Electronically delivered
August 30, 2021

Administrator
Mount Olivet Home
5517 Lyndale Avenue South
Minneapolis, MN 55419

RE: CCN: 24E102
Cycle Start Date: August 12, 2021

Dear Administrator:

On August 12, 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 a pattern of deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level E), 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:

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 November 12, 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 February 12, 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: 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,

Kamala Fiske-Downing

Kamala Fiske-Downing
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	24E102	A. BUILDING ______ B. WING ______	C 08/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNT OLIVET HOME	**5517 LYNDALE AVENUE SOUTH MINNEAPOLIS, MN 55419**

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F 000	INITIAL COMMENTS On 8/12/21, a standard abbreviated survey was conducted at your facility. Your facility was found to be NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaints were found to be SUBSTANTIATED: HE102028C (MN75442), with a deficiency cited at F550. 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 550 SS=E	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or	F 550		9/3/21

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

Electronically Signed — 09/03/2021

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.

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F 550	Continued From page 1 her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review, the facility failed to ensure staff treated residents in a respectful manner when requesting incontinence products and requesting tray service for 1 of 9 residents (R1) reviewed for dignity. In addition, 5 of 9 residents (R2, R3, R4, R5, R6) voiced ongoing concerns regarding undignified treatment by staff.	F 550	Corrective action has been taken with regard to the concern over staff treating residents in a respectful manner when requesting incontinence products and room tray service. The facility has developed a policy for incontinent product supply and storage to ensure availability and proper storage of incontinent products, including specialty products, for	

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F 550	Continued From page 2 Findings include: R1's quarterly Minimum Data Set (MDS) dated 7/21/21, identified R1 had intact cognition. Diagnoses included nontraumatic brain dysfunction (brain injury not caused by physical harm), major depression and anxiety. A facility investigation report dated 8/2/21, identified R1 had concerns about how they were treated by staff when they requested incontinent products and tray service in their room. Nursing assistant (NA)-A had screamed at R1. NA-A was counseled, re-educated on resident rights and customer service and would no longer be working with R1. A care audit was conducted and no issues were identified; however, the facility did not identify education was provided to all staff on treating residents with dignity and respect. R1's care plan revised 8/6/21, identified R1 had anxiety and depression. Interventions included therapy, approach resident with a calm, gentle and position approach, needs will be promptly met promptly, provide reassurance when answering requests, listening to problems. During interview on 8/12/21, at 8:42 a.m. family (FM)-A identified on 8/1/21, R1 called and reported she did not want to go down to the cafeteria for dinner due to a flare-up of her hemorrhoids and being too uncomfortable for her to go to cafeteria. Nursing assistant (NA)-A brought R1 the meal she requested but did not treat R1 with dignity as she placed the meal down and abruptly walked out of the room in a rough manner. "There have been times she didn't get dinner at all when a room tray was requested, this time she asked twice."	F 550	residents of Mount Olivet Home. Incontinent product supply will be stored in the second floor storage room, Environmental Services will oversee par levels to maintain the necessary quantities at all times, and day/evening staff will check and restock individual resident supply weekly and as needed. Education was provided immediately to Mount Olivet Home nursing and environmental service staff on this procedure and the expectations to respect and fulfill resident requests for such products. Additionally, an incontinent supply audit form was created and will be conducted weekly for 4 weeks, concluding on 9/27/21, and ongoing as needed to ensure this procedure is followed and sustained over time. Intentional check-ins with R1 will be completed throughout this 4 week period, concluding on 9/27/21, and as needed thereafter. Audit results will be reviewed at monthly QAPI and the continuation of these audits will be assessed and determined at that time. A new policy on resident dining experience was developed to outline both the meal service in the communal dining room as well as room tray service availability. Personal preference to dine in their room with room tray service was added to and emphasized within the policy. The steps in how to order a room tray were explicitly listed. Education was provided immediately to Mount Olivet Home nursing and culinary staff on the dining experience and resident rights to request and receive a room tray per their	

