



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered Via Email

January 20, 2022

Administrator
MBW Company
1407 10th Street North
New Ulm, MN 56073

RE: Event ID: EKDC11

Dear Administrator:

On January 14, 2022, a survey was completed at your facility by the Minnesota Departments 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. This survey found one or more deficiencies which indicated that a situation of "Immediate Jeopardy" existed for your clients as detailed in the deficiencies cited at on the enclosed "Statement of Deficiencies and Plan of Correction" (Form CMS-2567).

During the survey we reviewed your allegation of compliance and determined that your facility had taken appropriate actions to remove the "Immediate Jeopardy" as detailed in the deficiencies cited at on the electronically delivered "Statement of Deficiencies and Plan of Correction" (Form CMS-2567). Therefore, we removed the immediate jeopardy effective January 14, 2022.

Federal certification deficiencies are delineated on the enclosed 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).

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

- 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 correctionk 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.

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:

Sarah Grebenc, MSW, LGSW
Regional Operation Supervisor | Health Regulation Division
Licensing and Certification Program
Office: Golden Rule | St. Paul
PO Box 64900
St. Paul, MN 55164-0900
Minnesota Department of Health
Office/Mobile: (651) 238-8786

Failure to submit an acceptable written plan of correction of federal deficiencies within ten calendar days may result in decertification and a loss of federal reimbursement.

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

Sincerely,



Amy Johnson, Program Specialist
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Telephone: 651-201-4121
Enclosure

cc: Licensing and Certification File

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

PRINTED: 01/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 24G457	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/14/2022
NAME OF PROVIDER OR SUPPLIER MBW COMPANY			STREET ADDRESS, CITY, STATE, ZIP CODE 1407 10TH STREET NORTH NEW ULM, MN 56073		
(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	<p>INITIAL COMMENTS</p> <p>On 1/10/22 to 1/14/22, an 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.</p> <p>The following complaint was found to be SUBSTANTIATED with a deficiency cited at W331 HG457003C (MN79896)</p> <p>An Immediate Jeopardy (IJ) was identified at W331 on 1/11/22, at 2:45 p.m.</p> <p>The IJ began on 12/30/21, at 4:00 p.m. when C1 had a sudden decline in condition. Direct support professional (DSP)-A notified the facility licensed practical nurse (LPN) at 4:15 p.m., who directed DSP-A to continue to monitor C1's condition and did not direct DSP what to monitor or to call the physician. C1's condition continued to decline and symptoms worsened. C1 was admitted to the hospital on 12/31/21, and died on 1/1/22, with diagnoses that included aspiration pneumonia, septic shock and hypoxic respiratory failure. The community services director (CSD) was informed of the IJ on 1/11/22, at 2:45 p.m. and the IJ was removed on 1/14/22, at 10:30 a.m., when the facility's approved removal plan was verified onsite by the state agency (SA).</p> <p>Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.</p>	W 000			
W 331	NURSING SERVICES	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	<p>Continued From page 1 CFR(s): 483.460(c)</p> <p>The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on interview and document review, the facility failed to comprehensively assess and report to the physician a decline in condition for 1 of 1 client (C1) who exhibited symptoms of a low oxygen saturation, low pulse, lethargy, wheezing and continued vomiting and diarrhea. This caused a delay in care/treatment. This practice resulted in an immediate jeopardy (IJ) for C1.</p> <p>The IJ began on 12/30/21, at 4:00 p.m. when C1 had a sudden decline in condition and there was no indication C1 was consistently monitored or communication with the physician when C1's condition continued to decline and symptoms worsened. C1 was hospitalized on 12/31/21, and died on 1/1/22. The community services director (CSD) was informed of the IJ on 1/11/22, at 2:45 p.m. and the IJ was removed on 1/14/22, at 10:30 a.m., when the facility's approved removal plan was verified onsite by the state agency (SA).</p> <p>Findings include:</p> <p>Review of a facility death report dated 12/30/21, (submitted to the SA) by the facility indicated C1 had a decline in condition on 12/30/21. The report indicated C1 was transferred to the hospital on 12/31/21, with a diagnosis of aspiration pneumonia complicated by hypoxic respiratory failure (not enough oxygen in the blood), severe septic shock (life-threatening organ dysfunction) and hyponatremia (low level of sodium). C1 expired at the hospital on 1/1/22, at 8:09 a.m.</p>	W 331			

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W 331	<p>Continued From page 2</p> <p>C1 was admitted to the facility in 1990. C1's diagnosis listed on the face sheet in the medical record dated 1/3/22, included; profound intellectual disability (sub average general intellectual functioning and significant limitations in adaptive functioning), epilepsy (motor and movement disability), kidney failure (kidneys failure and are unable to filter waste), and dysphagia (condition that affects the ability to produce and understand spoken language).</p> <p>Review of the intensive support services assessment (ISSA) and self management assessment (SMA) dated 10/6/21, indicated C1 did not have the ability to self-manage health or medical needs. The assessments indicated C1 was a risk for choking and aspiration pneumonia. The assessment indicated C1's nutritional needs were met through a gastrostomy tube (g-tube) with staff support. Interventions included; elevate bed at 30 degrees during feeding in bed, utilize bolsters to assist C1 in an upright position, utilize slow bolus syringe nutritional feedings, avoid excess movement during feeding and observe for coughing and signs of regurgitation/ reflux. The assessment indicated C1 did not speak and was unable to describe any symptoms she may have. The assessment directed staff to document any health problems in the health T-log progress notes, contact the facility registered nurse (RN) and seek medical attention for illness or injury as symptoms indicate. Call 911 for any situation deemed life threatening.</p> <p>Review of the care plan dated 10/6/21, identified C1 as being dependent on others for g-tube nutritional feedings. C1 received fibersource nutritional supplement (via-g-tube) 750 milliliters (ml) daily per dietician recommendations.</p>	W 331			

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W 331	<p>Continued From page 3</p> <p>Received 250 ml 2 times daily (at 5:00 a.m. and 11:00 a.m.) and 125 ml 2 times daily (at 4:00 p.m. 8:00 p.m.). Interventions included; give g-tube nutritional feedings at slow bolus with syringe and monitor tolerance, head of bed (HOB) at 40 degrees with feedings and 30 degrees all other times, bolsters to aid in positioning, avoid excessive movement during feedings for 1 hour after feedings, continue to monitor for coughing and signs of regurgitation/reflux and monitor closely for aspiration. Notify the facility license nurse and/or physician as needed and call 911 if needed.</p> <p>Review of the physicians orders dated 7/29/20, included orders for fibersource high nitrogen (HN) 250 ml 2 times daily and fibersource HN 125 ml 2 times daily. Elevate HOB 45 degrees or higher for all feedings.</p> <p>Review of the DSP T-Log notes from 12/29/21-12/31/21 included;</p> <p>-Entry on 12/29/21, at 10:24 p.m. by DSP-A indicated C1 was assisted with cares during the evening shift and had a medium soft bowel movement. No changes in condition.</p> <p>-Entry on 12/30/21, at 5:12 p.m. by DSP-A, indicated C1 had a large loose incontinent stool at 4:00 p.m. C1 was administered a nutritional supplement per g-tube. After the nutritional feeding, C1 started to vomit most of her supplement. Vital signs (VS) included a temperature (T) of 98.4, pulse (P) 50 beats per minutes (BPM) (normal range 60-100 BPM) and oxygen saturation 70% (normal range is greater then 90%). C1 had not opened her eyes and had her arms curled under her chin. The facility LPN was notified at this time (4:15 p.m.). The LPN directed DSP-A to monitor C1's condition</p>	W 331			

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W 331	Continued From page 4 however there was no direction from the LPN as to what DSP-A was supposed to monitor. -Entry on 12/30/21, at 10:19 p.m. by DSP-A, indicated at 6:30 p.m. C1 was sleeping. C1 was not repositioned at this time, to prevent further vomiting. At 7:30 p.m. C1 vomited a small amount of mucous and about 1 cup of clear fluid. At 8:00 p.m. C1 received her nutritional supplemental feeding per g-tube. C1 had another medium incontinent loose stool at this time. At 8:30 p.m. C1's temperature was 98.4. -Entry on 12/31/21, at 2:38 p.m. (late entry for 12/30/21, from 9:45 a.m. to 2:00 p.m.) by DSP-D indicated C1 was noted to be wheezing. C1's nutritional feeding was given at 11:45 a.m. After the nutritional feeding was administered, C1 began to spit up a small amount of supplement. Staff repositioned C1 more up right. At 1:10 p.m. C1 was spitting up a large amount of phlegm, that soiled the sheets on the bed and her clothing. C1 was bathed at this time due to being soiled. -Entry on 12/31/21, at 6:17 a.m. by DSP-C, indicated C1 had a quiet night. C1 only had a small incontinent urine (unusual for client). C1 did not awaken when repositioned during the night, and her arms and legs were limp. At 5:15 a.m. C1 began to retch and brought up a small amount of phlegm and bile. C1 remained with her eyes closed and lethargic during this time. Staff chose to hold the nutritional feeding at 5:00 a.m. due to the retching. At 5:50 a.m. C1 was administered a nutritional supplement feeding with no emesis after. -Entry on 12/31/21, at 12:40 p.m. by DSP-B, indicated at 6:00 a.m. C1 was resting in bed. C1 was repositioned at this time, and noted her arms and legs to be limp. C1 slept while providing cares. C1 was noted to have a "gurgling" sound in throat and chest. At 11:00 a.m. C1 was	W 331			

