

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered July 15, 2021

Administrator Mn Veterans Home Fergus Falls 1821 North Park Fergus Falls, MN 56537

RE: CCN: 245636 Cycle Start Date: July 7, 2021

Dear Administrator:

On July 7, 2021, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety, 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 widespread deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level F), 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" tag), i.e., the plan of correction should be directed to:

Jen Bahr, RN, Unit Supervisor Bemidji District Office Licensing and Certification Program Health Regulation Division Minnesota Department of Health 705 5th Street NW, Suite A Bemidji, MN 56601-2933 Email: Jennifer.bahr@state.mn.us Office: (218) 308-2104 Mobile: (218) 368-3683

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 October 7, 2021 (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 January 7, 2022 (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: <u>https://mdhprovidercontent.web.health.state.mn.us/ltc_idr.cfm</u>

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: <u>https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html</u>

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,

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Joanne Simon, Enforcement Specialist Minnesota Department of Health Licensing and Certification Program Program Assurance Unit Health Regulation Division Telephone: 651-201-4161 Fax: 651-215-9697 Email: joanne.simon@state.mn.us

cc: Licensing and Certification File

DEPART	MENT OF HEALTH	AND HUMAN SERVICES			1		APPROVED
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			0	-	. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /			COM	E SURVEY IPLETED
		245636	B. WING				C 07/2021
NAME OF F	PROVIDER OR SUPPLIER	I	·	S	TREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
MN VETE	ERANS HOME FERGU	JS FALLS			821 NORTH PARK ERGUS FALLS, MN 56537		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIZ TAG	х	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 000	INITIAL COMMEN	rs	F 0	00			
	conducted at your f to be NOT in comp	ard abbreviated survey was acility. Your facility was found liance with the requirements of art B, Requirements for Long s.					
	SUBSTANTIATED:	laints were found to be 349), with a deficiency cited at					
	as your allegation of Departments accept enrolled in ePOC, y at the bottom of the	f correction (POC) will serve of compliance upon the otance. Because you are your signature is not required a first page of the CMS-2567 ic submission of the POC will tion of compliance.					
F 563 SS=F	onsite revisit of you validate that substa regulations has bee Right to Receive/Do	eny Visitors	F 5	63			8/6/21
	visitors of his or her her choosing, subject deny visitation where that does not impose resident. (ii) The facility must a resident by imme of the resident, sub deny or withdraw co						
	(iii) i ne facility mus	t provide immediate access to					
	r DIRECTOR'S OR PROVIE	DER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE		TITLE		(X6) DATE 07/23/2021

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.

PRINTED: 08/13/2021

					MB NO. 0938-039
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
					С
		245636	B. WING		07/07/2021
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	01/01/2021
	ERANS HOME FERG			1821 NORTH PARK	
	ERANS HOME FERG	US FALLS		FERGUS FALLS, MN 56537	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLÉTIO
F 563	Continued From pa	age 1	E 56	2	
1 000	• - · · · · · · · · · · · · · · · · · ·	-	F 56	3	
		s who are visiting with the			
		dent, subject to reasonable			
		restrictions and the resident's			
		hdraw consent at any time; st provide reasonable access			
		y entity or individual that ocial, legal, or other services to			
		ct to the resident's right to deny			
	or withdraw conser				
		st have written policies and			
		ing the visitation rights of			
		g those setting forth any			
		y or reasonable restriction or			
		restriction or limitation, when			
		ay apply consistent with the			
		is subpart, that the facility may			
		uch rights and the reasons for			
		y restriction or limitation.			
		NT is not met as evidenced			
	by:				
		w and document review, the		1. Residents R1, R2, and R3 were	
		vide routine indoor visitation		notified of the new visitation policy of	
		enters for Disease Control		7/23/2021. The new procedure out	
		hen a facility was not in		new maximum capacity for designa	
		k status for 2 of 3 residents		visiting areas as well as added thre	
		able to voice concerns about		larger rooms to accommodate large	
		his practice had the potential to		groups. The Procedure notes that	
	affect all 96 reside	nts residing in the facility.		adult can accompany two children o	
	<u>.</u>			each visit. All designated rooms ha	
	Findings include:			least a maximum of 3 visitors with t	
				largest being the multipurpose roon	
		e Updated Healthcare Infection		visitors. The multipurpose room wo	DIIC
		ntrol Recommendations in		allow for 4 adults and 6 children at	1
		ID-19 Vaccination dated		maximum capacity. No cap on out	loor
		indoor visitation could be		visitors.	
		sidents when the county			
		less than 10%, more than 70%		2. All residents at the Minnesota	
	of residents in the	less than 10%, more than 70% facility are fully vaccinated, and in outbreak status.		 All residents at the Minnesota Veteran's Home-Fergus Falls have potential to be affected by the defic 	

