



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

March 25, 2021

Administrator
MN Veterans Home Minneapolis
5101 Minnehaha Avenue South
Minneapolis, MN 55417

RE: CCN: 245620
Cycle Start Date: February 19, 2021

Dear Administrator:

On March 4, 2021, we notified you a remedy was imposed. On March 23, 2021 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 March 23, 2021.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective March 19, 2021 be discontinued as of March 23, 2021. (42 CFR 488.417 (b))

As we notified you in our letter of March 4, 2021, 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 is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from February 19, 2021. This does not apply to or affect any previously imposed NATCEP loss.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in cursive script that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Submitted
March 4, 2021

Administrator
MN Veterans Home Minneapolis
5101 Minnehaha Avenue South
Minneapolis, MN 55417

RE: CCN: 245620
Cycle Start Date: February 19, 2021

Dear Administrator:

On February 19, 2021, 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.

Your facility was not in substantial compliance with the participation requirements and the conditions in your facility constituted **both substandard quality of care and immediate jeopardy** to resident health or safety. This survey found the most serious deficiencies in your facility to be a pattern of deficiencies that constituted immediate jeopardy (Level K) whereby corrections were required. The Statement of Deficiencies (CMS-2567) is being electronically delivered.

REMOVAL OF IMMEDIATE JEOPARDY

On February 19, 2021, the situation of immediate jeopardy to potential health and safety cited at F678 was removed. However, continued non-compliance remains at the lower scope and severity of G.

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 listed below to the CMS Region V Office for imposition: The CMS Region V Office 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 March 19, 2021.

This Department is also recommending that CMS impose a civil money penalty (42 CFR 488.430 through 488.444). You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective March 19, 2021, (42 CFR 488.417 (b)), (42 CFR 488.417 (b)). They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective March 19, 2021, (42 CFR 488.417 (b)).

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.

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 \$11,160; 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 February 19, 2021. 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.

SUBSTANDARD QUALITY OF CARE

Your facility's deficiencies with with one or more of the following: §483.10, Residents Rights, §483.12, Freedom from Abuse, Neglect, and Exploitation, §483.15, Quality of Life and §483.25, Quality of Care, 483.40 Behavioral Health Services, §483.45 Pharmacy Services, §483.70 Administration, or §483.80 Infection control has been determined to constitute substandard quality of care as defined at §488.301. Sections 1819(g)(5)(C) and 1919(g)(5)(C) of the Social Security Act and 42 CFR 488.325(h) require that the attending physician of each resident who was found to have received substandard quality of care, as well as the State board responsible for licensing the facility's administrator, be notified of the substandard quality of care. **If you have not already provided the following information, you are required to provide to this agency within ten working days of your receipt of this letter the name and address of the attending physician of each resident found to have received substandard quality of care.**

MN Veterans Home Minneapolis

March 4, 2021

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Please note that, in accordance with 42 CFR 488.325(g), your failure to provide this information timely will result in termination of participation in the Medicare and/or Medicaid program(s) or imposition of alternative remedies.

Federal law, as specified in the Act at Sections 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse assistant training programs offered by, or in, a facility which, within the previous two years, has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care. Therefore, Mn Veterans Home Minneapolis is prohibited from offering or conducting a Nurse Assistant Training / Competency Evaluation Programs (NATCEP) or Competency Evaluation Programs for two years effective February 19, 2021. This prohibition remains in effect for the specified period even though substantial compliance is attained. 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.

ELECTRONIC PLAN OF CORRECTION (ePOC)

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable plan of correction (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" tag), i.e., the plan of correction should be directed to:

**Karen Aldinger, Unit Supervisor
Metro C District Office
Licensing and Certification Program
Health Regulation Division**

Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: karen.aldinger@state.mn.us
Office: (651) 201-3794 Mobile: (320) 249-2805

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for 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 19, 2021 (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 DENIAL OF PAYMENT

If you disagree with this action imposed on your facility, you or your legal representative may request a

MN Veterans Home Minneapolis

March 4, 2021

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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:

Tamika.Brown@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) 565-9462

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 Tamika Brown, Principal Program Representative by phone at (312) 353-1502 or by e-mail at Tamika.Brown@cms.hhs.gov.