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W 331	<p>Continued From page 5</p> <p>administered a nutritional supplement. Right after administering the nutritional supplement, C1 started to vomit most of her supplement. DSP-B contacted the facility LPN, at 11:15 a.m. DSP-B was directed to call 911. At 11:45 a.m. the ambulance arrived and C1 was transported to the hospital. When transferring C1 on to the stretcher, C1 did not move or open her eyes.</p> <p>Review of C1's VS; -12/29/21, at 4:47 p.m.-P 77 BPM, oxygen saturation 94% (no blood pressure (B/P), respirations (R) or temperature taken). -12/30/21, at 4:50 p.m.-P 50 BPM, oxygen saturation 70% (no B/P, R or temperature taken) -12/31/21-at 8:00 a.m.- P 80 BPM, oxygen saturation 86%, T 97.6 (no B/P taken)</p> <p>There were no other VS documented in C1's medical record from 12/30/21 to 12/31/21, when C1 exhibited signs and symptoms of a decline in condition, that included a low pulse and oxygen saturation. Review of C1's pulse and oxygen saturation log averages (for the past 2 months, prior to C1's change in condition), indicated C1's oxygen saturation levels were between 90-99% and pulse between 70-84 BPM (normal ranges).</p> <p>Review of a emergency medical service (EMS) report dated 12/31/21, at 1:41 p.m. indicated EMS was dispatched to the facility at 11:34 a.m. on 12/31/21. The report indicated C1 was lethargic and not responsive. B/P 125/62, P 80, R18 and oxygen saturation below 80%. Oxygen was administered at 10 liters per EMT. C1's oxygen saturation improved gradually to 90% after administration.</p> <p>Review of a hospital admission/discharge</p>	W 331			

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W 331	<p>Continued From page 6</p> <p>summary dated 12/31/21 to 1/1/22, indicated C1 was brought to the emergency department (ED) on 12/31/21, at 11:59 a.m. with symptoms of lethargy, limp extremities, low oxygen saturation and low pulse. C1 was admitted to the hospital for further treatment. During the hospital stay, C1 developed hypotension and showed signs of hypoxic respiratory distress. C1 was then transferred to the intensive care unit (ICU) for further treatment. C1 received treatment of antibiotics, fluids and oxygen while in the hospital. C1 expired on 1/1/22 at 8:09 a.m.</p> <p>Interview on 1/10/22, at 1:50 p.m. DSP-B stated she provided cares for C1 on 12/31/21, from 6:00 a.m. to 2:30 p.m. DSP-B indicated when starting her shift, C1 was sleeping. DSP-B stated C1 was sleepier than usual and her limbs were limp when repositioned. C1 also was noted to have wheezing in the chest. At 8:00 a.m. C1's temperature was 97.6, P 86 BPM and oxygen saturation 80 percent. C1 was given her scheduled nutritional feeding (per g-tube) at 11:00 a.m. and immediately started to vomit a large amount of supplement. DSP-B indicated she notified the facility LPN at 11:10 a.m. due to C1's symptoms and change in condition. The facility LPN instructed DSP-B to call the ambulance to transport C1 to the ED to be evaluated.</p> <p>Interview on 1/10/22, at 2:00 p.m. DSP-A stated when arrived to work on 12/30/21, at 2:30 p.m. C1 was sleeping. At around 4:00 p.m. C1 started vomiting a large amount of supplement, soon after a nutritional feeding was given (per-g tube) DSP-A indicated C1 also had a large incontinent stool, had her eyes closed and her extremities were limp. DSP-A indicated these symptoms were unusual for C1. DSP-A indicated C1's</p>	W 331			

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W 331	<p>Continued From page 7</p> <p>temperature was normal, P 50 BPM and oxygen saturation was 70%. DSP-A indicated she notified the facility LPN at around 4:30 p.m. who instructed her to continue to monitor C1's condition. DSP-A further indicated she failed to recheck C1's pulse and check her oxygen saturations.</p> <p>Interview on 1/11/22, at 10:30 a.m. DSP-D stated she provided care for C1 on 12/30/21, from 9:45 a.m. to 2:30 p.m. DSP-D stated she did not notice anything unusual with C1's health status, that morning. DSP-D indicated C1 was administered a nutritional supplement at 11:00 a.m. and tolerated it well. DSP-D indicated around 2:00 p.m., C1 started to cough and spit up a lot of phlegm and was noted to have a slight wheeze. DSP-D verified no VS's had been taken, and thought C1 may have the flu.</p> <p>Interview on 1/11/22, at 11:45 a.m. the facility RN indicated she had not been aware of a delay in C1's medical care on 12/30/21. The facility RN stated a provider should have been notified on 12/30/21, at 4:15 p.m. when the facility LPN was notified. C1 should have been assessed and treatment arranged. The facility RN indicated all licensed and unlicensed staff had been trained on reporting a change in a clients condition. The facility RN further indicated all staff were trained to call the facility licensed nurse, if there was a change in a client's condition.</p> <p>Interview on 1/11/22, at 1:15 p.m. DSP-C stated she worked the night shift on 12/30/21, and provided cares for C1. DSP-C indicated the evening staff reported C1 had been vomiting and not feeling well. DSP-C stated the evening staff informed her the facility LPN had been notified of</p>	W 331			

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W 331	<p>Continued From page 8</p> <p>C1's condition at 4:15 p.m. DSP-C indicated she had not been informed of C1's low oxygen saturation and pulse. DSP-C indicated during the night, C1 was incontinent of only a small amount of urine, of which was unusual for her. DSP-C also indicated C1 became limp when repositioning her in bed. DSP-C stated C1 will usually resist and kick out, but did not move. DSP-C also indicated C1's breathing was slightly labored. DSP-C administered C1's nutritional supplement (per-g-tube) at around 5:30 a.m., C1 regurgitated some of the supplement. DSP-C confirmed she had not obtained C1's VS's.</p> <p>Interview on 1/11/22, at 1:30 p.m. the facility LPN confirmed she had been notified by DSP-A of C1's change in condition on 12/30/21, at 4:15 p.m. The facility LPN stated she was informed C1 had vomited a large amount (after a nutritional supplement feeding), had a low oxygen saturation of 70% and a low pulse rate of 50 BPM. The facility LPN indicated she did not give DSP-A any specific instructions on what to do or monitor for C1, other than to continue to monitor her condition. The facility LPN verified the symptoms C1 exhibited, was a change in her condition. The facility LPN indicated a provider should have been notified of C1's decline for further treatment. The facility LPN also confirmed she had failed to document in C1's medical record that she had been notified of C1's change in condition, or review what had occurred.</p> <p>Interview on 1/11/21, at 2:00 p.m. with the facility community service director (CSD) indicated she had not been aware of C1's delay in treatment, during a condition change. The facility CSD indicated C1 should have been assessed further and a provider notified on 12/30/21, at 4:00 p.m.</p>	W 331			

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W 331	<p>Continued From page 9 when C1 exhibited a change in condition.</p> <p>Attempted to contact C1's hospital provider on 1/12/21, at 1:00 p.m., but unavailable.</p> <p>Review of the facility policy Delegated Nursing Tasks dated 5/24/21, Pulse Oximeter; if reading is below 90% have the client take a couple of deep breaths and cough. If the reading continues to be below 90% contact the facility licensed nurse. Radial Pulse; notify the nurse if pulse is below 55 BPM or above 100 BPM.</p> <p>Review of the facility policy Health Service Coordination and Care dated 9/19/17, indicated the purpose of the policy is to promote the health and safety of persons served through establishing guidelines, for the coordination and care of health related services. Illness; if a person develops signs or symptoms of illness that is a change in their health condition, an appointment shall be scheduled to assure timely diagnosis and treatment. If an appointment is not available the same or following day with the persons primary provider, another provider may be seen. If necessary, utilize the walk in clinic or ED. Seeking medical attention; If symptoms are felt to be life threatening, staff will first call 911. All health care changes must be documented in the health T-logs.</p> <p>The IJ began on 12/30/21, at 4:00 p.m. and was removed on 1/14/22, at 10:30 a.m. when the facility provided 1:1 training/re-education by the facility RN, for licensed and unlicensed staff. The training included review and updates of policies and procedures for gastrostomy nutritional feedings (risks/side effects), signs and symptoms of aspiration pneumonia, parameters for oxygen</p>	W 331			

