From: Zahler, Holly (MDH)
To: Elizabeth@divinehouse.org
Cc: Lane, Sarah (MDH); Haben, Susie (MDH); Winters, Annette.M (MDH)
Subject: Attn Required: MDH Survey Results, Atwater
Date: Tuesday, July 2, 2024 8:38:00 AM
Attachments: OrigCertLtr.pdf
OrigLicLtr.pdf
OrigHlth2567.pdf
OrigLicStateForm.pdf
image001.png

Hello,

Attached are the Certification Letter, License Letter, Health Survey 2567, and State Form for the recent survey conducted at your facility on July 18, 2024.

Please note that I have included a read receipt request for this email and that will serve as the start of the 10-day timeframe for receiving a plan of correction.

Failure to submit an acceptable written plan of correction for all deficiencies within ten calendar days may result in additional remedies and/or decertification, including a loss of federal reimbursement.

Thank you,

Holly Zahler
Compliance Analyst | Federal Enforcement
Collaborative Systems Safety Analyst
Health Regulation Division

Minnesota Department of Health
Office: 651-201-4384

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered Via Email
July 2, 2024

Administrator
Atwater ICF-IID
110 5th Street North, Box 355
Atwater, MN 56209

RE: Event ID: PNZO11

Dear Administrator:

On June 18, 2024, a standard abbreviated survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities participating in the Medicaid program. At the time of the survey, the survey team noted one or more deficiencies.

Federal certification deficiencies are delineated on the electronically delivered form CMS-2567 "Statement of Deficiencies and Plan of Correction". Certification deficiencies are listed on the left side of the form. The right side of the form is to be completed with your written plan for corrective action (PoC). Ordinarily, a provider will be expected to take the steps necessary to achieve compliance within 60 days of the exit interview.

A PoC for the deficiencies must be submitted within **ten calendar days** of your receipt of this letter.

Failure to submit an acceptable written plan of correction for all Health and Life Safety Code Federal deficiencies within ten calendar days may result in additional remedies and/or decertification including a loss of federal reimbursement.

Your PoC must include:

- The plan of correcting the specific deficiency. The plan should address the processes that led to the deficiency cited;
- The procedure for implementing the acceptable plan of correction for the specific deficiency cited;
- The monitoring procedure to ensure that the plan of correction is effective and that the specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;
- The title of the person responsible for implementing the acceptable plan of correction; and,
- The date by which the correction will be completed

The PoC must be placed directly on the CMS-2567, signed and dated by the administrator or your authorized official. If possible, please type and return your plan of correction to ensure legibility. Please make a copy of the form for your records and return the original. Additional documentation may be attached to Form CMS-2567, if necessary.

DEPARTMENT CONTACT:

Questions regarding all documents submitted as a response to the client care deficiencies (those preceded by an "W" tag) and emergency preparedness deficiencies (those preceded by an "E" tag), i.e., the plan of correction should be directed to:

Susie Haben, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Midtown Square
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us
Office: (320) 223-7356 Mobile: (651) 230-2334

Feel free to contact me with any questions related to this letter.

Sincerely,

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	24G163	A. BUILDING _____ B. WING _____	C 06/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATWATER ICF-IID	110 5TH STREET NORTH, BOX 355 ATWATER, MN 56209

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS On 6/17/24 through 6/18/24, a standard abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was not in compliance with 42 CFR Part 483, subpart I, requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities. The following complaints were reviewed: HG1634623C (MN104051) with a deficiency issued at (W331) HG1635055C (MN103578) with no deficiency issued 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.	W 000		
W 331	NURSING SERVICES CFR(s): 483.460(c) The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on observation, interview and document review the facility failed to provide fall interventions for 1 of 1 clients (C1) who had a history of multiple falls, fallen with head injury, and was treated in the emergency department. Findings include: C1's Patient Profile undated indicated C1 had moderate intellectual disability and was legally blind in both eyes.	W 331		