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F 550	Continued From page 3 During interview on 8/12/21, at 9:42 a.m. NA-A stated on 8/1/21, R1 put on their call light and NA-A went into R1's room. R1 told NA-A she needed briefs and panty liners and the sizes R1 needed. NA-A didn't see her size and told R1 they didn't have any products in her size. Later, R1 asked the TMA to get the pads and the TMA went over to the TCU and got R1's size. The TMA gave NA-A the pads and NA-A brought the pads to R1 and R1 thanked NA-A. Fu 8/1/21, R1 refused to go to dining room because of hemorrhoids and requested a tray for supper. Usually residents couldn't have a meal tray unless they were sick. NA-A brought R1 soup and sandwich as R1 requested. NA-A reported giving the meal to R1 and leaving the room. Later that evening, the TMA approached NA-A and stated that R1 was upset because NA-A walked away from R1 without saying anything. NA-A verified that she went back into R1's room after the altercation and stated, "I gave you everything you asked for today why are you complaining?". The NA-A denied raising her voice and did not know why R1 was scared of her. The NA-A reported the facility sent her for an in-service in the office and sent NA-A home for 1 or 2 days, NA-A uncertain if suspension was 1 or 2 days. The NA-A reported training was online, and the subject was about how to speak with residents. The NA-A denied facility refraining NA-A from working with R1. The NA-A has not seen R1 since the incident. During interview on 8/12/21, at 1:50 p.m. TMA stated on 8/1/21, she was called into R1's room and R1 was upset about her briefs and pads, the TMA went to the TCU and got the correct briefs and pads. The TMA let NA-A know where to get pads if there not any on the unit and had NA-A	F 550	individual preference and choice. Room tray service records and mealtime audits are conducted daily and will continue for the next 4 weeks to track fulfillment of room tray requests. A dining experience audit will also be conducted weekly for 4 weeks to further support a pleasant and dignified mealtime experience across residents. All audits mentioned will conclude on 9/27/21 and be conducted as needed thereafter. An addendum letter on communal dining and right to room tray was delivered to all Mount Olivet Home residents on 8/13/21 and follow-up education was provided to residents to address any related-questions or concerns. Room tray service availability was also reviewed and discussed at Resident Council on 8/30/21 and will be on the agenda monthly for one quarter to ensure continued progress in meeting resident needs and preferences. Corrective action has been taken with regard to the concerns of undignified treatment by staff. A facility policy on respect, dignity, and self-determination was developed to ensure all residents are treated with dignity and respect. The policy outlines resident rights, exercise of rights, respect and dignity, and self-determination with additional reference to the Resident Bill of Rights. Education was provided immediately to all Mount Olivet Home staff on resident dignity and respect, promoting quality of life, and recognizing the resident's individual needs, preferences, and choices. Examples of what dignified and	

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F 550	Continued From page 4	F 550		

deliver the products. The TMA reported she was never in R1's room at the same time as NA-A, therefore did not hear any of the communication between the two parties.

When interviewed on 8/12/21, at 10:04 a.m. R1 stated on 8/1/21, she asked for a dinner tray in her room due to having a horrible hemorrhoid flare-up. NA-A told R1, "We aren't supposed to do that unless you are really sick" R1 replied, "I can't go down with these painful hemorrhoids." R1 stated all nursing assistants treated you poorly when asked for anything out of the ordinary. R1 stated NA-A was yelling about the situation and R1 told NA-A she could hear her; she didn't need to yell. NA-A argued and acted "wild, flipping her hands in the air." R1 told NA-A she was going to report this, and NA-A responded NA-A would tell "everyone" R1 was lying. The NA-A wrote a note to the administrator and called her son immediately after being yelled at. R1 reported having never been treated that poorly, stating "other staff has been short from time to time, but not like that." R1 reported being scared a night later, as someone knocked on her door late in the night. R1 reported she laid in bed like she was frozen in bed hoping it wasn't the NA-A. R1 did not answer door, whoever knocked went away and R1 laid awake the rest of the night in fear.

R2's quarterly MDS dated 4/22/21, identified R2 had intact cognition.