Facility ID: 00531

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		AND HUMAN SERVICES				FORM	08/13/2021 APPROVED 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ·		E CONSTRUCTION	COM	E SURVEY PLETED
		245636	B. WING				C 07/2021
NAME OF F	PROVIDER OR SUPPLIER		•	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
MN VET	ERANS HOME FERGU	JS FALLS			821 NORTH PARK ERGUS FALLS, MN 56537		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	×	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 563	Continued From pa	ige 2	F 5	63			
	of 6/15/21 through county's positivity ra On 7/7/21, at 1:27 p (DON) stated the fa status since 6/4/21, case reported on 5/ During interview on term care ombudsr advocate for reside resolve problems) work with R1 and c regarding concerns facility's visitation p 7/1/21, only two vis under 18 were allow administration had be determined on a residents were just given and no proce process to obtain a ambiguous and not visitation exception weeks for R1 becau by facility administr resident outside the began working with was snowing and th Fahrenheit (F) outs alternative visitation weather. Finally, an meeting approved for a visit they were denied a	rsing Home Data for the week 6/28/21, identified Ottertail ate for the week was 2.5%. co.m. the director of nursing acility was in non-outbreak , with the last COVID-19 staff /20/21. 7/7/21, at 2:53 p.m. the long man (LTCO) (a trained ents of nursing homes to stated she had been trying to ountless other residents and complaints due to the olicy. Prior to the week of itors per resident and no one wed even though the facility assured her visitation would a case by case basis. Further, told "no", no timelines were ss was specified. The entire visitation exception was very resident centered. The request originally took five use they were continually told ation family could visit the e facility. However, when LTCO R1's family regarding this it nen it was 100 degrees ide. The facility made no n opportunities for inclimate			 A new visitation procedure were effect on 7/23/2021. The new procoutlines new maximum capacity for designated visiting areas as well as three larger rooms to accommodate groups. The Procedure notes that adult can accompany two children each visit. All designated rooms haleast a maximum of 3 visitors with largest being the multipurpose room visitors. The multipurpose room wallow for 4 adults and 6 children at maximum capacity. No cap on out visitors. All staff will be educated of new policy on 8/06/2021. The administrator or his design conduct audits on residents' rights visitation. The audits will be conducted v for four weeks and monthly for two months. The results of the audits visitation or his designee for reand recommendation. The QAPI committee will determine if further need to be completed or if the audits show compliance and can be retired. 	edure r s added e larger one on ave at the m at 10 ould cdoor n the mee will and icted on 2, and veekly will be eview audits its	

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		I AND HUMAN SERVICES E & MEDICAID SERVICES			FORM	: 08/13/2021 APPROVED . 0938-0391
STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	PLE CONSTRUCTION G	(X3) DAT COM	E SURVEY IPLETED
		245636	B. WING			C 07/2021
NAME OF	PROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE	-	
	ERANS HOME FERGU	JS FALLS		1821 NORTH PARK FERGUS FALLS, MN 56537		
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F 563	Additionally, the LTG resident complaints furious because he grandchildren and h provided informatio well as the CDC incorestriction for children the facility administ their policy due to the and stated they cou- with their masks". R1's annual Minimu 3/18/21, indicated F care plan dated 4/6 supportive and active visitor restrictions a emotional support a plan directed staff to involvement and invest special events, active services. On 7/7/21, at 3:15 p able to see her gran great-grandchildren the facility was starf staff she was concept period, her family w her anymore. Furth great-grandchildren they had taken her and she had an out not allowed to see h the building and she outdoors or to go of ideal".	CO continued to receive s. Another resident, R3 was e wanted to see his had been denied. LTCO on from the State Agency as dicating there were no ren under the age of 18, but tration was unwilling to update their leadership in Minneapolis uld not because "children fiddle um Data Set (MDS) dated R1 was cognitively intact. R1's S/21, indicated R1's family was ive with care, was coping with and required additional and/or resources. The care to encourage ongoing family vite R1's family to attend ivities, meals, and support p.m. R1 stated she was not ndchildren or n within the facility building, but ting to open again. She told erned, after such a long time yould not want to come to visit	F 563			