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

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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W 331	Continued From page 1 C1's Comprehensive Functional Assessment (CFA) dated 1/31/24, indicated C1 had poor balance, difficulty remembering, limited verbal communication, incontinent of bladder and seizure disorder. The CFA further indicated C1 had a history of falls, attempted to ambulate on her own, and a bed sensor alarm to notify staff when C1 was attempted to get out of bed. The assessment indicated C1 required staff assistance with toileting due to limited vision, could not locate bathroom, and required assistance every two hours or more. C1's Fall Reports indicated an unwittnessed fall in her room on 1/03/24 at 4:50 a.m. C1 was screaming. Staff went to check on her and found C1 sitting next to her bed on the floor. The Fall report indicated no injury occurred, history of falls, and a bed sensor alarm. A Divine Home communication fax to C1's physician dated 3/27/24, indicated a note from staff stating "could you update the following orders. Per her mom she would like to D/C (discontinue) bed sensor." A Health Progress Note dated 3/27/24, indicated "bed sensor alarm has been discontinued at this time. Nursing is looking into different alternatives." A Facility Reported Serious Injury Report dated 6/11/24 indicated at 7:30 a.m., staff heard C1 in her room and found C1 sitting on the floor with her back towards the door and legs straight out. The report indicated blood was noted on her hands and coming out of her head due to a laceration. Staff called 911 and C1 was taken by ambulance to the hospital. In addition, an Incident	W 331		

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W 331	Continued From page 2 Emergency Report dated 6/11/24 at 7:30 a.m., indicated C1 had a history of getting up out of bed alone, and the facility was exploring sensor alarms for C1 to keep her safe. A Centra Care After Visit Summary dated 6/11/24, indicated C1 was seen at the emergency department for fall with injury and was diagnosed with traumatic injury of the head with laceration of the scalp and received a staple. C1 was discharged with follow up orders to return to primary care physician on 6/18/24 at 1:30 p.m. During interview on 6/17/24 at 1:21 p.m., program director (PD) stated on 3/27/24, C1's laser sensor alarm was discontinued due to the noise it made in her room and it would startle her and her family member (FM)-A felt that might be the cause of her falls. The PD stated they have been looking for a alarm that would be a better fit for C1 and had not found one yet. During interview on 6/17/24 at 2:00 p.m., program coordinator (PC)-A stated C1 does get up sometimes but they have padding on the night stand and dressers. Shewears her gripper socks at night and sensor alarm was discontinued in her room several months ago because she noise bothered her so much and would make her so angry. PC-A stated after C1's fall on 6/11/24, there has not been any new training or interventions that she was aware of. During observation on 6/17/24 at 2:34 p.m., PC-A ambulated C1 from her room to the kitchen table. C1 was walking with her back hunched over while PC-A was assisting her. C1 was then observed to be at the table doing an activity with balls putting them into a card board egg box.	W 331		

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W 331	Continued From page 3 During interview on 6/17/24 at 3:10 p.m., family member (FM)-A stated C1 has fallen multiple times since at the home. FM-A stated she requested the sensor alarm be removed due to the noise upset C1. FM-A stated she had been looking on the Internet for new alternatives such as a floor matt alarm or something. In addition FM-A stated on 6/11/24, the staff left C1 unattended alone in the bathroom. FM-A decided to check on C1 and found her out of the bathroom standing by the sink. FM-A stated she did not feel it was safe for staff to leave C1 alone especailly since she had just fallen earlier, is blind and went to the emergency department. During interview on 6/18/24 at 10:44 a.m., direct support professional (DSP)-A stated on 6/11/24, she heard a bang from C1's room. C1 was on the floor in with the door shut. DSP-A opened the door and found blood on C1's hands and face. DSP-A stated 911 was called. C1 had a cut on her head and decided she needed to go be seen at the emergency department. DSP-A stated she thought she hit her head on her dresser or something. In addition DSP-A stated she used to have a sensor alarm but itt was removed a few months ago. DSP-A also stated they used to be able to leave C1 in the clients bathroom in the hallway but this morning she did and left the bathroom to get incontinent pad for her, when she came back C1 was standing up outside of her stall by the sink. DSP-A stated she wished the clients rooms had alarms on there doors so they could hear if they got up. During interview on 6/18/24, at 11:20 a.m., administrator stated she understood after the laser sounding sensor alarm in C1's room was	W 331		