When interviewed on 8/13/21, at 10:21 a.m. R2 reported "I could write a book, I just stopped complaining around here, nothing gets done." R2 reported staff are often untimely and rude. R2 stated that there is not an option to eat in room when you are ill. Stated she was so ill one day

respectful care looks like were also included in this education. Formal training to Mount Olivet Home nursing staff on resident rights, dignified dining, and incontinent product management will be initiated on 9/7/21, 9/8/21, and 9/9/21 across shifts. Formal training will also include case scenarios and return demonstration on dignified care and treatment. Resident quality of life interviews were conducted immediately, starting initially with R1, R2, R3, R4, R5, and R6, then using a random sample of 8 residents per unit per week for 4 weeks to address any concerns, identify themes, and ensure resolution. Interviews will be completed through 9/27/21 and results will be presented at monthly QAPI to determine if continued corrective action is necessary. Day, evening, and night shift care observation audits will be completed weekly for 4 weeks, concluding on 9/27/21, to ensure the delivery of respectful and dignified care and treatment. Results of this audit will be reviewed at monthly QAPI and the continuation of this audit will be assessed and determined at that time.

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F 550	Continued From page 5 she could not lift her head off the pillow and her stomach was "rolling." She stated she was told she had to go to dining room and reported not eating that night. R2 reported staff come and go as they please, "I have even had conversation with staff when I am on the toilet." R2 reported one NA, R2 did not know names, she identified NA to be "an African-American female she has yellow/gold hair that looks like pieces of tiny cauliflower with rubber bands." This NA was heard yelling across the hall about a week ago at R1. R2 states she has not had conversation with R1 about this situation. R2 also reported an NA described as "tall skinny African American female, who doesn't work often," but when she does her voice can be heard down the hall. R2 reports feeling safe, just not treated with respect. R3's quarterly MDS dated 7/8/21, identified R3 had intact cognition. During interview interview on 8/12/21 at 9:42 a.m. R3 reported that when she asks for a meal in your room there is no option to do that. R4's quarterly MDS dated 6/28/21, identified R4 had intact cognition. During interview on 8/12/21, at 10:42 a.m. R4 stated some staff were friendly and others were rude and short. R4 has a "condition which makes me move often." and gets awkward glances from staff. It made R4 feel like the staff did not like her and staff has used a rough tone of voice. R4 could not identify names of any of the staff, stating staff doesn't let you know their names or wear name badges. R4 reported feeling safe at facility.	F 550		

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F 550	Continued From page 6 R5's quarterly MDS dated 6/28/21, identified R5 had moderate cognitive impairment. During interview on 8/12/21, at 11:03 a.m. R5 stated staff have been abrupt; some staff are chatty and talk about their personal lives with R5, while other do their job and leave without saying anything. Further, "sometimes it's not what staff says, but how they say it." Once when R5 was ill R5 had to almost beg for a meal tray and had to request a tray from a nurse when the nursing assistant refused. R6's quarterly MDS dated 7/15/21, identified R6 had intact cognition. When interviewed on 8/12/21, at 11:15 am R6 stated she resided at the facility for a long time, in the last 2 years, staff were quite rude on occasions. R6 gave examples of staff rushing her cares, having to ask more than once for a request, and staff not knocking on door or announcing their presence. Further, "Staff makes me feel bad about myself because I can't go as quickly as I used because I am almost blind, and they don't understand to not move things in my room." During observation of the noon meal on 8/12/21, at 11:17 a.m. no room trays were requested by residents. During interview on 8/12/21, at 12:06 p.m. assistant director of nursing (ADON) stated each floor has closets with incontinent products and each floor's stock varies due to resident needs. On 8/1/21, the day R1 was upset, the TMA had to go to the transitional care until to find the correct size for R1. The housekeeping department	F 550		

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F 550	Continued From page 7	F 550		

stocks the closets on each unit weekly and going forward housekeeping has been informed to keep R1's size on the unit. On 8/1/21, after NA-A found out R1 was upset about her treatment the evening of 8/1/21. NA-A went back into R1's room and told R1 that she had done everything asked of her. The ADON commented "which wasn't necessary." NA-A was suspended during the facility investigation and NA-A was given training on how to communicate effectively with residents; however, did not educate all staff on dignity related concerns. The ADON verified NA-A would not be working on the same floor as R1 and had updated family and R1.

