



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
August 20, 2024

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

RE: CCN: 245626
Cycle Start Date: June 28, 2024

Dear Administrator:

On July 12, 2024, we notified you a remedy was imposed. On August 19, 2024, 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 August 12, 2024.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective September 28, 2024, did not go into effect. (42 CFR 488.417 (b))

The CMS Location 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 that reads 'Holly Zahler'.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3A 3rd Floor
PO Box 64900
625 Robert Street North
St. Paul, MN 55155
Office: 651-201-4384
Email: holly.zahler@state.mn.us



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July 12, 2024

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

RE: CCN: 245626
Cycle Start Date: June 28, 2024

Dear Administrator:

On July 11, 2024, we informed you that we may impose enforcement remedies.

On July 3, 2024, 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.

The deficiency not corrected is as follows:

F880 Infection Prevention & Control - D

In addition, at the time of this survey, we identified the following deficiency:

F609 Reporting of Alleged Violations - D

REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy(ies) listed below to the CMS location for imposition. The CMS location concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Mandatory Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective September 28, 2024.

The CMS location will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective September 28, 2024. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective September 28, 2024.

You should notify all Medicare/Medicaid residents admitted on, or after, this date of the restriction. The remedy must remain in effect until your facility has been determined to be in substantial compliance or your provider agreement is terminated. Please note that the denial of payment for new admissions includes Medicare/Medicaid beneficiaries enrolled in managed care plans. It is your obligation to inform managed care plans contracting with your facility of this denial of payment for new admissions.

The CMS location may determine to impose other remedies such as a Civil Money Penalty.

NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than \$12,924, 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 28, 2024, 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 28, 2024. 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:

Lisa Krebs, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Rochester District Office
3425 40th Avenue NW, Suite 115
Rochester MN, 55901
Email: Lisa.Krebs@state.mn.us
Office: (507) 206-2728

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 December 28, 2024 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at § 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR § 488.412 and § 488.456.

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

APPEAL RIGHTS

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at <https://dab.efile.hhs.gov> no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request shall be submitted electronically to:

Steven.Delich@cms.hhs.gov

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

**Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201
202-795-7490**

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Steven Delich, Program Representative at (312) 886-5216. Information may also be emailed to Steven.Delich@cms.hhs.gov.

Rochester Rehabilitation and Living Center

July 12, 2024

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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://forms.web.health.state.mn.us/form/NHDisputeResolution>

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,



Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3A 3rd Floor
PO Box 64900
625 Robert Street North
St. Paul, MN 55155
Office: 651-201-4384
Email: holly.zahler@state.mn.us

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

PRINTED: 07/23/2024
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 07/03/2024
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NAME OF PROVIDER OR SUPPLIER ROCHESTER REHABILITATION AND LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 BALLINGTON BOULEVARD NW ROCHESTER, MN 55901
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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) COMPLETION DATE
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F 000	<p>INITIAL COMMENTS</p> <p>On 7/2/24, and 7/3/24, 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.</p> <p>The following complaint was reviewed H56265229C (MN00104557, MN00104595), with a deficiency cited at F609.</p> <p>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.</p> <p>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.</p>	F 000		
F 609 SS=D	<p>Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4)</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if</p>	F 609		7/19/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 07/19/2024
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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 609	<p>Continued From page 1</p> <p>the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interviews, and document review, the facility failed to report an accusation of abuse to the administrator and State Agency (SA) within the two-hour time frame for 1 of 3 residents (R2) when the facility staff had knowledge of the abuse situation two days prior to the reported allegation.</p> <p>Findings include:</p> <p>The Facility Reported Incident (FRI) dated 7/1/24 at 1:38 p.m., indicated allegations of neglect that had occurred on 7/1/24 at 4:00 a.m. when nursing assistant (NA)-A made R2 go to bed around 6:00 p.m., pushed R2 around, and pinched her arm.</p> <p>R2's face sheet dated 7/3/24, identified an admission date of 1/11/24. Medical diagnoses included vertebrogenic low back pain (back pain that develops when the vertebral endplates in the spine become damaged), mild intellectual</p>	F 609	<p>1. It is the policy of this nursing facility that allegations of abuse, neglect, exploitation, or mistreatment are reported immediately. The cited incident has been reported to the Minnesota department of Health. AT that time, the facility reviewed and responded to incident for resident R2.</p> <p>2. Under direction of the Social Service Director and Director of Nursing, nursing notes and customer concerns of current residents are being reviewed in the past 30 days for any allegations of abuse of neglect and self-reports will be completed.</p> <p>4. The Social Service Director and Director of Nursing reviewed the resident protection policy and procedure (Resident/Clint/Participant Protections/Freedom from Abuse, Neglect and Misappropriation Policy and Procedure) and it remains current with no edits needed. Policy/procedure was</p>	

