



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
November 15, 2022

Administrator
Rochester Rehabilitation And Living Center
1900 Ballington Boulevard NW
Rochester, MN 55901

RE: CCN: 245626
Cycle Start Date: August 11, 2022

Dear Administrator:

On September 12, 2022, we notified you a remedy was imposed. On October 21, 2022 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 October 7, 2022.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective October 20, 2022 did not go into effect. (42 CFR 488.417 (b))

However, as we notified you in our letter of October 5, 2022, 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 September 22, 2022.

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

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. 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 15, 2022

Administrator
Rochester Rehabilitation And Living Center
1900 Ballington Boulevard NW
Rochester, MN 55901

Re: Reinspection Results
Event ID: MXJV12 and IUZU12

Dear Administrator:

On October 21, 2022 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 August 30, 2022 and September 22, 2022. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

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

September 12, 2022

Administrator
Rochester Rehabilitation And Living Center
1900 Ballington Boulevard Nw
Rochester, MN 55901

RE: CCN: 245626
Cycle Start Date: August 11, 2022

Dear Administrator:

On August 26, 2022, we informed you that we may impose enforcement remedies.

On August 30, 2022, the Minnesota Department of Health completed a survey and it has been determined that your facility is not in substantial compliance. The most serious deficiencies in your facility were found to be isolated deficiencies that constituted 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.

REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy(ies) listed below to the CMS 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 September 27, 2022.

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective September 27, 2022. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective September 27, 2022.

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.

This Department is also recommending that CMS impose a civil money penalty. 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.

If you have not achieved substantial compliance by September 27, 2022, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, Rochester Rehabilitation And Living Center will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from September 27, 2022. You will receive further information regarding this from the State agency. This prohibition is not subject to appeal. Further, this prohibition may be rescinded at a later date if your facility achieves substantial compliance prior to the effective date of denial of payment for new admissions. However, under Public Law 105-15, you may contact the State agency and request a waiver of this prohibition if certain criteria are met.

ELECTRONIC PLAN OF CORRECTION (ePOC)

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being

corrected and will not recur.

- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

DEPARTMENT CONTACT

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

Jennifer Kolsrud Brown, RN, Unit Supervisor
Rochester District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
18 Wood Lake Drive Southeast
Rochester, Minnesota 55904-5506
Email: jennifer.kolsrud@state.mn.us
Office: (507) 206-2727 Mobile: (507) 461-9125

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health - Health Regulation Division staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for their respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by February 11, 2023 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at § 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42

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:

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.

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,

A handwritten signature in black ink, appearing to read 'M. Poepping', with a stylized, cursive script.

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

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

PRINTED: 10/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245626		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/30/2022	
NAME OF PROVIDER OR SUPPLIER ROCHESTER REHABILITATION AND LIVING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1900 BALLINGTON BOULEVARD NW ROCHESTER, MN 55901			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS On 8/29/22 and 8/30/22, a standard abbreviated survey was conducted at your facility. Your facility was found to be NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaints were found to be SUBSTANTIATED: H56264373C (MN85507) and H56264304C (MN85491) with a deficiency cited at F755. The following complaint was found to be SUBSTANTIATED: H56264391C (MN85981), however NO deficiencies were cited due to actions implemented by the facility prior to survey: AND The following complaint was found to be UNSUBSTANTIATED: H56264362C (MN84617). 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 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)			F 755			9/21/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		09/20/2022

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: 10/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245626	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/30/2022
NAME OF PROVIDER OR SUPPLIER ROCHESTER REHABILITATION AND LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 BALLINGTON BOULEVARD NW ROCHESTER, MN 55901		
(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 755	Continued From page 1 §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on interview and document review the facility failed to have a physician ordered medication available for administration for 1 of 2 residents (R1) reviewed for medication errors.	F 755	F 755 Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) Allegation of Compliance: This plan of		

