



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
November 8, 2023

Administrator
Interlude
2775 Campus Drive North
Plymouth, MN 55441

RE: CCN: 245624
Cycle Start Date: October 9, 2023

Dear Administrator:

On November 3, 2023, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

A handwritten signature in black ink, appearing to read 'Melissa Poepping'.

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

November 8, 2023

Administrator
Interlude
2775 Campus Drive North
Plymouth, MN 55441

Re: Reinspection Results
Event ID: 76BW12

Dear Administrator:

On November 3, 2023 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on October 9, 2023. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Melissa Poepping'.

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
October 19, 2023

Administrator
Interlude
2775 Campus Drive North
Plymouth, MN 55441

RE: CCN: 245624
Cycle Start Date: October 9, 2023

Dear Administrator:

On October 9, 2023, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

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.

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.

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

Interlude

October 19, 2023

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- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

DEPARTMENT CONTACT

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

Susie Haben, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Midtown Square
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us
Office: (320) 223-7356 Mobile: (651) 230-2334

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 the 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 THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

If substantial compliance with the regulations is not verified by January 9, 2024 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by April 9, 2024 (six months after the

Interlude

October 19, 2023

Page 3

identification of noncompliance) your provider agreement will be terminated. 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.

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,



Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
October 19, 2023

Administrator
Interlude
2775 Campus Drive North
Plymouth, MN 55441

Re: State Nursing Home Licensing Orders
Event ID: 76BW11

Dear Administrator:

The above facility was surveyed on October 6, 2023 through October 9, 2023 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a "suggested method of correction" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the order within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html. The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

Susie Haben, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Midtown Square
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us
Office: (320) 223-7356 Mobile: (651) 230-2334

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

Please feel free to call me with any questions.



Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 29763	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/09/2023
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NAME OF PROVIDER OR SUPPLIER INTERLUDE	STREET ADDRESS, CITY, STATE, ZIP CODE 2775 CAMPUS DRIVE NORTH PLYMOUTH, MN 55441
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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
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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 10/6/23 and 10/9/23, a complaint survey was conducted at your facility by surveyor from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing order was issued. Please indicate in your electronic plan of correction you have reviewed these orders and</p>	2 000		
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 10/23/23
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Minnesota Department of Health

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2 000	<p>Continued From page 1</p> <p>identify the date when they will be completed.</p> <p>The following complaints were reviewed. H56246262C (MN00097349) H56246305C (MN00093566) H56246303C (MN00092010)</p> <p>As a result of the investigation licensing a order was issued at 0265.</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction.</p> <p>You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will</p>	2 000		

Minnesota Department of Health

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2 000	Continued From page 2 be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE	2 000		
2 265	MN Rule 4658.0085 Notification of Chg in Resident Health Status A nursing home must develop and implement policies to guide staff decisions to consult physicians, physician assistants, and nurse practitioners, and if known, notify the resident's legal representative or an interested family member of a resident's acute illness, serious accident, or death. At a minimum, the director of nursing services, and the medical director or an attending physician must be involved in the development of these policies. The policies must have criteria which address at least the appropriate notification times for: A. an accident involving the resident which results in injury and has the potential for requiring physician intervention; B. a significant change in the resident's physical, mental, or psychosocial status, for example, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications; C. a need to alter treatment significantly, for	2 265		10/23/23

Minnesota Department of Health

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2 265	<p>Continued From page 3</p> <p>example, a need to discontinue an existing form of treatment due to adverse consequences, or to begin a new form of treatment;</p> <p>D. a decision to transfer or discharge the resident from the nursing home; or</p> <p>E. expected and unexpected resident deaths.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the facility did not notify the physician regarding a request for hospital transfer related to high blood glucose level for 1 of 3 resident (R1), reviewed for diabetic management.</p> <p>Findings include:</p> <p>R1's face sheet showed a list of diagnoses including type I diabetes mellitus with ketoacidosis (high level of ketones in the blood that makes it acidic) without coma and type II diabetes mellitus.</p> <p>R1's admission Minimum Data Set (MDS) dated 7/9/23, indicated R1 was admitted on 7/4/23, with intact cognition. The MDS also indicated R1 was on insulin medication.</p> <p>R1's insulin orders showed the following:</p> <p>-On 7/4/23, inject insulin aspart (NovoLog) five units subcutaneously with breakfast in addition to sliding scale dose.</p> <p>-On 7/6/23, inject insulin aspart (NovoLog) as per sliding scale: if 70-149 = one unit; 150-199 = two units; 200-249 = three units; 250-299 = four units;</p>	2 265	CORRECTED	
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Minnesota Department of Health