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W 331	Continued From page 4 removed in March 2024, a new intervention should have been added due to her history of falls. The administrator stated they have just ordered new motion alarms that will only sound for the staff so C1 will not hear the alarm and hope this will work for her. In addition the administrator stated they will reassess to see if C1 is safe to be left alone in the bathroom. The facilities Heath Service Coordination and Care Policy undated, indicated "The License holder is responsible for meeting the health care service needs assigned in the support plan or the support plan addendum, consistent with the person's health care needs." In addition, the policy indicated the facility was to monitor health conditions according to written instructions from a licensed health care professional.	W 331		

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered via Email

July 2, 2024

Administrator
Atwater ICF-IID
110 5th Street North, Box 355
Atwater, MN 56209

Re: Enclosed State Supervised Living Facility Licensing Orders - Event ID: PNZO11

Dear Administrator:

The above facility was surveyed on June 17, 2024, through June 18, 2024, for the purpose of assessing compliance with Minnesota Department of Health Supervised Living Facility Rules. 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 that are issued in accordance with Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144.56. 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 of the Minnesota Department of Health.

The State licensing orders are delineated on the attached Minnesota Department of Health order form (attached). 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 Supervised Living Facilities.

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 after the statement, "This Rule is not met as evidenced by." Following the surveyors findings is 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.

The first page of the state orders should be signed and submitted along with your federal plan of correction to:

Susie Haben, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Midtown Square
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us
Office: (320) 223-7356 Mobile: (651) 230-2334

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 the supervisor listed above. A written plan for correction of licensing orders is not required.

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.

Feel free to contact me with any questions related to this letter.

Sincerely,

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	01110	A. BUILDING: _____ B. WING _____	C 06/18/2024

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5 000	Initial Comments In accordance with Minnesota Statute, section 144.56 and/or Minnesota Statute, section 144.653, 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 or MN Statute indicated below. When a rule or statute 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. On 6/17/24 through 6/18/24, a standard abbreviated survey was conducted. Your facility was found to be not in compliance with requirements of Minnesota Rules, Chapter 4665 requirements for Supervised Living Facilities (SLF). The following complaints were reviewed: HG1634623C (MN104051) with a licensing order issued at order #0380. HG1635055C (MN103578) with no licensing	5 000		

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5 000	Continued From page 1 orders issued. When corrections are completed, please sign and date, make a copy of these orders and electronically return to: elizabeth.silkey@state.mn.us	5 000		
5 380	MN Rule 4665.3300 PURPOSE OF HEALTH SERVICES. Health services shall be utilized to maintain an optimal general level of health and to maximize function, prevent disability, and promote optimal development of each resident. This MN Requirement is not met as evidenced by: Based on observation, interview and document review the facility failed to provide fall interventions for 1 of 1 clients (C1) who had a history of multiple falls, fallen with head injury, and was treated in the emergency department. Findings include: C1's Patient Profile undated indicated C1 had moderate intellectual disability and was legally blind in both eyes. C1's Comprehensive Functional Assessment (CFA) dated 1/31/24, indicated C1 had poor balance, difficulty remembering, limited verbal communication, incontinent of bladder and seizure disorder. The CFA further indicated C1 had a history of falls, attempted to ambulate on her own, and a bed sensor alarm to notify staff when C1 was attempted to get out of bed. The	5 380		

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5 380	Continued From page 2 assessment indicated C1 required staff assistance with toileting due to limited vision, could not locate bathroom, and required assistance every two hours or more. C1's Fall Reports indicated an unwittnessed fall in her room on 1/03/24 at 4:50 a.m. C1 was screaming. Staff went to check on her and found C1 sitting next to her bed on the floor. The Fall report indicated no injury occurred, history of falls, and a bed sensor alarm. A Divine Home communication fax to C1's physician dated 3/27/24, indicated a note from staff stating "could you update the following orders. Per her mom she would like to D/C (discontinue) bed sensor." A Health Progress Note dated 3/27/24, indicated "bed sensor alarm has been discontinued at this time. Nursing is looking into different alternatives." A Facility Reported Serious Injury Report dated 6/11/24 indicated at 7:30 a.m., staff heard C1 in her room and found C1 sitting on the floor with her back towards the door and legs straight out. The report indicated blood was noted on her hands and coming out of her head due to a laceration. Staff called 911 and C1 was taken by ambulance to the hospital. In addition, an Incident Emergency Report dated 6/11/24 at 7:30 a.m., indicated C1 had a history of getting up out of bed alone, and the facility was exploring sensor alarms for C1 to keep her safe. A Centra Care After Visit Summary dated 6/11/24, indicated C1 was seen at the emergency department for fall with injury and was diagnosed with traumatic injury of the head with laceration of	5 380		