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

PRINTED: 10/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245626	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/30/2022
NAME OF PROVIDER OR SUPPLIER ROCHESTER REHABILITATION AND LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 BALLINGTON BOULEVARD NW ROCHESTER, MN 55901		
(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 755	Continued From page 2 Findings include: R1's admission Minimum Data Set (MDS) dated 6/30/22, indicated R1 had a primary diagnosis of encephalopathy (a disease that affects the function or structure of your brain), cirrhosis of the liver with portal hypertension. and ascites (fluid in the abdomen). The MDS also indicated R1 did not have cognitive impairment. R1's admission orders dated 6/24/22, indicated R1 was to receive 30 ml of Lactulose 20 G/30 ml (grams/milliliters) concentration twice daily (Lactulose is a medication that helps eliminate ammonia build up in the body and reduces the impact of encephalopathy and a laxative) R1's medication administration (MAR) record on 6/24/22, indicated a lactulose dose was due to be given during the afternoon/evening medication pass. R1's progress note dated 6/24/22, at 10:32 p.m. identified the lactulose was not administered because it had not arrived from the pharmacy. During an interview on 8/30/22, at 10:16 a.m. a licensed practical nurse (LPN)-A stated Lactulose was not currently available in the facility's emergency medical supply. LPN-A stated Lactulose used to be commonly ordered for constipation, but R1's Lactulose was prescribed to reduce the impact of ammonia on his encephalopathy. LPN-A stated she was not aware of any negative outcome related to missing the dose. She believed providers were aware it could take up to 24 hours to get medications from the pharmacy when there was a new admission.	F 755	correction is prepared and submitted as required by the law. By submitting this plan of correction, RRLC does not admit that the deficiencies listed on CMS-2567 form exist nor does RRLC admit to statements, findings, facts or conclusions that are for the basis for all alleged deficiencies. RRLC reserves the right to challenge in legal proceedings all deficiencies, statements, findings, facts and conclusions that form the basis of the deficiency. 1. How corrective action will be accomplished for those residents found to have been affected by the deficient practice. R1 discharged from facility on July 27, 2022. The DON contacted the pharmacy to stock Lactulose in house in the Omnicell on September 15, 2022. R1 was admitted to facility on June 24, 2022 with orders to receive 30 ml of Lactulose twice daily as directed. Resident was not administered the day of admission as it had not arrived from the pharmacy. Resident did receive Lactulose starting June 25, 2022 and continued to receive as directed throughout his stay at the facility until the day of discharge on July 27, 2022. 2. How the facility will identify other residents having the potential to be affected by the same deficient practice. New admissions or residents that have new orders for the utilization of Lactulose for a diagnosis of encephalopathy have the potential to be affected by this		

