Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
May 23, 2024

Administrator
Divine Providence Community Home
700 Third Avenue Northwest
Sleepy Eye, MN 56085

RE: CCN: 245599
Cycle Start Date: May 10, 2024

Dear Administrator:

On May 10, 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), as evidenced by the electronically delivered CMS-2567, whereby significant corrections are required.

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:

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective June 7, 2024.

The CMS location will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective June 7, 2024. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective June 7, 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.

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.

If you have not achieved substantial compliance by June 7, 2024, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, Divine Providence Community Home will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from June 7, 2024. You will receive further information regarding this from the State agency. This prohibition is not subject to appeal. Further, this prohibition may be rescinded at a later date if your facility achieves substantial compliance prior to the effective date of denial of payment for new admissions.

However, under Public Law 105-15, you may contact the State agency and request a waiver of this prohibition if certain criteria are met.

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. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

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.

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:

Lisa Krebs, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Rochester District Office
18 Woodlake Drive, Rochester MN, 55904
Email: Lisa.Krebs@state.mn.us
Office: (507) 206-2728

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 location and/or the Minnesota Department of Human Services that your provider agreement be terminated by November 10, 2024 if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at § 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR § 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,

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3A 3rd Floor
PO Box 64900
625 Robert Street North
St. Paul, MN 55155
Office: 651-201-4384
Email: holly.zahler@state.mn.us

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
May 23, 2024

Administrator
Divine Providence Community Home
700 Third Avenue Northwest
Sleepy Eye, MN 56085

Re: State Nursing Home Licensing Orders
Event ID: 3JPM11

Dear Administrator:

The above facility was surveyed on May 9, 2024, through May 10, 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:

Lisa Krebs, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Rochester District Office
18 Woodlake Drive, Rochester MN, 55904
Email: Lisa.Krebs@state.mn.us
Office: (507) 206-2728

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.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3A 3rd Floor
PO Box 64900
625 Robert Street North
St. Paul, MN 55155
Office: 651-201-4384
Email: holly.zahler@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245599	A. BUILDING _____ B. WING _____	C 05/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVINE PROVIDENCE COMMUNITY HOME	700 THIRD AVENUE NORTHWEST SLEEPY EYE, MN 56085

(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 5/9/24-5/10/24, 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: H55993538C (MN00103105, MN00103102) with a deficiencies cited at 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 that substantial compliance with the regulations has been attained.	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:	F 689		6/7/24

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

Electronically Signed | 05/31/2024

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 Based on interview and record review the facility failed to use the appropriate type of mechanical lift sling according to the care plan for 1 of 3 residents (R1) reviewed for mechanical lift transfers. This resulted in harm when R1 was transferred with with a toileting sling resulting in subsequent pain, brusing and diagnosed humoral fracture to left arm. Findings include: A facility reported incident (FRI) submitted to the State Agency on 5/6/24, indicated R1 had an unexplained injury that staff became aware of on 5/4/24 when a nursing assistant (NA) reported R1 had dark black and blue bruising on her upper arm. R1 was sent to the hospital for further evaluation. R1's face sheet identified R1 had diagnoses that included wedge compression fracture of T7-T8 vertebra, unilateral primary osteoarthritis, impingement syndrome of left shoulder, unspecified fracture upper end of left humerus, chronic pain, and abnormalities of gait and mobility. R1's quarterly minimum data set (MDS) dated 3/7/24, identified R1 had moderate cognitive impairment, moderate difficulty with hearing, unclear speech, rarely/never understood, but usually understood others. R1 had upper and lower extremity impairment on both sides that required staff assistance with all activities of daily living (ADLs). R1's care plan dated 2/13/24, indicated R1 had a progressive decline in strength and use of extremities, and had muscle weakness in right	F 689	1. Corrective action will be accomplished for those residents found to have been affected by the deficient practice by; Further education provided to NA-C and NA-D in regards to following residents POC. Two XL (blue) full body slings labeled for R1, and passed along in written and verbal report to remain in R1's room. Internal message sent to all employees to relay all of the above. R1 care plan updated and will include labeled full body slings to be kept in R1 room/utilized only. 2. The facility will identify other residents having the potential to be affected by the same deficient practice by; All current residents in the facility utilizing the full body lift (5) have been audited, to ensure proper sling and size are being utilized. Care plan(s) updated as needed, to ensure proper transfers of residents. 3. Measures put into place or systemic changes made to ensure that the deficient practice will not recur are; Policies and procedures to be reviewed, revised as needed, include but are not limited to the following; Assisting with Transfers and Walks, Safe Lifting and Movement of Residents, Monitoring of Accidents and Incidents, to assure proper assessment and interventions are being implemented. An in-service from Staff Development nurse will be held on 6/3/24 for nursing department to include following the care plan, using correct sling as identified in the care plan, and any revised policies and procedures.	

