



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

December 11, 2024

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

RE: CCN: 245626
Cycle Start Date: October 10, 2024

Dear Administrator:

On December 4, 2024, 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 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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December 11, 2024

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

Re: Reinspection Results
Event ID: JBZ512

Dear Administrator:

On December 4, 2024 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 29, 2024. 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 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
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November 8, 2024

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

RE: CCN: 245626
Cycle Start Date: October 10, 2024

Dear Administrator:

On October 17, 2024, we informed you that we may impose enforcement remedies.

On October 29, 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.

REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy listed below to the CMS 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 January 10, 2025

The CMS location will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective January 10, 2025. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective January 10, 2025.

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 January 10, 2025, 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 January 10, 2025. 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

Rochester Rehabilitation And Living Center

November 8, 2024

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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, Regional Operations Supervisor, Rapid Response

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 April 10, 2025 (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.

INFORMAL DISPUTE RESOLUTION (IDR)

In accordance with 42 CFR 488.331 and Minnesota Statute 144A.10 subd 15, 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: <https://forms.web.health.state.mn.us/form/NHDisputeResolution>

This request must be sent within the same ten calendar days you have for submitting an ePoC for the cited deficiencies. Please note that the failure to complete the informal dispute resolution process will

Rochester Rehabilitation And Living Center

November 8, 2024

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not delay the dates specified for compliance or the imposition of remedies.

A copy of the Department's informal dispute resolution policies is posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

In accordance with 42 CFR § 488.431 and Minnesota Statute 144A.10 subd 16, when a CMP subject to being collected and placed in an escrow account is imposed, you have one opportunity to question cited deficiencies through an Independent IDR process. You may also contest scope and severity assessments for deficiencies which resulted in a finding of SQC or immediate jeopardy. 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:

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

A facility may not use both IDR and independent IDR for the same deficiency citation(s) arising from the same survey unless the IDR process was completed prior to the imposition of the CMP. This request must be sent within ten calendar days of receipt of this offer. An incomplete Independent IDR process will not delay the effective date of any enforcement action.

Feel free to contact me if you have questions.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing

Minnesota Department of Health

Health Regulation Division

Telephone: (651) 201-4112

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

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

PRINTED: 11/27/2024
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 10/29/2024
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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 10/24/24, 10/28/24 and 10/29/24, 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 complaints were reviewed: H56269652C (MN107665) and H56269573C (MN107533) with a deficiency cited at F684 and F690.</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 690 SS=D	<p>Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3)</p> <p>§483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.</p> <p>§483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must</p>	F 690		11/26/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 11/18/2024
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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 690	<p>Continued From page 1</p> <p>ensure that-</p> <p>(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;</p> <p>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and document review the facility failed to assess for removal of an indwelling urinary catheter for 1 of 3 residents (R6) as soon as possible to restore urinary continence to the extent possible, reviewed for catheter care.</p> <p>Findings included:</p> <p>Definitions: Foley catheter: a flexible tube that drains urine from the bladder into a collection bag. Standard Foley catheters are two-way catheters with one port for draining urine and one for inflating the</p>	F 690	<p>Affected Resident(s):</p> <ul style="list-style-type: none"> R6 has been re-assessed by their provider to ensure current and accurate orders are received for catheter placement. <p>Potential Affected Resident(s):.</p> <ul style="list-style-type: none"> All other residents who have an indwelling catheter will be assessed by nursing with communication sent to their provider to ensure appropriateness of catheter orders. All current residents will have their follow-up medical appointments since 	