APPEAL RIGHTS NURSE AIDE TRAINING PROHIBITION

Pursuant to the Federal regulations at 42 CFR Sections 498.3(b)(13)(2) and 498.3(b)(15), a finding of substandard quality of care that leads to the loss of approval by a Skilled Nursing Facility (SNF) of its NATCEP is an initial determination. In accordance with 42 CFR part 489 a provider dissatisfied with an initial determination is entitled to an appeal. If you disagree with the findings of substandard quality of care which resulted in the conduct of an extended survey and the subsequent loss of approval to conduct or be a site for a NATCEP, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Department Appeals Board. Procedures governing this process are set out in Federal regulations at 42 CFR Section 498.40, et. Seq.

A written request for a hearing must be filed no later than 60 days from the date of receipt of this letter. Such a request may be made to the Centers for Medicare and Medicaid Services (formerly Health Care Financing Administration) at 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

A request for a hearing should identify the specific issues and the 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. You do not need to submit records or other documents with your hearing request. The Departmental Appeals Board (DAB) will issue instructions regarding the proper submittal of documents for the hearing. The DAB will also set the location for the hearing, which is likely to be in Minnesota or in Chicago, Illinois. You may be represented by counsel at a hearing at your own expense.

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

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

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

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

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable 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,

MN Veterans Home Minneapolis

March 4, 2021

Page 7

A handwritten signature in black ink that reads "Kamala Fiske-Downing". The signature is written in a cursive style with a distinct loop for the letter 'F'.

Kamala Fiske-Downing

Minnesota Department of Health

Licensing and Certification Program

Program Assurance Unit

Health Regulation Division

Telephone: (651) 201-4112 Fax: (651) 215-9697

Email: Kamala.Fiske-Downing@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

March 4, 2021

Administrator

MN Veterans Home Minneapolis

5101 Minnehaha Avenue South

Minneapolis, MN 55417

Re: Event ID: OFCA11

Dear Administrator:

The above facility survey was completed on February 19, 2021 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,

A handwritten signature in cursive script that reads "Kamala Fiske-Downing".

Kamala Fiske-Downing

Minnesota Department of Health

Licensing and Certification Program

Program Assurance Unit

Health Regulation Division

Telephone: (651) 201-4112 Fax: (651) 215-9697

Email: Kamala.Fiske-Downing@state.mn.us

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00233	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/19/2021
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NAME OF PROVIDER OR SUPPLIER MN VETERANS HOME MINNEAPOLIS	STREET ADDRESS, CITY, STATE, ZIP CODE 5101 MINNEHAHA AVENUE SOUTH MINNEAPOLIS, MN 55417
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 2/17/21 through 2/19/21, an abbreviated survey was conducted to determine compliance with State Licensure. Your facility was found to be IN compliance with the MN State Licensure.</p> <p>The following complaint was found to be substantiated: H5620044C (MN00069973).</p>	2 000		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE
03/11/21

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00233	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/19/2021
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NAME OF PROVIDER OR SUPPLIER MN VETERANS HOME MINNEAPOLIS	STREET ADDRESS, CITY, STATE, ZIP CODE 5101 MINNEHAHA AVENUE SOUTH MINNEAPOLIS, MN 55417
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2 000	<p>Continued From page 1</p> <p>NO licensing orders were issued.</p> <p>The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form.</p> <p>Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.</p>	2 000		

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

PRINTED: 03/11/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245620	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/19/2021
NAME OF PROVIDER OR SUPPLIER MN VETERANS HOME MINNEAPOLIS			STREET ADDRESS, CITY, STATE, ZIP CODE 5101 MINNEHAHA AVENUE SOUTH MINNEAPOLIS, MN 55417		
(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	<p>INITIAL COMMENTS</p> <p>On 2/17/21 through 2/19/21, a standard abbreviated survey was completed at your facility by surveyors from the Minnesota Department of Health (MDH). The facility was found NOT to be in compliance with the requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities.</p> <p>The following complaint was found to be SUBSTANTIATED: H5620044C (MN00069973) with deficiencies cited at F678 and F552.</p> <p>The survey resulted in an immediate jeopardy (IJ) to resident health and safety. An IJ at F678 began on 1/23/21, at 2:00 p.m. when R1, who had a current DNR order, was resuscitated when he ceased to have a pulse or respirations. The director of nursing (DON), was notified of the immediate jeopardy on 2/18/21, at 5:14 p.m. The immediate jeopardy was removed on 2/19/21, at 10:56 a.m. when the facility revised their policies and practices and retrained staff, to ensure residents would not be resuscitated against their wishes. However, noncompliance remained at a G scope and severity level, which indicated actual harm that is not immediate jeopardy.</p> <p>The above findings constituted substandard quality of care (SQC), and an extended survey was conducted on 2/18/21.</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567</p>	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