		AND HUMAN SERVICES				FORM	08/13/2021 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ì í		E CONSTRUCTION	(X3) DATI COM	E SURVEY PLETED
		245636	B. WING				C 07/2021
NAME OF	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
MN VET	ERANS HOME FERGU	JS FALLS			821 NORTH PARK ERGUS FALLS, MN 56537		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 563	stated she spoke w in hopes to resolve visitation. At that tim was a "case by cas the under age 18 re FM-A stated an exc and on 6/28/21, R1 arrived at the facility great-grandchildren through the facility th housed a childrens escorted by staff. H were told they were because there were Because of this, R1 great-grandchildren outdoor area of the entry to the building child was alright, but the facility policy to resident in the build R3's quarterly MDS was cognitively inta 4/26/21, identified F coping with restricti protocols and preca for psychosocial eff withdrawal from soo strain. The care pla family to provide wi calls, essential care video chats. Furthe services would assidevice. On 7/7/21, at 3:26 p going fine with his w	ith the facility staff and LTCO her concerns regarding ne, FM-A was told visitation e" decision and exceptions to estriction could be obtained. ception had been approved 's granddaughter-in-law y along with R1's two n. They planned to walk to an inner courtyard which playground while being lowever, FM-A stated they e not allowed in the building e two children, not one. I visited with her building which prevented g. When FM-A asked why one ut not two, she was told it was only allow 2 visitors per	F	563			

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		AND HUMAN SERVICES				FORM	08/13/2021 APPROVED 0938-0391
STATEMEN	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l` í		E CONSTRUCTION	(X3) DATE COM	E SURVEY IPLETED
		245636	B. WING				C 07/2021
NAME OF	PROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE		
MN VET	ERANS HOME FERGU	JS FALLS			821 NORTH PARK ERGUS FALLS, MN 56537		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 563	R3 did not understa open, visitors could wanted. R3 stated great-grandchildrer pandemic even tho been fully vaccinate him he could arrang his great-grandchild come at a time, it m and they must com not like a regular via it's all kinds of rules like they're coming work like that. It's ri not requested a vis when they can com On 7/7/21, at 4:54 p hours away and ha R2's wife had been granddaughter brot and they were both were limited to less needed to be schee stated she was told government restrict On 7/7/21, at 4:04 p stated before COVI come at anytime, b put into place, visite However, NA-A cou to visit or when they surveyor to check v On 7/7/21, at 4:06 p	and why, if the doors can be not come whenever they he had not seen his a since the beginning of the ugh he and his family had ed. The facility staff had told ge a special appointment for dren to visit, but only one could hust be set up ahead of time, e through the back door. "It's sit. I don't know. Oh my God, s. You have to say something in two weeks. Life doesn't diculous." R3 then stated had it because he does not know re. b.m. FM-B stated she lived five d not been able to visit yet, but to scheduled visits. R2's adult ught R2's wife to the facility allowed to visit, but the visits than ½ hour in length and duled ahead of time. FM-B this was due to the all the tions placed due to COVID-19. b.m. nursing assistant (NA)-A ID-19 resident visitors could ut after the restrictions were ors needed to schedule visits. Ild not verify who was allowed y could visit and directed the	F 5	663			

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		AND HUMAN SERVICES				FORM	: 08/13/2021 APPROVED . 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ì í			(X3) DATI COM	E SURVEY IPLETED
		245636	B. WING				C 07/2021
NAME OF PROVIDER OR SUI	PLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	•	
MN VETERANS HOME	FERGI	JS FALLS			821 NORTH PARK ERGUS FALLS, MN 56537		
PREFIX (EACH DEF	ICIENC	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
facility was in also schedule designated re visitors at the residents and grandchildrer Because of th or another din weekend to c allowed for a unaware of w regarding chi policy book, b staff were aw On 7/7/21, at (LPN)-A state whenever the visitors needed to coming. LF 18 were not a visitor appoin confirmed pri requests to a evenings if sh visit. Howeve allowed to vis During intervi p.m. the DON under age 18 facility's medi this topic. The under 18 who escorted by a member to th factors that w	an Co ed Moi poms s facilit d staff n visitin his, he rector leterm grand /hat th ldren a put wo /are. 4:13 p ed resi ey wan ed to s PN-A s allowed to re Co r, LPN sit with ical din e DON o enter an adu ne des vere co	age 6 nty positivity rate and if the OVID-19 outbreak. Visits were nday through Friday in so there were not too many y at one time, to ensure the were safe. RN-A then stated ng depended on the age. would need to call the DON during the evening or on a ine if visitation would be child. RN-A verified he was e current policy stated and would have to look in the build call the DON if no other o.m. licensed practical nurse dents could have visitors ted, but due to COVID-19 schedule an appointment prior stated visitors under the age of d in the building and when s were scheduled ages were N-A stated she would direct irector on weekends or eived a request for a child to I-A stated residents were or children outdoors. th the DON on 7/7/21, at 4:19 ated visitation for visitors by exception because the rector had stood firm regarding I further explained anyone red the building area. Some onsidered were: Could the any living agent which carries	F 5	563			