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W 331	Continued From page 10 saturation, parameters for VS's that included temperature, pulse and respirations (TPR), Education was provided on guidance of signs and symptoms for a clients change in condition, when to notify the facility licensed nurse and/or provider and timely documentation. The facility quality assurance (QA) committee will review and audit continued compliance. Interviews conducted with the CSD, DSP-C and facility RN on 1/14/22, between 8:45 and 10:30 a.m. confirmed the training and education was provided.	W 331			

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W 000	<p>INITIAL COMMENTS</p> <p>On 1/10/22 to 1/14/22, an 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.</p> <p>The following complaint was found to be SUBSTANTIATED with a deficiency cited at W331 HG457003C (MN79896)</p> <p>An Immediate Jeopardy (IJ) was identified at W331 on 1/11/22, at 2:45 p.m.</p> <p>The IJ began on 12/30/21, at 4:00 p.m. when C1 had a sudden decline in condition. Direct support professional (DSP)-A notified the facility licensed practical nurse (LPN) at 4:15 p.m., who directed DSP-A to continue to monitor C1's condition and did not direct DSP what to monitor or to call the physician. C1's condition continued to decline and symptoms worsened. C1 was admitted to the hospital on 12/31/21, and died on 1/1/22, with diagnoses that included aspiration pneumonia, septic shock and hypoxic respiratory failure. The community services director (CSD) was informed of the IJ on 1/11/22, at 2:45 p.m. and the IJ was removed on 1/14/22, at 10:30 a.m., when the facility's approved removal plan was verified onsite by the state agency (SA).</p> <p>Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.</p>	W 000	<p>approved 2/25/22 -SG</p> <p>Sarah Grebenc</p> <p>Digitally signed by Sarah Grebenc Date: 2022.02.25 11:39:06 -06'00'</p>		
W 331	NURSING SERVICES	W 331			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Sarah Grebenc *Authorized official* *2/21/2022*

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	<p>Continued From page 1 CFR(s): 483.460(c)</p> <p>The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on interview and document review, the facility failed to comprehensively assess and report to the physician a decline in condition for 1 of 1 client (C1) who exhibited symptoms of a low oxygen saturation, low pulse, lethargy, wheezing and continued vomiting and diarrhea. This caused a delay in care/treatment. This practice resulted in an immediate jeopardy (IJ) for C1.</p> <p>The IJ began on 12/30/21, at 4:00 p.m. when C1 had a sudden decline in condition and there was no indication C1 was consistently monitored or communication with the physician when C1's condition continued to decline and symptoms worsened. C1 was hospitalized on 12/31/21, and died on 1/1/22. The community services director (CSD) was informed of the IJ on 1/11/22, at 2:45 p.m. and the IJ was removed on 1/14/22, at 10:30 a.m., when the facility's approved removal plan was verified onsite by the state agency (SA).</p> <p>Findings include:</p> <p>Review of a facility death report dated 12/30/21, (submitted to the SA) by the facility indicated C1 had a decline in condition on 12/30/21. The report indicated C1 was transferred to the hospital on 12/31/21, with a diagnosis of aspiration pneumonia complicated by hypoxic respiratory failure (not enough oxygen in the blood), severe septic shock (life-threatening organ dysfunction) and hyponatremia (low level of sodium). C1 expired at the hospital on 1/1/22, at 8:09 a.m.</p>	W 331	<p>W 331 Nursing Services Corrected 1/21/2022 C1 Passed away on 12/31/2021 At the hospital.</p> <p>Reviewed and updated policy POLICY AND PROCEDURE PERTAINING TO HEALTH SERVICE COORDINATION AND CARE</p> <p>Reviewed and updated training information on Gastrostomy and Aspiration pneumonia.</p> <p>Retraining of importance of timely communication with EON nurse and/or physician for change in condition in client physical or mental health status, on the vital signs parameters for what is acceptable & what should be reported to the EON Inc. facility nurse and/or the physician, of when physician should be notified and/or Emergency services be contacted for transport to Emergency Room, on importance of documentation of client change in condition, needs to be documented before leaving shift, on tube feeding procedures and implications or adverse reactions that could occur due to tube feedings. Date of retraining Immediate and on going was sent out via S-Comm, in person and with read and Sign. Date of retraining 1/11/2022 done via S-Comm, and specific phone conversations with each staff prior to each next shift worked. In person was be done starting on 1/12/2022. EON Inc was also followed up with staff at staff meeting on 1/20/2022 EON Inc did meet with current staff working today 1/11/2022. Retraining was done with nursing, Direct Support Professionals, Community Service Supervisor, Community Supports Program Director</p>		

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W 331	<p>Continued From page 2</p> <p>C1 was admitted to the facility in 1990. C1's diagnosis listed on the face sheet in the medical record dated 1/3/22, included; profound intellectual disability (sub average general intellectual functioning and significant limitations in adaptive functioning), epilepsy (motor and movement disability), kidney failure (kidneys failure and are unable to filter waste), and dysphagia (condition that affects the ability to produce and understand spoken language).</p> <p>Review of the intensive support services assessment (ISSA) and self management assessment (SMA) dated 10/6/21, indicated C1 did not have the ability to self-manage health or medical needs. The assessments indicated C1 was a risk for choking and aspiration pneumonia. The assessment indicated C1's nutritional needs were met through a gastrostomy tube (g-tube) with staff support. Interventions included; elevate bed at 30 degrees during feeding in bed, utilize bolsters to assist C1 in an upright position, utilize slow bolus syringe nutritional feedings, avoid excess movement during feeding and observe for coughing and signs of regurgitation/ reflux. The assessment indicated C1 did not speak and was unable to describe any symptoms she may have. The assessment directed staff to document any health problems in the health T-log progress notes, contact the facility registered nurse (RN) and seek medical attention for illness or injury as symptoms indicate. Call 911 for any situation deemed life threatening.</p> <p>Review of the care plan dated 10/6/21, identified C1 as being dependent on others for g-tube nutritional feedings. C1 received fibersource nutritional supplement (via-g-tube) 750 milliliters (ml) daily per dietician recommendations.</p>	W 331	<p>W 331 Nursing Services Corrected 1/21/2022 C1 Passed away on 12/31/2021 At the hospital.</p> <p>C2 whom resides in the location had Plan of care and medical record reviewed by Nursing, Community Services Director, Program Director, Supervisor DSP, all trained to ensure that notifications Nursing and Physicians are notified in a timely manner The RN and QIDDP will ensure that these areas are Kept up to date and that there will be on going training in these areas. QIDDP and RN will regularly review medical and Program file to ensure that Physician and Nurse Notification are completed in a timely manner. If found not completed then RN and QIDDP will Promptly update physician and report incident to Community Services Director. Training documents will be kept by HR in each staff HR folder to ensure compliance</p>		

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W 331	<p>Continued From page 3</p> <p>Received 250 ml 2 times daily (at 5:00 a.m. and 11:00 a.m.) and 125 ml 2 times daily (at 4:00 p.m. 8:00 p.m.). Interventions included; give g-tube nutritional feedings at slow bolus with syringe and monitor tolerance, head of bed (HOB) at 40 degrees with feedings and 30 degrees all other times, bolsters to aid in positioning, avoid excessive movement during feedings for 1 hour after feedings, continue to monitor for coughing and signs of regurgitation/reflux and monitor closely for aspiration. Notify the facility license nurse and/or physician as needed and call 911 if needed.</p> <p>Review of the physicians orders dated 7/29/20, included orders for fibersource high nitrogen (HN) 250 ml 2 times daily and fibersource HN 125 ml 2 times daily. Elevate HOB 45 degrees or higher for all feedings.</p> <p>Review of the DSP T-Log notes from 12/29/21-12/31/21 included; -Entry on 12/29/21, at 10:24 p.m. by DSP-A indicated C1 was assisted with cares during the evening shift and had a medium soft bowel movement. No changes in condition. -Entry on 12/30/21, at 5:12 p.m. by DSP-A, indicated C1 had a large loose incontinent stool at 4:00 p.m. C1 was administered a nutritional supplement per g-tube. After the nutritional feeding, C1 started to vomit most of her supplement. Vital signs (VS) included a temperature (T) of 98.4, pulse (P) 50 beats per minutes (BPM) (normal range 60-100 BPM) and oxygen saturation 70% (normal range is greater than 90%). C1 had not opened her eyes and had her arms curled under her chin. The facility LPN was notified at this time (4:15 p.m.). The LPN directed DSP-A to monitor C1's condition</p>	W 331			