03/11/2021

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

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245620	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/19/2021
NAME OF PROVIDER OR SUPPLIER MN VETERANS HOME MINNEAPOLIS			STREET ADDRESS, CITY, STATE, ZIP CODE 5101 MINNEHAHA AVENUE SOUTH MINNEAPOLIS, MN 55417		
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F 000	Continued From page 1 form.	F 000			
F 552 SS=E	<p>Upon receipt of an acceptable electronic POC, an on-site revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.</p> <p>Right to be Informed/Make Treatment Decisions CFR(s): 483.10(c)(1)(4)(5)</p> <p>§483.10(c) Planning and Implementing Care. The resident has the right to be informed of, and participate in, his or her treatment, including:</p> <p>§483.10(c)(1) The right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition.</p> <p>§483.10(c)(4) The right to be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care.</p> <p>§483.10(c)(5) The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to inform 3 of 3 residents (R1, R3, and R2) or their representative, who had chosen a Do Not Resuscitate (DNR) status, of the facility policy/practice to start cardiopulmonary resuscitation (CPR) prior to locating the resident wishes in the medical record should they be found unconscious and without a pulse or</p>	F 552	<p>Facility staff met Resident 2 and Resident 3 to clarify Provider Orders for Life Sustaining Treatment (POLST) and staff response time. The Social Worker and RNM offered to answer questions. A letter was sent to communicate to decision makers explaining facility practice related to POLST and medical</p>	3/23/21	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245620	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/19/2021
NAME OF PROVIDER OR SUPPLIER MN VETERANS HOME MINNEAPOLIS			STREET ADDRESS, CITY, STATE, ZIP CODE 5101 MINNEHAHA AVENUE SOUTH MINNEAPOLIS, MN 55417		
(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 552	<p>Continued From page 2</p> <p>respirations. This practice had the potential to affect 203 current residents whom had chosen DNR status.</p> <p>Findings include:</p> <p>The facilities undated Minnesota Veterans Home-Minneapolis, Nursing Standard of Work, Medical Emergency Protocol, identified, the first step in a emergency response was, "The first CPR certified person arriving to the scene will assess airway, breathing, and circulation to determine if CPR needs to be initiated. If no pulse or respirations, present, activate emergency medical system (EMS) and initiate CPR and automated external defibrillator (AED) use." Step 2 indicated staff person to obtain resident's medical record. Check the resident's identification wrist band and the POLST for instruction or any other pertinent information. If a verified POLST order is written for DNR and signed by the medical provider, discontinue CPR (by licensed personnel).</p> <p>R1's quarterly Minimum Data Set (MDS) dated 11/10/20, included, staff did not attempt the brief interview for mental status as resident was rarely/never understood. R1 required extensive assistance for most activities of daily living (ADL's). R1's diagnoses included, stroke, aphasia (inability to speak), heart failure and kidney disease.</p> <p>R1's Provider Orders for Life Sustaining Treatment (POLST), dated 11/15/18, included, under cardiopulmonary resuscitation, patient has no pulse and is not breathing: "DNR/DO NOT ATTEMPT RESUSCITATION (allow natural death)." This was signed by R1 and nurse</p>	F 552	<p>emergencies on March 11, 2021. Information related to POLST and honoring choices will be provided to the Family Council Board and the Resident Council, and at care conferences. Facility documents were reviewed which included the POLST and CPR Certification policies. The standards of work (SOW) for POLST and Medical Emergencies were also reviewed. Updates were made to POLST policy and Medical Emergency SOW on 2/18/21. POLST SOW was updated on 3/5/21. User Defined Assessment (UDA) titled Social Services Care Conference Review MVH MPLS. V03-V3 reviewed. Documentation changes implemented to begin upon completion of the UDA by Social Worker at Care conferences. This will include a detailed explanation and responses to questions related to POLST and Facility process. Social Workers, Nursing Administration and RNS, and Medical Providers were educated on the policies and standards of work. Audits will be completed on POLST, Care Conference Progress note as well as random surveys will be completed with Veteran/Resident decision makers following care conferences. This will be completed by Director of SS or designee for 3 months. The Director of Quality will review and report at the QAPI committee. The Director of Social Services and Director of Nursing are responsible.</p>		