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F 689	Continued From page 2 hand, and a "lame" left shoulder from non-use. For toileting the care plan directed 1 to 2 helpers with ARJO (brand name) blue medium sized sling -resident can use this sling for toileting- please do not use sling that goes under the arms. R1's Therapy/Restorative-Plan of Care dated 4/30/24, for transfers directed assist of 1-2 staff with ARJO Hoyer/EZ body sling, Blue/medium sling- can use this sling for toileting- do not use sling that goes under her arms. Ensure full body sling under bottom for transfers. During an interview on 5/10/24 at 9:45 a.m., trained medication aide (TMA)-A indicated R1 had decreased range of motion in her shoulders/arms and R1 could not raise her arms up. TMA-A indicated the facility had two types of lift slings, a regular "full" sling and the toileting sling which went under the arms. TMA-A stated R1 had been using a full body sling for approximately 1.5 years and would not be able to use the toileting sling because the sling would cause R1's arms "to go up". TMA-A stated she worked the day shift on Friday, 5/3/24, and transferred R1 from the wheelchair to her bed after lunch using the full sling. TMA-A did not notice anything abnormal and did not recall R1 having any increased pain anywhere. During a phone interview on 5/9/24 at 2:27 p.m., NA-C indicated R1's arms were difficult to move because they were stiff and rigid; washing under her arms was hard because of her decreased range of motion. R1 was transferred with a mechanical full body lift by two staff. NA-C indicated she worked the night shift and did not routinely transfer R1. NA-C stated she worked the overnight shift Thursday (5/2/24) and stayed late	F 689	4. The facility will monitor its performance to make sure that solutions are effective by; Audits of transfers across all shifts for all residents (5) utilizing full-body lifts to ensure proper sling and size are being utilized by staff, as well as compliance to the reviewed and/or revised policies, to be conducted per DON, or designated licensed nursing staff member, three time per week for two weeks, then one time per week for two weeks, and one time per month for two months. Audits will continue if deemed necessary. Audit information will be reviewed at the quarterly Quality Assurance meeting.	

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F 689	Continued From page 3 on the day shift Friday (5/3/24). NA-C explained when she and NA-D transferred R1 from her bed to wheelchair Friday morning they used the ARJO toileting sling because that was the one in R1's room. The toileting sling shape is different from the full sling because the toileting sling goes under the arms instead of fully encompassing the upper body. The toileting sling also had a buckle that went across the upper chest at shoulder level that would cause some pressure. NA-C stated it was difficult to put the sling on R1 because they had to move R1's arms so that they were outside of the sling for the transfer. R1 made moaning noises when she was moved. NA-C indicated she had questioned at the time of the transfer if the toileting sling was the right one because of the difficulty applying it. NA-C stated R1 should have been transferred with a full sling but did not know that at the time. Calls were placed to NA-D on 5/9/24 at 2:24 p.m. and 5/10/24 at 9:37 a.m., no return call from NA-D was received. R1's progress note on 5/3/24 at 9:30 p.m., R1 had yelled out when arm was touched or moved with cares. The note did not identify which arm. During a phone interview on 5/10/24 at 10:51 a.m., licensed practical nurse (LPN)-A stated on Friday 5/3/24 she worked the evening shift. LPN-A stated the NA called her to R1's room because she was having increased pain in her right arm. LPN-A did not notice any bruising on R1's right arm and there was no change in R1's shoulder/arm range of motion. LPN-A added the increased pain into the computer and passed along her findings in her report to the next shift.	F 689		