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2 265	<p>Continued From page 4</p> <p>300-349 = five units; 350-399 = six units; 400-449 = seven units; 450-600 = eight units; 601-999 call triage, subcutaneously with meals in addition to scheduled doses with meals.</p> <p>-On 7/4/23, inject insulin glargine (Lantus) 20 units, subcutaneously one time a day.</p> <p>The medication administration record (MAR) for the month of July 2023, showed on 7/9/23, R1's blood sugar during morning meal (breakfast) was 568 and staff administered five units of insulin aspart per scheduled dose, eight units of insulin aspart per sliding scale, and 20 units of scheduled insulin glargine.</p> <p>The progress notes showed on 7/9/23, R1's son decided to take R1 to the hospital for the high blood sugar level of 568. The progress notes indicated R1's son wanted to know why R1's blood sugar level was not being controlled. However, the progress notes lacked evidence of physician notification regarding R1's transfer to the hospital related to the high blood sugar level.</p> <p>The document titled, ED (Emergency Department) to Hosp-Admission, printed on 7/11/23, indicated R1's hospital admission on 7/9/23 at 10:01 a.m. with chief complaint of type 1 diabetes with DKA (diabetic ketoacidosis).</p> <p>During interview on 10/06/2023 at 3:49 p.m., licensed practical nurse (LPN)-A verified R1's son went to the facility to take R1 to the hospital on 7/9/23. LPN-A stated, "it happened so fast I was in the room talking to [R1] and the son came in and wheeled his mom out." LPN-A stated she did not call the provider about the high blood sugar because it was still within parameter and because R 1 did not show any symptoms. LPN-A also</p>	2 265		

Minnesota Department of Health

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2 265	<p>Continued From page 5</p> <p>stated she could not remember calling the provider related to R1's hospitalization.</p> <p>During interview on 10/9/23 at 10:31 a.m., nurse manager (NM)-A stated she could only see what was written in the progress notes and verified there was no documentation about notification to the physician/nurse practitioner/on-call about R1's transfer to the hospital on 7/9/23. NM-A stated the protocol is for the provider to be notified when guests (residents) are transferred to the hospital for any reason.</p> <p>During interview on 10/9/23 at 12:06 p.m., the director of nursing (DON) stated she also could not find any proof that the physician/nurse practitioner was notified about R1's hospital transfer related to high blood sugar level. The DON stated expectations for staff to follow protocol about notifying the provider or on-call when residents are transferred to the hospital.</p> <p>The facility policy titled, Change in Condition, with latest review date of 4/14/23, provides that the nurse will notify the resident's attending physician or physician on call when there has been a need to transfer the resident to a hospital/treatment center.</p> <p>SUGGESTED METHOD OF CORRECTION: The administrator, director of nursing (DON), or designee could update policies and procedures and then educate staff on examples on when the physician should be notified. The administrator, DON, or designee could perform audits of medical records to determine if the physician had been notified appropriately.</p> <p>TIME PERIOD FOR CORRECTION: Twenty One (21) days.</p>	2 265		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 29763	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/09/2023
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/27/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245624	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/09/2023
NAME OF PROVIDER OR SUPPLIER INTERLUDE			STREET ADDRESS, CITY, STATE, ZIP CODE 2775 CAMPUS DRIVE NORTH PLYMOUTH, MN 55441		
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F 000	INITIAL COMMENTS On 10/6/23 and 10/9/23, 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 complaints were reviewed. H56246262C (MN00097349) H56246305C (MN00093566) H56246303C (MN00092010) As a result of the investigation, a deficiency was cited at F580. 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 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;	F 580		10/27/23	

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

TITLE

(X6) DATE

Electronically Signed

10/23/2023

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.

