Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
October 23, 2023

Administrator
St. John's on Fountain Lake
1771 Eagle View Circle
Albert Lea, MN 56007

RE: CCN: 245635
Cycle Start Date: September 7, 2023

Dear Administrator:

On October 5, 2023, we notified you a remedy was imposed. On October 20, 2023 the Minnesota Department(s) of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of October 13, 2023.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective December 7, 2023 did not go into effect. (42 CFR 488.417 (b))

In our letter of September 21, 2023, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from December 7, 2023 due to denial of payment for new admissions. Since your facility attained substantial compliance on October 13, 2023, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, this does not apply to or affect any previously imposed NATCEP loss.

The CMS Region V Office may notify you of their determination regarding any imposed remedies. Feel free to contact me if you have questions.

Sincerely,

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4384
Email: holly.zahler@state.mn.us

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October 23, 2023

Administrator
St. John's on Fountain Lake
1771 Eagle View Circle
Albert Lea, MN 56007

Re: Reinspection Results
Event ID: FBSO12

Dear Administrator:

On October 3, 2023 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on September 7, 2023. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4384
Email: holly.zahler@state.mn.us

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Electronically delivered
September 21, 2023

Administrator
St. Johns on Fountain Lake
1771 Eagle View Circle
Albert Lea, MN 56007

RE: CCN: 245635
Cycle Start Date: September 7, 2023

Dear Administrator:

On September 7, 2023, a survey was completed at your facility by the Minnesota Department of Health, to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

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

ELECTRONIC PLAN OF CORRECTION (ePoC)

Within **ten (10) calendar days** after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved.

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

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

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

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

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

DEPARTMENT CONTACT

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

Annette Winters, Rapid Response Unit Supervisor
Metro 1, Golden Rule Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: annette.m.winters@state.mn.us
Mobile: (651) 558-7558

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

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

VERIFICATION OF SUBSTANTIAL COMPLIANCE

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

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

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

If substantial compliance with the regulations is not verified by December 7, 2023 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by March 7, 2024 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

INFORMAL DISPUTE RESOLUTION (IDR) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Nursing Home Informal Dispute Process
Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: https://mdhprovidercontent.web.health.state.mn.us/ltc_idr.cfm

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

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

Feel free to contact me if you have questions.

Sincerely,

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4384
Email: holly.zahler@state.mn.us

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
September 21, 2023

Administrator
St. Johns on Fountain Lake
1771 Eagle View Circle
Albert Lea, MN 56007

Re: State Nursing Home Licensing Orders
Event ID: FBSO11

Dear Administrator:

The above facility was surveyed on September 6, 2023 through September 7, 2023 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

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

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

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

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

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

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

Annette Winters, Rapid Response Unit Supervisor
Metro 1, Golden Rule Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: annette.m.winters@state.mn.us
Mobile: (651) 558-7558

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.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4384
Email: holly.zahler@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245635	A. BUILDING _____ B. WING _____	C 09/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHNS ON FOUNTAIN LAKE	1771 EAGLE VIEW CIRCLE ALBERT LEA, MN 56007

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS On 9/6/23, 9/7/23, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaint was reviewed H56355008C/MN00096327 with a deficiency issued at F684. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	F 000		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility	F 684	F000	9/28/23

