



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered Via Email

June 15, 2023

Administrator
M Health Fairview University Of MN
2450 Riverside Avenue
Minneapolis, MN 55454

RE: Survey Results
CCN: 240080
Cycle Start Date: May 10, 2023

Dear Administrator:

On May 30, 2023, the Minnesota Department of Health completed a survey to verify that your facility had achieved and maintained compliance with federal certification deficiencies. Based on our review, we have determined that your facility has achieved substantial compliance

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

Sincerely,

A handwritten signature in black ink that reads "Kamala Fiske-Downing".

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us

CC: License and Certification File



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered Via Email

May 18, 2023

Administrator
M Health Fairview University of MN
2450 Riverside Avenue
Minneapolis, MN 55454

Re: SURVEY RESULTS
CCN: 240080
Cycle Start Date: May 10, 2023

Dear Administrator:

A survey was completed on May 10, 2023 for the purpose of assessing compliance with Federal certification regulations. At the time of survey, the survey team from the Minnesota Department of Health noted one or more deficiencies. At the conclusion of this survey, the surveyors advised you of the findings, including the fact that this facility does not meet the requirements of Section 1861 of the Social Security Act and the following Condition(s) of Participation (CoP).

A 115 42CFR 482.13 Physical Plant and Environment

REMOVAL OF IMMEDIATE JEOPARDY

On May 10, 2023, the situation of immediate jeopardy to potential health and safety was removed.

Federal certification deficiencies are delineated on the electronically attached 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).

To be considered acceptable, your PoC must contain the following elements:

- 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.

M Health Fairview University Of MN

May 18, 2023

Page 2

Ordinarily, a facility will be expected to take the steps necessary to achieve compliance within 60 days of the exit interview. If possible, please type your plan of correction to ensure legibility.

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

Terri Ament, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Duluth Technology Village
11 East Superior Street, Suite 290
Duluth, Minnesota 55802-2007
Email: teresa.ament@state.mn.us
Office: (218) 302-6151 Mobile: (218) 766-2720

Please make a copy of your plan of correction for your records.

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. Additionally, your continued certification is contingent upon corrective action. If, upon a revisit within forty five (45) days of the survey exit date, correction is not ascertained, we will have no recourse except to recommend to the Centers for Medicare and Medicaid Services Chicago Region V Office that your certification be terminated, effective August 8, 2023.

Please feel free to call me with any questions related to this letter.

Sincerely,



Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us



A collaboration among the University of Minnesota,
University of Minnesota Physicians and Fairview Health Services

University of Minnesota Medical Center, Fairview
2450 Riverside Avenue South
Minneapolis, MN 55454
CMS Certification Number (CCN): 24-0080

May 26, 2023

Sent VIA Electronic Delivery

CMS, Long-Term Term Care Certification & Enforcement Branch
Attention: Pamela J. Para
233 North Michigan Avenue, Suite 600
Chicago, IL 60601
E-Mail: ChicagoNLTCPOC@cms.hhs.gov

Minnesota Department of Health
Attention: Pam Malterud
85 East Seventh Place, Suite 300
P.O. Box 64970
St. Paul, MN 55164-0970
E-Mail: Health.CM-Cert@state.mn.us

RE: Event ID: H00801783C (MN92964, MN92974), H00802044C (MN93194)

Dear Ms. Para and Ms. Malterud,

Please accept this letter and attachments as University of Minnesota Medical Center, Fairview's ("UMMC") Plan of Correction for findings related to the above-mentioned complaint. Please note your letter dated May 18, 2023 was received on the same day. Our response is being submitted within the required 10 calendar days.
Please let me know if you need any additional information.

Regards,

A handwritten signature in black ink, appearing to read 'Olivia Ajja'.

Olivia Ajja, MBA, MS, CRNA| VP Hospital Operations and Solid Organ Service Line Executive