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F 609	<p>Continued From page 2</p> <p>disabilities (learning disability characterized by below average intelligence), and anxiety disorder.</p> <p>R2's significant change Minimum Data Set (MDS) dated 5/2/24, identified R2 used a walker and wheelchair for mobility, was dependent on staff for activities of daily living including dressing and turning side to side in bed.</p> <p>R2's Nursing Weekly Skin Check dated 6/20/24, identified no skin issues found.</p> <p>R2's Nursing Weekly Skin Check dated 7/2/24, identified a bruise to the right elbow that measured 2.75 centimeters (cm) x 2.75 cm, bruise to upper right arm that measured 5 cm x 2.5 cm, bruise to the right forearm that measured 2.25 cm x 2.5 cm, inner wrist bruise measured 1 cm x 1.5 cm. Bruises were also noted on left arm and abdomen.</p> <p>During an interview on 7/3/24 at 8:31 a.m., R2 had purple bruises on her upper and lower right arm and a faint blue bruise on the lower arm under the elbow crook. The faint bruise was identified by R2 as the pinch mark from nursing assistant (NA)-A. R2 stated NA-A was rough with her and made for a bad day. R2 indicated she reported the incident to licensed practical nurse (LPN)-A. R2 stated this was the first time NA-A had treated her this way. R2 was upset and teary-eyed during the conversation.</p> <p>During a phone interview on 7/3/24, family member (FM)-A stated that R2 called and reported that a staff person had been bossy and pushy with R2 and pinched her. FM-A was unsure what day R2 reported to him. FM-A stated R2 said it happened during the evening or overnight</p>	F 609	<p>reviewed with interdisciplinary team. Education on types of abuse, neglect and misappropriation and when to report per federal/state and facility requirements for alleged violations.</p> <p>4. Director of Social Services or designee will conduct audits of self-reports 3 times weekly for 4 weeks and weekly thereafter for 2 additional months to ensure timely reporting. Results will be reported at QAPI and the need for continued audits will be determined.</p> <p>5. Date of alleged compliance: August 12, 2024</p>	

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F 609	<p>Continued From page 3 shift.</p> <p>During a phone interview on 7/3/24 at 10:43 a.m. and 3:10 p.m., LPN-A indicated on the evening shift of 6/29/24, between 6:30 p.m. and 7:00 p.m., R2 reported to LPN-A she was pushed and turned hard. LPN-A completed a skin inspection at the time to assess for potential bruising as result of the reported rough treatment. LPN-A recalled a bruise to R2's upper right arm. However, R2 bruised easily because she was taking blood thinners and had a tendency to bump into things while self-propelling her wheelchair. LPN-A explained she had not documented the bruising in R2's medical record. LPN-A had told R2 she would report the incident to her supervisor. LPN-A stated she called and reported the situation to the Director of Nursing (DON) on 6/29/24 after the incident however did not recall the exact time. LPN-A reported during that discussion with the DON, the DON had indicated she would fill out the necessary paperwork for the incident.</p> <p>During a phone interview on 7/3/24 at 9:28 a.m., Registered Nurse (RN)-A stated she was informed by LPN-A that R2 had cried due to a staff member being verbally aggressive. RN-A indicated she checked on R2, R2 appeared miserable so she gave her a hug.</p> <p>During an interview on 7/3/24 at 3:57 p.m., DON stated she was notified of the abuse on 7/1/24 at 12:15 p.m. DON immediately reported the situation to the Administrator and filed the FRI at 1:45 p.m. DON stated LPN-A called her on 6/29/24 to report staffing issues. "If [LPN-A] had called about rough care I would have done something about it."</p>	F 609		