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

Electronically Signed | 09/27/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients . (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 684	Continued From page 1 failed to ensure symptoms of respiratory impairment were assessed and acted upon for 1 of 1 resident (R1) reviewed for change in condition when staff failed update provider with residents change in oxygen saturation. Findings include: R1's hospital discharge summary dated 8/21/23, indicated R1's was admitted with a diagnosis of pneumonia, hospital course summary indicated R1 presented to the ED with shortness of breath, fever, and weakness. Additional diagnosis included atrial fibrillation with anticoagulation therapy, anxiety, apnea sleep obstructive, asthma with chronic obstructive pulmonary disease, atherosclerotic heart disease, congestive heart failure, osteopenia, prothesis aortic and heart valves, spondylolisthesis or the lumbar region, spondylosis of the cervical region, dementia with unspecified behavioral disturbances, and a brain injury from a motor vehicle accident in 2001. Disposition to Saint John's skilled nursing facility for subacute rehabilitation. Physical examination indicated SpO2 (is a measurement of how much oxygen your blood is carrying as a percentage of the maximum it could carry) 91%, condition as stable. R1's physician orders dated 8/21/23-9/21/23, indicated R1's was on three liters of oxygen continuous via nasal canula, every shift, Symbicort 160/4.5 inhale twice a day for Chronic obstructive pulmonary disease (COPD) (group of diseases that cause airflow blockage and breathing-related problems) BiPAP/CPAP auto set at night. Use per home setting. R1's vital signs record dated 8/21/23-8/23/23,	F 684	Preparation and submission of this Plan of Correction does not constitute an admission of agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and submitted solely because of requirements under state and federal laws. F684 Quality of Care/Delay of Treatment St. John’s on Fountain Lake has, and always will, ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents’ choices. Resident 1 care plan was updated on 9/7/2023 by DON to include oxygenation and change of condition standards, goals, objectives, and necessary disciplines. All other like residents were reviewed by DON on 9/7/2023 and care plans were updated to have oxygenation and change of condition standards, goals, objectives, and necessary disciplines. Change of condition policy and procedure was reviewed on 9/15/2023 with additions and modifications made. Training and education on Change of Condition-Resident Physician/NP Notification Policy was completed on with the licensed nurses by 9/28/2023. Additional education on oxygen assigned via on-line learning system to all nurses and trained medication aides (TMA’s) on 8/25/2023 with a completion date of	

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F 684	Continued From page 2 indicated R1's O2%'s as follows. 8/21/23, at 5:30 p.m. 93% on 02 8/21/23, at 10:34 p.m. 88% on 02 8/21/22, at 11:44 p.m. 94% on 02 8/22/23, at 3:09 a.m. 95% on 02 8/22/22, at 10:48 a.m. 87% on room air 8/22/22, at 11:42 a.m. 94% on 02 8/22/22, at 11:42 a.m. 94% on 02 8/22/22, at 5:14 p.m. 87% on 02 8/22/22, at 6:10 p.m. 87% on 02 8/22/22, at 10:37 p.m. 83% on room air 8/23/22, at 4:31 a.m. 81% on (none indicated) R1's progress note dated 8/21/23, at 11:19 p.m. indicated R1 had been in bed all shift and had refused his supper. The note indicated R1 was feeling cold and was on three liters of oxygen with O2 saturation running between 87-93%. R1's progress note dated 8/22/23, at 3:13 p.m. indicated R1 had self-transferred to the toilet, removed his oxygen, and was found in the bathroom short of breath. The note did not indicate what the O2 saturation was at indicated in the progress note. R1's progress note dated 8/22/23, at 11:45 p.m. indicated R1 had shaved himself, brushed his teeth with setup, ate his meal and his oxygen was running in the low 80's with room air and no oxygen. R1 was not complaining of shortness of breath but was pursed lip breathing. The note lacked indication that provider was informed of low O2 saturation or any assessment that was completed. R1's progress note dated 8/23/23, at 4:31 a.m. indicated R1 was found with his oxygen off around 3:00 a.m. noticed to be having dyspnea	F 684	9/28/2023. DON or designee will audit/monitor residents who are on oxygen for room air oximeter readings, daily, Monday-Friday, starting 9/27/2023, and on an on-going basis. Results will be reported to QAPI for three months.	

