DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
May 24, 2023

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

RE: CCN: 245620
Cycle Start Date: May 15, 2023

Dear Administrator:

On May 15, 2023, a survey was completed at your facility by the Minnesota Department(s) 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 immediate jeopardy (Level J), as evidenced by the electronically delivered CMS-2567, whereby corrections are not required.

The Statement of Deficiencies (CMS-2567) is being electronically delivered. Because corrective action was taken prior to the survey, past non-compliance does not require a plan of correction (POC).

REMOVAL OF IMMEDIATE JEOPARDY

On May 12, 2023, the situation of immediate jeopardy to potential health and safety cited at F689 was removed.

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 forimposition: You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

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

NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered

professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than $11,292; 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 May 15, 2023. This prohibition is not subject to appeal. Under Public Law 105-15 (H.R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

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

SUBSTANDARD QUALITY OF CARE (SQC)

SQC was identified at your facility. Sections 1819(g)(5)(C) and § 1919(g)(5)(C) of the Social Security Act and 42 CFR 488.325(h) requires 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.**

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 § 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 May 15, 2023. 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.

DEPARTMENT CONTACT

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

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

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

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) 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 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://mdhprovidercontent.web.health.state.mn.us/ltc_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

Feel free to contact me if you have questions.

Sincerely,

Kamala Fiske-Downing

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

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Electronically delivered

May 24, 2023

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

Re: Event ID: X4T711

Dear Administrator:

The above facility survey was completed on May 15, 2023 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

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

Please feel free to call me with any questions.

Sincerely,

Kamala Fiske-Downing

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00233	A. BUILDING: _____ B. WING _____	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MN VETERANS HOME MINNEAPOLIS	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) COMPLETE DATE
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 5/15/23, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was IN compliance with the MN State Licensure The following complaints were reviewed during the survey:	2 000		

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2 000	Continued From page 1 H56202169C (MN93395) 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		

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	245620	A. BUILDING _____ B. WING _____	C 05/15/2023

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MN VETERANS HOME MINNEAPOLIS	5101 MINNEHAHA AVENUE SOUTH MINNEAPOLIS, MN 55417

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F 000	INITIAL COMMENTS On 5/15/23, a standard abbreviated survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities. The following complaint was reviewed: H56202169C (MN93395) and a deficiency was issued at F689 at PAST NON-COMPLIANCE. Although the provider had implemented corrective action prior to survey, immediate jeopardy was sustained prior to the survey. No plan of correction is required for a finding of past non-compliance; however, the facility must acknowledge receipt of the electronic documents.	F 000		
F 689 SS=J	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to provide adequate supervision and interventions to prevent elopement of 1 of 1 resident (R1). This resulted in an immediate jeopardy (IJ) for R1 who eloped after being left alone in an unsupervised area.	F 689	Past noncompliance: no plan of correction required.	

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

Electronically Signed | 05/30/2023

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 Findings include: The IJ began in 5/7/23, when R1 eloped from the facility and was found in the parking lot by a staff member who was on break and recognized R1. R1 was trying to get into cars in the parking lot, and stated he wanted to find his wife. R1 was wearing his WanderGuard (monitoring device with an alarm to alert staff when a resident attempts to leave a safe area) when he was found. The administrator and director of nursing (DON) were notified of the IJ on 5/15/23 at 4:12 p.m. The facility implemented corrective action to prevent reoccurrence by 5/12/23, so F689 was issued at past non-compliance. R1's Face Sheet printed 5/15/23, indicated R1's diagnoses included Alzheimer's Disease, delusional disorders, hypertension (high blood pressure), and chronic kidney disease. R1's quarterly Minimum Data Set (MDS) dated 3/17/23, indicated severe cognitive impairment, delusions, ambulatory and wandering behavior four to six days of the seven-day look-back assessment period. R1's baseline care plan dated 11/15/19, indicated, "I am at risk for elopement due to my history at MVH [Minnesota Veteran's Home] and prior facilities." R1's care plan dated 11/18/21, indicated R1's photo was posted behind the reception desk at the front entrance for, "Staff to know" [identify in case of elopement]. R1's care plan dated 2/15/22, indicated R1 was at risk of elopement related to impaired memory, impaired cognition and safety judgment, and a history of attempts at elopement. The care plan indicated on 11/15/22, R1 required frequent checks due to	F 689		

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F 689	Continued From page 2	F 689		

his ability to turn off the wander guard, and on 3/20/23, indicated R1 required supervision to go off the unit.

