes on. Resident stated she was trying to get back into bed. No injuries observed, impaired memory, confused, impaired safety judgement and misjudgment ability was noted.</p> <p>An Interdisciplinary Note (IDT) dated 8/28/24, indicated "Driver called for res' called nursing station to say that res {R1} fell out of her</p>	F 689	<p>Preparation, submission and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth in the statement of deficiencies. The facility has appealed the deficiencies and licensing violations stated herein. This Plan of Correction is prepared and/or executed as a means to continuously improve the quality of care, to comply with all applicable state and federal regulatory requirements and constitutes the facility's allegation of compliance.</p> <p>F0689</p> <p>Corrective Action as it Applies to Resident Involved: The resident was admitted to the hospital on September 17, 2024, and discharged from the facility on October 5, 2024. She did not readmit to the facility prior to discharge.</p> <p>Corrective Action as it Applies to Other Residents: A facility-wide audit of Long-Term Care and Memory Care will ensure that all residents have the appropriate transportation/assistive devices for transport. Policies and procedures on Incident reporting as well as Falls risk and post fall investigation policy will be reviewed. Staff responsible for monitoring residents on high falls risk will receive training on when and how to report incidents. Nursing Assistants will be trained to report any concerns or changes regarding the appropriateness of wheelchair use for residents. Nurses will</p>		

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F 689	<p>Continued From page 2</p> <p>wheelchair and that he could not get her to stay in the wheelchair. Writer told driver to call 911 to get assistance from EMT (emergency medical technician) but he refused to do that. The driver brought res back to facility as she sat on the floor of the van. When res arrived at facility, staff assessed her and returned her to her wheelchair. Resident {R1} unable to give description." The IDT note indicated "using a gait belt and three staff members, res {R1} was returned to her wheelchair and then wheeled out of the van. Writer took her to dining room and sat with her while she ate dinner. When she was returned to her bed, nurse assessed her skin for any bruising and did a set of vitals." The IDT note indicated no injuries were observed, and she was wearing shoes, was confused and incontinent.</p> <p>A progress note dated 8/29/24 at 10:06 a.m., indicated reviewed R1's fall reported by transportation company on 8/28/24. Resident slid from her wheelchair while being transported back to facility following appointment. No injuries appears to be an isolated occurrence. Not reportable, abuse/neglect is not suspected. Care plan reviewed.</p> <p>Review of R1's electronic health record lacked documentation a post-fall assessment had been completed which identified the cause of the fall and updated interventions put in place to prevent additional falls from occurring while transporting R1 to appointments.</p> <p>During an interview on 9/26/24 at 9:04 a.m., family member (FM)-A stated R1 had her appointment on 8/28/24, she had surgery that day and the appointment was supposed to be canceled however there was a mix up. FM-A</p>	F 689	<p>document any changes in the residents' charts. The Nurse Manager will review and discuss these findings in the Interdisciplinary Team meetings. When necessary, therapy will be consulted.</p> <p>Prevention of Reoccurrence: An audit of the appropriate transportation device will be conducted for all new residents admitted to LTC/MC, as well as for residents in LTC/MC who experience a significant change in condition that affects their transportation needs. Results of audits will be reviewed during facility's monthly behavior meeting which is comprised on an interdisciplinary team.</p> <p>Monitoring of Corrections: The Nurse Managers and the Director of Nursing or their designee will oversee the monitoring of these corrections.</p>		

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F 689	<p>Continued From page 3</p> <p>stated she was informed on R1's way back from her appointment she fell out of her wheelchair, the driver called for help, and refused to follow the facility's request to send R1 to the hospital. The facility informed FM-A they would follow up with the transportation company on what exactly happened and a week later FM-A stated she had called and the transportation company had no knowledge of the incident with R1.</p> <p>During an interview on 9/30/24 at 2:08 p.m., the health unit coordinator (HUC)-A for memory care/long term care stated on 8/28/24, when R1 returned from her appointment she remembered the driver informing her R1 slid out of her wheelchair and had raised her seat belt. The HUC-A further stated R1 had been refusing her medications, was confused as she was talking about Jesus, drinking margaritas and being pregnant by Jesus when she returned from her appointment.</p> <p>During an interview on 9/30/24 at 2:30 p.m., the facility administrator stated she was aware of the incident with R1 sliding to the floor of the transportation van. The administrator stated the transporting company called the facility stating R1 slid out of her wheelchair on her way back from her appointment and asked what was wrong with our resident because she kept wanting to sit on the floor. The driver said she was sitting on the floor for 10 minutes before arriving back to the facility after her appointment. The administrator did state after the incident, she had attempted to reach the transportation company with no return calls.</p> <p>During an interview on 10/01/24 at 9:45 a.m., nursing assistant (NA)-A stated R1 was at risk for</p>	F 689		