During interview on 8/12/21, at 12:12 p.m. director or nursing (DON) reported staff were encouraged to go to the cafeteria for all meals. The DON agreed R1 did have a medical condition on 8/1/21, and received her meal in her room. The facility encourages the cafeteria dining for socialization, exercise, and being part of a family centered meal. If a resident is ill the nurse makes the final decision for the resident to eat in the room. The nursing assistants should be in communication with the nurses and meal tray requests and not make the decision on their own.

A facility policy on dignity was requested and not received.

The facility policy Room Trays for MOH Residents dated 2/18/11, indicated residents requesting to have a meal in their rooms will be checked on by the charge nurse and/or TMA to determine the necessity of their request. Staff would make an effort to encourage residents to eat the dining room including offering escort services as needed. Special circumstances may include

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F 550	Continued From page 8 illness, nausea, vomiting, diarrhea, upper respiratory or influenza symptoms, having appointments and may require an early or late tray, surgical procedures, active decline, psychiatric illnesses determined by the interdisciplinary team.	F 550		

P r o t e c t i n g , M a i n t a i n i n g a n d I m p r o v i n g t h e H e a l t h o f A l l M i n n e s o t a n s

Electronically delivered
August 30, 2021

Administrator
Mount Olivet Home
5517 Lyndale Avenue South
Minneapolis, MN 55419

Re: State Nursing Home Licensing Orders
Event ID: V1HH11

Dear Administrator:

The above facility was surveyed on August 12, 2021 through August 12, 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 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 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,

Kamala Fiske-Downing

Kamala Fiske-Downing
Minnesota Department of Health
Licensing and Certification Program

Program Assurance Unit
Health Regulation Division
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00236	A. BUILDING: ______ B. WING ______	C **08/12/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNT OLIVET HOME	**5517 LYNDALE AVENUE SOUTH MINNEAPOLIS, MN 55419**

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3 000	INITIAL COMMENTS	3 000		

*****ATTENTION******

BOARDING CARE HOME
LICENSING CORRECTION ORDER

In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.

Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

INITIAL COMMENTS:
On 8/12/21, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found NOT in compliance with the MN State Licensure. Please indicate in your electronic plan of correction you have reviewed these orders and

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3 000	Continued From page 1 identify the date when they will be completed. The following complaint was found to be SUBSTANTIATED: HE102028C (MN75442) with a licensing order issued at MN Rule 144.651 Subd 5. 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	3 000		

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3 000	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.	3 000		
31805	MN Rule 144.651 Subd. 5 Patients & Residents of HCF Bill of Rights Subd. 5. Courteous treatment. Patients and residents have the right to be treated with courtesy and respect for their individuality by employees of or persons providing service in a health care facility. This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to ensure staff treated residents in a respectful manner when requesting incontinence products and requesting tray service for 1 of 9 residents (R1) reviewed for dignity. In addition, 5 of 9 residents (R2, R3, R4, R5, R6) voiced ongoing concerns regarding undignified treatment by staff. Findings include: R1's quarterly Minimum Data Set (MDS) dated 7/21/21, identified R1 had intact cognition. Diagnoses included nontraumatic brain dysfunction (brain injury not caused by physical harm), major depression and anxiety. A facility investigation report dated 8/2/21, identified R1 had concerns about how they were	31805	Corrected.	9/3/21