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F 684	Continued From page 3 (intense tightening in the chest, air hunger, difficulty breathing, breathlessness or a feeling of suffocation) O2 saturation recorded at 58% and improved to 81% by 4:30 a.m. R1's progress note dated 8/23/23, at 7:07 a.m. indicated R1 found on the floor at approximately 4:30 a.m. after falling. O2 saturation recorded at 82%. R1 stated he was freezing and started vomiting on the floor. Resident was in too much pain and ambulance was called to assist and R1 was currently in the emergency room (ER). R1's hospital discharge summary dated 9/5/23 indicated R1 was admitted on 8/23/23 for fall resulting in an intracranial hemorrhage that was stable and did not require surgical intervention and would need to follow-up with R1's primary care provider to discuss benefits and risks of anticoagulation therapy. In addition, R1 sustained multiple rib and a femur fracture. During an interview on 9/6/23, at 2:21 p.m. registered nurse (RN)-A stated if a resident has a low O2 saturation of below 90% she would apply oxygen and make a progress note and she would check back in around 15 minutes and if the resident hadn't improved depending on the situation, she would call the provider. RN-A stated if a resident were at a 50% O2 saturation, she would use the standing orders and increase oxygen to three liters and call for ambulance. RN-A stated she would do what the ambulance dispatch told her to do until they arrived at the facility. She would complete a set of vital signs, including lung sounds and give the provider an update. Would want to know why the O2 is dropping. Would try to stay with the resident or get someone to stay with the resident while I went	F 684		

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F 684	Continued From page 4 to make the phone call. During an interview on 9/6/23, at 3:05 p.m. director of nursing (DON) stated the nurse on the floor should have notified the provider right away and done further assessment when she noted the oxygen had initially dropped below 87%. The DON stated she was unable to locate any further assessments and or documentation of interventions that had been completed. The DON stated R1 should have been checked on at least every 10-15 minutes with the O2 being unstable. The DON stated the facility had not followed the change of condition policy and the provider should have been notified and/or the ambulance should have been called sooner. During an interview on 9/6/23, at 4:10 p.m. rounding physician (RP) stated she would have expected R1's O2 saturations to be rechecked any time they were under 89% and a full assessment completed by the nurse at that time. RP stated R1 should have been sent in 911 on 8/22/23 after the low O2 had been obtained and supplemental oxygen applied. RP stated knowing R1 had recently returned from the hospital she would have expected a lower side of O2 in the 80's but would have wanted a call from the facility at that time to put in interventions to try and raise his oxygen saturation. RP stated providers had not been called about R1's condition on 8/22/23 and was not informed till 9/7/23 (today). During an interview on 9/7/23, at 9:44 a.m. licensed practical nurse (LPN)-A stated during the 8/22/23-8/23/23 shift R1's O2 saturations had gone up and down. LPN-A stated she had first noticed R1 when he had taken his CPAP mask off and she had checked his 02 level at around 12:45	F 684		

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F 684	Continued From page 5 p.m.-1:00 a.m. and that was the first time she had noted his levels to be at around 58% so she had applied 3 liters of oxygen via nasal canula at that time. LPN-A stated she stayed in the room 10-15 minutes and waited till the saturation had come up to the 70's. LPN-A stated she had contacted the nurse from the 3rd floor to come and help because she had been worried. LPN-A stated she felt the 70's were still not enough and raised the O2 to 3.5 liters per minute and checked back every 10-15 minutes and it seemed to only go up and down about 2% to 76-78%. LPN-A stated she then came back and R1 had self-transferred and seemed more comfortable, but he was breathing faster. LPN-A stated she had asked the 3rd floor nurse (LPN)-B if she should send R1 to the ER and she had responded, "no." LPN-A stated she had checked on R1 one time before his fall and he was watching TV and appeared relaxed. LPN-A stated she had gone to begin her 6:00 a.m. medication pass around 5:00 a.m. and had only given one person their medications when she heard R1 yelling in the hallway, she went to help him, and he had fallen. She stated LPN-B had to help her with the protocol and paperwork to have him sent to the ER. LPN-A stated she had been informed by the nurse on the previous shift that R1's O2's had been stable even without his oxygen, so she had been surprised when it was dropping so fast. LPN-A could not state why she had not notified the provider when R1's health status had changed. During an interview on 9/7/23, at 10:54 a.m. RN-B stated she had assisted LPN-A on the shift R1 was sent to the ER and felt his oxygen had been low because R1's CPAP did not have a port for oxygen. RN-B stated R1's oxygen readings were running the mid 50's that night and she	F 684		