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5 380	Continued From page 3 the scalp and received a staple. C1 was discharged with follow up orders to return to primary care physician on 6/18/24 at 1:30 p.m. During interview on 6/17/24 at 1:21 p.m., program director (PD) stated on 3/27/24, C1's laser sensor alarm was discontinued due to the noise it made in her room and it would startle her and her family member (FM)-A felt that might be the cause of her falls. The PD stated they have been looking for a alarm that would be a better fit for C1 and had not found one yet. During interview on 6/17/24 at 2:00 p.m., program coordinator (PC)-A stated C1 does get up sometimes but they have padding on the night stand and dressers. Shewears her gripper socks at night and sensor alarm was discontinued in her room several months ago because she noise bothered her so much and would make her so angry. PC-A stated after C1's fall on 6/11/24, there has not been any new training or interventions that she was aware of. During observation on 6/17/24 at 2:34 p.m., PC-A ambulated C1 from her room to the kitchen table. C1 was walking with her back hunched over while PC-A was assisting her. C1 was then observed to be at the table doing an activity with balls putting them into a card board egg box. During interview on 6/17/24 at 3:10 p.m., family member (FM)-A stated C1 has fallen multiple times since at the home. FM-A stated she requested the sensor alarm be removed due to the noise upset C1. FM-A stated she had been looking on the Internet for new alternatives such as a floor matt alarm or something. In addition FM-A stated on 6/11/24, the staff left C1 unattended alone in the bathroom. FM-A decided	5 380		

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5 380	Continued From page 4 to check on C1 and found her out of the bathroom standing by the sink. FM-A stated she did not feel it was safe for staff to leave C1 alone especailly since she had just fallen earlier, is blind and went to the emergency department. During interview on 6/18/24 at 10:44 a.m., direct support professional (DSP)-A stated on 6/11/24, she heard a bang from C1's room. C1 was on the floor in with the door shut. DSP-A opened the door and found blood on C1's hands and face. DSP-A stated 911 was called. C1 had a cut on her head and decided she needed to go be seen at the emergency department. DSP-A stated she thought she hit her head on her dresser or something. In addition DSP-A stated she used to have a sensor alarm but itt was removed a few months ago. DSP-A also stated they used to be able to leave C1 in the clients bathroom in the hallway but this morning she did and left the bathroom to get incontinent pad for her, when she came back C1 was standing up outside of her stall by the sink. DSP-A stated she wished the clients rooms had alarms on there doors so they could hear if they got up. During interview on 6/18/24, at 11:20 a.m., administrator stated she understood after the laser sounding sensor alarm in C1's room was removed in March 2024, a new intervention should have been added due to her history of falls. The administrator stated they have just ordered new motion alarms that will only sound for the staff so C1 will not hear the alarm and hope this will work for her. In addition the administrator stated they will reassess to see if C1 is safe to be left alone in the bathroom. The facilities Heath Service Coordination and Care Policy undated, indicated "The License	5 380		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
5 380	Continued From page 5 holder is responsible for meeting the health care service needs assigned in the support plan or the support plan addendum, consistent with the person's health care needs." In addition, the policy indicated the facility was to monitor health conditions according to written instructions from a licensed health care professional. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	5 380		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	01110	A. BUILDING: _____ B. WING _____	C 06/18/2024

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5 000	Initial Comments In accordance with Minnesota Statute, section 144.56 and/or Minnesota Statute, section 144.653, 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 or MN Statute indicated below. When a rule or statute 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. On 6/17/24 through 6/18/24, a standard abbreviated survey was conducted. Your facility was found to be not in compliance with requirements of Minnesota Rules, Chapter 4665 requirements for Supervised Living Facilities (SLF). The following complaints were reviewed: HG1634623C (MN104051) with a licensing order issued at order #0380. HG1635055C (MN103578) with no licensing	5 000		

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

Administrator | 07/11/24

Judy B. Loecken

Digitally signed by Judy B. Loecken
Date: 2024.08.01 16:11:57 -05'00'