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F 609	<p>Continued From page 4</p> <p>Multiple attempts were made to reach out to NA-A with no return calls on 7/3/24 at 9:10 a.m., 9:44 a.m., and a text message at 9:48 a.m.</p> <p>The facility policy titled Resident/Client Protection Freedom from Abuse, Neglect, and Misappropriation revised 11/3/22, identified that it is the policy that all resident/client/participants are free from abuse and neglect and will establish and enforce written polices an procedures related to suspected or alleged maltreatment and will orient resident/client/participants and mandated reporters to these procedures.</p> <p>Each individual has the right to be free from verbal, sexual, physical, and mental abuse, including injuries of unknown source, misappropriation of resident/participant property, corporal punishment, mistreatment, neglect and involuntary seclusion.</p> <p>D. IDENTIFICATION</p> <p>1. everyone must monitor the resident for possible signs of abuse that could include:</p> <ul style="list-style-type: none"> a. suspicious bruising b. unnecessary fear <p>E. INVESTIGATION</p> <p>The investigation is the process used to try to identify what happened. The nurse begins the investigation immediately. The information gathered is given to administration.</p> <p>1. The investigation will include:</p> <ul style="list-style-type: none"> o Who was involved o Resident/client/participants' statements o Involved staff and witness statements of events o A description of the resident/client/participant's behavior and environment at the time of the incident o Injuries present 	F 609		

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F 609	<p>Continued From page 5</p> <ul style="list-style-type: none"> o Observation of resident/client/participant and staff behaviors during the investigation <p>G. REPORTING AND RESPONSE NOTE: SEE ELDER JUSTICE ACT POLICY FOR REPORTING A REASONABLE SUSPICION OF A CRIME IN LONG TERM CARE.</p> <ol style="list-style-type: none"> 1. Employees must always report alleged abuse/neglect (i.e. incidents, mistreatment, abuse, neglect, injuries of unknown and known origin, and misappropriation of resident/client/participant property) immediately to the Supervisor or the Building Supervisor. 3. The Executive Director/or designated representative must be contacted immediately by Supervisor or reporter regarding all allegations of abuse/neglect. Immediate reporting may be reported via voice mail, or answering machine. Document date and time of notification. 4. Director of Nursing will be contacted per protocol and will involve Social services or designee. Note: Failure to report can make you just as responsible for the abuse. (See state specific section for details on reporting to State Agencies). 5. If there is suspicion that abuse occurred, it will be reported to the State Reporting Agency in accordance with state law immediately, not later than 2 hours if the alleged violation involves abuse or results in serious bodily injury 24 hours if the alleged violation does not involve abuse and does not result in serious bodily injury. If the abuse is substantiated, it will be reported to the registry or licensing board. <p>IV. IDENTIFICATION AND REPORTING OF SUSPECTED / ALLEGED ABUSE See investigation guidelines and checklists for potential abuse or neglect in section #3 and #4 of manual</p>	F 609		

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F 609	<p>Continued From page 6</p> <p>1. CARING FOR THE INDIVIDUAL</p> <p>a. In the event of suspected maltreatment, the needs of the resident/client/participant will be immediately assessed and the safety of the resident/client/participant(s) will be ensured. The safety and health of the resident/client/participant(s) will be attended to before any other action is taken. Immediate steps should be taken to ensure that no resident/client/participant remains in danger of maltreatment, including medical intervention, as needed.</p> <p>b. The resident/client/participant(s) will be assessed for physical appearance, skin injuries, trauma, and changes in resident/client/participant affect, mood and behavior, occurrences, patterns and trends.</p> <p>REPORTING MALTREATMENT OF INDIVIDUALS</p> <p>NOTE: SEE ELDER JUSTICE ACT POLICY FOR REPORTING A REASONABLE SUSPICION OF A CRIME IN LONG TERM CARE.</p> <p>a. Who must report suspected maltreatment of a resident/client/participant? Any employee, resident/client/participant, family/guardian, external business vendor or entity, or volunteer who:</p> <ul style="list-style-type: none"> o Has knowledge of suspected maltreatment of a resident/client/participant. o Has reasonable cause to believe that a resident/client/participant has been maltreated. <p>b. What is the procedure for reporting within the facility/service?</p> <ul style="list-style-type: none"> o After safeguarding the resident/client/participant (and all residents) as well as his/her rights, report the information to the 	F 609		