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ST JOHNS ON FOUNTAIN LAKE	1771 EAGLE VIEW CIRCLE ALBERT LEA, MN 56007

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F 684	Continued From page 6 remembered helping to apply his oxygen and it getting to the 60's before she returned to her unit. RN-B stated she could not remember times but could recall she had not spoken to LPN-A again until R1 had fallen. RN-B stated she would call the provider if she noticed a change in condition, but it can take over an hour on the night shift to get a call back and would have sent R1 to the ER if his oxygen saturations had not returned to baseline with in 10-15 min. Facility policy titled Change of Condition-Resident Physician/NP Notification Policy, revised 8/23, indicated attending physician/NP or MD/NP on call will be notified with changes in resident's condition or health status. Policy stated providers were to be notified with short-term and long-term change of conditions in residents, which included change in 02/oxygen sat/breathing as a significant change of condition.	F 684		

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	31639	A. BUILDING: _____ B. WING _____	C 09/07/2023

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2 000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 9/6/23, 9/7/23, 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 order(s) (was/were) issued. Please indicate in your electronic plan of correction you have reviewed	2 000		

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

Electronically Signed | 09/27/23

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2 000	Continued From page 1 these orders and identify the date when they will be completed. The following complaint was reviewed. H56355008C/MN00096327 with a licensing order issued at 0830 Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor's findings are the Suggested Method of Correction and Time Period for Correction. You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of	2 000		

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2 000	Continued From page 2 state form. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.	2 000		
2 830	MN Rule 4658.0520 Subp. 1 Adequate and Proper Nursing Care; General Subpart 1. Care in general. A resident must receive nursing care and treatment, personal and custodial care, and supervision based on individual needs and preferences as identified in the comprehensive resident assessment and plan of care as described in parts 4658.0400 and 4658.0405. A nursing home resident must be out of bed as much as possible unless there is a written order from the attending physician that the resident must remain in bed or the resident prefers to remain in bed. This MN Requirement is not met as evidenced by: Based on interview and record review, the facility failed to ensure symptoms of respiratory impairment were assessed and acted upon for 1 of 1 resident (R1) reviewed for change in condition when staff failed update provider with residents change in oxygen saturation. Findings include: R1's hospital discharge summary dated 8/21/23, indicated R1's was admitted with a diagnosis of	2 830	F000 Preparation and submission of this Plan of Correction does not constitute an admission of agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and submitted solely because of requirements under state and federal laws.	9/28/23

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2 830	Continued From page 3 pneumonia, hospital course summary indicated R1 presented to the ED with shortness of breath, fever, and weakness. Additional diagnosis included atrial fibrillation with anticoagulation therapy, anxiety, apnea sleep obstructive, asthma with chronic obstructive pulmonary disease, atherosclerotic heart disease, congestive heart failure, osteopenia, prothesis aortic and heart valves, spondylolisthesis or the lumbar region, spondylosis of the cervical region, dementia with unspecified behavioral disturbances, and a brain injury from a motor vehicle accident in 2001. Disposition to Saint John's skilled nursing facility for subacute rehabilitation. Physical examination indicated SpO2 (is a measurement of how much oxygen your blood is carrying as a percentage of the maximum it could carry) 91%, condition as stable. R1's physician orders dated 8/21/23-9/21/23, indicated R1's was on three liters of oxygen continuous via nasal canula, every shift, Symbicort 160/4.5 inhale twice a day for Chronic obstructive pulmonary disease (COPD) (group of diseases that cause airflow blockage and breathing-related problems) BiPAP/CPAP auto set at night. Use per home setting. R1's vital signs record dated 8/21/23-8/23/23, indicated R1's O2%'s as follows. 8/21/23, at 5:30 p.m. 93% on 02 8/21/23, at 10:34 p.m. 88% on 02 8/21/22, at 11:44 p.m. 94% on 02 8/22/23, at 3:09 a.m. 95% on 02 8/22/22, at 10:48 a.m. 87% on room air 8/22/22, at 11:42 a.m. 94% on 02 8/22/22, at 11:42 a.m. 94% on 02 8/22/22, at 5:14 p.m. 87% on 02 8/22/22, at 6:10 p.m. 87% on 02 8/22/22, at 10:37 p.m. 83% on room air	2 830	F684 Quality of Care/Delay of Treatment St. John's on Fountain Lake has, and always will, ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. Resident 1 care plan was updated on 9/7/2023 by DON to include oxygenation and change of condition standards, goals, objectives, and necessary disciplines. All other like residents were reviewed by DON on 9/7/2023 and care plans were updated to have oxygenation and change of condition standards, goals, objectives, and necessary disciplines. Change of condition policy and procedure was reviewed on 9/15/2023 with additions and modifications made. Training and education on Change of Condition-Resident Physician/NP Notification Policy was completed on with the licensed nurses by 9/28/2023. Additional education on oxygen assigned via on-line learning system to all nurses and trained medication aides (TMA's) on 8/25/2023 with a completion date of 9/28/2023. DON or designee will audit/monitor residents who are on oxygen for room air oximeter readings, daily, Monday-Friday, starting 9/27/2023, and on an on-going basis. Results will be reported to QAPI for three months.	