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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5 000	Continued From page 1 orders issued. When corrections are completed, please sign and date, make a copy of these orders and electronically return to: elizabeth.silkey@state.mn.us	5 000		
5 380	MN Rule 4665.3300 PURPOSE OF HEALTH SERVICES. Health services shall be utilized to maintain an optimal general level of health and to maximize function, prevent disability, and promote optimal development of each resident. This MN Requirement is not met as evidenced by: Based on observation, interview and document review the facility failed to provide fall interventions for 1 of 1 clients (C1) who had a history of multiple falls, fallen with head injury, and was treated in the emergency department. Findings include: C1's Patient Profile undated indicated C1 had moderate intellectual disability and was legally blind in both eyes. C1's Comprehensive Functional Assessment (CFA) dated 1/31/24, indicated C1 had poor balance, difficulty remembering, limited verbal communication, incontinent of bladder and seizure disorder. The CFA further indicated C1 had a history of falls, attempted to ambulate on her own, and a bed sensor alarm to notify staff when C1 was attempted to get out of bed. The	5 380		

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5 380	Continued From page 2 assessment indicated C1 required staff assistance with toileting due to limited vision, could not locate bathroom, and required assistance every two hours or more. C1's Fall Reports indicated an unwittnessed fall in her room on 1/03/24 at 4:50 a.m. C1 was screaming. Staff went to check on her and found C1 sitting next to her bed on the floor. The Fall report indicated no injury occurred, history of falls, and a bed sensor alarm. A Divine Home communication fax to C1's physician dated 3/27/24, indicated a note from staff stating "could you update the following orders. Per her mom she would like to D/C (discontinue) bed sensor." A Health Progress Note dated 3/27/24, indicated "bed sensor alarm has been discontinued at this time. Nursing is looking into different alternatives." A Facility Reported Serious Injury Report dated 6/11/24 indicated at 7:30 a.m., staff heard C1 in her room and found C1 sitting on the floor with her back towards the door and legs straight out. The report indicated blood was noted on her hands and coming out of her head due to a laceration. Staff called 911 and C1 was taken by ambulance to the hospital. In addition, an Incident Emergency Report dated 6/11/24 at 7:30 a.m., indicated C1 had a history of getting up out of bed alone, and the facility was exploring sensor alarms for C1 to keep her safe. A Centra Care After Visit Summary dated 6/11/24, indicated C1 was seen at the emergency department for fall with injury and was diagnosed with traumatic injury of the head with laceration of	5 380		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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5 380	Continued From page 3 the scalp and received a staple. C1 was discharged with follow up orders to return to primary care physician on 6/18/24 at 1:30 p.m. During interview on 6/17/24 at 1:21 p.m., program director (PD) stated on 3/27/24, C1's laser sensor alarm was discontinued due to the noise it made in her room and it would startle her and her family member (FM)-A felt that might be the cause of her falls. The PD stated they have been looking for a alarm that would be a better fit for C1 and had not found one yet. During interview on 6/17/24 at 2:00 p.m., program coordinator (PC)-A stated C1 does get up sometimes but they have padding on the night stand and dressers. Shewears her gripper socks at night and sensor alarm was discontinued in her room several months ago because she noise bothered her so much and would make her so angry. PC-A stated after C1's fall on 6/11/24, there has not been any new training or interventions that she was aware of. During observation on 6/17/24 at 2:34 p.m., PC-A ambulated C1 from her room to the kitchen table. C1 was walking with her back hunched over while PC-A was assisting her. C1 was then observed to be at the table doing an activity with balls putting them into a card board egg box. During interview on 6/17/24 at 3:10 p.m., family member (FM)-A stated C1 has fallen multiple times since at the home. FM-A stated she requested the sensor alarm be removed due to the noise upset C1. FM-A stated she had been looking on the Internet for new alternatives such as a floor matt alarm or something. In addition FM-A stated on 6/11/24, the staff left C1 unattended alone in the bathroom. FM-A decided	5 380		