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F 689	<p>Continued From page 4</p> <p>falls and when she was in her wheelchair she always attempted to slide out of her chair. In addition, NA-A stated it never felt safe to have her in a wheelchair for transportation for appointments.</p> <p>During an interview on 10/01/24 at 10:00 a.m., NA-B stated whenever R1 was placed in her wheelchair, she attempted to get out and wanted to slide out. NA-B stated the nursing staff had been informed of it and the only way R1 would have been safe to be transported to appointments was in a reclining wheelchair, not a regular wheelchair.</p> <p>During an interview on 10/01/24 at 10:05 a.m., transportation company owner stated the incident occurred around on 8/28/24, at 4:20 p.m., during traffic time after the driver picked R1 up from her appointment. At first R1 was sliding a little and asked the driver to slid her back into her chair, and once the driver started to drive he had to stop and slid her back into her chair, and then she ended up on the floor shortly after he started to drive again. The owner stated she did not understand how they could have sent R1 alone in the van with just the driver since she would not sit in a wheelchair alone. The owner stated R1 would not be allowed to use their company again unless a staff member was with or in a stretcher.</p> <p>During an interview on 10/01/24, at 12:00 p.m., the facility director of nursing (DON) stated she was not informed R1 was at risk of sliding out of her wheelchair. The DON further stated the staff should have informed her prior to R1's fall.</p> <p>Ebenezer Policy Fall Risk, Post Fall investigation, Follow Up, and Care, revision 12/23 indicated, the</p>	F 689		

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F 689	Continued From page 5 purpose is to define nursing role in the management of patients at risk for falls and post fall investigation, follow up and care.	F 689			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
October 10, 2024

Administrator
Ebenezer Integrated Care & Rehab
45 West 10th Street
Saint Paul, MN 55102

Re: State Nursing Home Licensing Orders
Event ID: Y6HH11

Dear Administrator:

The above facility was surveyed on September 26, 2024 through October 1, 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.

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:

LeAnn Huseh, RN, Regional Operations Supervisor
Fergus Falls District Office
Health Regulation Division
Minnesota Department of Health
2312 College Way
Fergus Falls, 56537
Email: leann.huseh@state.mn.us
Office: (218) 332-5140 Mobile: (218) 403-1100

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.



Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00191	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/01/2024
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NAME OF PROVIDER OR SUPPLIER EBENEZER INTEGRATED CARE & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 45 WEST 10TH STREET SAINT PAUL, MN 55102
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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 9/25/24, 9/26/24, 9/30/24 and 10/01/24 , 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 orders were issued. Please indicate in your electronic plan of correction you</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 10/17/24
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00191	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/01/2024
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NAME OF PROVIDER OR SUPPLIER EBENEZER INTEGRATED CARE & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 45 WEST 10TH STREET SAINT PAUL, MN 55102
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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	<p>Continued From page 1</p> <p>have reviewed these orders and identify the date when they will be completed.</p> <p>The following complaints were reviewed: H55877966C (MN106424) and H55877962C (MN106351) with a licensing order issued at 0830.</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction.</p> <p>You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at <https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html> The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility</p>	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		
2 830	MN Rule 4658.0520 Subp. 1 Adequate and Proper Nursing Care; General Subpart 1. Care in general. A resident must receive nursing care and treatment, personal and custodial care, and supervision based on individual needs and preferences as identified in the comprehensive resident assessment and plan of care as described in parts 4658.0400 and 4658.0405. A nursing home resident must be out of bed as much as possible unless there is a written order from the attending physician that the resident must remain in bed or the resident prefers to remain in bed. This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to determine causal factors and develop new interventions to prevent falls for 1 of 1 residents (R1) reviewed for falls who had a history of falls and slid out of wheelchair while transporting to appointment. Findings include:	2 830	Corrected	11/1/24

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2 830	<p>Continued From page 3</p> <p>R1's quarterly Minimum Data Set (MDS) dated 7/16/24, indicated R1 had dementia, schizophrenia and moderate cognitive impairment. R1's MDS further indicated she used a wheelchair for mobility and could not ambulate.</p> <p>R1's care plan dated 7/18/24, indicated R1 was at risk for falls related to deconditioning, balance problems, incontinence, psychoactive drug use and history of falls. R1's care plan directed staff to anticipate needs, give resident verbal reminders not to transfer without assistance and offer to lie down when observed restless in wheelchair.</p> <p>R1's Fall Assessment dated 8/14/24, indicated R1 had intermittent confusion, chair bound, required assistive device and scored a fall risk of 13 (moderate risk for falls).</p> <p>A fall Interdisciplinary Note (IDT) note dated 5/28/24, indicated resident found lying on the floor, right side wheelchair nearby, shoes on. Resident stated she was trying to get back into bed. No injuries observed, impaired memory, confused, impaired safety judgement and misjudgment ability was noted.</p> <p>An Interdisciplinary Note (IDT) dated 8/28/24, indicated "Driver called for res' called nursing station to say that res {R1} fell out of her wheelchair and that he could not get her to stay in the wheelchair. Writer told driver to call 911 to get assistance from EMT (emergency medical technician) but he refused to do that. The driver brought res back to facility as she sat on the floor of the van. When res arrived at facility, staff assessed her and returned her to her wheelchair. Resident {R1} unable to give description." The IDT note indicated "using a gait belt and three</p>	2 830		