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

PRINTED: 10/27/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245624	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/09/2023
NAME OF PROVIDER OR SUPPLIER INTERLUDE		STREET ADDRESS, CITY, STATE, ZIP CODE 2775 CAMPUS DRIVE NORTH PLYMOUTH, MN 55441		
(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 580	<p>Continued From page 1</p> <p>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations</p>	F 580		

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F 580	<p>Continued From page 2 under §483.15(c)(9). This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review, the facility did not notify the physician regarding a request for hospital transfer related to high blood glucose level for 1 of 3 resident (R1), reviewed for diabetic management.</p> <p>Findings include:</p> <p>R1's face sheet showed a list of diagnoses including type I diabetes mellitus with ketoacidosis (high level of ketones in the blood that makes it acidic) without coma and type II diabetes mellitus.</p> <p>R1's admission Minimum Data Set (MDS) dated 7/9/23, indicated R1 was admitted on 7/4/23, with intact cognition. The MDS also indicated R1 was on insulin medication.</p> <p>R1's insulin orders showed the following:</p> <p>-On 7/4/23, inject insulin aspart (NovoLog) five units subcutaneously with breakfast in addition to sliding scale dose.</p> <p>-On 7/6/23, inject insulin aspart (NovoLog) as per sliding scale: if 70-149 = one unit; 150-199 = two units; 200-249 = three units; 250-299 = four units; 300-349 = five units; 350-399 = six units; 400-449 = seven units; 450-600 = eight units; 601-999 call triage, subcutaneously with meals in addition to scheduled doses with meals.</p> <p>-On 7/4/23, inject insulin glargine (Lantus) 20 units, subcutaneously one time a day.</p>	F 580	<p>(F 580) This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. The Plan of Correction is submitted to meet requirements established by State and Federal law. It is the policy of Allina Health and Restorative Suites to comply with F 580.</p> <p>To assure continued compliance, the following plan has been put into place;</p> <p>Regarding cited resident: R1 is no longer a resident at this facility.</p> <p>Actions taken to identify other potential residents having similar occurrences: All residents with a change in condition requiring hospital transfer will have physician notification according to the change in condition policy.</p> <p>Measures put in place to ensure deficient practice does not recur: Licensed staff were educated on 10/9/23 through 10/24/23 regarding the Change in Condition policy including notification of physician for family/ guest initiated hospital transfers.</p>	

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F 580	<p>Continued From page 3</p> <p>The medication administration record (MAR) for the month of July 2023, showed on 7/9/23, R1's blood sugar during morning meal (breakfast) was 568 and staff administered five units of insulin aspart per scheduled dose, eight units of insulin aspart per sliding scale, and 20 units of scheduled insulin glargine.</p> <p>The progress notes showed on 7/9/23, R1's son decided to take R1 to the hospital for the high blood sugar level of 568. The progress notes indicated R1's son wanted to know why R1's blood sugar level was not being controlled. However, the progress notes lacked evidence of physician notification regarding R1's transfer to the hospital related to the high blood sugar level.</p> <p>The document titled, ED (Emergency Department) to Hosp-Admission, printed on 7/11/23, indicated R1's hospital admission on 7/9/23 at 10:01 a.m. with chief complaint of type 1 diabetes with DKA (diabetic ketoacidosis).</p> <p>During interview on 10/06/2023 at 3:49 p.m., licensed practical nurse (LPN)-A verified R1's son went to the facility to take R1 to the hospital on 7/9/23. LPN-A stated, "it happened so fast I was in the room talking to [R1] and the son came in and wheeled his mom out." LPN-A stated she did not call the provider about the high blood sugar because it was still within parameter and because R 1 did not show any symptoms. LPN-A also stated she could not remember calling the provider related to R1's hospitalization.</p> <p>During interview on 10/9/23 at 10:31 a.m., nurse manager (NM)-A stated she could only see what was written in the progress notes and verified there was no documentation about notification to</p>	F 580	<p>Effective implementation of actions will be monitored by: The Director of Nursing or designee will audit (75% of re hospitalizations will be reviewed next business day) for three months to ensure (F 580). Results of these audits will be reviewed by the facility QAPI committee and they will make the decision if further monitoring/audits are recommended.</p> <p>Those responsible to maintain compliance will be: The Director of Nursing or designee is responsible for maintain compliance.</p> <p>Completion date for certification purposes only is: 10/27/23</p>	

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F 580	<p>Continued From page 4</p> <p>the physician/nurse practitioner/on-call about R1's transfer to the hospital on 7/9/23. NM-A stated the protocol is for the provider to be notified when guests (residents) are transferred to the hospital for any reason.</p> <p>During interview on 10/9/23 at 12:06 p.m., the director of nursing (DON) stated she also could not find any proof that the physician/nurse practitioner was notified about R1's hospital transfer related to high blood sugar level. The DON stated expectations for staff to follow protocol about notifying the provider or on-call when residents are transferred to the hospital.</p> <p>The facility policy titled, Change in Condition, with latest review date of 4/14/23, provides that the nurse will notify the resident's attending physician or physician on call when there has been a need to transfer the resident to a hospital/treatment center.</p>	F 580		