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5 380	Continued From page 4 to check on C1 and found her out of the bathroom standing by the sink. FM-A stated she did not feel it was safe for staff to leave C1 alone especailly since she had just fallen earlier, is blind and went to the emergency department. During interview on 6/18/24 at 10:44 a.m., direct support professional (DSP)-A stated on 6/11/24, she heard a bang from C1's room. C1 was on the floor in with the door shut. DSP-A opened the door and found blood on C1's hands and face. DSP-A stated 911 was called. C1 had a cut on her head and decided she needed to go be seen at the emergency department. DSP-A stated she thought she hit her head on her dresser or something. In addition DSP-A stated she used to have a sensor alarm but itt was removed a few months ago. DSP-A also stated they used to be able to leave C1 in the clients bathroom in the hallway but this morning she did and left the bathroom to get incontinent pad for her, when she came back C1 was standing up outside of her stall by the sink. DSP-A stated she wished the clients rooms had alarms on there doors so they could hear if they got up. During interview on 6/18/24, at 11:20 a.m., administrator stated she understood after the laser sounding sensor alarm in C1's room was removed in March 2024, a new intervention should have been added due to her history of falls. The administrator stated they have just ordered new motion alarms that will only sound for the staff so C1 will not hear the alarm and hope this will work for her. In addition the administrator stated they will reassess to see if C1 is safe to be left alone in the bathroom. The facilities Heath Service Coordination and Care Policy undated, indicated "The License	5 380		

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5 380	Continued From page 5 holder is responsible for meeting the health care service needs assigned in the support plan or the support plan addendum, consistent with the person's health care needs." In addition, the policy indicated the facility was to monitor health conditions according to written instructions from a licensed health care professional. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	5 380		

PRINTED: 07/02/2024
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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W 000	INITIAL COMMENTS On 6/17/24 through 6/18/24, a standard abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was not in compliance with 42 CFR Part 483, subpart I, requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities. The following complaints were reviewed: HG1634623C (MN104051) with a deficiency issued at (W331) HG1635055C (MN103578) with no deficiency issued 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.	W 000	W331 - Nursing Services The plan to correct the specific deficiency includes that the nurse who had removed the intervention will be re-trained that when an intervention is removed another intervention needs to be replaced unless the client is assessed to no longer need the intervention by the appropriate person (Nurse, physical therapist, Prescriber, Qualified Intellectual Disability Person, etc.). An intervention of utilizing a sensor for movement when the client attempts to get out of bed was determined to be the replacement for the previous intervention on 6/17/24 and was installed on 6/20/24. The sensors alarm can be placed outside of the client's bedroom to prevent the client from being startled. In addition, the furniture near her door has been moved away from the door as of 7/3/24. On 7/3/24 a PT assessment was requested by PD and RN for whether the client is able to be alone in the bathroom or what the correct intervention would be. Until this has been completed the RN has assessed to utilize a tab alarm in the bathroom and that was implemented as of 7/3/24. The sensor alarm has been implemented as of 6/20/24, tab alarm as of 7/3/24, and training for the nurse who removed the previous intervention will be completed by 7/23/24. All plans will be updated by 7/23/24 to reflect the new interventions and staff will be trained on these by 7/23/24 or prior to working.	
W 331	NURSING SERVICES CFR(s): 483.460(c) The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on observation, interview and document review the facility failed to provide fall interventions for 1 of 1 clients (C1) who had a history of multiple falls, fallen with head injury, and was treated in the emergency department. Findings include: C1's Patient Profile undated indicated C1 had moderate intellectual disability and was legally blind in both eyes.	W 331		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 07/11/24

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.

Judy B. Loecken Digitally signed by Judy B. Loecken Date: 2024.08.01 16:17:09 -05'00'

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W 331	Continued From page 1 C1's Comprehensive Functional Assessment (CFA) dated 1/31/24, indicated C1 had poor balance, difficulty remembering, limited verbal communication, incontinent of bladder and seizure disorder. The CFA further indicated C1 had a history of falls, attempted to ambulate on her own, and a bed sensor alarm to notify staff when C1 was attempted to get out of bed. The assessment indicated C1 required staff assistance with toileting due to limited vision, could not locate bathroom, and required assistance every two hours or more. C1's Fall Reports indicated an unwittnessed fall in her room on 1/03/24 at 4:50 a.m. C1 was screaming. Staff went to check on her and found C1 sitting next to her bed on the floor. The Fall report indicated no injury occurred, history of falls, and a bed sensor alarm. A Divine Home communication fax to C1's physician dated 3/27/24, indicated a note from staff stating "could you update the following orders. Per her mom she would like to D/C (discontinue) bed sensor." A Health Progress Note dated 3/27/24, indicated "bed sensor alarm has been discontinued at this time. Nursing is looking into different alternatives." A Facility Reported Serious Injury Report dated 6/11/24 indicated at 7:30 a.m., staff heard C1 in her room and found C1 sitting on the floor with her back towards the door and legs straight out. The report indicated blood was noted on her hands and coming out of her head due to a laceration. Staff called 911 and C1 was taken by ambulance to the hospital. In addition, an Incident	W 331	W331 - Nursing Services Continued The monitoring procedure to ensure that the plan of correction is effective will be that for the next six months a second nurse or their designee will verify all fall reports. The person responsible for implementing the acceptable plan of correction is the Administrator or their designee. The date by which the corrections will be completed is 7/23/24.	