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

PRINTED: 07/23/2024
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 07/03/2024
NAME OF PROVIDER OR SUPPLIER ROCHESTER REHABILITATION AND LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1900 BALLINGTON BOULEVARD NW ROCHESTER, MN 55901		
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F 609	<p>Continued From page 7</p> <p>supervisor immediately.</p> <ul style="list-style-type: none"> o The Executive Director/ or designated representative (and other officials in accordance with state law) must be contacted immediately by Supervisor or reporter regarding all allegations of abuse/neglect. Immediate reporting may be reported via voice mail, answering machine, or fax. Document date and time of notification. o Director of Nursing will be contacted per protocol and involve Social services or designee. o Call law enforcement officials if suspected concern is criminal in nature (Theft, assault, unwanted touch etc...). If reported, obtain police file number and copy of the police report as able. o If the injury is unexplainable, if there is potential for abuse neglect and/or there is an allegation of maltreatment (physical, verbal, sexual, financial exploitation), if there is caregiver neglect, or if a therapeutic error resulted in injury notification must be made to the facility/service Executive Director/or designated representative, and the designated State Agencies immediately, not later than 2 hours if the alleged violation involves abuse or results in serious bodily injury 24 hours if the alleged violation does not involve abuse and does not result in serious bodily injury. <p>NOTE: Immediate reporting pertains to Long Term Care. All other providers and programs report according to specific programs regulatory timelines.</p> <p>REPORTING MALTREATMENT OF INDIVIDUALS</p> <p>NOTE: SEE ELDER JUSTICE ACT POLICY FOR REPORTING A REASONABLE SUSPICION OF A CRIME IN LONG TERM CARE.</p> <p>a. Who must report suspected maltreatment of a resident/client/participant? Any employee, resident/client/participant,</p>	F 609		

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F 609	<p>Continued From page 8</p> <p>family/guardian, external business vendor or entity, or volunteer who:</p> <ul style="list-style-type: none"> o Has knowledge of suspected maltreatment of a resident/client/participant. o Has reasonable cause to believe that a resident/client/participant has been maltreated. <p>b. What is the procedure for reporting within the facility/service?</p> <ul style="list-style-type: none"> o After safeguarding the resident/client/participant (and all residents) as well as his/her rights, report the information to the supervisor immediately. o The Executive Director/ or designated representative (and other officials in accordance with state law) must be contacted immediately by Supervisor or reporter regarding all allegations of abuse/neglect. Immediate reporting may be reported via voice mail, answering machine, or fax. Document date and time of notification. o Director of Nursing will be contacted per protocol and involve Social services or designee. o Call law enforcement officials if suspected concern is criminal in nature (Theft, assault, unwanted touch etc...). If reported, obtain police file number and copy of the police report as able. o If the injury is unexplainable, if there is potential for abuse neglect and/or there is an allegation of maltreatment (physical, verbal, sexual, financial exploitation), if there is caregiver neglect, or if a therapeutic error resulted in injury notification must be made to the facility/service Executive Director/or designated representative, and the designated State Agencies immediately, not later than 2 hours if the alleged violation involves abuse or results in serious bodily injury 24 hours if the alleged violation does not involve abuse and does not result in serious bodily injury. <p>NOTE: Immediate reporting pertains to Long</p>	F 609		

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F 609	<p>Continued From page 9</p> <p>Term Care. All other providers and programs report according to specific programs regulatory timelines.</p> <p>B. Physical Abuse</p> <p>2. Hitting, slapping, kicking, pinching, biting, or corporal punishment of a vulnerable adult.</p> <p>D. Psychological/Emotional Abuse</p> <p>2. Excessive or unnecessary fears.</p> <p>5. Loss of interest in self, activities, or environment; previous suicide attempts; ambivalence, resignation, or withdrawal, agitation.</p> <p>6. Use of repeated or malicious oral, written or gestured language toward a vulnerable adult or the treatment of a vulnerable adult which would be considered by a reasonable person to be disparaging, derogatory, humiliating, harassing, or threatening.</p> <p>If the act was willful, the resident's intent was to cause harm or wanted to hurt the other individual, a willful infliction of injury this altercation should then be reported, even if there is no injury. Considerations include potential pain, discomfort or mental anguish. It IS possible for a dementia resident to have a willful act.</p> <p>It is the staff/facility to judge on determining willful intent, best to error on the side of caution. The facility must minimize and monitor to prevent reoccurrence.</p>	F 609		



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

July 12, 2024

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

Re: Event ID: FOQM11

Dear Administrator:

The above facility survey was completed on July 3, 2024, for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

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

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'H. Zahler'.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3A 3rd Floor
Office: 651-201-4384
Email: holly.zahler@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 07/03/2024
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NAME OF PROVIDER OR SUPPLIER ROCHESTER REHABILITATION AND LIVING CI	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 BALLINGTON BOULEVARD NW ROCHESTER, MN 55901
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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 7/2/24, and 7/3/24, 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, 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 07/19/24
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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 07/03/2024
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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: H56265229C (MN00104557, MN00104595) with no licensing order issued. Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.</p>	2 000		