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F 689	Continued From page 4 During an interview on 5/9/24 at 10:55 a.m., NA-A stated she assisted R1 with morning cares on the morning of 5/4/24. NA-A stated R1 was always "tight and constricted on her right arm but that morning the whole arm felt loose and was easily lifted compared to the left side." NA-A stated she told the nurse of her findings R1's late entry progress note dated 5/5/24 at 2:20 p.m. for 5/4/24, identified nursing assistant (NA)-A called nurse to room due to (d/t) R1's right arm hurting with movement. No bruising. Hospice nurse in the building checked her out. During a phone interview on 5/10/24 at 11:10 a.m., LPN-B stated she worked 5/4/24 during the day. LPN-B verified NA-A had her go to R1's room for R1's right arm moving more than normal. LPN-B stated she did not notice any abnormalities and had the hospice nurse look at it. LPN-B stated she looked at the arm on 5/5/24 (Sunday) morning, it had bruising on it that was not present of 5/4/24. During a phone interview on 5/10/24 at 2:47 p.m., hospice nurse (H)-A stated she examined R1 on 5/4/24 because facility staff were concerned with flaccidness of R1's right arm. "I didn't think it was a huge, big deal, maybe she [R1] was more relaxed and she is pretty non-verbal. She looked comfortable." H-A was at the facility 5/5/24 and examined the change with the bruising on the right arm. H-A then notified the hospice doctor who advised the desision to send R1 to the hospital was up to R1's family. H-A stated "I think that using the toileting sling that was the only thing that I could come up with that may have caused it [the injury to R1's right arm]."	F 689		

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F 689	Continued From page 5 During an interview on 5/9/24 at 1:21 p.m., registered nurse (RN)-A stated R1 did not move her arms or legs independently on a good day. Normally, R1 liked her arms down and bent at the elbow and resting on her abdomen. RN-A explained she worked during the day on 5/5/24. That morning, (NA)-B had her come to R1's room to examine bruising. RN-A stated when she arrived to R1's room, she told NA-B "don't touch, don't move [R1]." RN-A assessed R1's bruising and then called family member (FM)-A to come to the facility. H-A who was in the building examined R1 and FM-A requested R1 be sent to the emergency department. R1's progress note on 5/5/24 at 9:14 a.m., identified R1 moaned a lot for unknown reason and had right upper arm anterior (front) and posterior (back) dark purple bruising and pain with movement. At 11:23 a.m., R1 was transferred to the emergency department. At 2:46 p.m., R1 returned from the emergency department. R1's emergency department note on 5/5/24 signed at 1:37 p.m., identified R1 presented to the emergency department due to a change in the patients humeral area with significant increase in pain with movement as well as bruising. Exam consisted of significant bruising on the central aspect of the humeral area and the posterior aspect of the humeral area. Swelling and decreased range of motion noted along with pain when moving extremity away from body. R1's X-ray identified diffuse osteopenia and angulated nondisplaced proximal right humeral fracture with subluxation of the humeral head relative to the glenoid (common fracture often seen in elderly patients with osteoporotic (weak	F 689		

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	245599	A. BUILDING _____ B. WING _____	C 05/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVINE PROVIDENCE COMMUNITY HOME	700 THIRD AVENUE NORTHWEST SLEEPY EYE, MN 56085

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F 689	Continued From page 6 and brittle) bone usually from an outstretched arm). During a phone interview on 5/10/24 at 10:00 a.m., medical doctor (MD)-A stated with R1's condition, any kind of a pressure could cause a fracture. During an interview on 5/10/24 at 11:25 a.m., physical therapist (PT)-A reviewed emergency department notes and stated considering R1 had osteopenia, an upward force like that of using a toileting sling could be related to a dislocation or fracture, especially with R1's frailty. During an interview on 5/9/24 at 10:04 a.m., with administrator and director of nursing (DON), DON explained when R1 first transitioned from the sit-to-stand, the toileting sling was first tried, however that pulled too much on her shoulders, so it was determined R1 should use the full sling, instead. During an interview on 5/10/24 at 12:32 p.m., the administrator stated it was her expectation staff followed the care plan. The facility policy titled assisting with transfers and walks reviewed 3/2022, identified that care plans and caregiver worksheets offer guidance regarding level of assistance required by each resident. Employees will perform all transfers in compliance with these tools.	F 689		

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2 000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 5/9/24-5/10/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was not in compliance with the MN State Licensure, and the following licensing order was issued. Please indicate in your electronic plan of correction you have reviewed these orders and	2 000		