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

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F 690	<p>Continued From page 2</p> <p>balloon. It's a type of indwelling urinary catheter (IDC) that's inserted into the urethra and left in place. The catheter is kept in place by a water-filled balloon, and urine drains through a tube connected to a collection bag.</p> <p>R6's After Visit Summary (AVS) dated 9/3/24 identified on 9/1/24 at 1:54 p.m., a 16 French double lumen Foley catheter was placed. Recommendations for provider identified to please follow-up with Urology on 09/13/24 for urinary retention. You will have foley catheter until further evaluated by urology.</p> <p>R6's hospital discharge summary dated 9/3/24, identified during R6's hospitalization from 8/18/24 to 9/3/24, R6 developed acute urinary retention on 9/1/24, and a Foley catheter was inserted. R6 will continue Foley catheter on discharge until further follow up with Urology on 09/13/24. R6 was recommended to have a close post hospital follow up with her primary care physician (PCP) at the facility.</p> <p>R6's Order Summary dated 9/3/24, identified Foley Catheter: DX: for catheter [stage 3 or 4 pressure area, neurogenic bladder, obstruction of GU, or cancer of urinary systems]. Foley catheter: If no acceptable diagnosis discontinue catheter after bladder retraining.</p> <p>R6's care plan dated 9/3/24 identified a focus of catheter, "I have a device that required continued monitoring/treatment/laboratory." Interventions lacked appointments with urology and lacked the size needed of the Foley catheter.</p> <p>R6's quarterly Minimum Data Set (MDS) dated 9/11/24, identified R6 had moderate impaired</p>	F 690	<p>9.1.24 reviewed to ensure that they have attended or the appointment has been scheduled.</p> <p>Measures/Systematic Changes:</p> <ul style="list-style-type: none"> The Policy/Procedure for Incontinence Management was reviewed and remains current. New protocol has been developed for management of resident appointments. All nurses and Health Unit Coordinators will be trained on the new protocol. <p>Monitoring:</p> <ul style="list-style-type: none"> The DON or designee will track and audit resident appointments to ensure residents attend their appointments according to their choice. Audits of appointment attendance will take place weekly for twelve weeks. Results will be reported at QAPI and the need for continued audits will be determined. 	

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F 690	<p>Continued From page 3</p> <p>cognition and diagnoses of chronic obstructive pulmonary disease (COPD) with acute exacerbation, morbid obesity, and mild intellectual disabilities. MDS identified R6 did not walk and was dependent on staff with toileting and toileting hygiene. MDS further identified R6 had an indwelling catheter and was occasionally incontinent of bowel.</p> <p>During an interview on 10/28/24 at 3:00 p.m., registered nurse (RN)-A RN-A verified there was no current MD order in place for R6's size of Foley catheter to use or directions on when to change it and stated the MD should be notified for clarification of this order. RN-A indicated R6 was supposed to have a follow up appointment with urology consult on 9/13/24, to see if R6 still needed the Foley catheter. RN-A stated prolonged use of an indwelling catheter can put the resident at an increased risk of infection, bladder spasms and catheter obstruction.</p> <p>During an interview on 10/29/24 at 7:55 a.m., licensed practical nurse (LPN)-A indicated there was no current MD order in place for R6's size of Foley to use or directions on when to change it. LPN-A stated the MD should be notified for clarification of this order.</p> <p>During an observation and interview on 10/29/24 at 8:28 a.m., R6 was seated in bed and stated she never had a catheter until she was in the hospital at the beginning of the month. R6 stated she had never had a follow up appointment to her urologist since she has been here and that her catheter has not been changed. R6 stated she liked having the catheter because the staff get pretty busy and don't always have time to get me to the bathroom.</p>	F 690		

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F 690	<p>Continued From page 4</p> <p>During an interview on 10/29/24 at 10:56 a.m., DON indicated R6 missed her urology appointment on 9/13/24 and one had not been rescheduled. DON further indicated it would be important for R6 to be assessed as soon as possible for removal of the catheter to help restore continence.</p> <p>During an interview on 10/29/24 at 12:09 p.m., via phone CNP-A stated R6 developed urinary retention while she was in the hospital and a foley catheter was placed on 9/1/24, upon R6's admission to the facility on 9/3/24, the AVS identified R6 should follow up with urology on 9/13/24 and verified the appointment was missed with no follow up appointment rescheduled. CNP-A indicated it would be important for R6 to be assessed as soon as possible to help restore continence.</p> <p>During a phone interview on 10/30/24 at 3:48 p.m., medical director (MD)-A stated if a resident was scheduled for an outside provider visit the facility should do their best to get the resident to their appointment. MD-A verified R6 missed her urology appointment on 9/13/24. If a resident has a Foley catheter in place, there should be the correct size and how often it should be changed in the physician orders. MD-A stated it is important for staff to note this and call the provider to ensure orders are in place. MD-A further stated anytime a resident has an indwelling foley catheter there would be an increased risk for infection and staff should follow up with urology to ensure R6 was assessed as soon as possible to restore continence to the extent possible.</p> <p>Facility policy, "Incontinence management,"</p>	F 690		