University of Minnesota Medical Center & Masonic Children's Hospital

Olivia.Ajja@fairview.org

Cell: 248-982-3436

Attachments: CMS 2567 Plan of Correction

mhealthfairview.org



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

PRINTED: 05/18/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 240080	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/10/2023
NAME OF PROVIDER OR SUPPLIER M HEALTH FAIRVIEW UNIVERSITY OF MN		STREET ADDRESS, CITY, STATE, ZIP CODE 2450 RIVERSIDE AVENUE MINNEAPOLIS, MN 55454		
(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
A 000	INITIAL COMMENTS On 5/8/23 to 5/10/23, a substantial allegation investigation was completed by surveyors from the Minnesota Department of Health (MDH) to investigate an alleged violation of the Conditions of Participation (COP) for hospitals participating in Medicare and Medicaid, specifically the COP of Patient's Rights at 42 CFR 483.13. The following complaints were reviewed: H00801783C (MN92964, MN92974) H00802044C (MN93194) As a result of the investigations, the hospital was found not in compliance with the COP, and an immediate jeopardy (IJ) to patient safety was identified. On 5/9/23 at 8:48 a.m., the program manager for regulatory and accreditation (PMRA), the vice president of hospital operations (VPHO), and the nursing director for emergency services (NDES) were notified of the IJ. The IJ was removed on 5/10/23, when an acceptable removal plan was verified as being implemented; however, the hospital remained out of compliance with the COP - Patient's Rights at 42 CFR 483.13.	A 000		
A 115	PATIENT RIGHTS CFR(s): 482.13. A hospital must protect and promote each patient's rights. This CONDITION is not met as evidenced by: Based on observation, interview, and document review, the hospital failed to ensure 1 of 1 patients (P1) with known, obvious cognitive impairment was assessed for safety and/or supervision needs, and had appropriate	A 115		

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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Finding (Tag #)	A 000
Clearly state the specific nature of the corrective actions for each deficiency.	<p>Please accept this filing by the M Health Fairview University of Minnesota Medical Center, ("UMMC") as timely and one which demonstrates correction of the deficiencies cited in the Statement of Deficiencies dated May 18, 2023 from a survey completed on May 10, 2023, by the Minnesota Department of Health ("MDH") on behalf of the Centers for Medicare and Medicaid Services ("CMS"). UMMC has provided credible evidence of correction of asserted deficiencies noted in the following tags and as permitted by CMS.</p> <p>UMMC is and has always been committed to providing safe patient care and protecting the rights of patients. UMMC is dedicated to working with patients and all agencies regarding questions they may have as patient safety is of utmost importance. We strive to ensure the safety of every patient we serve, so when we become aware of a patient safety issue, we immediately investigate and look for ways to take appropriate actions as the circumstances warrant.</p> <p>To alleviate any concerns CMS / MDH may have about UMMC's adherence to any Conditions of Participation, including policies, procedures, and practices related to nursing services especially medication administration, UMMC describes below those actions taken to assure compliance to the Conditions of Participation.</p>
Explain How Your Plan / Action Will Prevent Recurrence	N/A
Completion Date	N/A
Evidence of Completion-Monitoring	N/A
Responsible Person	N/A

Finding (Tag #)	A 115 - A hospital must protect and promote each patient's rights. <ul style="list-style-type: none">• The hospital failed to ensure 1 of 1 patients (P1) with known, obvious cognitive impairment was assessed for safety and/or supervision needs, and had appropriate interventions placed to ensure safety and prevent elopement from the hospital setting.
Clearly state the specific nature of the corrective actions for each deficiency.	In response to an Immediate Jeopardy notification from Minnesota Department of Health on 5/09/23 (8:50 am), the plan noted below was initiated and implemented. Minnesota Department of Health removed the Immediate Jeopardy after verifying that these actions were an acceptable removal plan. Specifically, UMMC implemented the following corrective actions:



	<ol style="list-style-type: none"> 1. Emergency Department handoff tools were created for utilization by triage and charge nurses to help identify patients that are at higher risk (examples include: fall risk, hard of hearing, risk for violence, cognitive impairment, language barrier, abnormal labs and/or vitals, intoxication, etc.) to ensure safety of patients and consistent communication during handoff. 2. E-Learning was developed by Nursing Practice & Education and Emergency Department Leadership that contains the mandatory education on <i>Safe Patient Environment in the Emergency Department</i>. The education provides nursing staff examples of high-risk patients, examples of appropriate interventions for these patients and an escalation pathway to ensure the safest environment within the emergency department is provided for all patients. Additionally, it will educate staff on new handoff tools being utilized by triage and charge nurses for high risks patient identification. 3. The mandatory education was provided to all emergency department nurses starting with the 3 PM shift on 5/9. 4. Mandatory education will be tracked each shift by the managers/supervisors and non-compliance with the assigned mandatory education will result in removal of the staff from the schedule until completion of the education requirement. 5. Huddles on 5/9 through 5/19 led by Managers/Supervisors or designee, will include a notification to staff of the incident that occurred on 4/20/23 with verbal review of: warm handoffs and the benefits that the handoffs have for patient safety as well as patient satisfaction. It will also include a review of the new handoff tools for high-risk patient identification. A huddle communication was created with standardized and consistent content related to the event and mandatory education. 6. Any staff who were not scheduled to work between 5/9 and 5/19 will be expected to complete the mandatory education prior to the start of their next scheduled shift.
Explain how your plan/action will prevent recurrence	<ol style="list-style-type: none"> 1. Re-education of how to identify high-risk patients in our emergency departments along with examples of appropriate interventions for these patients and an escalation pathway will reinforce who is a high-risk patient, the management of care for those patients, and ensure the safest environment within the emergency department for all patients. 2. Additionally, the development and adaptation of a tool for triage and charge nurses to use for handoff will ensure effective communication, patient care, and patient safety.
Completion Date	5/26/2023