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W 331	Continued From page 4 however there was no direction from the LPN as to what DSP-A was supposed to monitor. -Entry on 12/30/21, at 10:19 p.m. by DSP-A, indicated at 6:30 p.m. C1 was sleeping. C1 was not repositioned at this time, to prevent further vomiting. At 7:30 p.m. C1 vomited a small amount of mucous and about 1 cup of clear fluid. At 8:00 p.m. C1 received her nutritional supplemental feeding per g-tube. C1 had another medium incontinent loose stool at this time. At 8:30 p.m. C1's temperature was 98.4. -Entry on 12/31/21, at 2:38 p.m. (late entry for 12/30/21, from 9:45 a.m. to 2:00 p.m.) by DSP-D indicated C1 was noted to be wheezing. C1's nutritional feeding was given at 11:45 a.m. After the nutritional feeding was administered, C1 began to spit up a small amount of supplement. Staff repositioned C1 more up right. At 1:10 p.m. C1 was spitting up a large amount of phlegm, that soiled the sheets on the bed and her clothing. C1 was bathed at this time due to being soiled. -Entry on 12/31/21, at 6:17 a.m. by DSP-C, indicated C1 had a quiet night. C1 only had a small incontinent urine (unusual for client). C1 did not awaken when repositioned during the night, and her arms and legs were limp. At 5:15 a.m. C1 began to retch and brought up a small amount of phlegm and bile. C1 remained with her eyes closed and lethargic during this time. Staff chose to hold the nutritional feeding at 5:00 a.m. due to the retching. At 5:50 a.m. C1 was administered a nutritional supplement feeding with no emesis after. -Entry on 12/31/21, at 12:40 p.m. by DSP-B, indicated at 6:00 a.m. C1 was resting in bed. C1 was repositioned at this time, and noted her arms and legs to be limp. C1 slept while providing cares. C1 was noted to have a "gurgling" sound in throat and chest. At 11:00 a.m. C1 was	W 331			

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W 331	<p>Continued From page 5</p> <p>administered a nutritional supplement. Right after administering the nutritional supplement, C1 started to vomit most of her supplement. DSP-B contacted the facility LPN, at 11:15 a.m. DSP-B was directed to call 911. At 11:45 a.m. the ambulance arrived and C1 was transported to the hospital. When transferring C1 on to the stretcher, C1 did not move or open her eyes.</p> <p>Review of C1's VS; -12/29/21, at 4:47 p.m.-P 77 BPM, oxygen saturation 94% (no blood pressure (B/P), respirations (R) or temperature taken). -12/30/21, at 4:50 p.m.-P 50 BPM, oxygen saturation 70% (no B/P, R or temperature taken) -12/31/21-at 8:00 a.m.- P 80 BPM, oxygen saturation 86%, T 97.6 (no B/P taken)</p> <p>There were no other VS documented in C1's medical record from 12/30/21 to 12/31/21, when C1 exhibited signs and symptoms of a decline in condition, that included a low pulse and oxygen saturation. Review of C1's pulse and oxygen saturation log averages (for the past 2 months, prior to C1's change in condition), indicated C1's oxygen saturation levels were between 90-99% and pulse between 70-84 BPM (normal ranges).</p> <p>Review of a emergency medical service (EMS) report dated 12/31/21, at 1:41 p.m. indicated EMS was dispatched to the facility at 11:34 a.m. on 12/31/21. The report indicated C1 was lethargic and not responsive. B/P 125/62, P 80, R18 and oxygen saturation below 80%. Oxygen was administered at 10 liters per EMT. C1's oxygen saturation improved gradually to 90% after administration.</p> <p>Review of a hospital admission/discharge</p>	W 331			

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W 331	<p>Continued From page 6</p> <p>summary dated 12/31/21 to 1/1/22, indicated C1 was brought to the emergency department (ED) on 12/31/21, at 11:59 a.m. with symptoms of lethargy, limp extremities, low oxygen saturation and low pulse. C1 was admitted to the hospital for further treatment. During the hospital stay, C1 developed hypotension and showed signs of hypoxic respiratory distress. C1 was then transferred to the intensive care unit (ICU) for further treatment. C1 received treatment of antibiotics, fluids and oxygen while in the hospital. C1 expired on 1/1/22 at 8:09 a.m.</p> <p>Interview on 1/10/22, at 1:50 p.m. DSP-B stated she provided cares for C1 on 12/31/21, from 6:00 a.m. to 2:30 p.m. DSP-B indicated when starting her shift, C1 was sleeping. DSP-B stated C1 was sleepier than usual and her limbs were limp when repositioned. C1 also was noted to have wheezing in the chest. At 8:00 a.m. C1's temperature was 97.6, P 86 BPM and oxygen saturation 80 percent. C1 was given her scheduled nutritional feeding (per g-tube) at 11:00 a.m. and immediately started to vomit a large amount of supplement. DSP-B indicated she notified the facility LPN at 11:10 a.m. due to C1's symptoms and change in condition. The facility LPN instructed DSP-B to call the ambulance to transport C1 to the ED to be evaluated.</p> <p>Interview on 1/10/22, at 2:00 p.m. DSP-A stated when arrived to work on 12/30/21, at 2:30 p.m. C1 was sleeping. At around 4:00 p.m. C1 started vomiting a large amount of supplement, soon after a nutritional feeding was given (per-g tube) DSP-A indicated C1 also had a large incontinent stool, had her eyes closed and her extremities were limp. DSP-A indicated these symptoms were unusual for C1. DSP-A indicated C1's</p>	W 331			

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W 331	<p>Continued From page 7</p> <p>temperature was normal, P 50 BPM and oxygen saturation was 70%. DSP-A indicated she notified the facility LPN at around 4:30 p.m. who instructed her to continue to monitor C1's condition. DSP-A further indicated she failed to recheck C1's pulse and check her oxygen saturations.</p> <p>Interview on 1/11/22, at 10:30 a.m. DSP-D stated she provided care for C1 on 12/30/21, from 9:45 a.m. to 2:30 p.m. DSP-D stated she did not notice anything unusual with C1's health status, that morning. DSP-D indicated C1 was administered a nutritional supplement at 11:00 a.m. and tolerated it well. DSP-D indicated around 2:00 p.m., C1 started to cough and spit up a lot of phlegm and was noted to have a slight wheeze. DSP-D verified no VS's had been taken, and thought C1 may have the flu.</p> <p>Interview on 1/11/22, at 11:45 a.m. the facility RN indicated she had not been aware of a delay in C1's medical care on 12/30/21. The facility RN stated a provider should have been notified on 12/30/21, at 4:15 p.m. when the facility LPN was notified. C1 should have been assessed and treatment arranged. The facility RN indicated all licensed and unlicensed staff had been trained on reporting a change in a clients condition. The facility RN further indicated all staff were trained to call the facility licensed nurse, if there was a change in a client's condition.</p> <p>Interview on 1/11/22, at 1:15 p.m. DSP-C stated she worked the night shift on 12/30/21, and provided cares for C1. DSP-C indicated the evening staff reported C1 had been vomiting and not feeling well. DSP-C stated the evening staff informed her the facility LPN had been notified of</p>	W 331			

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W 331	<p>Continued From page 8</p> <p>C1's condition at 4:15 p.m. DSP-C indicated she had not been informed of C1's low oxygen saturation and pulse. DSP-C indicated during the night, C1 was incontinent of only a small amount of urine, of which was unusual for her. DSP-C also indicated C1 became limp when repositioning her in bed. DSP-C stated C1 will usually resist and kick out, but did not move. DSP-C also indicated C1's breathing was slightly labored. DSP-C administered C1's nutritional supplement (per-g-tube) at around 5:30 a.m., C1 regurgitated some of the supplement. DSP-C confirmed she had not obtained C1's VS's.</p> <p>Interview on 1/11/22, at 1:30 p.m. the facility LPN confirmed she had been notified by DSP-A of C1's change in condition on 12/30/21, at 4:15 p.m. The facility LPN stated she was informed C1 had vomited a large amount (after a nutritional supplement feeding), had a low oxygen saturation of 70% and a low pulse rate of 50 BPM. The facility LPN indicated she did not give DSP-A any specific instructions on what to do or monitor for C1, other than to continue to monitor her condition. The facility LPN verified the symptoms C1 exhibited, was a change in her condition. The facility LPN indicated a provider should have been notified of C1's decline for further treatment. The facility LPN also confirmed she had failed to document in C1's medical record that she had been notified of C1's change in condition, or review what had occurred.</p> <p>Interview on 1/11/21, at 2:00 p.m. with the facility community service director (CSD) indicated she had not been aware of C1's delay in treatment, during a condition change. The facility CSD indicated C1 should have been assessed further and a provider notified on 12/30/21, at 4:00 p.m.</p>	W 331			