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F 690	Continued From page 5 revised December 11, 2023, identified urinary incontinence, the involuntary loss of urine, can affect all patients. Contrary to popular opinion, urinary incontinence is neither a disease nor a part of normal aging. It isn't inevitable and can sometimes be avoided or reversed with support and interventions. Urinary incontinence may be caused by childbirth, confusion, dehydration, fecal impaction, and restricted mobility. It's also a sign of various disorders, such as prostatic hyperplasia, bladder calculus, bladder cancer, urinary tract infection (UTI), stroke, diabetic neuropathy, Guillain-Barré syndrome, multiple sclerosis, prostate cancer, prostatitis, spinal cord injury, and urethral stricture. It can also result from urethral sphincter damage after prostatectomy. In addition, certain medications-including diuretics, hypnotics, sedatives, anticholinergics, antihypertensives, and alpha antagonists-may trigger urinary incontinence. Urinary incontinence can be either acute or chronic. Acute urinary incontinence results from disorders that are potentially reversible, such as delirium, dehydration, urinary retention, restricted mobility, fecal impaction, infection or inflammation, medication reactions, and polyuria ...A practitioner should carefully assess a patient with urinary incontinence for underlying disorders. Most underlying disorders are treatable, and some are even curable. Treatment aims to control the condition through bladder management techniques, diet modification, medication therapy, pessaries and, possibly, surgery. Corrective surgery for stress urinary incontinence in patients assigned female at birth includes various types of mid-urethral slings and bladder neck slings. Corrective surgery for urinary incontinence in patients assigned male at birth includes the injection of transurethral	F 690		

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F 690	<p>Continued From page 6</p> <p>bulking agents, a perineal sling, and an artificial urinary sphincter implant ...CORRECTING URINARY INCONTINENCE WITH BLADDER MANAGEMENT A patient with incontinence typically feels frustrated, embarrassed, and hopeless. Fortunately, the patient usually can correct the problem with the use of a bladder management program-a process that aims to reestablish a regular voiding pattern. Follow these guidelines. Assess elimination patterns First, assess the patient's intake and voiding patterns and the reason for each accidental voiding (such as a coughing spell). Use a bladder management record. Establish a urinary voiding schedule Encourage the patient to void regularly-for example, every 2 hours. When the patient can stay dry for 2 hours, increase the interval by 30 minutes every day until the patient achieves a 3- to 4-hour voiding schedule. Teach the patient to practice relaxation techniques, such as deep breathing, which help decrease the sense of urgency.</p> <p>Facility policy, "Indwelling urinary catheter (Foley) care and management," revised December 11, 2023, identified Introduction The Centers for Disease Control and Prevention estimates that 15% to 25% of hospitalized patients have an indwelling urinary (Foley) catheter inserted at some time during their hospitalization. Catheter insertion for inappropriate indications is common. Consider alternatives to indwelling urinary catheterization when appropriate, such as external catheter application, bladder ultrasonography, intermittent catheterization, use of optimal incontinence products, prompted toileting, urinal and bedside commode use, and daily weight, as methods to collect and measure urine and monitor fluid balance. Appropriate</p>	F 690		

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

PRINTED: 11/27/2024
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 10/29/2024
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 690	Continued From page 7 indications for catheter use include: perioperative use for selected surgical procedures, such as urologic surgery or surgery on contiguous structures of the genitourinary tract prolonged surgery (with removal of catheters inserted for this purpose in the post anesthesia care unit) surgery requiring large-volume infusions or diuretic use continuous bladder irrigation for clot retention or intravesical drug infusion administration of drugs directly into the bladder, such as chemotherapy intraoperative urine output monitoring prolonged immobilization, such as for an unstable thoracic or lumbar spine or multiple trauma injuries, including pelvic fractures need for accurate hourly urine output measurement in critically ill patients acute urinary retention or urinary obstruction assistance in the healing of open pressure injuries or skin grafts in selected patients with urinary incontinence improved comfort during end-of-life care. Inappropriate or unnecessary use of an indwelling urinary catheter can result in catheter-associated urinary tract infection (CAUTI). CAUTIs are the most common type of health care-associated infection in adult patients. Researchers estimate that as many as 70% of these infections are preventable by following evidence-based practices. Hospital-acquired condition alert: Keep in mind that the Centers for Medicare and Medicaid Services considers CAUTI a hospital-acquired condition because it can be reasonably prevented using a variety of best practices. Make sure to follow evidence-based CAUTI prevention practices-such as performing hand hygiene before and after any catheter manipulation; maintaining a sterile, continuously closed drainage system; maintaining unobstructed urine flow; emptying the collection bag regularly; replacing the catheter and drainage system using	F 690		

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F 690	Continued From page 8 sterile technique when breaks in sterile technique, disconnection, or leakage occurs; and discontinuing the catheter as soon as it's no longer clinically indicated-when caring for a patient with an indwelling urinary catheter to reduce the risk of CAUTI ... Complications associated with indwelling urinary catheter care and management may include: CAUTI, genitourinary trauma, epididymitis, retained balloon fragments, bladder fistula (with prolonged use), bladder stone formation and incontinence.	F 690		



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
November 8, 2024

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

Re: State Nursing Home Licensing Orders
Event ID: JBZ511

Dear Administrator:

The above facility was surveyed on October 24, 2024 through October 29, 2024 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.