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2 830	Continued From page 4 8/23/22, at 4:31 a.m. 81% on (none indicated) R1's progress note dated 8/21/23, at 11:19 p.m. indicated R1 had been in bed all shift and had refused his supper. The note indicated R1 was feeling cold and was on three liters of oxygen with O2 saturation running between 87-93%. R1's progress note dated 8/22/23, at 3:13 p.m. indicated R1 had self-transferred to the toilet, removed his oxygen, and was found in the bathroom short of breath. The note did not indicate what the O2 saturation was at indicated in the progress note. R1's progress note dated 8/22/23, at 11:45 p.m. indicated R1 had shaved himself, brushed his teeth with setup, ate his meal and his oxygen was running in the low 80's with room air and no oxygen. R1 was not complaining of shortness of breath but was pursed lip breathing. The note lacked indication that provider was informed of low O2 saturation or any assessment that was completed. R1's progress note dated 8/23/23, at 4:31 a.m. indicated R1 was found with his oxygen off around 3:00 a.m. noticed to be having dyspnea (intense tightening in the chest, air hunger, difficulty breathing, breathlessness or a feeling of suffocation) O2 saturation recorded at 58% and improved to 81% by 4:30 a.m. R1's progress note dated 8/23/23, at 7:07 a.m. indicated R1 found on the floor at approximately 4:30 a.m. after falling. O2 saturation recorded at 82%. R1 stated he was freezing and started vomiting on the floor. Resident was in too much pain and ambulance was called to assist and R1 was currently in the emergency room (ER).	2 830		

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2 830	Continued From page 5 R1's hospital discharge summary dated 9/5/23 indicated R1 was admitted on 8/23/23 for fall resulting in an intracranial hemorrhage that was stable and did not require surgical intervention and would need to follow-up with R1's primary care provider to discuss benefits and risks of anticoagulation therapy. In addition, R1 sustained multiple rib and a femur fracture. During an interview on 9/6/23, at 2:21 p.m. registered nurse (RN)-A stated if a resident has a low O2 saturation of below 90% she would apply oxygen and make a progress note and she would check back in around 15 minutes and if the resident hadn't improved depending on the situation, she would call the provider. RN-A stated if a resident were at a 50% O2 saturation, she would use the standing orders and increase oxygen to three liters and call for ambulance. RN-A stated she would do what the ambulance dispatch told her to do until they arrived at the facility. She would complete a set of vital signs, including lung sounds and give the provider an update. Would want to know why the O2 is dropping. Would try to stay with the resident or get someone to stay with the resident while I went to make the phone call. During an interview on 9/6/23, at 3:05 p.m. director of nursing (DON) stated the nurse on the floor should have notified the provider right away and done further assessment when she noted the oxygen had initially dropped below 87%. The DON stated she was unable to locate any further assessments and or documentation of interventions that had been completed. The DON stated R1 should have been checked on at least every 10-15 minutes with the O2 being unstable. The DON stated the facility had not followed the	2 830		