A facility report to the State Agency (SA) dated 5/7/23, indicated on 5/7/23 at approximately 11:50 a.m., R1 ambulated off the unit into the elevator bay area, setting off the WanderGuard alarm, to which staff responded. R1 stated he wanted to sit in the area to look out the window. Human services technician (HST)-A left R1 sitting in the area and went back to the unit. At approximately 12:00 p.m., staff looked for R1 for lunch, and did not find R1 in the elevator bay by the window where he was last seen. A search of the unit was initiated without finding R1. At approximately 12:20 p.m., the registered nurse (RN) on the unit received a call from the front desk indicated R1 was observed in the parking lot attempting to open car doors and stated he was looking for his car.

On 5/15/23 at 11:57 a.m., RN-B was interviewed and stated she interviewed HST-A after the incident and found HST-A was not familiar with R1's plan of care, and thought because R1 was mobile and verbal, it was okay to leave him in the area alone. RN-B stated R1 made it down the elevator and out the front door. RN-B stated the expectation was staff would review the plan of care prior to performing care on the unit.

On 05/15/23 at 12:16 p.m., RN-A stated R1 had a WanderGuard that triggered an alarm when R1 was close to the door. RN-A joined the room-to-room search for R1 when RN-A returned from break. When RN-A was getting ready to call the Officer of the Day, a front desk staff called the unit to indicate R1 was found outside.

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F 689	Continued From page 3 On 05/15/23 at 1:40 p.m., HST-A stated she heard the WanderGuard bell ring and found R1 sitting in a chair in the elevator bay outside the unit. R1 was mobile, but said he would stay there, so HST-A left R1 and returned to the unit. HST-A stated staff could not find R1 for lunch, so HST-A went back to get R1 from the elevator bay area, and R1 was not there, so HST-A told other floor staff that she could not find R1. HST-A and other floor staff performed a room-to-room search on the unit. HST-A stated someone from the floor called the front desk to inquire if R1 was in the area, but the front desk staff had not seen R1. As the search of the unit continued, the unit received a call indicating licensed practical nurse (LPN)-A found R1 in the parking lot and returned R1 to the unit. On 05/15/23 at 2:35 p.m., the director of nursing (DON) stated R1 had a WanderGuard, and had not tried to leave the unit recently. The DON stated the risk of R1 being off the unit unsupervised was for injury related to a fall or dehydration. The DON further stated staff checked R1's WanderGuard device every shift for placement and functionality, and knew it worked when the device illuminated a blinking red light. The Elopement/ Missing Resident Policy dated 10/20/20, indicated elopement is verified when a resident who has been determined to be cognitively impaired as evidenced by quantifiable measures on the Cognitive Performance Test and/or Risk Assessment leaves a defined area/ environment (as determined by care plan) unsupervised, undetected, unobserved, without staff knowledge of departure.	F 689		

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F 689	Continued From page 4 The facility implemented corrective action to prevent reoccurrence on 5/9/23. The facility reviewed the Elopement/ Missing Person policy and implemented re-training for R1's unit staff on the Elopement/ Missing Resident policy which was completed 5/12/23. RN-B stated she performed audits to ensure staff tested the wander guard unit for placement and functionality each shift. RN-B's reviewed R1's care plan and initiated an additional level of supervision on 5/9/23, for R1 to have line-of-sight supervision when he chose to sit in the elevator bay. This was verified through staff interviews on 5/15/23.	F 689		