Facility ID: 00531

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		AND HUMAN SERVICES				FORM	08/13/2021 APPROVED 0938-0391
STATEMEN	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l` í		E CONSTRUCTION	(X3) DATI COM	E SURVEY PLETED
		245636	B. WING				C 07/2021
NAME OF	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	-	
MN VET	ERANS HOME FERGU	JS FALLS			821 NORTH PARK ERGUS FALLS, MN 56537		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRON DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 563	and transmits an in living organism)? C on? Could the child whole building woul visitation would shu not keep the child n Children could visit and did not enter the indoor visitation wo However, stated on could be escorted in two toddlers would because it did not n DON denied being been turned away ov visit their loved-one were always encou their families and fr go on an outing with not social distance facility unrestricted risky than a child th guidelines within the visitation has been residents, resident however, while visit remained unchange most vocal were go grandchildren outsi During interview with on 7/7/21, at 4:30 p the facility's visitatio the age of 18, only must be scheduled space. Because the the building at one	fectious pathogen into another ould the child keep a mask spread COVID-19? The ld be in an outbreak and it down if the facility staff could nasked. as long as they were outside to building, but again stated uld be allowed by exception. Iy one child and one adult in for a visit and one adult in for a visit and one adult with not be allowed to visit neet the visitation policy. The aware of any visitors having or having not been allowed to but then stated residents raged to go on outings with iends. Further a resident could in their family while unmasked, and be allowed to return to the but believed this was less at may or may not follow mask e facility. The DON stated a frequent topic with council and with LTCO; ation policy and procedures ed and the residents who were sing on outings with	F 5	563			

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	OF DEFICIENCIES	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	TIPLE CONSTRUCTION		<u>). 0938-039</u> TE SURVEY		
	OF CORRECTION	IDENTIFICATION NUMBER:	ì í	NG		MPLETED		
		245636	B. WING		_ C _ 07/07/202			
NAME OF I	PROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CO	•			
MN VETI	ERANS HOME FERGU	JS FALLS		1821 NORTH PARK FERGUS FALLS, MN 56537				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETIO DATE		
	resident vaccination and they were not in Additionally, QSO 2 nursing homes to m criteria above were were not allowed. The had addressed these management; howe open visitation furth remained unchange stated "we can alway The facility policy M	y positivity rate was low, their n rate was greater than 70%, n an outbreak status. 20-39 revised 4/27/21, directed not restrict visitation if the e met nor does it state children The administrator did state they se concerns with agency ever, they were cautious to her and policy/procedure had ed. At that time, the DON ays be more strict not lesser". Minnesota Department of eration Procedure: FF-COVID	F 5					
	-19 Indoor Visitation visits would be allow rules and guideline potential for the spin procedure went on scheduled in advar each visit would be allow for cleaning to visits would be more member or volunte visitors per visit wo age 18 were not all visits/appointments	n dated 3/26/21, indicated wed for residents so long as s were followed to reduce the read of COVID - 19. The to state visits must be nee with no "walk-ins" allowed; scheduled for 20 minutes to ime before and after each visit; nitored by a facility staff er; a maximum of two adult uld be allowed; persons under						
	Safety and Oversig 4/27/21, indicated r indoor visitation at a (regardless of vacc few circumstances limited due to a hig	e scenarios include limiting						

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		AND HUMAN SERVICES					FORM	08/13/2021 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		(X3) DATE COM	E SURVEY PLETED
		245636	B. WING	;				07/2021
NAME OF I	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE	E.		
MN VETI	ERANS HOME FERGU	JS FALLS			21 NORTH PARK ERGUS FALLS, MN 56537			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD	BE	(X5) COMPLETION DATE
F 563	-Unvaccinated resid COVID-19 county p 10% and less than are fully vaccinated -Residents with cor whether vaccinated have met the criteri Transmission-Base -Residents in quara unvaccinated, until release from quara The memo further i restrict visitation wi safety cause and m	dents, if the nursing home's positivity rate is greater than 70% of residents in the facility l; nfirmed COVID-19 infection, d or unvaccinated until they ia to discontinue ed Precautions; or antine, whether vaccinated or they have met criteria for	F	563				

Facility ID: 00531

If continuation sheet Page 10 of 10



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered July 15, 2021

Administrator Mn Veterans Home Fergus Falls 1821 North Park Fergus Falls, MN 56537

Dear Administrator:

The above facility was surveyed on July 7, 2021 through July 7, 2021 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 <u>only a suggestion</u> 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 <u>https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html</u>. 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.