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2 830	Continued From page 6 change of condition policy and the provider should have been notified and/or the ambulance should have been called sooner. During an interview on 9/6/23, at 4:10 p.m. rounding physician (RP) stated she would have expected R1's O2 saturations to be rechecked any time they were under 89% and a full assessment completed by the nurse at that time. RP stated R1 should have been sent in 911 on 8/22/23 after the low O2 had been obtained and supplemental oxygen applied. RP stated knowing R1 had recently returned from the hospital she would have expected a lower side of O2 in the 80's but would have wanted a call from the facility at that time to put in interventions to try and raise his oxygen saturation. RP stated providers had not been called about R1's condition on 8/22/23 and was not informed till 9/7/23 (today). During an interview on 9/7/23, at 9:44 a.m. licensed practical nurse (LPN)-A stated during the 8/22/23-8/23/23 shift R1's O2 saturations had gone up and down. LPN-A stated she had first noticed R1 when he had taken his CPAP mask off and she had checked his 02 level at around 12:45 p.m.-1:00 a.m. and that was the first time she had noted his levels to be at around 58% so she had applied 3 liters of oxygen via nasal canula at that time. LPN-A stated she stayed in the room 10-15 minutes and waited till the saturation had come up to the 70's. LPN-A stated she had contacted the nurse from the 3rd floor to come and help because she had been worried. LPN-A stated she felt the 70's were still not enough and raised the O2 to 3.5 liters per minute and checked back every 10-15 minutes and it seemed to only go up and down about 2% to 76-78%. LPN-A stated she then came back and R1 had self-transferred and seemed more comfortable, but he was breathing	2 830		

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2 830	Continued From page 7 faster. LPN-A stated she had asked the 3rd floor nurse (LPN)-B if she should send R1 to the ER and she had responded, "no." LPN-A stated she had checked on R1 one time before his fall and he was watching TV and appeared relaxed. LPN-A stated she had gone to begin her 6:00 a.m. medication pass around 5:00 a.m. and had only given one person their medications when she heard R1 yelling in the hallway, she went to help him, and he had fallen. She stated LPN-B had to help her with the protocol and paperwork to have him sent to the ER. LPN-A stated she had been informed by the nurse on the previous shift that R1's O2's had been stable even without his oxygen, so she had been surprised when it was dropping so fast. LPN-A could not state why she had not notified the provider when R1's health status had changed. During an interview on 9/7/23, at 10:54 a.m. RN-B stated she had assisted LPN-A on the shift R1 was sent to the ER and felt his oxygen had been low because R1's CPAP did not have a port for oxygen. RN-B stated R1's oxygen readings were running the mid 50's that night and she remembered helping to apply his oxygen and it getting to the 60's before she returned to her unit. RN-B stated she could not remember times but could recall she had not spoken to LPN-A again until R1 had fallen. RN-B stated she would call the provider if she noticed a change in condition, but it can take over an hour on the night shift to get a call back and would have sent R1 to the ER if his oxygen saturations had not returned to baseline with in 10-15 min. Facility policy titled Change of Condition-Resident Physician/NP Notification Policy, revised 8/23, indicated attending physician/NP or MD/NP on call will be notified with changes in resident's	2 830		

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2 830	Continued From page 8 condition or health status. Policy stated providers were to be notified with short-term and long-term change of conditions in residents, which included change in 02/oxygen sat/breathing as a significant change of condition. Suggested Method of Correction: The Directior of Nursing or designee could review policies and procedures, train staff, and implement measures to assure residents are receiving the necessary services to prevent or improve areas from occuring. The director of nursing or designee, could conduct random audits of the delivery of care; to ensure appropriate care and services are implemented; to better ensure implementation of treatment. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	2 830		