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2 000	Continued From page 1 identify the date when they will be completed. The following complaints were reviewed: H55993538C (MN00103105, MN00103102) with a licensing order issued at F684. 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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2 000	Continued From page 2 PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.	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 record review the facility failed to use the appropriate type of mechanical lift sling according to the care plan for 1 of 3 residents (R1) reviewed for mechanical lift transfers. This resulted in harm when R1 was transferred with with a toileting sling resulting in subsequent pain, brusing and diagnosed humoral fracture to left arm. Findings include: A facility reported incident (FRI) submitted to the	2 830	Corrected	6/7/24

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2 830	Continued From page 3 State Agency on 5/6/24, indicated R1 had an unexplained injury that staff became aware of on 5/4/24 when a nursing assistant (NA) reported R1 had dark black and blue bruising on her upper arm. R1 was sent to the hospital for further evaluation. R1's face sheet identified R1 had diagnoses that included wedge compression fracture of T7-T8 vertebra, unilateral primary osteoarthritis, impingement syndrome of left shoulder, unspecified fracture upper end of left humerus, chronic pain, and abnormalities of gait and mobility. R1's quarterly minimum data set (MDS) dated 3/7/24, identified R1 had moderate cognitive impairment, moderate difficulty with hearing, unclear speech, rarely/never understood, but usually understood others. R1 had upper and lower extremity impairment on both sides that required staff assistance with all activities of daily living (ADLs). R1's care plan dated 2/13/24, indicated R1 had a progressive decline in strength and use of extremities, and had muscle weakness in right hand, and a "lame" left shoulder from non-use. For toileting the care plan directed 1 to 2 helpers with ARJO (brand name) blue medium sized sling -resident can use this sling for toileting- please do not use sling that goes under the arms. R1's Therapy/Restorative-Plan of Care dated 4/30/24, for transfers directed assist of 1-2 staff with ARJO Hoyer/EZ body sling, Blue/medium sling- can use this sling for toileting- do not use sling that goes under her arms. Ensure full body sling under bottom for transfers.	2 830		

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2 830	Continued From page 4 During an interview on 5/10/24 at 9:45 a.m., trained medication aide (TMA)-A indicated R1 had decreased range of motion in her shoulders/arms and R1 could not raise her arms up. TMA-A indicated the facility had two types of lift slings, a regular "full" sling and the toileting sling which went under the arms. TMA-A stated R1 had been using a full body sling for approximately 1.5 years and would not be able to use the toileting sling because the sling would cause R1's arms "to go up". TMA-A stated she worked the day shift on Friday, 5/3/24, and transferred R1 from the wheelchair to her bed after lunch using the full sling. TMA-A did not notice anything abnormal and did not recall R1 having any increased pain anywhere. During a phone interview on 5/9/24 at 2:27 p.m., NA-C indicated R1's arms were difficult to move because they were stiff and rigid; washing under her arms was hard because of her decreased range of motion. R1 was transferred with a mechanical full body lift by two staff. NA-C indicated she worked the night shift and did not routinely transfer R1. NA-C stated she worked the overnight shift Thursday (5/2/24) and stayed late on the day shift Friday (5/3/24). NA-C explained when she and NA-D transferred R1 from her bed to wheelchair Friday morning they used the ARJO toileting sling because that was the one in R1's room. The toileting sling shape is different from the full sling because the toileting sling goes under the arms instead of fully encompassing the upper body. The toileting sling also had a buckle that went across the upper chest at shoulder level that would cause some pressure. NA-C stated it was difficult to put the sling on R1 because they had to move R1's arms so that they were outside of the sling for the transfer. R1 made moaning noises when she was moved. NA-C indicated she	2 830		

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2 830	Continued From page 5 had questioned at the time of the transfer if the toileting sling was the right one because of the difficulty applying it. NA-C stated R1 should have been transferred with a full sling but did not know that at the time. Calls were placed to NA-D on 5/9/24 at 2:24 p.m. and 5/10/24 at 9:37 a.m., no return call from NA-D was received. R1's progress note on 5/3/24 at 9:30 p.m., R1 had yelled out when arm was touched or moved with cares. The note did not identify which arm. During a phone interview on 5/10/24 at 10:51 a.m., licensed practical nurse (LPN)-A stated on Friday 5/3/24 she worked the evening shift. LPN-A stated the NA called her to R1's room because she was having increased pain in her right arm. LPN-A did not notice any bruising on R1's right arm and there was no change in R1's shoulder/arm range of motion. LPN-A added the increased pain into the computer and passed along her findings in her report to the next shift. During an interview on 5/9/24 at 10:55 a.m., NA-A stated she assisted R1 with morning cares on the morning of 5/4/24. NA-A stated R1 was always "tight and constricted on her right arm but that morning the whole arm felt loose and was easily lifted compared to the left side." NA-A stated she told the nurse of her findings R1's late entry progress note dated 5/5/24 at 2:20 p.m. for 5/4/24, identified nursing assistant (NA)-A called nurse to room due to (d/t) R1's right arm hurting with movement. No bruising. Hospice nurse in the building checked her out. During a phone interview on 5/10/24 at 11:10	2 830		