Re: State Nursing Home Licensing Orders Event ID: UYS311

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:

Jen Bahr, RN, Unit Supervisor Bemidji District Office Licensing and Certification Program Health Regulation Division Minnesota Department of Health 705 5th Street NW, Suite A Bemidji, MN 56601-2933 Email: Jennifer.bahr@state.mn.us Office: (218) 308-2104 Mobile: (218) 368-3683

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 note it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call me with any questions.

Sincerely,

Joanne Simon, Enforcement Specialist Minnesota Department of Health Licensing and Certification Program Program Assurance Unit Health Regulation Division Telephone: 651-201-4161 Fax: 651-215-9697 Email: joanne.simon@state.mn.us

cc: Licensing and Certification File

Minnesc	ta Department of He	alth				
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				
		00531	B. WING			
NAME OF	AND PLAN OF CORRECTION DENTIFICATION NUMBER: A BUILDING: COMPLETED 00531 B WING C 07/07/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE, ZIP CODE 1321 NORTH PARK PREEX TAG SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S FLAN OF CORRECTION (REQUIDENDER OR SUPPLIER OSE OVAL ID PREEX TAG SUMMARY STATEMENT OF DEFICIENCIES PREEX FERGUES FLLS, MN 56537 PROVIDER'S FLAN OF CORRECTION (REQUIDENDER OR SUPPLIER OSE 2 000 Initial Comments 2 000 PREEX TAG PROVIDER'S FLAN OF CORRECTION ORDER OSE 1 n accordance with Minnesotal Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, RLS found that the deficiency or deficiencies cited therein are not corrected, a line for each violation not corrected shall be assessed in accordance with a schedule of thes promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected. Figure 10 Health. Determination of white times with all requirements of the rule provided at the tag number and MN Rule number indicated below. Withen a rule contains several items, failure to compliance. Lack of compliance with tall result in the assessment of a fine even if the litem that was violated during the initial inspection was corrected. Nor may request a hearing on any assessments that may result from non-compliance. INITIAL COMMENTS: On 7					
	ERANS HOME FERGU	IS FALLS		56537		
PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI	D BE	(X5) COMPLETE DATE
2 000	Initial Comments		2 000			
	****ATTEI	NTION*****				
	NH LICENSING	CORRECTION ORDER				
	144A.10, this correct pursuant to a surver found that the defic herein are not corrected shall with a schedule of f the Minnesota Depa Determination of wh corrected requires of requirements of the number and MN Ru When a rule contain comply with any of lack of compliance. re-inspection with a result in the assess that was violated du	ction order has been issued y. If, upon reinspection, it is iency or deficiencies cited ected, a fine for each violation be assessed in accordance ines promulgated by rule of artment of Health. The ther a violation has been compliance with all a rule provided at the tag ile number indicated below. Ins several items, failure to the items will be considered Lack of compliance upon ny item of multi-part rule will ment of a fine even if the item				
	that may result from orders provided tha the Department with	n non-compliance with these t a written request is made to hin 15 days of receipt of a				
	On 7/7/21, a compleyour facility by surveyour facility by surveyour facility by surveyour found not in complexity for the found not in complexity for the correction you have identify the date whether the surveyour factors and the surveyout for the surveyout factors and the surv	aint survey was conducted at eyors from the Minnesota lth (MDH). Your facility was ance with the MN State ndicate in your electronic plan ave reviewed these orders and				
ABORATOR		ER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE		(X6) DATE 07/23/21