Rochester Rehabilitation And Living Center

November 8, 2024

Page 2

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:

Lisa Krebs, Regional Operations Supervisor, Rapid Response

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

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.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing

Minnesota Department of Health

Health Regulation Division

Telephone: (651) 201-4112

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

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 10/29/2024
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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 10/24/24, 10/28/24 and 10/29/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing orders were issued. Please indicate in your electronic plan of correction you</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 11/18/24
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Minnesota Department of Health

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2 000	<p>Continued From page 1</p> <p>have reviewed these orders and identify the date when they will be completed.</p> <p>The following complaints were reviewed: H56269652C (MN107665) and H56269573C (MN107533) with licensing orders issued at 0830 and 0910.</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 be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is</p>	2 000		
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2 910	MN Rule 4658.0525 Subp. 5 A.B Rehab - Incontinence Subp. 5. Incontinence. A nursing home must have a continuous program of bowel and bladder management to reduce incontinence and the unnecessary use of catheters. Based on the comprehensive resident assessment, a nursing home must ensure that: A. a resident who enters a nursing home without an indwelling catheter is not catheterized unless the resident's clinical condition indicates that catheterization was necessary; and B. a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This MN Requirement is not met as evidenced by: Based on observation, interview and document review the facility failed to assess for removal of an indwelling urinary catheter for 1 of 3 residents (R6) as soon as possible to restore urinary continence to the extent possible, reviewed for catheter care.	2 910	Affected Resident(s): • R6 has been re-assessed by their provider to ensure current and accurate orders are received for catheter placement. Potential Affected Resident(s):.	11/26/24

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2 910	<p>Continued From page 3</p> <p>Findings included:</p> <p>Definitions: Foley catheter: a flexible tube that drains urine from the bladder into a collection bag. Standard Foley catheters are two-way catheters with one port for draining urine and one for inflating the balloon. It's a type of indwelling urinary catheter (IDC) that's inserted into the urethra and left in place. The catheter is kept in place by a water-filled balloon, and urine drains through a tube connected to a collection bag.</p> <p>R6's After Visit Summary (AVS) dated 9/3/24 identified on 9/1/24 at 1:54 p.m., a 16 French double lumen Foley catheter was placed. Recommendations for provider identified to please follow-up with Urology on 09/13/24 for urinary retention. You will have foley catheter until further evaluated by urology.</p> <p>R6's hospital discharge summary dated 9/3/24, identified during R6's hospitalization from 8/18/24 to 9/3/24, R6 developed acute urinary retention on 9/1/24, and a Foley catheter was inserted. R6 will continue Foley catheter on discharge until further follow up with Urology on 09/13/24. R6 was recommended to have a close post hospital follow up with her primary care physician (PCP) at the facility.</p> <p>R6's Order Summary dated 9/3/24, identified Foley Catheter: DX: for catheter [stage 3 or 4 pressure area, neurogenic bladder, obstruction of GU, or cancer of urinary systems]. Foley catheter: If no acceptable diagnosis discontinue catheter after bladder retraining.</p> <p>R6's care plan dated 9/3/24 identified a focus of catheter, "I have a device that required continued</p>	2 910	<ul style="list-style-type: none"> All other residents who have an indwelling catheter will be assessed by nursing with communication sent to their provider to ensure appropriateness of catheter orders. All current residents will have their follow-up medical appointments since 9.1.24 reviewed to ensure that they have attended or the appointment has been scheduled. <p>Measures/Systematic Changes:</p> <ul style="list-style-type: none"> The Policy/Procedure for Incontinence Management was reviewed and remains current. New protocol has been developed for management of resident appointments. All nurses and Health Unit Coordinators will be trained on the new protocol. <p>Monitoring:</p> <ul style="list-style-type: none"> The DON or designee will track and audit resident appointments to ensure residents attend their appointments according to their choice. Audits of appointment attendance will take place weekly for twelve weeks. Results will be reported at QAPI and the need for continued audits will be determined. 	