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

PRINTED: 02/17/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 24G457	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/14/2022
NAME OF PROVIDER OR SUPPLIER MBW ON TENTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1407 10TH STREET NORTH NEW ULM, MN 56073		
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W 331	<p>Continued From page 9 when C1 exhibited a change in condition.</p> <p>Attempted to contact C1's hospital provider on 1/12/21, at 1:00 p.m., but unavailable.</p> <p>Review of the facility policy Delegated Nursing Tasks dated 5/24/21, Pulse Oximeter; if reading is below 90% have the client take a couple of deep breaths and cough. If the reading continues to be below 90% contact the facility licensed nurse. Radial Pulse; notify the nurse if pulse is below 55 BPM or above 100 BPM.</p> <p>Review of the facility policy Health Service Coordination and Care dated 9/19/17, indicated the purpose of the policy is to promote the health and safety of persons served through establishing guidelines, for the coordination and care of health related services. Illness; if a person develops signs or symptoms of illness that is a change in their health condition, an appointment shall be scheduled to assure timely diagnosis and treatment. If an appointment is not available the same or following day with the persons primary provider, another provider may be seen. If necessary, utilize the walk in clinic or ED. Seeking medical attention; If symptoms are felt to be life threatening, staff will first call 911. All health care changes must be documented in the health T-logs.</p> <p>The IJ began on 12/30/21, at 4:00 p.m. and was removed on 1/14/22, at 10:30 a.m. when the facility provided 1:1 training/re-education by the facility RN, for licensed and unlicensed staff. The training included review and updates of policies and procedures for gastrostomy nutritional feedings (risks/side effects), signs and symptoms of aspiration pneumonia, parameters for oxygen</p>	W 331		

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

PRINTED: 02/17/2022
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OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER MBW ON TENTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1407 10TH STREET NORTH NEW ULM, MN 56073		
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W 331	Continued From page 10 saturation, parameters for VS's that included temperature, pulse and respirations (TPR), Education was provided on guidance of signs and symptoms for a clients change in condition, when to notify the facility licensed nurse and/or provider and timely documentation. The facility quality assurance (QA) committee will review and audit continued compliance. Interviews conducted with the CSD, DSP-C and facility RN on 1/14/22, between 8:45 and 10:30 a.m. confirmed the training and education was provided.	W 331		



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered via Email

January 20, 2022

Administrator
MBW Company
1407 10th Street North
New Ulm, MN 56073

Re: Enclosed State Supervised Living Facility Licensing Orders - Project Number EKDC11

Dear Administrator:

The above facility was surveyed on January 10, 2022 through January 14, 2022 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.

When all orders are corrected, the first page of the order form should be signed and returned to:

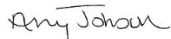
Sarah Grebenc, MSW, LGSW
Regional Operation Supervisor | Health Regulation Division
Licensing and Certification Program
Office: Golden Rule | St. Paul
PO Box 64900
St. Paul, MN 55164-0900
Minnesota Department of Health
Office/Mobile: (651) 238-8786

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 Sarah Grebenc. 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,



Amy Johnson, Program Specialist
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Telephone: 651-201-4121
Enclosure

cc: Licensing and Certification File

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 01598	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/14/2022
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NAME OF PROVIDER OR SUPPLIER MBW COMPANY	STREET ADDRESS, CITY, STATE, ZIP CODE 1407 10TH STREET NORTH NEW ULM, MN 56073
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5 000	<p>Initial Comments</p> <p>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.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number 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.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. On 1/10/22 to 1/14/22, a complaint investigation was conducted. Your facility was found to be not in compliance with requirements of Minnesota Rules, Chapter 4665 requirements for Supervised Living Facilities (SLF).</p> <p>The following complaints were found to be SUBSTANTIATED: HG457003C (MN79896) with licensing orders issued.</p>	5 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Supervised Living Facilities.</p> <p>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</p>	

Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Minnesota Department of Health

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5 000	Continued From page 1 When corrections are completed, please sign and date, make a copy of these orders and electronically return to: Sarah Grebenc sarah.grebenc@state.mn.us	5 000	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 evidenced by." 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.	
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 interview and document review, the facility failed to comprehensively assess and report to the physician a decline in condition for 1 of 1 client (C1) who exhibited symptoms of a low oxygen saturation, low pulse, lethargy, wheezing and continued vomiting and diarrhea. This caused a delay in care/treatment. This practice	5 380		

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5 380	<p>Continued From page 2</p> <p>resulted in an immediate jeopardy (IJ) for C1.</p> <p>The IJ began on 12/30/21, at 4:00 p.m. when C1 had a sudden decline in condition and there was no indication C1 was consistently monitored or communicating with the physician when C1's condition continued to decline and symptoms worsened. C1 was hospitalized on 12/31/21, and died on 1/1/22. The community services director (CSD) was informed of the IJ on 1/11/22, at 2:45 p.m. and the IJ was removed on 1/14/22, at 10:30 a.m., when the facility's approved removal plan was verified onsite by the state agency (SA).</p> <p>Findings include:</p> <p>Review of a facility death report dated 12/30/21, (submitted to the SA) by the facility indicated C1 had a decline in condition on 12/30/21. The report indicated C1 was transferred to the hospital on 12/31/21, with a diagnosis of aspiration pneumonia complicated by hypoxic respiratory failure (not enough oxygen in the blood), severe septic shock (life-threatening organ dysfunction) and hyponatremia (low level of sodium). C1 expired at the hospital on 1/1/22, at 8:09 a.m.</p> <p>C1 was admitted to the facility in 1990. C1's diagnosis listed on the face sheet in the medical record dated 1/3/22, included; profound intellectual disability (sub average general intellectual functioning and significant limitations in adaptive functioning), epilepsy (motor and movement disability), kidney failure (kidneys failure and are unable to filter waste), and dysphagia (condition that affects the ability to produce and understand spoken language).</p> <p>Review of the intensive support services assessment (ISSA) and self management</p>	5 380		

Minnesota Department of Health

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5 380	<p>Continued From page 3</p> <p>assessment (SMA) dated 10/6/21, indicated C1 did not have the ability to self-manage health or medical needs. The assessments indicated C1 was a risk for choking and aspiration pneumonia. The assessment indicated C1's nutritional needs were met through a gastrostomy tube (g-tube) with staff support. Interventions included; elevate bed at 30 degrees during feeding in bed, utilize bolsters to assist C1 in an upright position, utilize slow bolus syringe nutritional feedings, avoid excess movement during feeding and observe for coughing and signs of regurgitation/ reflux. The assessment indicated C1 did not speak and was unable to describe any symptoms she may have. The assessment directed staff to document any health problems in the health T-log progress notes, contact the facility registered nurse (RN) and seek medical attention for illness or injury as symptoms indicate. Call 911 for any situation deemed life threatening.</p> <p>Review of the care plan dated 10/6/21, identified C1 as being dependent on others for g-tube nutritional feedings. C1 received fibersource nutritional supplement (via-g-tube) 750 milliliters (ml) daily per dietician recommendations. Received 250 ml 2 times daily (at 5:00 a.m. and 11:00 a.m.) and 125 ml 2 times daily (at 4:00 p.m. 8:00 p.m.). Interventions included; give g-tube nutritional feedings at slow bolus with syringe and monitor tolerance, head of bed (HOB) at 40 degrees with feedings and 30 degrees all other times, bolsters to aid in positioning, avoid excessive movement during feedings for 1 hour after feedings, continue to monitor for coughing and signs of regurgitation/reflux and monitor closely for aspiration. Notify the facility license nurse and/or physician as needed and call 911 if needed.</p>	5 380		

Minnesota Department of Health

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5 380	<p>Continued From page 4</p> <p>Review of the physicians orders dated 7/29/20, included orders for fibersource high nitrogen (HN) 250 ml 2 times daily and fibersource HN 125 ml 2 times daily. Elevate HOB 45 degrees or higher for all feedings.</p> <p>Review of the DSP T-Log notes from 12/29/21-12/31/21 included;</p> <p>-Entry on 12/29/21, at 10:24 p.m. by DSP-A indicated C1 was assisted with cares during the evening shift and had a medium soft bowel movement. No changes in condition.</p> <p>-Entry on 12/30/21, at 5:12 p.m. by DSP-A, indicated C1 had a large loose incontinent stool at 4:00 p.m. C1 was administered a nutritional supplement per g-tube. After the nutritional feeding, C1 started to vomit most of her supplement. Vital signs (VS) included a temperature (T) of 98.4, pulse (P) 50 beats per minutes (BPM) (normal range 60-100 BPM) and oxygen saturation 70% (normal range is greater then 90%). C1 had not opened her eyes and had her arms curled under her chin. The facility LPN was notified at this time (4:15 p.m..). The LPN directed DSP-A to monitor C1's condition however there was no direction from the LPN as to what DSP-A was supposed to monitor.</p> <p>-Entry on 12/30/21, at 10:19 p.m. by DSP-A, indicated at 6:30 p.m. C1 was sleeping. C1 was not repositioned at this time, to prevent further vomiting. At 7:30 p.m. C1 vomited a small amount of mucous and about 1 cup of clear fluid. At 8:00 p.m. C1 received her nutritional supplemental feeding per g-tube. C1 had another medium incontinent loose stool at this time. At 8:30 p.m. C1's temperature was 98.4.</p> <p>-Entry on 12/31/21, at 2:38 p.m. (late entry for 12/30/21, from 9:45 a.m. to 2:00 p.m.) by DSP-D indicated C1 was noted to be wheezing. C1's nutritional feeding was given at 11:45 a.m. After</p>	5 380		