Electronically Signed

STATE FORM

6899

If continuation sheet 1 of 11

STATEMEN	ta Department of He TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		00531	B. WING		07/	07/2021	
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE			
	ERANS HOME FERGU	IS FALLS	RTH PARK				
		FERGUS	FALLS, MN 5				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLET DATE	
2 000	Continued From pa	ige 1	2 000				
	SUBSTANTIATED:	plaint was found to be H5636014C (MN74439) with sued at MN Rule 4658.0200					
the Fed ass Nur app Tag liste colu the the stat as e are Tim You reco the Info http n/in orde Dep you is n ente	the State Licensing Federal software. T assigned to Minnes Nursing Homes. Th appears in the far-le Tag." The state stat listed in the "Summ column and replace the correction order the findings which a statute after the stat as evidence by." For	nent of Health is documenting Correction Orders using Tag numbers have been sota state statutes/rules for ne assigned tag number eft column entitled "ID Prefix atute/rule out of compliance is nary Statement of Deficiencies" es the "To Comply" portion of r. This column also includes are in violation of the state tement, "This Rule is not met ollowing the surveyor's findings Method of Correction and rrection.					
	receipt of State lice the Minnesota Depa Informational Bullet https://www.health. n/infobulletins/ib14_ orders are delineate Department of Hea you electronically. is necessary for Sta enter the word "CO	participate in the electronic ensure orders consistent with artment of Health tin 14-01, available at state.mn.us/facilities/regulatio _1.html The State licensing ed on the attached Minnesota lth orders being submitted to Although no plan of correction ate Statutes/Rules, please RRECTED" in the box ou must then indicate in the					
	electronic State lice heading completion be corrected prior to the Minnesota Depa is enrolled in ePOC	and therefore a signature is the first page of	I				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:			С
		00531	B. WING			07/2021
AME OF F	PROVIDER OR SUPPLIER	R STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
	ERANS HOME FERG	IIS FALLS	ORTH PARK S FALLS, MN	56537		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE
2 000	Continued From p	age 2	2 000			
	state form.					
	FOURTH COLUM "PROVIDER'S PL APPLIES TO FED	ARD THE HEADING OF THE IN WHICH STATES, AN OF CORRECTION." THIS PERAL DEFICIENCIES ONLY. AR ON EACH PAGE.				
2 375	MN Rule 4658.020 Residents;Visitors	00 Subp. 1 Policies Concerning	2 375			8/2/21
	provide access to guardians, and to provides health, so religious services resident's right to any time. A nursin access to others w the resident's cons restrict visits when	s. A nursing home must a resident by relatives and any entity or individual that ocial, legal, advocacy, or to the resident, subject to the deny or withdraw consent at ng home must also provide who are visiting the resident wit sent. A nursing home may in the visits pose a health or sident or otherwise violate a	h			
	by: Based on interview facility failed to pro according to the C (CDC) guidance w COVID-19 outbreat (R1, R3) who were indoor visitation. T	nent is not met as evidenced w and document review, the ovide routine indoor visitation centers for Disease Control when a facility was not in ak status for 2 of 3 residents e able to voice concerns about this practice had the potential to ents residing in the facility.	0	CORRECTED		
	Findings include:					
	The CDC guidanc	e Updated Healthcare Infectior	,			

STATE FORM

UYS311

If continuation sheet 3 of 11

STATEMEN	ta Department of He TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 07/07/2021	
		00531	B. WING			
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
MN VETI	ERANS HOME FERGU	IS FALLS	TH PARK FALLS, MN 5	6537		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRI	ECTION	(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE AP DEFICIENCY)		COMPLET DATE
2 375	Continued From pa	ige 3	2 375			
2 375	Response to COVII 4/27/21, identified in permitted for all res positivity rate was le of residents in the f the facility was not The COVID-19 Nur of 6/15/21 through county's positivity ra On 7/7/21, at 1:27 g (DON) stated the fa	sing Home Data for the week 6/28/21, identified Ottertail ate for the week was 2.5%. c.m. the director of nursing acility was in non-outbreak , with the last COVID-19 staff				
	term care ombudsr advocate for reside resolve problems) work with R1 and c regarding concerns facility's visitation p 7/1/21, only two vis under 18 were allow administration had be determined on a residents were just given and no proce process to obtain a ambiguous and not visitation exception weeks for R1 becau by facility administra- resident outside the began working with was snowing and th	7/7/21, at 2:53 p.m. the long nan (LTCO) (a trained nts of nursing homes to stated she had been trying to ountless other residents and complaints due to the olicy. Prior to the week of itors per resident and no one wed even though the facility assured her visitation would case by case basis. Further, told "no", no timelines were ss was specified. The entire visitation exception was very resident centered. The request originally took five use they were continually told ation family could visit the e facility. However, when LTCO R1's family regarding this it nen it was 100 degrees ide. The facility made no				

STATEMEN	ta Department of He TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00531	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED C 07/07/2021	
					011	0772021
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, S ⁻ RTH PARK	TATE, ZIP CODE		
MN VET	ERANS HOME FERGU	IS FALLS	FALLS, MN 5	6537		
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2 375	Continued From pa	ige 4	2 375			
	weather.					
	Finally, an meeting was scheduled and R1 was approved for a visit with her grandchildren, but they were denied access to the building when they arrived due to more than one child present. Additionally, the LTCO continued to receive resident complaints. Another resident, R3 was furious because he wanted to see his grandchildren and had been denied. LTCO provided information from the State Agency as well as the CDC indicating there were no restriction for children under the age of 18, but the facility administration was unwilling to update their policy due to their leadership in Minneapolis and stated they could not because "children fiddle with their masks".					
	3/18/21, indicated F care plan dated 4/6 supportive and acti visitor restrictions a emotional support a plan directed staff t involvement and inv	um Data Set (MDS) dated R1 was cognitively intact. R1's i/21, indicated R1's family was ve with care, was coping with and required additional and/or resources. The care o encourage ongoing family vite R1's family to attend vities, meals, and support				
	able to see her grad great-grandchildrer the facility was star staff she was conce period, her family w her anymore. Furth great-grandchildrer they had taken her and she had an out	n within the facility building, but ting to open again. She told erned, after such a long time <i>r</i> ould not want to come to visit				