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2 910	<p>Continued From page 4</p> <p>monitoring/treatment/laboratory." Interventions lacked appointments with urology and lacked the size needed of the Foley catheter.</p> <p>R6's quarterly Minimum Data Set (MDS) dated 9/11/24, identified R6 had moderate impaired cognition and diagnoses of chronic obstructive pulmonary disease (COPD) with acute exacerbation, morbid obesity, and mild intellectual disabilities. MDS identified R6 did not walk and was dependent on staff with toileting and toileting hygiene. MDS further identified R6 had an indwelling catheter and was occasionally incontinent of bowel.</p> <p>During an interview on 10/28/24 at 3:00 p.m., registered nurse (RN)-A RN-A verified there was no current MD order in place for R6's size of Foley catheter to use or directions on when to change it and stated the MD should be notified for clarification of this order. RN-A indicated R6 was supposed to have a follow up appointment with urology consult on 9/13/24, to see if R6 still needed the Foley catheter. RN-A stated prolonged use of an indwelling catheter can put the resident at an increased risk of infection, bladder spasms and catheter obstruction.</p> <p>During an interview on 10/29/24 at 7:55 a.m., licensed practical nurse (LPN)-A indicated there was no current MD order in place for R6's size of Foley to use or directions on when to change it. LPN-A stated the MD should be notified for clarification of this order.</p> <p>During an observation and interview on 10/29/24 at 8:28 a.m., R6 was seated in bed and stated she never had a catheter until she was in the hospital at the beginning of the month. R6 stated she had never had a follow up appointment to her urologist since she has been here and that her</p>	2 910		
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2 910	<p>Continued From page 5</p> <p>catheter has not been changed. R6 stated she liked having the catheter because the staff get pretty busy and don't always have time to get me to the bathroom.</p> <p>During an interview on 10/29/24 at 10:56 a.m., DON indicated R6 missed her urology appointment on 9/13/24 and one had not been rescheduled. DON further indicated it would be important for R6 to be assessed as soon as possible for removal of the catheter to help restore continence.</p> <p>During an interview on 10/29/24 at 12:09 p.m., via phone CNP-A stated R6 developed urinary retention while she was in the hospital and a foley catheter was placed on 9/1/24, upon R6's admission to the facility on 9/3/24, the AVS identified R6 should follow up with urology on 9/13/24 and verified the appointment was missed with no follow up appointment rescheduled. CNP-A indicated it would be important for R6 to be assessed as soon as possible to help restore continence.</p> <p>During a phone interview on 10/30/24 at 3:48 p.m., medical director (MD)-A stated if a resident was scheduled for an outside provider visit the facility should do their best to get the resident to their appointment. MD-A verified R6 missed her urology appointment on 9/13/24. If a resident has a Foley catheter in place, there should be the correct size and how often it should be changed in the physician orders. MD-A stated it is important for staff to note this and call the provider to ensure orders are in place. MD-A further stated anytime a resident has an indwelling foley catheter there would be an increased risk for infection and staff should follow up with urology to ensure R6 was assessed as</p>	2 910		