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

PRINTED: 10/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245626	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/30/2022
NAME OF PROVIDER OR SUPPLIER ROCHESTER REHABILITATION AND LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 BALLINGTON BOULEVARD NW ROCHESTER, MN 55901		
(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 755	Continued From page 3 During an interview on 8/30/22, at 10:41 a.m. the facility medical director (MD)-A stated when a medication is missed it was considered a medication error and should be reported for review. MD-A stated R1's missed dose of Lactulose would not be considered a significant error and no harm occurred to R1. However, the facility should always review a resident's clinical condition to determine the potential for harm for any missed medication dose and review the cause of the medication error. During an 8/30/22, 11:28 a.m. the director of nursing (DON) stated she was not aware of the missed Lactulose dose upon admission. DON confirmed the medication would not be available in their emergency supply as it was generally considered a laxative and not generally used for emergencies. DON stated the pharmacy delivers two or three times per day. DON explained if a stat dose (immediate) of a medication was ordered, the pharmacy could arrange for a special dose delivery from a local pharmacy. DON was unsure if the missed dose would be considered a medication error per the facility pharmacy policies. DON stated in the case of R1's missed Lactulose dose, the pharmacy should have been notified due to his diagnosis of encephalopathy to see if it could be supplied. According to a policy dated as last revised 1/1/22 and provided by the facilities pharmacy, titled Providing Pharmacy Products and Services: After the normal business hours facility staff should contact pharmacy by dialing the telephone number provided to page the on-call pharmacist. The policy also indicated, "a delay in medication therapy can be prevented by using a medication that is included in Facility ' s Emergency	F 755	practice. Currently the facility has no residents in the facility with the diagnoses of encephalopathy that are scheduled to receive Lactulose routinely or as needed (PRN). 3. What measures will be put in place, or systemic changes made, to ensure that the deficient practice will not recur. Audit was conducted for all residents to see if anyone was utilizing lactulose with a diagnosis of encephalopathy. Education was provided to licensed staff on July 16, 2022 on Medication Management Competency and specifically if the pertinent medications are not available to call the pharmacy to see if they can get it delivered emergently. In addition, review of Pharmacy Policy on Medication Shortages/Unavailable Medications. Education will be provided to licensed staff starting on September 20, 2022 on the policy of Medication Shortages/Unavailable Medications and Avoiding Medication Errors. Pharmacy was also notified of the deficiency on August 30, 2022. Four hundred seventy-three (473) ml bottles of Lactulose will be added to the backup medication unit on September 27, 2022 when the pharmacist is on site to restock. The constipation diagnosis that was a part of the template for the Lactulose order in facilities electronic health record system was removed on September 16, 2022. Facility staff will manually need to enter the rationale for administration of Lactulose. 4. How the facility will monitor its corrective actions to ensure that the		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245626	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/30/2022
NAME OF PROVIDER OR SUPPLIER ROCHESTER REHABILITATION AND LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 BALLINGTON BOULEVARD NW ROCHESTER, MN 55901		
(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 755	Continued From page 4 Medication Supply. If a medication cannot be substituted, ask Physician/Prescriber if the medication therapy can be initiated the next morning. If it is possible to initiate the medication therapy the next morning, Facility staff should document the conversation with the prescriber and include the start time in the order. If a medication is considered essential and cannot be substituted or delayed, contact the emergency number provided by Pharmacy."	F 755	deficient practice is being corrected and will not recur. The results of the outside agency audit will be reviewed by the QAPI committee and committee's recommendations for further action will be followed.		



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
September 12, 2022

Administrator
Rochester Rehabilitation And Living Center
1900 Ballington Boulevard Nw
Rochester, MN 55901

Re: State Nursing Home Licensing Orders
Event ID: MXJV11

Dear Administrator:

The above facility was surveyed on August 29, 2022 through August 30, 2022 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

Rochester Rehabilitation And Living Center

September 12, 2022

Page 2

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:

Jennifer Kolsrud Brown, RN, Unit Supervisor
Rochester District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
18 Wood Lake Drive Southeast
Rochester, Minnesota 55904-5506
Email: jennifer.kolsrud@state.mn.us
Office: (507) 206-2727 Mobile: (507) 461-9125

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: 29822	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/30/2022
NAME OF PROVIDER OR SUPPLIER ROCHESTER REHABILITATION AND LIVING CI			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 BALLINGTON BOULEVARD NW ROCHESTER, MN 55901		
(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 8/29/22 and 8/30/22, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found NOT in compliance with the MN State Licensure. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date when they will be completed.	2 000			