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

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OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER MN VETERANS HOME MINNEAPOLIS			STREET ADDRESS, CITY, STATE, ZIP CODE 5101 MINNEHAHA AVENUE SOUTH MINNEAPOLIS, MN 55417		
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F 552	<p>Continued From page 3 practitioner (NP)-A on 11/15/18.</p> <p>R1's progress noted dated, 1/23/21, at 2:00 p.m. indicated human services technician (HST)-C used a standing lift to transfer R1 to bed. HST-C stated during transfer resident became unresponsive. LPN-B assessed the resident and he was unconscious and blue in color. Licensed practical nurse (LPN)-B and HST-C started CPR.</p> <p>R1's progress noted dated 1/23/21, at 3:23 p.m. included, "after 2 pm nurse stat [immediate] called for resident, writer arrived and noted resident in bed unresponsive, shallow breathing with apneic [short periods of cessation of breathing] episodes, transfers resident passed out and become bluish in color with oxygen on. Per nurse cardiopulmonary resuscitation (CPR) was started and then stopped immediately after verifying that resident code status was do not resuscitate (DNR)."</p> <p>When interviewed on 2/17/21, at 12:51 p.m. HST-B stated, on 1/23/21, at approximately 2:00 p.m. he heard HST-C call for help. HST-B and LPN-B found R1 lying on the bed, he looked blue, was and was unresponsive. HST-C had told HST-B she had been transferring R1 to bed, he turned blue and passed out. LPN-B and HST-B started CPR and R1 was revived and responsive before another staff (unknown) came in and told them R1 had a DNR order. The paramedics also arrived after R1 had been resuscitated.</p> <p>R1's progress noted dated 1/24/21, at 12:07 p.m. indicated the facility had called Hennepin County Medical Center (HCMC) regarding resident's condition. The note indicated R1 was responsive to physical touch and opens his eyes. R1 was on</p>	F 552			

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F 552	<p>Continued From page 4</p> <p>a BIPAP [bilevel positive airway pressure] with 100 of oxygen. Family was still deciding to do comfort care and remove the BIPAP.</p> <p>When interviewed on 2/17/21, at 9:49 a.m. R1's family member (FM)-A stated registered nurse (RN)-D had called her on 1/23/21. RN-D had stated, R1 had been left on the toilet unattended, staff returned and found him unconscious and without a pulse. Staff had started CPR, R1 was revived, and taken to the hospital. FM-A stated, she had to make the decision to remove him from life support the following day and it was very upsetting to her. FM-A cried and apologized for being so upset. FM-A stated, that was not what R1 wanted. He had a DNR order in place so that he would not be revived against his wishes. RN-D had told FM-A the facility's policy was to, "fault to full code until they discover otherwise." FM-A stated, the facility had never informed her of this policy until this incident happened. FM-A stated, she did not want any other residents to suffer the way R1 did.</p> <p>R3's quarterly MDS dated 12/19/20, identified cognitively intact with a diagnosis of Parkinson's disease.</p> <p>R3's POLST included, Do Not Attempt Resuscitation/DNR (Allow Natural Death), this was signed by R3 and the nurse practitioner on 3/12/20.</p> <p>When interviewed on 2/17/21, at 12:50 p.m. R3 stated he had recalled filling out a POLST when admitted and designated DNR status. He was not aware that staff may start CPR while locating his POLST. It was his understanding and expectation that CPR would not be initiated at all.</p>	F 552			

