Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
February 9, 2024

Administrator
St Williams Living Center
212 West Soo Street, Box 30
Parkers Prairie, MN 56361

RE: CCN: 245588
Cycle Start Date: January 10, 2024

Dear Administrator:

On January 17, 2024, we informed you that we may impose enforcement remedies.

On February 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 actual harm that was not immediate jeopardy (Level G), The Statement of Deficiencies (CMS-2567) is being electronically delivered.

Because corrective action was taken prior to the survey, past non-compliance does not require a plan of correction (POC).

REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy(ies) listed below to the CMS location for imposition. The CMS location concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Mandatory Denial of Payment for new Mediare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective April 10, 2024

The CMS location will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective April 10, 2024. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective April 10, 2024.

You should notify all Medicare/Medicaid residents admitted on, or after, this date of the restriction. The remedy must remain in effect until your facility has been determined to be in substantial

compliance or your provider agreement is terminated. Please note that the denial of payment for new admissions includes Medicare/Medicaid beneficiaries enrolled in managed care plans. It is your obligation to inform managed care plans contracting with your facility of this denial of payment for new admissions.

The CMS location may determine to impose other remedies such as a Civil Money Penalty.

- Civil money penalty. (42 CFR 488.430 through 488.444)

NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than $11,995; has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

Therefore, your agency is prohibited from offering or conducting a Nurse Assistant Training/Competency Evaluation Programs or Competency Evaluation Programs for two years effective April 10, 2024. This prohibition is not subject to appeal. Under Public Law 105-15 (H.R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

The CMS Region V Office may notify you of their determination regarding any imposed remedies.

DEPARTMENT CONTACT

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

Terri Ament, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Duluth Technology Village
11 East Superior Street, Suite 290
Duluth, Minnesota 55802-2007
Email: teresa.ament@state.mn.us
Office: (218) 302-6151 Mobile: (218) 766-2720

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.

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 - Health Regulation Division staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for their 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 SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by July 10, 2024 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. 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.

APPEAL RIGHTS

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at https://dab.efile.hhs.gov no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice. A

copy of the hearing request shall be submitted electronically to:

Steven.Delich@cms.hhs.gov

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201
202-795-7490

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Steven Delich, Program Representative at (312) 886-5216. Information may also be emailed to Steven.Delich@cms.hhs.gov.

INFORMAL DISPUTE RESOLUTION (IDR) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Nursing Home Informal Dispute Process
Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at:
https://forms.web.health.state.mn.us/form/NHDisputeResolution

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

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February 9, 2024

Administrator
St Williams Living Center
212 West Soo Street, Box 30
Parkers Prairie, MN 56361

Re: Event ID: NKKR11

Dear Administrator:

The above facility survey was completed on February 1, 2024 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

Electronically posted is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245588	A. BUILDING _____ B. WING _____	C 02/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST WILLIAMS LIVING CENTER	212 WEST SOO STREET, BOX 30 PARKERS PRAIRIE, MN 56361

(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 1/31/24 through 2/1/24, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaint was reviewed: H55889364C (MN00100351) with a deficiency cited at F689 at past non-compliance. The facility is enrolled in ePOC, therefore a signature is not required at the bottom of the first page of the CMS-2567 form. Although no plan of correction is required, the facility must acknowledge receipt of the electronic documents.	F 000		
F 689 SS=G	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 facility failed to ensure proper placement of a lift sling for the ceiling (overhead) mechanical lift for 1 of 3 residents (R1) reviewed for accidents. This resulted in harm for R1 when she fell from the mechanical lift and sustained a left rib fracture. This deficient practice is being cited at past non-compliance related to corrective action taken to ensure proper placement of the lift slings when	F 689	Past noncompliance: no plan of correction required.	

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

Electronically Signed | 02/12/2024

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

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F 689	Continued From page 1 using mechanical lifts prior to the survey. Findings include: R1's annual Minimum Data Set (MDS) dated 12/27/23 indicated R1 had a severe cognitive impairment, and was totally dependent on staff for all cares and transfers. The MDS indicated R1 had diagnoses of stroke, hemiplegia (one-sided paralysis), vascular dementia, and anxiety. R1's care plan indicated transferring required two staff with ceiling or Hoyer (mechanical) lift. Care plan indicated R1 had a fall on 1/28/24, requiring monitoring for 72 hours after the fall. A Fall Note dated 1/28/24, indicated R1 was being transferred from the bed to the wheelchair with the ceiling lift. While moving R1 in the lift and off of the bed and over to her wheelchair, she fell out of the sling to the left and onto the floor. A nursing assistant (NA) was holding R1's feet prior to the fall, and another NA was behind the wheelchair getting ready to position R1 into the wheelchair. After the fall it was noted the leg strap on the lift sling on the R1's right side was not hooked to the ceiling lift. On 1/28/24 a written statement by the administrator indicated registered nurse (RN)-C indicated the most likely scenario of how the accident happened was one of the employees did not hook one of the left sling straps to the ceiling lift. The employee likely was bearing some of the weight of R1's leg as the nursing assistants (NA) were transferring the resident. As the NA stopped bearing the weight of the leg during the transfer,	F 689		