Evidence of Completion-Monitoring	<ul style="list-style-type: none"> • New Triage/Charge Nurse Handoff Tool <ul style="list-style-type: none"> ○ The use of the handoff tool will be audited twice a day for one month until there is 100% compliance. Auditing will transition to 5 random spot checks for the following 3 months. ○ The audits will look for utilization of the tool, patients identified correctly, and whether appropriate plans were coordinated and validated along with the triage/charge nurses' awareness of patients' status and plan. ○ Auditing of the new tool began on 5/9. • All registered nurses in the emergency department, including agency staff, will receive e-learning providing nursing staff examples of high-risk patients, examples of appropriate interventions for these patients and an escalation pathway to ensure the safest environment within the emergency department is provided for all patients. Additionally, it will educate staff on new handoff tools being utilized by triage and charge nurses for high risks patient identification. <ul style="list-style-type: none"> ○ PROGRESS: <ul style="list-style-type: none"> ■ As of 5/26/2023, 100% of working registered nurses in the emergency department have completed mandatory learning. (87% of RN workforce = 138) ■ For RN staff who are on leave of absence or have not worked since 5/10/2023, (13% of RN workforce = 20), the following process is in place to assure compliance: <ul style="list-style-type: none"> • Staff will be notified by Nurse Manager / Supervisor or designee, on their return day that they need to complete the education prior to starting their shift. • Non-completion of mandatory education identified by nurse managers/supervisors will result in removal of staff from the schedule until completion of the education requirement. <ul style="list-style-type: none"> ○ PROGRESS: <ul style="list-style-type: none"> ■ No staff were removed from schedule because 100% of working nurses have completed e-learning prior to working their first scheduled shift after 5/10/23.
Responsible Person	Olivia Ajja – Vice President of Operations
Finding (Tag #)	A 144 - The patient has the right to receive care in a safe setting. <ul style="list-style-type: none"> • The hospital failed to ensure 1 of 1 patients (P1) with known, obvious cognitive impairment was assessed for safety and/or supervision needs, and had appropriate interventions placed to ensure safety and prevent elopement from the hospital setting. P1 subsequently eloped while waiting for care in the emergency department (ED) and was found several





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	blocks away from the medical-campus, several hours later and with early signs of hypothermia.
Clearly state the specific nature of the corrective actions for each deficiency.	For response to Tag A 144, please see UMMC's response to Tag A 115 above
Explain how your plan/action will prevent recurrence	For response to Tag A 144, please see UMMC's response to Tag A 115 above
Completion Date	For response to Tag A 144, please see UMMC's response to Tag A 115 above
Evidence of Completion-Monitoring	For response to Tag A 144, please see UMMC's response to Tag A 115 above
Responsible Person	For response to Tag A 144, please see UMMC's response to Tag A 115 above





Protecting, Maintaining and Improving the Health of All Minnesotans

May 18, 2023

Administrator
M Health Fairview University of MN
2450 Riverside Avenue
Minneapolis, MN 55454

RE: Event ID: ZLRB11

Dear Administrator:

On May 10, 2023, a survey was completed at your facility for the purpose of assessing compliance with State standards for licensure based on Minnesota Statutes §144.55, Subd. 3.

We are pleased to inform you that this survey resulted in no deficiencies being issued.

Enclosed is your copy of 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.

Sincerely,

A handwritten signature in black ink that reads "Kamala Fiske-Downing".

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us

cc: Licensing and Certification File 0980

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00200	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/10/2023
NAME OF PROVIDER OR SUPPLIER M HEALTH FAIRVIEW UNIVERSITY OF MN		STREET ADDRESS, CITY, STATE, ZIP CODE 2450 RIVERSIDE AVENUE MINNEAPOLIS, MN 55454		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
6 000	<p>INITIAL COMMENTS</p> <p>In accordance with MN State Statute 144.55 Subd 3., for the purpose of hospital licensure, the commissioner of health shall use as minimum standards the hospital certification regulations.</p> <p>On 5/8/23 to 5/10/23, a substantial allegation survey was conducted by surveyors from the Minnesota Department of Health (MDH) to investigate an alleged violation of State requirements for Hospital Licensure, specifically pertaining to the Condition of Participation of Patient Rights at 42 CFR 482.13.</p> <p>Please refer to CMS-2567 for additional information.</p>	6 000		

Minnesota Department of Health

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

TITLE

(X6) DATE

05/30/23