	IT OF DEFICIENCIES OF CORRECTION	Alth (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SUR COMPLETE	
		00531	B. WING			07/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
MN VETI	ERANS HOME FERGU	IS FALLS	RTH PARK FALLS, MN 5	6537		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
2 375	Continued From pa	ge 5	2 375			
	 the building and she needed to see them outdoors or to go on an outing with them. "It's not ideal". On 7/7/21, at 3:45 p.m. family member (FM)-A stated she spoke with the facility staff and LTCO in hopes to resolve her concerns regarding visitation. At that time, FM-A was told visitation was a "case by case" decision and exceptions to the under age 18 restriction could be obtained. FM-A stated an exception had been approved and on 6/28/21, R1's granddaughter-in-law arrived at the facility along with R1's two great-grandchildren. They planned to walk through the facility to an inner courtyard which housed a childrens playground while being escorted by staff. However, FM-A stated they were told they were not allowed in the building because there were two children, not one. Because of this, R1 visited with her great-grandchildren but had to do so in another outdoor area of the building which prevented entry to the building. When FM-A asked why one child was alright, but not two, she was told it was the facility policy to only allow 2 visitors per resident in the building at a time. 					
	was cognitively inta 4/26/21, identified F coping with restricti protocols and preca for psychosocial eff withdrawal from soo strain. The care pla family to provide wi calls, essential care video chats. Furthe	a dated 4/16/21, indicated R3 ct. R3's care plan dated R3 and R3's family were ons related to COVID-19 autions and R3 was at the risk fects such as depression, cial situations, and emotional in directed staff to encourage indow visits as able, phone egiver visits as allowed, and r, recreation staff and/or social ist with the use of a streaming				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00531		(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		E SURVEY PLETED C 07/2021
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	PROVIDER OR SUPPLIER		DDRESS, CITY, ST RTH PARK	ATE, ZIP CODE		
IN VETE	ERANS HOME FERGU	IS FALLS	FALLS, MN 5	6537		
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2 375	Continued From pa	ge 6	2 375			
	On 7/7/21, at 3:26 p.m. R3 stated visits had been going fine with his wife, but he couldn't see his great-grandchildren without special permission. R3 did not understand why, if the doors can be open, visitors could not come whenever they wanted. R3 stated he had not seen his great-grandchildren since the beginning of the pandemic even though he and his family had been fully vaccinated. The facility staff had told him he could arrange a special appointment for his great-grandchildren to visit, but only one could come at a time, it must be set up ahead of time, and they must come through the back door. "It's not like a regular visit. I don't know. Oh my God, it's all kinds of rules. You have to say something like they're coming in two weeks. Life doesn't work like that. It's ridiculous." R3 then stated had not requested a visit because he does not know when they can come.					
	hours away and had R2's wife had been granddaughter brou and they were both were limited to less needed to be scheo stated she was told	b.m. FM-B stated she lived five d not been able to visit yet, but to scheduled visits. R2's adult ught R2's wife to the facility allowed to visit, but the visits than ½ hour in length and duled ahead of time. FM-B this was due to the all the tions placed due to COVID-19.	t			
	stated before COVI come at anytime, b put into place, visito However, NA-A cou	D.m. nursing assistant (NA)-A D-19 resident visitors could ut after the restrictions were ors needed to schedule visits. Id not verify who was allowed y could visit and directed the with the front office				

