DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered Via Email on May 7, 2021

Administrator
Prairies Edge
152 Cougar Drive
Mankato, MN 56001

RE: Event ID: XGLC11

Dear Administrator:

On April 21, 2021, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety to determine if your facility was in compliance with Federal participation requirements for 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:

Elizabeth Silkey, Unit Supervisor
Mankato District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
12 Civic Center Plaza, Suite #2105
Mankato, MN 56001
Email: elizabeth.silkey@state.mn.us
Office: (507) 344-2742 Mobile: (651) 368-3593

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
	24G516	A. BUILDING _____ B. WING _____	C 04/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIES EDGE	**152 COUGAR DRIVE MANKATO, MN 56001**

(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 4/21/21, a standard abbreviated survey was conducted at your facility. Your facility was found to be NOT in compliance with the requirements of 42 CFR Part 483, subpart I, requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/ID). The following complaints were found to be substantiated: HG516010C (MN72011) with a deficiency cited at W148 and HG516011C (MN64478), however NO deficiencies were cited due to actions implemented by the facility prior to survey.	W 000		
W 148	COMMUNICATION WITH CLIENTS, PARENTS & CFR(s): 483.420(c)(6) The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence. This STANDARD is not met as evidenced by: Based on interview and document review, the facility failed to notify the parent/guardian of a change in condition for 1 of 1 client (C1) who had a change in sleep pattern, eating and toileting. Findings include: C1's face sheet printed 4/21/21, indicated diagnoses including: severe intellectual disability, epilepsy and recurrent seizures, mood disorder and major depressive disorder. The face sheet	W 148		

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

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W 148	Continued From page 1	W 148		

also indicated C1 ambulated, toileted, and could eat independently.

On 4/21/21, at 11:00 a.m. location coordinator (LC)-A confirmed C1 had been in the hospital from 4/18/21 - 4/20/21, then spent the night of 4/20/21 at family member (FM)-A's home prior to returning to the facility earlier that morning. LC-A stated noticing a change in C1's behavior on 4/11/21, after returning to the facility from a visit to FM-A's house. LC-A noted more confusion with C1 as the client had asked to lay down and when LC-A told her she could lay down, C1 looked at LC-A like she didn't understand what LC-A was telling her. LC-A thought C1 may have had a seizure as historically that was how she would act following a seizure. LC-A stated C1 also refused supper and a snack the evening of 4/11/21 which was unusual for her. LC-A notified nursing the morning of 4/12/21; nursing set up and appointment with C1's primary physician for 4/15/21. The evening of 4/12/21, C1 started refusing to sleep in her bed and thought the most she had slept was three hours. LC-A stated staff had C1 sleep on the couch in the living room and the only way they could get her to fall asleep was if staff sat on the end of the couch with C1's feet touching staff. On 4/13/21 in the evening and 4/14/21 in the morning, C1 was incontinent of urine and would refuse to go into the bathroom. Nursing was able to move C1's physician appointment to 4/14/21, at 11:45 a.m. The physician ordered blood work and a urine sample which came back within normal limits. The physician recommended C1 follow-up with psychiatry and an appointment was scheduled for 4/19/21. The evening of 4/14/21, C1 started refusing to shower which was unusual for her as she liked to shower and did so daily. LC-A

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W 148	Continued From page 2	W 148		

confirmed C1 went to FM-A's to visit on 4/18/21, and it was FM-A who wanted C1 taken to the emergency department for evaluation. LC-A further confirmed she had not personally informed FM-A of C1's change in condition or C1's appointment with her primary physician. LC-A was unsure who's responsibility it would be to let the family/guardian know of a client's change in condition, and confirmed FM-A was upset that staff had not informed her. LC-A stated being new to the position, and was a co-location coordinator with LC-B. LC-A confirmed LC-B was aware of C1's change in condition as she would stay late at the facility to help the overnight staff with trying to get C1 to fall asleep.

On 4/21/21, at 11:43 a.m. the program director (PD) confirmed staff should have informed FM-A of C1's change in condition. PD stated it would have been the co-location coordinators responsibility to call the guardian and further stated she should have prompted them to do that.

On 4/21/21, at 12:04 p.m. FM-A confirmed staff at the facility had not informed her of C1's change in condition and was upset about it. FM-A stated when C1 came to visit on 4/11/21, she was fine. The following week when C1 visited on 4/18/21, C1 could hardly walk and needed help getting into the house. C1 also couldn't stay awake and when FM-A returned C1 to the facility she instructed staff to take C1 to the emergency department. FM-A was then told by staff that C1 hadn't slept for five days. FM-A confirmed staff also had not informed her of C1's appointment with her primary physician on 4/14/21, and expected to be notified of all appointments.

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W 148	Continued From page 3 On 4/21/21, at 3:37 p.m. LC-B confirmed when C1 started exhibiting the changes in condition such as incontinence and not eating, she informed nursing. LC-B confirmed she had not informed FM-A of staff's concerns with C1 and didn't want to call her until they knew more about what was going on with C1's condition. There was no policy provided related to family/guardian notification by the end of the survey.	W 148		

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

PRINTED: 05/07/2021
FORM APPROVED
OMB NO. 0938-0391

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W 148	COMMUNICATION WITH CLIENTS, PARENTS & CFR(s): 483.420(c)(6) The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence. This STANDARD is not met as evidenced by: Based on interview and document review, the facility failed to notify the parent/guardian of a change in condition for 1 of 1 client (C1) who had a change in sleep pattern, eating and toileting. Findings include: C1's face sheet printed 4/21/21, indicated diagnoses including: severe intellectual disability, epilepsy and recurrent seizures, mood disorder and major depressive disorder. The face sheet	W 148	W148 All Location Coordinators and RNs will be trained on the Health Service Coordination policy and procedure. The Program Director will monitor all MCS communications regarding the health of the individuals and ensure all relevant information has been shared with the guardians/families. Beginning June 1, 2021 ongoing weekly 1:1 meetings will be held with all Location Coordinators and Program Managers to remain in communication about the house and the individuals. Persons Responsible: Program Manager; Program Director Completion Date: 5/28/21	

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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DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Emailed on May 7, 2021

Administrator
Prairies Edge
152 Cougar Drive
Mankato, MN 56001

Re: Project Number Event ID: XGLC11

Dear Administrator:

The above facility survey was completed on April 21, 2021 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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	23697	A. BUILDING: _____ B. WING _____	C 04/21/2021

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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 4/21/21, a complaint investigation was conducted to investigate complaint HG516010C and HG516011C. Prairies Edge is in full compliance with requirements of Minnesota Rules, Chapter 4665 requirements for Supervised Living Facilities (SLF). The following complaints were found to be substantiated: HG516010C (MN72011) and HG516011C (MN64478), however NO licensing order were issued.	5 000		

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