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W 331	Continued From page 2 Emergency Report dated 6/11/24 at 7:30 a.m., indicated C1 had a history of getting up out of bed alone, and the facility was exploring sensor alarms for C1 to keep her safe. A Centra Care After Visit Summary dated 6/11/24, indicated C1 was seen at the emergency department for fall with injury and was diagnosed with traumatic injury of the head with laceration of the scalp and received a staple. C1 was discharged with follow up orders to return to primary care physician on 6/18/24 at 1:30 p.m. During interview on 6/17/24 at 1:21 p.m., program director (PD) stated on 3/27/24, C1's laser sensor alarm was discontinued due to the noise it made in her room and it would startle her and her family member (FM)-A felt that might be the cause of her falls. The PD stated they have been looking for a alarm that would be a better fit for C1 and had not found one yet. During interview on 6/17/24 at 2:00 p.m., program coordinator (PC)-A stated C1 does get up sometimes but they have padding on the night stand and dressers. Shewears her gripper socks at night and sensor alarm was discontinued in her room several months ago because she noise bothered her so much and would make her so angry. PC-A stated after C1's fall on 6/11/24, there has not been any new training or interventions that she was aware of. During observation on 6/17/24 at 2:34 p.m., PC-A ambulated C1 from her room to the kitchen table. C1 was walking with her back hunched over while PC-A was assisting her. C1 was then observed to be at the table doing an activity with balls putting them into a card board egg box.	W 331		

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W 331	Continued From page 3 During interview on 6/17/24 at 3:10 p.m., family member (FM)-A stated C1 has fallen multiple times since at the home. FM-A stated she requested the sensor alarm be removed due to the noise upset C1. FM-A stated she had been looking on the Internet for new alternatives such as a floor matt alarm or something. In addition FM-A stated on 6/11/24, the staff left C1 unattended alone in the bathroom. FM-A decided to check on C1 and found her out of the bathroom standing by the sink. FM-A stated she did not feel it was safe for staff to leave C1 alone especailly since she had just fallen earlier, is blind and went to the emergency department. During interview on 6/18/24 at 10:44 a.m., direct support professional (DSP)-A stated on 6/11/24, she heard a bang from C1's room. C1 was on the floor in with the door shut. DSP-A opened the door and found blood on C1's hands and face. DSP-A stated 911 was called. C1 had a cut on her head and decided she needed to go be seen at the emergency department. DSP-A stated she thought she hit her head on her dresser or something. In addition DSP-A stated she used to have a sensor alarm but itt was removed a few months ago. DSP-A also stated they used to be able to leave C1 in the clients bathroom in the hallway but this morning she did and left the bathroom to get incontinent pad for her, when she came back C1 was standing up outside of her stall by the sink. DSP-A stated she wished the clients rooms had alarms on there doors so they could hear if they got up. During interview on 6/18/24, at 11:20 a.m., administrator stated she understood after the laser sounding sensor alarm in C1's room was	W 331		

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W 331	Continued From page 4 removed in March 2024, a new intervention should have been added due to her history of falls. The administrator stated they have just ordered new motion alarms that will only sound for the staff so C1 will not hear the alarm and hope this will work for her. In addition the administrator stated they will reassess to see if C1 is safe to be left alone in the bathroom. The facilities Heath Service Coordination and Care Policy undated, indicated "The License holder is responsible for meeting the health care service needs assigned in the support plan or the support plan addendum, consistent with the person's health care needs." In addition, the policy indicated the facility was to monitor health conditions according to written instructions from a licensed health care professional.	W 331		