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2 910	<p>Continued From page 6</p> <p>soon as possible to restore continence to the extent possible.</p> <p>Facility policy, "Incontinence management," revised December 11, 2023, identified urinary incontinence, the involuntary loss of urine, can affect all patients. Contrary to popular opinion, urinary incontinence is neither a disease nor a part of normal aging. It isn't inevitable and can sometimes be avoided or reversed with support and interventions. Urinary incontinence may be caused by childbirth, confusion, dehydration, fecal impaction, and restricted mobility. It's also a sign of various disorders, such as prostatic hyperplasia, bladder calculus, bladder cancer, urinary tract infection (UTI), stroke, diabetic neuropathy, Guillain-Barré syndrome, multiple sclerosis, prostate cancer, prostatitis, spinal cord injury, and urethral stricture. It can also result from urethral sphincter damage after prostatectomy. In addition, certain medications-including diuretics, hypnotics, sedatives, anticholinergics, antihypertensives, and alpha antagonists-may trigger urinary incontinence. Urinary incontinence can be either acute or chronic. Acute urinary incontinence results from disorders that are potentially reversible, such as delirium, dehydration, urinary retention, restricted mobility, fecal impaction, infection or inflammation, medication reactions, and polyuria ...A practitioner should carefully assess a patient with urinary incontinence for underlying disorders. Most underlying disorders are treatable, and some are even curable. Treatment aims to control the condition through bladder management techniques, diet modification, medication therapy, pessaries and, possibly, surgery. Corrective surgery for stress urinary incontinence in patients assigned female at birth includes various types of mid-urethral</p>	2 910		
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2 910	<p>Continued From page 7</p> <p>slings and bladder neck slings. Corrective surgery for urinary incontinence in patients assigned male at birth includes the injection of transurethral bulking agents, a perineal sling, and an artificial urinary sphincter implant ...CORRECTING URINARY INCONTINENCE WITH BLADDER MANAGEMENT A patient with incontinence typically feels frustrated, embarrassed, and hopeless. Fortunately, the patient usually can correct the problem with the use of a bladder management program-a process that aims to reestablish a regular voiding pattern. Follow these guidelines. Assess elimination patterns First, assess the patient's intake and voiding patterns and the reason for each accidental voiding (such as a coughing spell). Use a bladder management record. Establish a urinary voiding schedule Encourage the patient to void regularly-for example, every 2 hours. When the patient can stay dry for 2 hours, increase the interval by 30 minutes every day until the patient achieves a 3- to 4-hourvoiding schedule. Teach the patient to practice relaxation techniques, such as deep breathing, which help decrease the sense of urgency.</p> <p>Facility policy, "Indwelling urinary catheter (Foley) care and management," revised December 11, 2023, identified Introduction The Centers for Disease Control and Prevention estimates that 15% to 25% of hospitalized patients have an indwelling urinary (Foley) catheter inserted at some time during their hospitalization. Catheter insertion for inappropriate indications is common. Consider alternatives to indwelling urinary catheterization when appropriate, such as external catheter application, bladder ultrasonography, intermittent catheterization, use of optimal incontinence products, prompted toileting, urinal and bedside commode use, and</p>	2 910		
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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 10/29/2024
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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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2 910	<p>Continued From page 8</p> <p>daily weight, as methods to collect and measure urine and monitor fluid balance. Appropriate indications for catheter use include: perioperative use for selected surgical procedures, such as urologic surgery or surgery on contiguous structures of the genitourinary tract prolonged surgery (with removal of catheters inserted for this purpose in the post anesthesia care unit) surgery requiring large-volume infusions or diuretic use continuous bladder irrigation for clot retention or intravesical drug infusion administration of drugs directly into the bladder, such as chemotherapy intraoperative urine output monitoring prolonged immobilization, such as for an unstable thoracic or lumbar spine or multiple trauma injuries, including pelvic fractures need for accurate hourly urine output measurement in critically ill patients acute urinary retention or urinary obstruction assistance in the healing of open pressure injuries or skin grafts in selected patients with urinary incontinence improved comfort during end-of-life care. Inappropriate or unnecessary use of an indwelling urinary catheter can result in catheter-associated urinary tract infection (CAUTI). CAUTIs are the most common type of health care-associated infection in adult patients. Researchers estimate that as many as 70% of these infections are preventable by following evidence-based practices.</p> <p>Hospital-acquired condition alert: Keep in mind that the Centers for Medicare and Medicaid Services considers CAUTI a hospital-acquired condition because it can be reasonably prevented using a variety of best practices. Make sure to follow evidence-based CAUTI prevention practices-such as performing hand hygiene before and after any catheter manipulation; maintaining a sterile, continuously closed drainage system; maintaining unobstructed urine flow; emptying the collection bag regularly;</p>	2 910		
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2 910	<p>Continued From page 9</p> <p>replacing the catheter and drainage system using sterile technique when breaks in sterile technique, disconnection, or leakage occurs; and discontinuing the catheter as soon as it's no longer clinically indicated-when caring for a patient with an indwelling urinary catheter to reduce the risk of CAUTI ... Complications associated with indwelling urinary catheter care and management may include: CAUTI, genitourinary trauma, epididymitis, retained balloon fragments, bladder fistula (with prolonged use), bladder stone formation and incontinence.</p> <p>SUGGESTED METHOD OF CORRECTION: The director of nursing or designee, could review all physician orders for residents with catheters to ensure orders are in place and implemented. The director of nursing or designee, could conduct routine audits to ensure appropriate care and services were implemented as ordered. The results of those audits should be taken to the QAPI committee for a determined amount of time to ensure compliance or the need for further monitoring.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	2 910		