Minnesota Department of Health

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5 380	<p>Continued From page 5</p> <p>the nutritional feeding was administered, C1 began to spit up a small amount of supplement. Staff repositioned C1 more up right. At 1:10 p.m. C1 was spitting up a large amount of phlegm, that soiled the sheets on the bed and her clothing. C1 was bathed at this time due to being soiled.</p> <p>-Entry on 12/31/21, at 6:17 a.m. by DSP-C, indicated C1 had a quiet night. C1 only had a small incontinent urine (unusual for client). C1 did not awaken when repositioned during the night, and her arms and legs were limp. At 5:15 a.m. C1 began to retch and brought up a small amount of phlegm and bile. C1 remained with her eyes closed and lethargic during this time. Staff chose to hold the nutritional feeding at 5:00 a.m. due to the retching. At 5:50 a.m. C1 was administered a nutritional supplement feeding with no emesis after.</p> <p>-Entry on 12/31/21, at 12:40 p.m. by DSP-B, indicated at 6:00 a.m. C1 was resting in bed. C1 was repositioned at this time, and noted her arms and legs to be limp. C1 slept while providing cares. C1 was noted to have a "gurgling" sound in throat and chest. At 11:00 a.m. C1 was administered a nutritional supplement. Right after administering the nutritional supplement, C1 started to vomit most of her supplement. DSP-B contacted the facility LPN, at 11:15 a.m. DSP-B was directed to call 911. At 11:45 a.m. the ambulance arrived and C1 was transported to the hospital. When transferring C1 on to the stretcher, C1 did not move or open her eyes.</p> <p>Review of C1's VS; -12/29/21, at 4:47 p.m.-P 77 BPM, oxygen saturation 94% (no blood pressure (B/P), respirations (R) or temperature taken). -12/30/21, at 4:50 p.m.-P 50 BPM, oxygen saturation 70% (no B/P, R or temperature taken) -12/31/21-at 8:00 a.m.- P 80 BPM, oxygen</p>	5 380		

Minnesota Department of Health

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5 380	<p>Continued From page 6</p> <p>saturation 86%, T 97.6 (no B/P taken)</p> <p>There were no other VS documented in C1's medical record from 12/30/21 to 12/31/21, when C1 exhibited signs and symptoms of a decline in condition, that included a low pulse and oxygen saturation. Review of C1's pulse and oxygen saturation log averages (for the past 2 months, prior to C1's change in condition), indicated C1's oxygen saturation levels were between 90-99% and pulse between 70-84 BPM (normal ranges).</p> <p>Review of a emergency medical service (EMS) report dated 12/31/21, at 1:41 p.m. indicated EMS was dispatched to the facility at 11:34 a.m. on 12/31/21. The report indicated C1 was lethargic and not responsive. B/P 125/62, P 80, R18 and oxygen saturation below 80%. Oxygen was administered at 10 liters per EMT. C1's oxygen saturation improved gradually to 90% after administration.</p> <p>Review of a hospital admission/discharge summary dated 12/31/21 to 1/1/22, indicated C1 was brought to the emergency department (ED) on 12/31/21, at 11:59 a.m. with symptoms of lethargy, limp extremities, low oxygen saturation and low pulse. C1 was admitted to the hospital for further treatment. During the hospital stay, C1 developed hypotension and showed signs of hypoxic respiratory distress. C1 was then transferred to the intensive care unit (ICU) for further treatment. C1 received treatment of antibiotics, fluids and oxygen while in the hospital. C1 expired on 1/1/22 at 8:09 a.m.</p> <p>Interview on 1/10/22, at 1:50 p.m. DSP-B stated she provided cares for C1 on 12/31/21, from 6:00 a.m. to 2:30 p.m. DSP-B indicated when starting her shift, C1 was sleeping. DSP-B stated C1 was</p>	5 380		

Minnesota Department of Health

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5 380	<p>Continued From page 7</p> <p>sleepier than usual and her limbs were limp when repositioned. C1 also was noted to have wheezing in the chest. At 8:00 a.m. C1's temperature was 97.6, P 86 BPM and oxygen saturation 80 percent. C1 was given her scheduled nutritional feeding (per g-tube) at 11:00 a.m. and immediately started to vomit a large amount of supplement. DSP-B indicated she notified the facility LPN at 11:10 a.m. due to C1's symptoms and change in condition. The facility LPN instructed DSP-B to call the ambulance to transport C1 to the ED to be evaluated.</p> <p>Interview on 1/10/22, at 2:00 p.m. DSP-A stated when arrived to work on 12/30/21, at 2:30 p.m. C1 was sleeping. At around 4:00 p.m. C1 started vomiting a large amount of supplement, soon after a nutritional feeding was given (per-g tube) DSP-A indicated C1 also had a large incontinent stool, had her eyes closed and her extremities were limp. DSP-A indicated these symptoms were unusual for C1. DSP-A indicated C1's temperature was normal, P 50 BPM and oxygen saturation was 70%. DSP-A indicated she notified the facility LPN at around 4:30 p.m. who instructed her to continue to monitor C1's condition. DSP-A further indicated she failed to recheck C1's pulse and check her oxygen saturations.</p> <p>Interview on 1/11/22, at 10:30 a.m. DSP-D stated she provided care for C1 on 12/30/21, from 9:45 a.m. to 2:30 p.m. DSP-D stated she did not notice anything unusual with C1's health status, that morning. DSP-D indicated C1 was administered a nutritional supplement at 11:00 a.m. and tolerated it well. DSP-D indicated around 2:00 p.m., C1 started to cough and spit up a lot of phlegm and was noted to have a slight wheeze. DSP-D verified no VS's had been taken, and</p>	5 380		

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NAME OF PROVIDER OR SUPPLIER MBW COMPANY	STREET ADDRESS, CITY, STATE, ZIP CODE 1407 10TH STREET NORTH NEW ULM, MN 56073
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5 380	<p>Continued From page 8</p> <p>thought C1 may have the flu.</p> <p>Interview on 1/11/22, at 11:45 a.m. the facility RN indicated she had not been aware of a delay in C1's medical care on 12/30/21. The facility RN stated a provider should have been notified on 12/30/21, at 4:15 p.m. when the facility LPN was notified. C1 should have been assessed and treatment arranged. The facility RN indicated all licensed and unlicensed staff had been trained on reporting a change in a clients condition. The facility RN further indicated all staff were trained to call the facility licensed nurse, if there was a change in a client's condition.</p> <p>Interview on 1/11/22, at 1:15 p.m. DSP-C stated she worked the night shift on 12/30/21, and provided cares for C1. DSP-C indicated the evening staff reported C1 had been vomiting and not feeling well. DSP-C stated the evening staff informed her the facility LPN had been notified of C1's condition at 4:15 p.m. DSP-C indicated she had not been informed of C1's low oxygen saturation and pulse. DSP-C indicated during the night, C1 was incontinent of only a small amount of urine, of which was unusual for her. DSP-C also indicated C1 became limp when repositioning her in bed. DSP-C stated C1 will usually resist and kick out, but did not move. DSP-C also indicated C1's breathing was slightly labored. DSP-C administered C1's nutritional supplement (per-g-tube) at around 5:30 a.m., C1 regurgitated some of the supplement. DSP-C confirmed she had not obtained C1's VS's.</p> <p>Interview on 1/11/22, at 1:30 p.m. the facility LPN confirmed she had been notified by DSP-A of C1's change in condition on 12/30/21, at 4:15 p.m. The facility LPN stated she was informed C1 had vomited a large amount (after a nutritional</p>	5 380		

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5 380	<p>Continued From page 9</p> <p>supplement feeding), had a low oxygen saturation of 70% and a low pulse rate of 50 BPM. The facility LPN indicated she did not give DSP-A any specific instructions on what to do or monitor for C1, other than to continue to monitor her condition. The facility LPN verified the symptoms C1 exhibited, was a change in her condition. The facility LPN indicated a provider should have been notified of C1's decline for further treatment. The facility LPN also confirmed she had failed to document in C1's medical record that she had been notified of C1's change in condition, or review what had occurred.</p> <p>Interview on 1/11/21, at 2:00 p.m. with the facility community service director (CSD) indicated she had not been aware of C1's delay in treatment, during a condition change. The facility CSD indicated C1 should have been assessed further and a provider notified on 12/30/21, at 4:00 p.m. when C1 exhibited a change in condition.</p> <p>Attempted to contact C1's hospital provider on 1/12/21, at 1:00 p.m., but unavailable.</p> <p>Review of the facility policy Delegated Nursing Tasks dated 5/24/21, Pulse Oximeter; if reading is below 90% have the client take a couple of deep breaths and cough. If the reading continues to be below 90% contact the facility licensed nurse. Radial Pulse; notify the nurse if pulse is below 55 BPM or above 100 BPM.</p> <p>Review of the facility policy Health Service Coordination and Care dated 9/19/17, indicated the purpose of the policy is to promote the health and safety of persons served through establishing guidelines, for the coordination and care of health related services. Illness; if a person develops signs or symptoms of illness that is a change in</p>	5 380		