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2 830	<p>Continued From page 4</p> <p>staff members, res {R1} was returned to her wheelchair and then wheeled out of the van. Writer took her to dining room and sat with her while she ate dinner. When she was returned to her bed, nurse assessed her skin for any bruising and did a set of vitals." The IDT note indicated no injuries were observed, and she was wearing shoes, was confused and incontinent.</p> <p>A progress note dated 8/29/24 at 10:06 a.m., indicated reviewed R1's fall reported by transportation company on 8/28/24. Resident slid from her wheelchair while being transported back to facility following appointment. No injuries appears to be an isolated occurrence. Not reportable, abuse/neglect is not suspected. Care plan reviewed.</p> <p>Review of R1's electronic health record lacked documentation a post-fall assessment had been completed which identified the cause of the fall and updated interventions put in place to prevent additional falls from occurring while transporting R1 to appointments.</p> <p>During an interview on 9/26/24 at 9:04 a.m., family member (FM)-A stated R1 had her appointment on 8/28/24, she had surgery that day and the appointment was supposed to be canceled however there was a mix up. FM-A stated she was informed on R1's way back from her appointment she fell out of her wheelchair, the driver called for help, and refused to follow the facility's request to send R1 to the hospital. The facility informed FM-A they would follow up with the transportation company on what exactly happened and a week later FM-A stated she had called and the transportation company had no knowledge of the incident with R1.</p>	2 830		

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2 830	<p>Continued From page 5</p> <p>During an interview on 9/30/24 at 2:08 p.m., the health unit coordinator (HUC)-A for memory care/long term care stated on 8/28/24, when R1 returned from her appointment she remembered the driver informing her R1 slid out of her wheelchair and had raised her seat belt. The HUC-A further stated R1 had been refusing her medications, was confused as she was talking about Jesus, drinking margaritas and being pregnant by Jesus when she returned from her appointment.</p> <p>During an interview on 9/30/24 at 2:30 p.m., the facility administrator stated she was aware of the incident with R1 sliding to the floor of the transportation van. The administrator stated the transporting company called the facility stating R1 slid out of her wheelchair on her way back from her appointment and asked what was wrong with our resident because she kept wanting to sit on the floor. The driver said she was sitting on the floor for 10 minutes before arriving back to the facility after her appointment. The administrator did state after the incident, she had attempted to reach the transportation company with no return calls.</p> <p>During an interview on 10/01/24 at 9:45 a.m., nursing assistant (NA)-A stated R1 was at risk for falls and when she was in her wheelchair she always attempted to slide out of her chair. In addition, NA-A stated it never felt safe to have her in a wheelchair for transportation for appointments.</p> <p>During an interview on 10/01/24 at 10:00 a.m., NA-B stated whenever R1 was placed in her wheelchair, she attempted to get out and wanted to slide out. NA-B stated the nursing staff had been informed of it and the only way R1 would</p>	2 830		

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2 830	<p>Continued From page 6</p> <p>have been safe to be transported to appointments was in a reclining wheelchair, not a regular wheelchair.</p> <p>During an interview on 10/01/24 at 10:05 a.m., transportation company owner stated the incident occurred around on 8/28/24, at 4:20 p.m., during traffic time after the driver picked R1 up from her appointment. At first R1 was sliding a little and asked the driver to slid her back into her chair, and once the driver started to drive he had to stop and slid her back into her chair, and then she ended up on the floor shortly after he started to drive again. The owner stated she did not understand how they could have sent R1 alone in the van with just the driver since she would not sit in a wheelchair alone. The owner stated R1 would not be allowed to use their company again unless a staff member was with or in a stretcher.</p> <p>During an interview on 10/01/24, at 12:00 p.m., the facility director of nursing (DON) stated she was not informed R1 was at risk of sliding out of her wheelchair. The DON further stated the staff should have informed her prior to R1's fall.</p> <p>Ebenezer Policy Fall Risk, Post Fall investigation, Follow Up, and Care, revision 12/23 indicated, the purpose is to define nursing role in the management of patients at risk for falls and post fall investigation, follow up and care.</p> <p>SUGGESTED METHOD OF CORRECTION: The Director of Nursing or designee could review policies and procedures, train staff, and implement measures to assure residents with falls receive the necessary services to keep them safe. The director of nursing or designee, could conduct random audits of the delivery of care; to ensure appropriate care and services are</p>	2 830		

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2 830	Continued From page 7 implemented. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	2 830		