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31805	Continued From page 3 treated by staff when they requested incontinent products and tray service in their room. Nursing assistant (NA)-A had screamed at R1. NA-A was counseled, re-educated on resident rights and customer service and would no longer be working with R1. A care audit was conducted and no issues were identified; however, the facility did not identify education was provided to all staff on treating residents with dignity and respect. R1's care plan revised 8/6/21, identified R1 had anxiety and depression. Interventions included therapy, approach resident with a calm, gentle and position approach, needs will be promptly met promptly, provide reassurance when answering requests, listening to problems. During interview on 8/12/21, at 8:42 a.m. family (FM)-A identified on 8/1/21, R1 called and reported she did not want to go down to the cafeteria for dinner due to a flare-up of her hemorrhoids and being too uncomfortable for her to go to cafeteria. Nursing assistant (NA)-A brought R1 the meal she requested but did not treat R1 with dignity as she placed the meal down and abruptly walked out of the room in a rough manner. "There have been times she didn't get dinner at all when a room tray was requested, this time she asked twice." During interview on 8/12/21, at 9:42 a.m. NA-A stated on 8/1/21, R1 put on their call light and NA-A went into R1's room. R1 told NA-A she needed briefs and panty liners and the sizes R1 needed. NA-A didn't see her size and told R1 they didn't have any products in her size. Later, R1 asked the TMA to get the pads and the TMA went over to the TCU and got R1's size. The TMA gave NA-A the pads and NA-A brought the pads to R1 and R1 thanked NA-A. Fu 8/1/21, R1 refused to	31805		

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31805	Continued From page 4	31805		

go to dining room because of hemorrhoids and requested a tray for supper. Usually residents couldn't have a meal tray unless they were sick. NA-A brought R1 soup and sandwich as R1 requested. NA-A reported giving the meal to R1 and leaving the room. Later that evening, the TMA approached NA-A and stated that R1 was upset because NA-A walked away from R1 without saying anything. NA-A verified that she went back into R1's room after the altercation and stated, "I gave you everything you asked for today why are you complaining?". The NA-A denied raising her voice and did not know why R1 was scared of her. The NA-A reported the facility sent her for an in-service in the office and sent NA-A home for 1 or 2 days, NA-A uncertain if suspension was 1 or 2 days. The NA-A reported training was online, and the subject was about how to speak with residents. The NA-A denied facility refraining NA-A from working with R1. The NA-A has not seen R1 since the incident.

During interview on 8/12/21, at 1:50 p.m. TMA stated on 8/1/21, she was called into R1's room and R1 was upset about her briefs and pads, the TMA went to the TCU and got the correct briefs and pads. The TMA let NA-A know where to get pads if there not any on the unit and had NA-A deliver the products. The TMA reported she was never in R1's room at the same time as NA-A, therefore did not hear any of the communication between the two parties.

When interviewed on 8/12/21, at 10:04 a.m. R1 stated on 8/1/21, she asked for a dinner tray in her room due to having a horrible hemorrhoid flare-up. NA-A told R1, "We aren't supposed to do that unless you are really sick" R1 replied, "I can't go down with these painful hemorrhoids." R1 stated all nursing assistants treated you poorly

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31805	Continued From page 5 when asked for anything out of the ordinary. R1 stated NA-A was yelling about the situation and R1 told NA-A she could hear her; she didn't need to yell. NA-A argued and acted "wild, flipping her hands in the air." R1 told NA-A she was going to report this, and NA-A responded NA-A would tell "everyone" R1 was lying. The NA-A wrote a note to the administrator and called her son immediately after being yelled at. R1 reported having never been treated that poorly, stating "other staff has been short from time to time, but not like that." R1 reported being scared a night later, as someone knocked on her door late in the night. R1 reported she laid in bed like she was frozen in bed hoping it wasn't the NA-A. R1 did not answer door, whoever knocked went away and R1 laid awake the rest of the night in fear. R2's quarterly MDS dated 4/22/21, identified R2 had intact cognition. When interviewed on 8/13/21, at 10:21 a.m. R2 reported "I could write a book, I just stopped complaining around here, nothing gets done." R2 reported staff are often untimely and rude. R2 stated that there is not an option to eat in room when you are ill. Stated she was so ill one day she could not lift her head off the pillow and her stomach was "rolling." She stated she was told she had to go to dining room and reported not eating that night. R2 reported staff come and go as they please, "I have even had conversation with staff when I am on the toilet." R2 reported one NA, R2 did not know names, she identified NA to be "an African-American female she has yellow/gold hair that looks like pieces of tiny cauliflower with rubber bands." This NA was heard yelling across the hall about a week ago at R1. R2 states she has not had conversation with R1 about this situation. R2 also reported an NA	31805		

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31805	Continued From page 6	31805		

Continued From page 6

described as "tall skinny African American female, who doesn't work often," but when she does her voice can be heard down the hall. R2 reports feeling safe, just not treated with respect.

