Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
April 30, 2025

Administrator
Auburn Manor
501 Oak Street
Chaska, MN 55318

RE: CCN: 245604
Cycle Start Date: February 6, 2025

Dear Administrator:

On April 9, 2025, we notified you a remedy was imposed. On April 23, 2025 the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of April 22, 2025.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective April 24, 2025, did not go into effect. (42 CFR 488.417 (b))

In our letter of April 9, 2025, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from April 24, 2025 due to denial of payment for new admissions. Since your facility attained substantial compliance on April 22, 2025, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, this does not apply to or affect any previously imposed NATCEP loss.

The CMS Location may notify you of their determination regarding any imposed remedies.

Feel free to contact me if you have questions.

Sincerely,

Sarah Lane

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697
Email: sarah.lane@state.mn.us

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Electronically delivered

April 9, 2025

Administrator
Auburn Manor
501 Oak Street
Chaska, MN 55318

RE: CCN: 245604
Cycle Start Date: February 6, 2025

Dear Administrator:

On February 20, 2025, we informed you that we may impose enforcement remedies.

On April 2, 2025, the Minnesota Department of Health completed a survey and it has been determined that your facility is not in substantial compliance. The most serious deficiencies in your facility were found to be isolated deficiencies that constituted actual harm that was not immediate jeopardy (Level G), as evidenced by the electronically attached CMS-2567, whereby 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 April 24, 2025.

The CMS location will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective April 24, 2025. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective April 24, 2025.

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 $13,343, 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 April 24, 2025, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, Auburn Manor will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from April 24, 2025. 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:

Nikki Harvey, Regional Operations Supervisor
St. Cloud A District Office
Health Regulation Division
Minnesota Department of Health
4140 Thielman Lane
Saint Cloud, Minnesota 56301-4557
Email: nikki.harvey@state.mn.us
Office: (320) 223-7318 Mobile: (320) 216-5631

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 August 6, 2025 (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 § 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)

In accordance with 42 CFR 488.331 **and Minnesota Statute 144A.10 subd 15**, 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: **https://forms.web.health.state.mn.us/form/NHDisputeResolution**

This request must be sent within the same ten calendar days you have for submitting an ePoC for the cited deficiencies. 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.

A copy of the Department's informal dispute resolution policies is posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

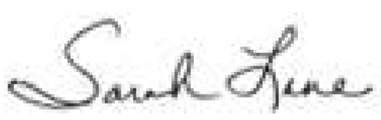
INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

In accordance with 42 CFR § 488.431 and Minnesota Statute 144A.10 subd 16, when a CMP subject to being collected and placed in an escrow account is imposed, you have one opportunity to question cited deficiencies through an Independent IDR process. You may also contest scope and severity assessments for deficiencies which resulted in a finding of SQC or immediate jeopardy. 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:
https://forms.web.health.state.mn.us/form/NHDisputeResolution

A facility may not use both IDR and independent IDR for the same deficiency citation(s) arising from the same survey unless the IDR process was completed prior to the imposition of the CMP. This request must be sent within ten calendar days of receipt of this offer. An incomplete Independent IDR process will not delay the effective date of any enforcement action.

Feel free to contact me if you have questions.

Sincerely,



Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697
Email: sarah.lane@state.mn.us

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

April 9, 2025

Administrator
Auburn Manor
501 Oak Street
Chaska, MN 55318

Re: Event ID: 8IPE11

Dear Administrator:

The above facility survey was completed on April 2, 2025 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,

Sarah Lane

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697
Email: sarah.lane@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245604	A. BUILDING _____ B. WING _____	C 04/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUBURN MANOR	501 OAK STREET CHASKA, MN 55318

(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 4/2/25, 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 H56042387C (MN00111914 and MN00111950), with a deficiency cited at F760. 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 760 SS=G	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure 1 of 3 residents (R1) physician orders were followed for parameters set by the physician. This resulted in actual harm for R1 who became unresponsive and required emergency transport and hospitalization after receiving insulin that should have been held.	F 760	It is the policy, and intention, of Auburn Home in Waconia to be in full compliance with all regulations and requirements of both the Medicaid and Medicare programs. These plans and responses to the findings are written solely to maintain certification in the Medicaid and Medicare	4/18/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		04/18/2025

