Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered Via Email

July 7, 2022

Administrator
Springhill
531 Springhill Road
Vadnais Heights, MN 55127

RE: Event ID: 1BS511

Dear Administrator:

On June 21, 2022, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety to determine if your facility was in compliance with Federal participation requirements for 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 electonically 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. 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 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.

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

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,

Kim Tyson

Kim Tyson, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64970
Saint Paul, Minnesota 55164-0970
Phone: 651-201-3831
Email: kim.tyson@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	24G483	A. BUILDING _____ B. WING _____	C 06/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGHILL	531 SPRINGHILL ROAD VADNAIS HEIGHTS, MN 55127

(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 6/21/22, 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. The following complaint was found to be SUBSTANTIATED: HG4832447C (MN84294). AND However, as a result of the investigation, a deficiency was cited at W508. 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	Susie Haben received and approved 7/15/22	
W 455	INFECTION CONTROL CFR(s): 483.470(l)(1) There must be an active program for the prevention, control, and investigation of infection and communicable diseases. This STANDARD is not met as evidenced by: Based on observation, interview and document review, the facility failed to implement infection control practices and policies related to the use of personal protective equipment (PPE) in order to reduce the spread of COVID 19. This had the potential to affect all 4 of 4 clients who resided in the home (C1, C2, C3 and C4). Findings include: During observation on 6/21/22, at 10:35 a.m. the	W 455		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
James J. Martin

TITLE
Administrator / Executive Director

(X6) DATE
7/15/2022

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 455	Continued From page 1 facility administrator was observed in the facility with no eye PPE or medical grade face mask. The administrator was observed talking with the clients and walking with in 6 ft of them for extended periods of time. During observation on 6/21/22, at 11:00 a.m. the designated coordinator (DC) was observed to be sitting with C1 and talking with her at the kitchen table. DSP-B had a medical grade face mask on with no eye protection. During interview on 6/21/22, at 11:20 a.m. the facility administrator stated he checks the community transmission level and when he checked last week he thought they were in a low transmission level so the staff were not required to wear a face mask or eye PPE. After the administrator reviewed the facility policy which indicated to check the community transmission level (instead of community levels) and checked the community transmission level site it was found Ramsey county was actually at a high transmission level. The administrator then stated the staff should actually be wearing eye protection and a medical grade face mask. The administrator then stated every Friday he will be making sure he is checking the correct site according to his policy. During interview on 6/21/22 at 1:00 p.m. DSP-A stated he started working at the facility in March of 2022, and had always only worn a mask and was never informed to wear eye protection, but was informed today by the administrator he needs to start wearing eye protection. During interview on 6/21/22, at 2:00 p.m. with the DC who stated sometime in May he stopped	W 455	W 455 Outcomes pandemic plan outlines requirements for donning personal protective equipment when community transmission data obtained from the CDC is considered high. Administrator was monitoring CDC data and provided direction to staff based on the wrong data metrics. Administrator was using community "risk" level and not community "transmission" levels. To correct this deficiency, Administrator instructed staff to again use appropriate PPE, specifically face masks and safety goggles/face shields while providing resident cares in the home. Administrator further corrected action by reviewing CMS and CDC requirements to ensure understanding. Administrator will continue to monitor CDC "transmission" data to determine appropriate level of PPE use at the facility.	6/21/2022

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W 455	Continued From page 2 wearing eye protection and a mask since someone in the corporate office told him community levels had dropped. The DC then stated in the beginning of June they were told they needed to start wearing masks again. Facility policy COVID-19 Pandemic Plan updated 1/3/22, indicated staff were to wear face covering which included a NIOSH-approved N95 or equivalent or higher-level respirator or a well fitting medical grade face mask. In addition to eye protection (e.g., face shield, goggles) when in resident care homes if it is determined that there is high risk for COVID exposure. Following guidance from MDH, eye protection will be worn when in Residential care homes as the county the facility is in remains at an above normal community transmission rate. This is monitored on the CDC website: https://covid.cdc.gov/covid-data-tracker	W 455		

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Administrator
Springhill
531 Springhill Road
Vadnais Heights, MN 55127

Re: Event ID: IBS511

Dear Administrator:

The above facility survey was completed on June 21, 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 no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144.56.

Attached is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

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

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

Sincerely,

Kim Tyson

Kim Tyson, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64970
Saint Paul, Minnesota 55164-0970
Phone: 651-201-3831
Email: kim.tyson@state.mn.us

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	01636	A. BUILDING: _____ B. WING _____	C 06/21/2022

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SPRINGHILL	531 SPRINGHILL ROAD VADNAIS HEIGHTS, MN 55127

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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 6/21/22 a complaint investigation was conducted. Your facility was found to be in compliance with requirements of Minnesota Rules, Chapter 4665 requirements for Supervised Living Facilities (SLF). The following complaint was found to be SUBSTANTIATED with no licensing orders issued: HG4832447C (MN84294).	5 000		