R3's quarterly MDS dated 7/8/21, identified R3 had intact cognition.

During interview interview on 8/12/21 at 9:42 a.m. R3 reported that when she asks for a meal in your room there is no option to do that.

R4's quarterly MDS dated 6/28/21, identified R4 had intact cognition.

During interview on 8/12/21, at 10:42 a.m. R4 stated some staff were friendly and others were rude and short. R4 has a "condition which makes me move often." and gets awkward glances from staff. It made R4 feel like the staff did not like her and staff has used a rough tone of voice. R4 could not identify names of any of the staff, stating staff doesn't let you know their names or wear name badges. R4 reported feeling safe at facility.

R5's quarterly MDS dated 6/28/21, identified R5 had moderate cognitive impairment.

During interview on 8/12/21, at 11:03 a.m. R5 stated staff have been abrupt; some staff are chatty and talk about their personal lives with R5, while other do their job and leave without saying anything. Further, "sometimes it's not what staff says, but how they say it." Once when R5 was ill R5 had to almost beg for a meal tray and had to request a tray from a nurse when the nursing assistant refused.

R6's quarterly MDS dated 7/15/21, identified R6

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31805	Continued From page 7 had intact cognition. When interviewed on 8/12/21, at 11:15 am R6 stated she resided at the facility for a long time, in the last 2 years, staff were quite rude on occasions. R6 gave examples of staff rushing her cares, having to ask more than once for a request, and staff not knocking on door or announcing their presence. Further, "Staff makes me feel bad about myself because I can't go as quickly as I used because I am almost blind, and they don't understand to not move things in my room." During observation of the noon meal on 8/12/21, at 11:17 a.m. no room trays were requested by residents. During interview on 8/12/21, at 12:06 p.m. assistant director of nursing (ADON) stated each floor has closets with incontinent products and each floor's stock varies due to resident needs. On 8/1/21, the day R1 was upset, the TMA had to go to the transitional care until to find the correct size for R1. The housekeeping department stocks the closets on each unit weekly and going forward housekeeping has been informed to keep R1's size on the unit. On 8/1/21, after NA-A found out R1 was upset about her treatment the evening of 8/1/21. NA-A went back into R1's room and told R1 that she had done everything asked of her. The ADON commented "which wasn't necessary." NA-A was suspended during the facility investigation and NA-A was given training on how to communicate effectively with residents; however, did not educate all staff on dignity related concerns. The ADON verified NA-A would not be working on the same floor as R1 and had updated family and R1.	31805		

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31805	Continued From page 8 During interview on 8/12/21, at 12:12 p.m. director or nursing (DON) reported staff were encouraged to go to the cafeteria for all meals. The DON agreed R1 did have a medical condition on 8/1/21, and received her meal in her room. The facility encourages the cafeteria dining for socialization, exercise, and being part of a family centered meal. If a resident is ill the nurse makes the final decision for the resident to eat in the room. The nursing assistants should be in communication with the nurses and meal tray requests and not make the decision on their own. A facility policy on dignity was requested and not received. The facility policy Room Trays for MOH Residents dated 2/18/11, indicated residents requesting to have a meal in their rooms will be checked on by the charge nurse and/or TMA to determine the necessity of their request. Staff would make an effort to encourage residents to eat the dining room including offering escort services as needed. Special circumstances may include illness, nausea, vomiting, diarrhea, upper respiratory or influenza symptoms, having appointments and may require an early or late tray, surgical procedures, active decline, psychiatric illnesses determined by the interdisciplinary team. SUGGESTED METHOD OF CORRECTION: The DON or designee could educate all staff who have interactions with residents on how to treat residents with dignity and respect. The DON or designee could conduct audits on care observations and bring results to quality assurance. TIME PERIOD FOR CORRECTION: Twenty-one	31805		

Minnesota Department of Health

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31805	Continued From page 9 (21) days.	31805		