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F 552	<p>Continued From page 5 No one had explained any differently.</p> <p>R2's annual MDS dated 2/5/21, identified severe cognitive impairment with a diagnosis of Alzheimer's disease.</p> <p>R2's POLST included Do Not Attempt Resuscitation/DNR (Allow Natural Death), this was signed by a family member and nurse practitioner on 1/30/19.</p> <p>When interviewed on 2/18/21, at 8:16 a.m. R2's representative (FM)-B stated, the family had decided years ago, they would, "let him go when the time came." They chose DNR for him on admission to this facility and would expect those wishes to be carried out. The facility had not discussed their policy or procedures with them.</p> <p>When interviewed on 2/17/21, at 12:35 p.m. registered nurse manager (RN)-A stated, when staff find a resident unresponsive with no pulse, the nurses are trained to, "activate the nurse stat code, someone should start CPR, someone should check the POLST, and someone calls 911." RN-A stated CPR would start even if the code status was unknown and stopped once the DNR order is found.</p> <p>When interviewed on 2/17/21, at 3:18 p.m. the director of nursing (DON) stated, if a nurse came upon a resident who was unresponsive, they should call for help and assess the resident. If the resident didn't have a pulse or respirations, they should start CPR and then send a staff member to check the POLST. If the resident had a DNR, the licensed staff should make the determination to stop CPR.</p>	F 552			

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F 552	Continued From page 6 When interviewed on 2/17/21, at 3:52 p.m. the medical director stated, the facility's policy was to, "choose life", and start CPR until getting verification from the resident's chart. He stated, "You can always discontinue resuscitation." If CPR was started on a resident that had a DNR that was confirmed once the POLST form arrived, then the nurse on duty can stop CPR. "If we don't resuscitate the resident and they die, we can't take it back. In a default situation, choose life."	F 552			
F 678 SS=K	Cardio-Pulmonary Resuscitation (CPR) CFR(s): 483.24(a)(3) §483.24(a)(3) Personnel provide basic life support, including CPR, to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident's advance directives. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to implement a residents health care directive and physician orders of do not resuscitate (DNR) when 1 of 1 residents (R1) was found without pulse or respirations. This resulted in an immediate jeopardy for R1 whom was resuscitated against their wishes, was hospitalized, and then removed from life support before his death. In addition, the facility policy and practice was to implement cardio pulmonary resuscitation(CPR), and then locate the resident's Provider Orders for Life Sustaining	F 678	Resident's Provider Orders for Life Sustaining Treatment (POLST) were entered into Point Click Care PCC to display on the PCC and Point of Care (POC) banner*, and in the PCC Face sheet/Profile tab in the ADVANCE DIRECTIVE section. *(The banner is the area that is at the top of all PCC and POC resident tabs and is featured in black old font CODE STATUS.) Residents POLST orders and preferences are reviewed upon at admission and	3/23/21	

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F 678	<p>Continued From page 7</p> <p>Treatment (POLST) that identified their code status. This facility policy/practice did not follow 203 residents whom chose a do not resuscitate (DNR) status.</p> <p>The immediate jeopardy began on 1/23/21, at 2:00 p.m. when R1, who had a current DNR order, was resuscitated when he ceased to have a pulse or respirations. The director of nursing (DON), was notified of the immediate jeopardy on 2/18/21, at 5:14 p.m. The immediate jeopardy was removed on 2/19/21, at 10:56 a.m. when the facility revised their policies and practices and retrained staff, to ensure residents would not be resuscitated against their wishes. However, noncompliance remained at a G scope and severity level, which indicated actual harm that is not immediate jeopardy.</p> <p>Findings include:</p> <p>The facilities undated Minnesota Veterans Home-Minneapolis, Nursing Standard of Work, Medical Emergency Protocol, identified, the first step in a emergency response was, "The first CPR certified person arriving to the scene will assess airway, breathing, and circulation to determine if CPR needs to be initiated. If no pulse or respirations, present, activate emergency medical system (EMS) and initiate CPR and automated external defibrillator (AED) use." Step 2 indicated staff person to obtain resident's medical record. Check the resident's identification wrist band and the POLST for instruction or any other pertinent information. If a verified POLST order is written for DNR and signed by the medical provider, discontinue CPR (by licensed personnel).</p>	F 678	<p>quarterly. The review is completed with members of the interdisciplinary team, resident/veteran, and family. Veterans that are independent in decision making, may include family or other decision makers.</p> <p>The Provider Orders for Life Sustaining Treatment (POLST) and CPR policies, Medical Emergency and POLST Standard of Work (SOW) were reviewed. Education and training provided to staff. Audits will be completed on POLST and Medical Emergency events. Audit results will be reviewed at the QAPI meeting monthly x3. The Director of Quality in collaboration with the committee will determine the need for ongoing auditing.</p> <p>The DON is responsible.</p>		