Minnesota Department of Health

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

Electronically Signed

TITLE

(X6) DATE

09/20/22

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 29822	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 08/30/2022
NAME OF PROVIDER OR SUPPLIER ROCHESTER REHABILITATION AND LIVING CI		STREET ADDRESS, CITY, STATE, ZIP CODE 1900 BALLINGTON BOULEVARD NW ROCHESTER, MN 55901			
(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	Continued From page 1 The following complaints were found to be SUBSTANTIATED: H56264373C (MN85507) and H56264304C (MN85491) with a licensing order issued at STAG 1600. The following complaint was found to be SUBSTANTIATED: H56264391C (MN85981), however NO orders were issued due to actions implemented by the facility prior to survey: AND The following complaint was found to be UNSUBSTANTIATED: H56264362C (MN84617). Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor's findings are the Suggested Method of Correction and Time Period for Correction. You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at	2 000			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 29822	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 08/30/2022
NAME OF PROVIDER OR SUPPLIER ROCHESTER REHABILITATION AND LIVING CI			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 BALLINGTON BOULEVARD NW ROCHESTER, MN 55901		
(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	Continued From page 2 https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. 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			
21550	MN Rule 4658.1325 Subp. 1 Adminiatration of Medications; Pharmacy Serv. Subpart 1. Pharmacy services. A nursing home must arrange for the provision of pharmacy services. This MN Requirement is not met as evidenced by: Based on interview and document review the facility failed to have a physician ordered medication available for administration for 1 of 2 residents (R1) reviewed for medication errors. Findings include:	21550	21550 MN Rule 4658.1325 Subp. 1 Administration of Medications; Pharmacy Serv Allegation of Compliance: This plan of correction is prepared and submitted as		9/21/22