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2 830	Continued From page 6 a.m., LPN-B stated she worked 5/4/24 during the day. LPN-B verified NA-A had her go to R1's room for R1's right arm moving more than normal. LPN-B stated she did not notice any abnormalities and had the hospice nurse look at it. LPN-B stated she looked at the arm on 5/5/24 (Sunday) morning, it had bruising on it that was not present of 5/4/24. During a phone interview on 5/10/24 at 2:47 p.m., hospice nurse (H)-A stated she examined R1 on 5/4/24 because facility staff were concerned with flaccidness of R1's right arm. "I didn't think it was a huge, big deal, maybe she [R1] was more relaxed and she is pretty non-verbal. She looked comfortable." H-A was at the facility 5/5/24 and examined the change with the bruising on the right arm. H-A then notified the hospice doctor who advised the desision to send R1 to the hospital was up to R1's family. H-A stated "I think that using the toileting sling that was the only thing that I could come up with that may have caused it [the injury to R1's right arm]." During an interview on 5/9/24 at 1:21 p.m., registered nurse (RN)-A stated R1 did not move her arms or legs independently on a good day. Normally, R1 liked her arms down and bent at the elbow and resting on her abdomen. RN-A explained she worked during the day on 5/5/24. That morning, (NA)-B had her come to R1's room to examine bruising. RN-A stated when she arrived to R1's room, she told NA-B "don't touch, don't move [R1]." RN-A assessed R1's bruising and then called family member (FM)-A to come to the facility. H-A who was in the building examined R1 and FM-A requested R1 be sent to the emergency department. R1's progress note on 5/5/24 at 9:14 a.m.,	2 830		

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2 830	Continued From page 7 identified R1 moaned a lot for unknown reason and had right upper arm anterior (front) and posterior (back) dark purple bruising and pain with movement. At 11:23 a.m., R1 was transferred to the emergency department. At 2:46 p.m., R1 returned from the emergency department. R1's emergency department note on 5/5/24 signed at 1:37 p.m., identified R1 presented to the emergency department due to a change in the patients humeral area with significant increase in pain with movement as well as bruising. Exam consisted of significant bruising on the central aspect of the humeral area and the posterior aspect of the humeral area. Swelling and decreased range of motion noted along with pain when moving extremity away from body. R1's X-ray identified diffuse osteopenia and angulated nondisplaced proximal right humeral fracture with subluxation of the humeral head relative to the glenoid (common fracture often seen in elderly patients with osteoporotic (weak and brittle) bone usually from an outstretched arm). During a phone interview on 5/10/24 at 10:00 a.m., medical doctor (MD)-A stated with R1's condition, any kind of a pressure could cause a fracture. During an interview on 5/10/24 at 11:25 a.m., physical therapist (PT)-A reviewed emergency department notes and stated considering R1 had osteopenia, an upward force like that of using a toileting sling could be related to a dislocation or fracture, especially with R1's frailty. During an interview on 5/9/24 at 10:04 a.m., with administrator and director of nursing (DON), DON	2 830		

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2 830	Continued From page 8 explained when R1 first transitioned from the sit-to-stand, the toileting sling was first tried, however that pulled too much on her shoulders, so it was determined R1 should use the full sling, instead. During an interview on 5/10/24 at 12:32 p.m., the administrator stated it was her expectation staff followed the care plan. The facility policy titled assisting with transfers and walks reviewed 3/2022, identified that care plans and caregiver worksheets offer guidance regarding level of assistance required by each resident. Employees will perform all transfers in compliance with these tools. SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee, could review/revise policies and procedures related to falls, accidents and resident supervision to assure proper assessment and interventioins are being implemented. They could re-educate staff on the policies and procedures. A system for evaluating and monitoring consistent implementation of these policies could be developed, with the results of these audits being brought to the facility's Quality Assurance Committee for review. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	2 830		