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F 678	<p>Continued From page 8</p> <p>R1's quarterly Minimum Data Set (MDS) dated 11/10/20, included, staff did not attempt the brief interview for mental status as resident was rarely/never understood. R1 required extensive assistance for most activities of daily living (ADL's). R1's diagnoses included, stroke, aphasia (inability to speak), heart failure and kidney disease.</p> <p>R1's Provider Orders for Life Sustaining Treatment (POLST), dated 11/15/18, included, under cardiopulmonary resuscitation, patient has no pulse and is not breathing: "DNR/DO NOT ATTEMPT RESUSCITATION (allow natural death)." This was signed by R1 and nurse practitioner (NP)-A on 11/15/18.</p> <p>When interviewed on 2/17/21, at 9:49 a.m. R1's family member (FM)-A stated registered nurse (RN)-D had called her on 1/23/21. RN-D stated, R1 had been left on the toilet unattended, staff returned and found him unconscious and without a pulse. Staff started CPR, R1 was revived, and taken to the hospital. FM-A stated, she had to make the decision to remove him from life support the following day and it was very upsetting to the family. FM-A cried and apologized for being so upset. FM-A stated, this was not what R1 wanted. He had a DNR order in place so that he would not be revived against his wishes. RN-D had told FM-A the facility's policy was to, "fault to full code until they discover otherwise." FM-A stated, the facility had never informed her of this policy until this incident happened. FM-A stated, she did not want any other residents to suffer the way R1 did.</p> <p>R1's progress noted dated, 1/23/21, at 2:00 p.m. indicated human services technician (HST)-C</p>	F 678			

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F 678	<p>Continued From page 9</p> <p>used a standing lift to transfer R1 to bed. HST-C stated during transfer resident became unresponsive. LPN-B assessed the resident and he was unconscious and blue in color. Licensed practical nurse (LPN)-B and HST-C started CPR.</p> <p>R1's progress noted dated 1/23/21, at 3:23 p.m. included, "after 2 pm nurse stat [immediate] called for resident, writer arrived and noted resident in bed unresponsive, shallow breathing with apneic [short periods of cessation of breathing] episodes, transfers resident passed out and become bluish in color with oxygen on. Per nurse cardiopulmonary resuscitation (CPR) was started and then stopped immediately after verifying that resident code status was do not resuscitate (DNR)."</p> <p>R1's progress noted dated 1/24/21, at 12:07 p.m. indicated the facility had called Hennepin County Medical Center (HCMC) regarding resident's condition. The note indicated R1 was responsive to physical touch and opens his eyes. R1 was on a BIPAP (bilevel positive airway pressure) with 100 percent of oxygen. Family decided to implement comfort care and remove the BIPAP.</p> <p>During an interview on 2/17/21, at 12:51 p.m. HST-B stated, on 1/23/21, at approximately 2:00 p.m. he heard HST-C call for help. HST-B and LPN-B found R1 lying on the bed, he looked blue, and was unresponsive. HST-C had told HST-B she had been transferring R1 to bed, he turned blue and passed out. LPN-B and HST-B immediately implemented CPR, R1 was revived and responsive before another staff (unknown) came in and told them R1 had a DNR order. The paramedics also arrived after R1 had been resuscitated. R1 was then taken to the hospital.</p>	F 678			