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F 689	Continued From page 2	F 689		

R1 likely fell out of the sling. The nurses trying to recreate the accident stated had the NA not lifted the leg, the resident most likely would have slid out of the sling immediately.

On 1/29/24 a written statement by RN-B indicated NA-B confirmed when R1 fell to the floor, the leg portion of the sling on the right was not in the hook. R1 was about 40 inches in the air before she fell.

On 1/29/24 at 7:44 a.m., a progress note indicated R1 was complaining of pain. R1 was guarded with positioning and refused to roll to her side. R1 was sent to the emergency room (ER) to rule out injury.

A Hospital ER Visit Summary note dated 1/29/24, indicated R1 presented to the ER after suffering an accidental fall out of a mechanical lift cradle yesterday (1/28/24). R1 was diagnosed with a closed fracture of one rib on her left side. R1 was discharged back to the facility on 1/29/24, with orders for Tylenol as needed for pain.

On 1/30/24 at 3:18 a.m., a progress note indicated R1 had a headache and pain. R1 was administered Tylenol for pain, and an ice pack was placed on her ribs. The note continued to indicate R1 was having difficulty rolling side to side in bed due to pain.

On 1/30/24 at 7:54 p.m., a progress note indicated R1 was very anxious with transfers using the ceiling lift. R1 complained of severe posterior, left-sided, mid-thoracic pain. When transferring and repositioning/rolling from side-to-side in bed

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F 689	Continued From page 3	F 689		

R1 yelled, "Don't touch me!"

On 1/31/24 at 3:11 p.m., a progress note indicated R1 had complained of pain to left rib area due to rib fracture. R1 was using Tylenol, ibuprofen, ice packs and repositioning for discomfort. These interventions provided some relief but R1 complain of pain and discomfort with repositioning and transfers.

On 1/31/24 at 11:09 a.m., NA-A stated she and NA-B hooked the loops to the ceiling lift when transferring R1 on 1/28/24. NA-A stated NA-B assisted to lift R1's feet as they moved R1 in the direction of her wheelchair, and that was when R1 fell to the floor on her left side. NA-A stated she did not know how R1 fell. NA-A stated she could not recall if the loops for the sling were attached to the ceiling lift at the time of the incident.

On 1/31/24 at 1:37 p.m., NA-B stated she and NA-A hooked the loops to the ceiling lift. NA-B stated as they were moving R1 in the lift to her wheelchair, R1 began to fall to the floor between the wheelchair and the bed. NA-B stated she was trying to hold R1's left leg as she began to fall. NA-B stated R1 fell to the ground landing on her left side.

On 1/31/24 at 4:32 p.m., licensed practical nurse (LPN)-A stated she was called to R1's room on 1/28/24, following a fall from the ceiling lift. LPN-A stated R1 was on the floor when she arrived. LPN-A stated the sling was already unhooked from the ceiling lift when she entered the room, but NA-B explained the loop for the left leg had come off. LPN-A stated she worked with R1 on 1/29/24,

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F 689	Continued From page 4 and accompanied R1 to the ER due to increased pain. LPN-A stated R1 was diagnosed with a left rib fracture, advised to take Tylenol for pain, and returned to the facility on 1/29/24. On 2/1/24 at 10:25 a.m., the DON stated R1 had not had a change in her level of dependency with activities of daily living (ADLs) following the incident. R1 continued to be dependent on two staff for all ADLs. A facility document EZ Lift (Hoyer) Operation dated 6/29/22, directed once there is tension on the loops (of the sling), double check to make sure that they are securely in the hooks. The facility implemented a systemic plan that included the following actions: Review of the EZ Lift (Hoyer) Operation policy for all staff who used these lifts. NA-A was retrained on the use of the ceiling lifts and competency was conducted on 1/28/24. NA-B was retrained on the use of ceiling lifts and competency was conducted on 1/29/24. Ceiling lift re-education and competency was completed with all direct care staff before they cared for any residents. This was verified through observation, interview and document review on 1/31/24.	F 689		