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5 380	<p>Continued From page 10</p> <p>their health condition, an appointment shall be scheduled to assure timely diagnosis and treatment. If an appointment is not available the same or following day with the persons primary provider, another provider may be seen. If necessary, utilize the walk in clinic or ED. Seeking medical attention; If symptoms are felt to be life threatening, staff will first call 911. All health care changes must be documented in the health T-logs.</p> <p>The IJ began on 12/30/21, at 4:00 p.m. and was removed on 1/14/22, at 10:30 a.m. when the facility provided 1:1 training/re-education by the facility RN, for licensed and unlicensed staff. The training included review and updates of policies and procedures for gastrostomy nutritional feedings (risks/side effects), signs and symptoms of aspiration pneumonia, parameters for oxygen saturation, parameters for VS's that included temperature, pulse and respirations (TPR), Education was provided on guidance of signs and symptoms for a clients change in condition, when to notify the facility licensed nurse and/or provider and timely documentation. The facility quality assurance (QA) committee will review and audit continued compliance. Interviews conducted with the CSD, DSP-C and facility RN on 1/14/22, between 8:45 and 10:30 a.m. confirmed the training and education was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	5 380		

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5 000	<p>Initial Comments</p> <p>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.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number 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.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. On 1/10/22 to 1/14/22, a complaint investigation was conducted. Your facility was found to be not in compliance with requirements of Minnesota Rules, Chapter 4665 requirements for Supervised Living Facilities (SLF).</p> <p>The following complaints were found to be SUBSTANTIATED: HG457003C (MN79896) with licensing orders issued.</p>	5 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Supervised Living Facilities.</p> <p>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</p>	

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

Authorized official 2/21/2022

Minnesota Department of Health

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5 000	Continued From page 1 When corrections are completed, please sign and date, make a copy of these orders and electronically return to: Sarah Grebenc sarah.grebenc@state.mn.us	5 000	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 evidenced by." 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.	
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 interview and document review, the facility failed to comprehensively assess and report to the physician a decline in condition for 1 of 1 client (C1) who exhibited symptoms of a low oxygen saturation, low pulse, lethargy, wheezing and continued vomiting and diarrhea. This caused a delay in care/treatment. This practice	5 380	5380 Purpose of Health Services Completion date 1/21/2022	Corrected 1/21/2022

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5 380	<p>Continued From page 2</p> <p>resulted in an immediate jeopardy (IJ) for C1.</p> <p>The IJ began on 12/30/21, at 4:00 p.m. when C1 had a sudden decline in condition and there was no indication C1 was consistently monitored or communicating with the physician when C1's condition continued to decline and symptoms worsened. C1 was hospitalized on 12/31/21, and died on 1/1/22. The community services director (CSD) was informed of the IJ on 1/11/22, at 2:45 p.m. and the IJ was removed on 1/14/22, at 10:30 a.m., when the facility's approved removal plan was verified onsite by the state agency (SA).</p> <p>Findings include:</p> <p>Review of a facility death report dated 12/30/21, (submitted to the SA) by the facility indicated C1 had a decline in condition on 12/30/21. The report indicated C1 was transferred to the hospital on 12/31/21, with a diagnosis of aspiration pneumonia complicated by hypoxic respiratory failure (not enough oxygen in the blood), severe septic shock (life-threatening organ dysfunction) and hyponatremia (low level of sodium). C1 expired at the hospital on 1/1/22, at 8:09 a.m.</p> <p>C1 was admitted to the facility in 1990. C1's diagnosis listed on the face sheet in the medical record dated 1/3/22, included; profound intellectual disability (sub average general intellectual functioning and significant limitations in adaptive functioning), epilepsy (motor and movement disability), kidney failure (kidneys failure and are unable to filter waste), and dysphagia (condition that affects the ability to produce and understand spoken language).</p> <p>Review of the intensive support services assessment (ISSA) and self management</p>	5 380		

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5 380	Continued From page 3 assessment (SMA) dated 10/6/21, indicated C1 did not have the ability to self-manage health or medical needs. The assessments indicated C1 was a risk for choking and aspiration pneumonia. The assessment indicated C1's nutritional needs were met through a gastrostomy tube (g-tube) with staff support. Interventions included; elevate bed at 30 degrees during feeding in bed, utilize bolsters to assist C1 in an upright position, utilize slow bolus syringe nutritional feedings, avoid excess movement during feeding and observe for coughing and signs of regurgitation/ reflux. The assessment indicated C1 did not speak and was unable to describe any symptoms she may have. The assessment directed staff to document any health problems in the health T-log progress notes, contact the facility registered nurse (RN) and seek medical attention for illness or injury as symptoms indicate. Call 911 for any situation deemed life threatening. Review of the care plan dated 10/6/21, identified C1 as being dependent on others for g-tube nutritional feedings. C1 received fibersource nutritional supplement (via-g-tube) 750 milliliters (ml) daily per dietician recommendations. Received 250 ml 2 times daily (at 5:00 a.m. and 11:00 a.m.) and 125 ml 2 times daily (at 4:00 p.m. 8:00 p.m.). Interventions included; give g-tube nutritional feedings at slow bolus with syringe and monitor tolerance, head of bed (HOB) at 40 degrees with feedings and 30 degrees all other times, bolsters to aid in positioning, avoid excessive movement during feedings for 1 hour after feedings, continue to monitor for coughing and signs of regurgitation/reflux and monitor closely for aspiration. Notify the facility license nurse and/or physician as needed and call 911 if needed.	5 380			

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5 380	<p>Continued From page 4</p> <p>Review of the physicians orders dated 7/29/20, included orders for fibersource high nitrogen (HN) 250 ml 2 times daily and fibersource HN 125 ml 2 times daily. Elevate HOB 45 degrees or higher for all feedings.</p> <p>Review of the DSP T-Log notes from 12/29/21-12/31/21 included;</p> <p>-Entry on 12/29/21, at 10:24 p.m. by DSP-A indicated C1 was assisted with cares during the evening shift and had a medium soft bowel movement. No changes in condition.</p> <p>-Entry on 12/30/21, at 5:12 p.m. by DSP-A, indicated C1 had a large loose incontinent stool at 4:00 p.m. C1 was administered a nutritional supplement per g-tube. After the nutritional feeding, C1 started to vomit most of her supplement. Vital signs (VS) included a temperature (T) of 98.4, pulse (P) 50 beats per minutes (BPM) (normal range 60-100 BPM) and oxygen saturation 70% (normal range is greater then 90%). C1 had not opened her eyes and had her arms curled under her chin. The facility LPN was notified at this time (4:15 p.m.). The LPN directed DSP-A to monitor C1's condition however there was no direction from the LPN as to what DSP-A was supposed to monitor.</p> <p>-Entry on 12/30/21, at 10:19 p.m. by DSP-A, indicated at 6:30 p.m. C1 was sleeping. C1 was not repositioned at this time, to prevent further vomiting. At 7:30 p.m. C1 vomited a small amount of mucous and about 1 cup of clear fluid. At 8:00 p.m. C1 received her nutritional supplemental feeding per g-tube. C1 had another medium incontinent loose stool at this time. At 8:30 p.m. C1's temperature was 98.4.</p> <p>-Entry on 12/31/21, at 2:38 p.m. (late entry for 12/30/21, from 9:45 a.m. to 2:00 p.m.) by DSP-D indicated C1 was noted to be wheezing. C1's nutritional feeding was given at 11:45 a.m. After</p>	5 380		

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5 380	<p>Continued From page 5</p> <p>the nutritional feeding was administered, C1 began to spit up a small amount of supplement. Staff repositioned C1 more up right. At 1:10 p.m. C1 was spitting up a large amount of phlegm, that soiled the sheets on the bed and her clothing. C1 was bathed at this time due to being soiled.</p> <p>-Entry on 12/31/21, at 6:17 a.m. by DSP-C, indicated C1 had a quiet night. C1 only had a small incontinent urine (unusual for client). C1 did not awaken when repositioned during the night, and her arms and legs were limp. At 5:15 a.m. C1 began to retch and brought up a small amount of phlegm and bile. C1 remained with her eyes closed and lethargic during this time. Staff chose to hold the nutritional feeding at 5:00 a.m. due to the retching. At 5:50 a.m. C1 was administered a nutritional supplement feeding with no emesis after.</p> <p>-Entry on 12/31/21, at 12:40 p.m. by DSP-B, indicated at 6:00 a.m. C1 was resting in bed. C1 was repositioned at this time, and noted her arms and legs to be limp. C1 slept while providing cares. C1 was noted to have a "gurgling" sound in throat and chest. At 11:00 a.m. C1 was administered a nutritional supplement. Right after administering the nutritional supplement, C1 started to vomit most of her supplement. DSP-B contacted the facility LPN, at 11:15 a.m. DSP-B was directed to call 911. At 11:45 a.m. the ambulance arrived and C1 was transported to the hospital. When transferring C1 on to the stretcher, C1 did not move or open her eyes.</p> <p>Review of C1's VS; -12/29/21, at 4:47 p.m.-P 77 BPM, oxygen saturation 94% (no blood pressure (B/P), respirations (R) or temperature taken). -12/30/21, at 4:50 p.m.-P 50 BPM, oxygen saturation 70% (no B/P, R or temperature taken) -12/31/21-at 8:00 a.m.- P 80 BPM, oxygen</p>	5 380		