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 760	Continued From page 1 Findings include: R1's quarterly Minimum Data Set (MDS), dated 1/10/25, indicated R1 had diagnoses of diabetes mellitus, dementia, and mild cognitive impairment. R1's care plan, dated 9/13/24, directed administer insulin as ordered, monitor for side effects/effectiveness of medication and update provider as needed. Monitor for signs and symptoms of hypoglycemia, follow standing house orders, and update nurse practitioner (NP) as needed. R1's provider orders, dated 3/12/25, directed decrease insulin aspart (rapid-acting insulin used to manage blood sugar in people with diabetes) to 6 units before meals related to Type 2 Diabetes Mellitus with diabetic neuropathy. Hold if blood sugar less than 100 milligrams per deciliter (mg/dl). R1's provider orders, dated 3/20/25, directed hold Novolog (another name for insulin aspart) if blood sugar less than 150 mg/dl. R1's medication administration record (MAR) directed to administer insulin aspart 100 units/milliliter (ml). Inject 6 units subcutaneously before meals. Hold if blood sugar is less than 150 mg/dl. The MAR indicated: On 3/23/25, R1's BS was 137 mg/dl at 7:00 a.m., insulin was administered by RN-A. On 3/28/25, R1's BS was 97 mg/dl at 7:00 a.m., insulin was administered by RN-B and 144 mg/dl at 12:00 p.m., insulin was administered by RN-B. On 3/28/25, R1's BS was 82 mg/dl at 5:00 p.m.,	F 760	programs and as required, are submitted as the facility's credible allegations of compliance. This written response does not constitute an admission of noncompliance with any requirement. Submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. We wish to preserve our right to dispute these findings in their entirety should remedies be imposed. 1. Retraining was completed with the Auburn nurse involved in the medication error at the start of his 3/31/25 shift regarding reading medication orders in PCC and medication administration procedures. 2. DON did an audit of other insulin administrations 3. Diabetes protocol revised to include specification of following any parameters within a medication order. 4. All TMA and RN staff have been or will be retrained at the start of their next scheduled shift regarding safe medication administration, diabetes protocol, reading eMAR orders in PCC. Both DON and Scheduler have employee list to monitor and track which employees still need education and when their next scheduled shift is. 5. Agency TMAs and Nurses orientation check lists revised to include how to read eMAR orders in PCC as well as a visual reference. 6. Ongoing compliance is being monitored by the DON by auditing 4 insulin administrations/week for 4 weeks then 2 insulin administrations per week for	

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F 760	Continued From page 2 and insulin was administered by RN-C. A progress note, on 3/26/25 at 10:43 p.m., indicated R 1 was found to have sluggish response upon checking his BS which was found to be 32 mg/dl. R1 was administered glucagon (medication to increase blood sugar levels) 1 milligram (mg) IM (intramuscular) per house standing orders. After 10 minutes, BS was 33 mg/dl, so 9-1-1 was called. R1 was not responsive. Paramedics got BS up to 468 mg/dl, but R1 was still not responsive so he was transferred to the hospital. R1's hospital discharge summary indicated R1 was admitted on 3/28/25 for generalized weakness, decreased consciousness, hypoglycemia (low blood sugar), bradycardia (slow heart rate), hypokalemia (low potassium), and hypomagnesemia (low magnesium). Hypoglycemia was corrected on 3/28/25 with D50 (dextrose 50% intravenous solution used to restore blood sugar levels). Urinary tract infection (UTI) was diagnosed and treated with antibiotics during hospitalization. R1 was discharged to the facility on 4/2/25. On 4/2/25, at 12:33 p.m., RN-A stated R1 had a recent order change to hold the insulin if his BS was under 150 mg/dl. RN-A stated she should not have given R1's insulin on 3/23/25 when his BS was 137 mg/dl. On 4/2/25, at 1:15 p.m., RN-B stated he was not informed R1's orders had been recently changed. RN-B stated he should have read the order. RN-B stated he administered 6 units of insulin aspart to R1 for BS readings of 97 and 144 on 3/28/25. RN-B stated he was provided education after the	F 760	2 additional months.	

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F 760	Continued From page 3	F 760		

incident, including the need to open another window within the medical chart for additional instructions. RN-B stated the window titled "more" held the parameters for withholding the insulin and he was unaware of the need to open this section prior to the incident.

On 4/2/25, at 1:48 p.m., RN-D stated she was working on 3/28/25, when she was called to help R1 whose BS was 33 mg/dl. RN-D stated she administered glucagon. RN-D stated R1's BS was still 33 mg/dl five minutes after the administration of the medication. She stated she administered another dose of glucagon and glucose gel in his lower lip per the facility's standing orders. RN-D stated R1's BS was 32 mg/dl after five minutes, so 9-1-1 was called. RN-D stated it was important to read the entire medication order and follow it.

On 4/2/25, at 3:10 p.m., the director of nursing (DON) stated nurses were expected to read the full medication order. The DON stated the facility was still adjusting to a new electronic medical record system that was implemented 8/2024. The DON stated the system required the nurse to click on "more" to see scheduling details and parameters.

On 4/2/25, at 4:00 p.m., the pharmacist stated if R1 ended up in the hospital with hypoglycemia, after receiving insulin that was ordered to be held for a BS of 82, it should be considered a significant medication error.

On 4/2/25, at 4:44 p.m., RN-C (an agency nurse) stated this was his second shift at the facility on 3/28/25. RN-C stated R1's BS was 82 mg/dl and he administered R1's insulin at 5:00 p.m. RN-C stated he did not see the instructions to hold the

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F 760	Continued From page 4 insulin for a BS less than 150 mg/dl as that was in another section that required him to click on it, labeled "more". RN-C stated he was unaware he was expected to click on the section titled "more". On 4/2/25, at 4:59 p.m., the NP stated R1's insulin should have been held for a BS of 82. The NP stated the hypoglycemia led to R1 being hospitalized and should be considered a significant medication error. A facility document, Standard Diabetes Mellitus Protocol, undated, directed administer medications as directed. A facility policy, Medications Administered through Certain Routes of Administration, dated 11/15/24, directed subcutaneous injection medications to verify medication order on the MAR; check against physician order.	F 760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00335	A. BUILDING: _____ B. WING _____	C 04/02/2025

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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 4/2/25, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found IN compliance with the MN State Licensure. The following complaints were reviewed: H56042387C (MN00111914 and MN00111950).	2 000		

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2 000	Continued From page 1 NO licensing orders were issued. Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.	2 000		