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F 678	Continued From page 10 When interviewed on 2/17/21, at 10:21 a.m. HST-A stated per facility policy, if she found any resident who was unresponsive with no pulse, she would call for help, start CPR, and send someone to check the resident's chart for their code status. If they had a DNR order, would cease CPR. When interviewed on 2/17/21, at 10:23 a.m. LPN-A stated, if she found a resident who was unresponsive and didn't have a pulse, she would start CPR and delegate someone to get the resident's chart to check their POLST. If the resident had a DNR order, then she would stop performing CPR. When interviewed on 2/17/21, at 10:33 a.m. HST-B stated, if he found a resident unresponsive without a pulse, he would start CPR until he was told the resident had a DNR, then he would stop performing CPR. When interviewed on 2/17/21, at 10:55 a.m. RN-E stated, if she found a resident unresponsive and without a pulse, "You assume they are full code, call for help, have the another person call a code and stay with them [the resident] and start CPR," RN-E stated when the chart arrives and they find out the resident has chosen DNR, then they would stop CPR. When interviewed on 2/17/21, at 12:35 p.m. registered nurse manager (RN)-A stated, when staff find a resident unresponsive with no pulse, the nurses are trained to, "activate the nurse stat code, someone should start CPR, someone should check the POLST, and someone calls 911." RN-A stated CPR would start even if the	F 678			

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F 678	<p>Continued From page 11 code status was unknown and stopped once the DNR order is found.</p> <p>When interviewed on 2/17/21, at 3:18 p.m. the director of nursing (DON) stated, if a nurse came upon a resident who was unresponsive, they should call for help and assess the resident. If the resident didn't have a pulse or respirations, they should start CPR and then send a staff member to check the POLST. If the resident had a DNR, the licensed staff should make the determination to stop CPR.</p> <p>When interviewed on 2/17/21, at 3:52 p.m. the medical director stated, the facility's policy was to, "choose life", and start CPR until getting verification from the resident's chart. He stated, "You can always discontinue resuscitation." If CPR was started on a resident that had a DNR that was confirmed once the POLST form arrived, then the nurse on duty can stop CPR. "If we don't resuscitate the resident and they die, we can't take it back. In a default situation, choose life."</p> <p>When interviewed on 2/17/21, at 4:08 p.m. LPN-D stated, when finding a resident unresponsive and without a pulse, they will call for help and start CPR. "We try to check the code status, and once we have the DNR order, we will stop [CPR]."</p> <p>When interviewed on 2/17/21, at 4:14 p.m. LPN-E stated, when finding a resident unresponsive and without a pulse, they turn the call light on for the HST to get the medical record, and start CPR. Once there is a verified DNR order, they would stop CPR.</p> <p>When interviewed on 2/18/21, at 8:25 a.m. the</p>	F 678			

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F 678	<p>Continued From page 12</p> <p>social worker (SW)-A stated on admission they discuss with the resident or their representative about advance directives and present the POLST. SW-A did not discuss that CPR may be started while staff get their medical record to verify the POLST with the residents or their representatives, even if they chose DNR status.</p> <p>When interviewed on 2/18/21, at 9:00 a.m. RN-B stated the facility practice is to start CPR first, then have someone find the POLST for direction. CPR would be stopped if there was a DNR order.</p> <p>The facility provided a list of all current residents (203 residents) whom had a POLST signed by a provider for DNR orders and wishes of the resident's.</p> <p>The immediate jeopardy that began on 1/23/21, at 2:00 p.m. was removed on 2/19/21, at 10:56 a.m.</p> <p>when it was verified through observation, interview, and document review the facility implemented the following: The facility utilized their electronic health record, Point Click Care, to add the resident's desired/ordered code status onto the banner, to quickly verify code status. This was verified by review of all electronic health records. The facilities Minnesota Veterans Home-Minneapolis, Nursing Standard of Work, Medical Emergency Protocol, undated, was changed to include, the first CPR certified person arriving on the scene will assess airway, breathing, and circulation to determine if CPR needs to be initiated. A second staff person will verify code status. This is done prior to initiating CPR. If no pulse or respirations are present and code status is verified as full code, they would activate EMS and initiate CPR and AED. The</p>	F 678			

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F 678	Continued From page 13 facility provided training to all staff responsible to implement CPR prior to starting their next shift on the facility new policy, procedure, and where to locate code status quickly. This was verified through review of training logs and interview of staff (LPN-A, LPN-C, RN-H (educator), LPN-D, HST-C, and RN-G).	F 678			