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5 380	<p>Continued From page 6</p> <p>saturation 86%, T 97.6 (no B/P taken)</p> <p>There were no other VS documented in C1's medical record from 12/30/21 to 12/31/21, when C1 exhibited signs and symptoms of a decline in condition, that included a low pulse and oxygen saturation. Review of C1's pulse and oxygen saturation log averages (for the past 2 months, prior to C1's change in condition), indicated C1's oxygen saturation levels were between 90-99% and pulse between 70-84 BPM (normal ranges).</p> <p>Review of a emergency medical service (EMS) report dated 12/31/21, at 1:41 p.m. indicated EMS was dispatched to the facility at 11:34 a.m. on 12/31/21. The report indicated C1 was lethargic and not responsive. B/P 125/62, P 80, R18 and oxygen saturation below 80%. Oxygen was administered at 10 liters per EMT. C1's oxygen saturation improved gradually to 90% after administration.</p> <p>Review of a hospital admission/discharge summary dated 12/31/21 to 1/1/22, indicated C1 was brought to the emergency department (ED) on 12/31/21, at 11:59 a.m. with symptoms of lethargy, limp extremities, low oxygen saturation and low pulse. C1 was admitted to the hospital for further treatment. During the hospital stay, C1 developed hypotension and showed signs of hypoxic respiratory distress. C1 was then transferred to the intensive care unit (ICU) for further treatment. C1 received treatment of antibiotics, fluids and oxygen while in the hospital. C1 expired on 1/1/22 at 8:09 a.m.</p> <p>Interview on 1/10/22, at 1:50 p.m. DSP-B stated she provided cares for C1 on 12/31/21, from 6:00 a.m. to 2:30 p.m. DSP-B indicated when starting her shift, C1 was sleeping. DSP-B stated C1 was</p>	5 380		

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5 380	<p>Continued From page 7</p> <p>sleepier than usual and her limbs were limp when repositioned. C1 also was noted to have wheezing in the chest. At 8:00 a.m. C1's temperature was 97.6, P 86 BPM and oxygen saturation 80 percent. C1 was given her scheduled nutritional feeding (per g-tube) at 11:00 a.m. and immediately started to vomit a large amount of supplement. DSP-B indicated she notified the facility LPN at 11:10 a.m. due to C1's symptoms and change in condition. The facility LPN instructed DSP-B to call the ambulance to transport C1 to the ED to be evaluated.</p> <p>Interview on 1/10/22, at 2:00 p.m. DSP-A stated when arrived to work on 12/30/21, at 2:30 p.m. C1 was sleeping. At around 4:00 p.m. C1 started vomiting a large amount of supplement, soon after a nutritional feeding was given (per-g tube) DSP-A indicated C1 also had a large incontinent stool, had her eyes closed and her extremities were limp. DSP-A indicated these symptoms were unusual for C1. DSP-A indicated C1's temperature was normal, P 50 BPM and oxygen saturation was 70%. DSP-A indicated she notified the facility LPN at around 4:30 p.m. who instructed her to continue to monitor C1's condition. DSP-A further indicated she failed to recheck C1's pulse and check her oxygen saturations.</p> <p>Interview on 1/11/22, at 10:30 a.m. DSP-D stated she provided care for C1 on 12/30/21, from 9:45 a.m. to 2:30 p.m. DSP-D stated she did not notice anything unusual with C1's health status, that morning. DSP-D indicated C1 was administered a nutritional supplement at 11:00 a.m. and tolerated it well. DSP-D indicated around 2:00 p.m., C1 started to cough and spit up a lot of phlegm and was noted to have a slight wheeze. DSP-D verified no VS's had been taken, and</p>	5 380		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 01598	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/14/2022
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NAME OF PROVIDER OR SUPPLIER MBW ON TENTH	STREET ADDRESS, CITY, STATE, ZIP CODE 1407 10TH STREET NORTH NEW ULM, MN 56073
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5 380	<p>Continued From page 8</p> <p>thought C1 may have the flu.</p> <p>Interview on 1/11/22, at 11:45 a.m. the facility RN indicated she had not been aware of a delay in C1's medical care on 12/30/21. The facility RN stated a provider should have been notified on 12/30/21, at 4:15 p.m. when the facility LPN was notified. C1 should have been assessed and treatment arranged. The facility RN indicated all licensed and unlicensed staff had been trained on reporting a change in a clients condition. The facility RN further indicated all staff were trained to call the facility licensed nurse, if there was a change in a client's condition.</p> <p>Interview on 1/11/22, at 1:15 p.m. DSP-C stated she worked the night shift on 12/30/21, and provided cares for C1. DSP-C indicated the evening staff reported C1 had been vomiting and not feeling well. DSP-C stated the evening staff informed her the facility LPN had been notified of C1's condition at 4:15 p.m. DSP-C indicated she had not been informed of C1's low oxygen saturation and pulse. DSP-C indicated during the night, C1 was incontinent of only a small amount of urine, of which was unusual for her. DSP-C also indicated C1 became limp when repositioning her in bed. DSP-C stated C1 will usually resist and kick out, but did not move. DSP-C also indicated C1's breathing was slightly labored. DSP-C administered C1's nutritional supplement (per-g-tube) at around 5:30 a.m., C1 regurgitated some of the supplement. DSP-C confirmed she had not obtained C1's VS's.</p> <p>Interview on 1/11/22, at 1:30 p.m. the facility LPN confirmed she had been notified by DSP-A of C1's change in condition on 12/30/21, at 4:15 p.m. The facility LPN stated she was informed C1 had vomited a large amount (after a nutritional</p>	5 380		

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5 380	<p>Continued From page 9</p> <p>supplement feeding), had a low oxygen saturation of 70% and a low pulse rate of 50 BPM. The facility LPN indicated she did not give DSP-A any specific instructions on what to do or monitor for C1, other than to continue to monitor her condition. The facility LPN verified the symptoms C1 exhibited, was a change in her condition. The facility LPN indicated a provider should have been notified of C1's decline for further treatment. The facility LPN also confirmed she had failed to document in C1's medical record that she had been notified of C1's change in condition, or review what had occurred.</p> <p>Interview on 1/11/21, at 2:00 p.m. with the facility community service director (CSD) indicated she had not been aware of C1's delay in treatment, during a condition change. The facility CSD indicated C1 should have been assessed further and a provider notified on 12/30/21, at 4:00 p.m. when C1 exhibited a change in condition.</p> <p>Attempted to contact C1's hospital provider on 1/12/21, at 1:00 p.m., but unavailable.</p> <p>Review of the facility policy Delegated Nursing Tasks dated 5/24/21, Pulse Oximeter; if reading is below 90% have the client take a couple of deep breaths and cough. If the reading continues to be below 90% contact the facility licensed nurse. Radial Pulse; notify the nurse if pulse is below 55 BPM or above 100 BPM.</p> <p>Review of the facility policy Health Service Coordination and Care dated 9/19/17, indicated the purpose of the policy is to promote the health and safety of persons served through establishing guidelines, for the coordination and care of health related services. Illness; if a person develops signs or symptoms of illness that is a change in</p>	5 380		

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5 380	<p>Continued From page 10</p> <p>their health condition, an appointment shall be scheduled to assure timely diagnosis and treatment. If an appointment is not available the same or following day with the persons primary provider, another provider may be seen. If necessary, utilize the walk in clinic or ED. Seeking medical attention; If symptoms are felt to be life threatening, staff will first call 911. All health care changes must be documented in the health T-logs.</p> <p>The IJ began on 12/30/21, at 4:00 p.m. and was removed on 1/14/22, at 10:30 a.m. when the facility provided 1:1 training/re-education by the facility RN, for licensed and unlicensed staff. The training included review and updates of policies and procedures for gastrostomy nutritional feedings (risks/side effects), signs and symptoms of aspiration pneumonia, parameters for oxygen saturation, parameters for VS's that included temperature, pulse and respirations (TPR), Education was provided on guidance of signs and symptoms for a clients change in condition, when to notify the facility licensed nurse and/or provider and timely documentation. The facility quality assurance (QA) committee will review and audit continued compliance. Interviews conducted with the CSD, DSP-C and facility RN on 1/14/22, between 8:45 and 10:30 a.m. confirmed the training and education was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	5 380		