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 29822	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 08/30/2022
NAME OF PROVIDER OR SUPPLIER ROCHESTER REHABILITATION AND LIVING CI			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 BALLINGTON BOULEVARD NW ROCHESTER, MN 55901		
(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
21550	Continued From page 3 R1's admission Minimum Data Set (MDS) dated 6/30/22, indicated R1 had a primary diagnosis of encephalopathy (a disease that affects the function or structure of your brain), cirrhosis of the liver with portal hypertension. and ascites (fluid in the abdomen). The MDS also indicated R1 did not have cognitive impairment. R1's admission orders dated 6/24/22, indicated R1 was to receive 30 ml of Lactulose 20 G/30 ml (grams/milliliters) concentration twice daily (Lactulose is a medication that helps eliminate ammonia build up in the body and reduces the impact of encephalopathy and a laxative) R1's medication administration (MAR) record on 6/24/22, indicated a lactulose dose was due to be given during the afternoon/evening medication pass. R1's progress note dated 6/24/22, at 10:32 p.m. identified the lactulose was not administered because it had not arrived from the pharmacy. During an interview on 8/30/22, at 10:16 a.m. a licensed practical nurse (LPN)-A stated Lactulose was not currently available in the facility's emergency medical supply. LPN-A stated Lactulose used to be commonly ordered for constipation, but R1's Lactulose was prescribed to reduce the impact of ammonia on his encephalopathy. LPN-A stated she was not aware of any negative outcome related to missing the dose. She believed providers were aware it could take up to 24 hours to get medications from the pharmacy when there was a new admission. During an interview on 8/30/22, at 10:41 a.m. the facility medical director (MD)-A stated when a	21550	required by the law. By submitting this plan of correction, RRLC does not admit that the deficiencies listed on CMS-2567 form exist nor does RRLC admit to statements, findings, facts or conclusions that are for the basis for all alleged deficiencies. RRLC reserves the right to challenge in legal proceedings all deficiencies, statements, findings, facts and conclusions that form the basis of the deficiency. 1. How corrective action will be accomplished for those residents found to have been affected by the deficient practice. R1 discharged from facility on July 27, 2022. The DON contacted the pharmacy to stock Lactulose in house in the Omnicell on September 15, 2022. R1 was admitted to facility on June 24, 2022 with orders to receive 30 ml of Lactulose twice daily as directed. Resident was not administered the day of admission as it had not arrived from the pharmacy. Resident did receive Lactulose starting June 25, 2022 and continued to receive as directed throughout his stay at the facility until the day of discharge on July 27, 2022. 2. How the facility will identify other residents having the potential to be affected by the same deficient practice. New admissions or residents that have new orders for the utilization of Lactulose for a diagnosis of encephalopathy have the potential to be affected by this practice. Currently the facility has no		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 29822	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 08/30/2022
NAME OF PROVIDER OR SUPPLIER ROCHESTER REHABILITATION AND LIVING CI		STREET ADDRESS, CITY, STATE, ZIP CODE 1900 BALLINGTON BOULEVARD NW ROCHESTER, MN 55901			
(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
21550	Continued From page 4 medication is missed it was considered a medication error and should be reported for review. MD-A stated R1's missed dose of Lactulose would not be considered a significant error and no harm occurred to R1. However, the facility should always review a resident's clinical condition to determine the potential for harm for any missed medication dose and review the cause of the medication error. During an 8/30/22, 11:28 a.m. the director of nursing (DON) stated she was not aware of the missed Lactulose dose upon admission. DON confirmed the medication would not be available in their emergency supply as it was generally considered a laxative and not generally used for emergencies. DON stated the pharmacy delivers two or three times per day. DON explained if a stat dose (immediate) of a medication was ordered, the pharmacy could arrange for a special dose delivery from a local pharmacy. DON was unsure if the missed dose would be considered a medication error per the facility pharmacy policies. DON stated in the case of R1's missed Lactulose dose, the pharmacy should have been notified due to his diagnosis of encephalopathy to see if it could be supplied. According to a policy dated as last revised 1/1/22 and provided by the facilities pharmacy, titled Providing Pharmacy Products and Services: After the normal business hours facility staff should contact pharmacy by dialing the telephone number provided to page the on-call pharmacist. The policy also indicated, "a delay in medication therapy can be prevented by using a medication that is included in Facility 's Emergency Medication Supply. If a medication cannot be substituted, ask Physician/Prescriber if the medication therapy can be initiated the next	21550	residents in the facility with the diagnoses of encephalopathy that are scheduled to receive Lactulose routinely or as needed (PRN). 3. What measures will be put in place, or systemic changes made, to ensure that the deficient practice will not recur. Audit was conducted for all residents to see if anyone was utilizing lactulose with a diagnosis of encephalopathy. Education was provided to licensed staff on July 16, 2022 on Medication Management Competency and specifically if the pertinent medications are not available to call the pharmacy to see if they can get it delivered emergently. In addition, review of Pharmacy Policy on Medication Shortages/Unavailable Medications. Education will be provided to licensed staff starting on September 20, 2022 on the policy of Medication Shortages/Unavailable Medications and Avoiding Medication Errors. Pharmacy was also notified of the deficiency on August 30, 2022. Four hundred seventy-three (473) ml bottles of Lactulose will be added to the backup medication unit on September 27, 2022 when the pharmacist is on site to restock. The constipation diagnosis that was a part of the template for the Lactulose order in facilities electronic health record system was removed on September 16, 2022. Facility staff will manually need to enter the rationale for administration of Lactulose. 4. How the facility will monitor its		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 29822	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/30/2022
NAME OF PROVIDER OR SUPPLIER ROCHESTER REHABILITATION AND LIVING CI			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 BALLINGTON BOULEVARD NW ROCHESTER, MN 55901		
(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
21550	Continued From page 5 morning. If it is possible to initiate the medication therapy the next morning, Facility staff should document the conversation with the prescriber and include the start time in the order. If a medication is considered essential and cannot be substituted or delayed, contact the emergency number provided by Pharmacy." SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee could review and revise policies and procedures for pharmacy services, and how medication is ordered, transcribed, delivered and dispensed by the pharmacy. The director of nursing or designee could develop a system to educate staff about pharmacy services and the disposition of the medication. The quality assurance committee could monitor to ensure compliance. TIME PERIOD FOR CORRECTION: Twenty One (21) days	21550	corrective actions to ensure that the deficient practice is being corrected and will not recur. The results of the outside agency audit will be reviewed by the QAPI committee and committee's recommendations for further action will be followed.		