	ta Department of He T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	COM	E SURVEY PLETED
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IAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST	ATE, ZIP CODE		
	ERANS HOME FERG	IS FALLS	RTH PARK FALLS, MN 5	6537		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
2 375	Continued From pa	age 7	2 375			
	the visitor was willin visit was able to had decided by the cou facility was in an C also scheduled Mo designated rooms visitors at the facilit residents and staff grandchildren visiti Because of this, he or another director weekend to determ allowed for a grand unaware of what th regarding children policy book, but we staff were aware.	d and could not visit openly. If ng to do an outside visit, the ppen at any time. This was nty positivity rate and if the OVID-19 outbreak. Visits were nday through Friday in so there were not too many ty at one time, to ensure the were safe. RN-A then stated ng depended on the age. would need to call the DON during the evening or on a nine if visitation would be lchild. RN-A verified he was the current policy stated and would have to look in the buld call the DON if no other				
	(LPN)-A stated resi whenever they war visitors needed to s to coming. LPN-A s 18 were not allowe visitor appointment confirmed prior. LP requests to a unit of evenings if she rec	p.m. licensed practical nurse idents could have visitors ated, but due to COVID-19 schedule an appointment prior stated visitors under the age of d in the building and when s were scheduled ages were N-A stated she would direct lirector on weekends or eived a request for a child to N-A stated residents were a children outdoors.				
	p.m. the DON indic under age 18 was I facility's medical di this topic. The DON under 18 who enter escorted by an adu	th the DON on 7/7/21, at 4:19 ated visitation for visitors by exception because the rector had stood firm regarding I further explained anyone red the building needed to be It companion and a staff ignated visiting area. Some				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 07/07/2021	
		00531	B. WING			
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
	ERANS HOME FERG	US FALLS	RTH PARK FALLS, MN 5	6537		
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TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO TH DEFICIENCY	HE APPROPRIATE	DATE
2 375	Continued From pa	age 8	2 375			
	child be a vector (a and transmits an in living organism)? C on? Could the child whole building wou visitation would shu not keep the child r Children could visit and did not enter th indoor visitation wo However, stated or could be escorted i two toddlers would because it did not r DON denied being been turned away ov visit their loved-one were always encout their families and fr go on an outing wit not social distance facility unrestricted risky than a child th guidelines within th visitation has been residents, resident however, while visit remained unchang most vocal were go grandchildren outsit During interview wi on 7/7/21, at 4:30 p the facility's visitation the age of 18, only must be scheduled	as long as they were outside the building, but again stated build be allowed by exception. Inly one child and one adult in for a visit and one adult with not be allowed to visit meet the visitation policy. The aware of any visitors having or having not been allowed to be, but then stated residents uraged to go on outings with riends. Further a resident could h their family while unmasked, and be allowed to return to the but believed this was less nat may or may not follow mask the facility. The DON stated a frequent topic with council and with LTCO; tation policy and procedures ed and the residents who were bing on outings with				

STATEMEN	ta Department of He TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 07/07/2021	
		00531	B. WING			
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE		
IN VET	ERANS HOME FERG	IS FALLS	RTH PARK FALLS, MN 5	6537		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
2 375	Continued From pa	age 9	2 375		,	
	always encouraged. The administrator stated their current county positivity rate was low, their resident vaccination rate was greater than 70%, and they were not in an outbreak status. Additionally, QSO 20-39 revised 4/27/21, directed nursing homes to not restrict visitation if the criteria above were met nor does it state children were not allowed. The administrator did state they had addressed these concerns with agency management; however, they were cautious to open visitation further and policy/procedure had remained unchanged. At that time, the DON stated "we can always be more strict not lesser". The facility policy Minnesota Department of					
	-19 Indoor Visitatio visits would be allor rules and guideline potential for the spi procedure went on scheduled in advar each visit would be allow for cleaning to visits would be mor member or volunte visitors per visit wo age 18 were not all visits/appointments	eration Procedure: FF-COVID n dated 3/26/21, indicated wed for residents so long as s were followed to reduce the read of COVID - 19. The to state visits must be nee with no "walk-ins" allowed; e scheduled for 20 minutes to ime before and after each visit hitored by a facility staff er; a maximum of two adult uld be allowed; persons under lowed to visit, and a could be canceled at any time were at the facility's discretion.				
	Safety and Oversig 4/27/21, indicated r indoor visitation at (regardless of vacc few circumstances limited due to a hig	edicare and Medicaid Quality, ht (QSO) memo 20-39 revised hursing homes should allow all times and for all residents fination status), except for a when visitation should be h risk of COVID-19 e scenarios include limiting :				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
	00531	B. WING		C 07/07/202	
NAME OF PROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, S	TATE, ZIP CODE		
MN VETERANS HOME FERG	US FALLS	RTH PARK FALLS, MN 🗧	56537		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE
2 375 Continued From pa	age 10	2 375			
COVID-19 county p 10% and less than are fully vaccinated -Residents with cou- whether vaccinated have met the criter Transmission-Base -Residents in quara unvaccinated, until release from quara The memo further restrict visitation wi- safety cause and n visitation consisten regulations. SUGGESTED MET facility administrato and/or revise polici residents' rights to administrato or des appropriate staff or The administrator of monitoring systems compliance.	nfirmed COVID-19 infection, d or unvaccinated until they ia to discontinue ed Precautions; or antine, whether vaccinated or they have met criteria for				
nnesota Department of Health ATE FORM		6899	YS311	1 5 11 11	on sheet 11 c

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