

Office of Health Facility Complaints Investigative Report PUBLIC

Facility Name: Neilson Place			Report Number: H5039013	Date of Visit: February 14, 15, and — 16, 2017		
Facility Address: 1000 Anne Street NW		Time of Visit: 6:00 p.m. to 8:30 p.m.	Date Concluded: April 17, 2017			
Facility City: Bemidji			8:00 a.m. to 4:30 p.m. 8:00 a.m. to 1:15 p.m.	——————————————————————————————————————		
State: Minnesota	ZIP: 56601	County: Beltrami	Investigator's Name and Jessica Sellner, RN	Title:		

Nursing Home

Allegation(s):

It is alleged that a resident was emotionally abused by staff when staff asked the resident questions about whether or not the camera in the residents room was on.

It is alleged that a resident was neglected when staff left the resident wet and soiled without providing assistance to the resident and the resident had bedsores in areas covered by the incontinence brief. The resident required a specific sling for transfers which has not been ordered resulting in the resident almost falling out of the sling during a transfer.

- ▼ Federal Regulations for Long Term Care Facilities (42 CFR Part 483, subpart B)
- ▼ State Licensing Rules for Nursing Homes (MN Rules Chapter 4658)
- State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557)
- **▼** State Statutes Chapters 144 and 144A

Conclusion:

Based on a preponderance of evidence, abuse occurred when, under the direction of administration, facility staff constantly questioned the resident, significantly decreased interactions with the resident, and treated the resident differently after the resident installed a video camera in their private room to feel safe. Facility staff were directed by administration to ask the resident about turning the camera off every time they provided cares, and if the resident said no staff were instructed to tell the resident s/he would need to be moved to another room for cares to be performed. The resident told multiple staff s/he did not want to be constantly asked about the video camera.

The resident required extensive assistance from staff for all transfers and activities of daily living. The resident signed a notarized consent requesting a video camera be installed in his/her room. The consent indicated the resident did not want to discuss the video camera and requested staff to not pressure the resident into turning the camera off.

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Staff were directed by administration every time they went into the resident's room to ask if they may turn the camera off while providing cares as the camera made staff uncomfortable. If the resident refused to have the camera turned off, staff were directed to inform the resident they would need to bring him/her into another room to provide cares. Review of the residents progress notes indicated multiple conversations staff had with the resident regarding the residents mental anguish related to staff treatment of the resident after the video camera was installed. The progress notes indicated the resident was tearful, felt staff treated him/her differently due to the video camera, and staff interaction had lessened due to the video camera.

When interviewed, the resident stated s/he installed the video camera in his/her room because of how the facility staff treated the resident, not providing cares including wound cares and incontinence cares, along with not providing cares timely. The resident did not want to be asked about the video camera by facility staff. S/he stated that staff started to treat him/her differently after the camera was installed, the resident felt like s/he was being ignored. The resident stated the video camera made him/her feel safe and s/he had made it clear to staff that s/he did not want to be asked about the camera every time staff came into his/her room. The resident stated that staff do not talk to him/her like they used to before the installation of the camera, and would ask about turning the camera off even before they were all the way in his/her room. The resident stated this treatment by the facility staff caused him/her to become emotionally upset.

When interviewed, 11 staff stated the resident told staff s/he did not want to discuss the video camera, however, staff were instructed by administration to ask the resident about the camera every time they provided cares. Staff stated they treated the resident differently after the video camera was installed by not going into the resident's room as much, not engaging in conversations with the resident, and by only focusing on providing care and then promptly leaving the resident's room. Staff felt they needed to watch what they were saying to the resident because of the camera.

Other allegations regarding the resident not being changed timely, skin care, a near fall, and ordering of a proper sling were reviewed. The resident had an individualized comprehensive assessment completed for toileting, turning and repositioning, and pressure ulcers. Interventions were developed and implemented by staff according to the assessment and according to the needs of the resident. Incontinence care was provided to the resident following the resident's care plan.

The residents medical record was reviewed for the last year and no near fall was documented from the sling. Staff were interviewed and facility incident reports were reviewed. There was no documentation regarding a near fall from the sling. Staff stated the sling used for transfers with the resident was a universal sling, and had been assessed as safe for the resident to use. The resident was interviewed and had no safety concerns regarding the mechanical lift and sling.

Minnesota Vulne	Minnesota Vulnerable Adults Act (Minnesota Statutes, section 626.557)					
Under the Minnesota Vulnerable Adults Act (Minnesota Statutes, section 626.557):						
Abuse	☐ Neglect	☐ Financial Exploitation				

	☐ Not Substantiated	☐ Inconclusive based on the following information:
Neglect is not substa	ntiated	
Mitigating Factors: The "mitigating factor determined that the [Abuse [Administration instruation that the calculus and calculus an	rs" in Minnesota Statutes, secti Individual(s) and/or I Faci Neglect I Financial Explorated facility staff to ask the resembers off, and instructed staff to	on 626.557, subdivision 9c (c) were considered and it was lity is responsible for the pitation. This determination was based on the following: sident every time they went into the resident's room tell the resident s/he would need to be moved to used to have the camera turned off. This treatment
substantiated against possible inclusion of	will be notified of their right to an identified employee, this rep the finding on the abuse registr	o appeal the maltreatment finding. If the maltreatment is port will be submitted to the nurse aide registry for y and/or to the Minnesota Department of Human Services provisions of the background study requirements under
Compliance:		
		2 CFR, Part 483, subpart B) - Compliance Not Met r Long Term Care Facilities (42 CFR, Part 483, subpart B),
Deficiencies are issue	ed on form 2567: 🗷 Yes	□ No
(The 2567 will be ava	ilable on the MDH website.)	
		Chapter 4658) - Compliance Not Met ursing Homes (MN Rules Chapter 4658) were not met.
State licensing orders	s were issued: 🗵 Yes	□ No
(State licensing order	s will be available on the MDH	website.)
	•	es, section 626.557) - Compliance Not Met ole Adults Act (MN Statutes, section 626.557) were not
State licensing orders	s were issued: X Yes	□ No
(State licensing order	s will be available on the MDH	website.)
•	ers 144 & 144A – Compliance N Ider State Statues for Chapters	•
State licensing orders	s were issued: X Yes	□ No
(State licensing order	s will be available on the MDH	website.)

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Compliance Notes:	
Facility Corrective Action: The facility took the following corrective action(s):	
Definitions:	
Minnesota Statutes, section 626.5572, subdivision 2 - Abu	<u>se</u>
"Abuse" means:	
(b) Conduct which is not an accident or therapeutic conductor could reasonably be expected to produce physical pain or injury of the following:	· · · · · · · · · · · · · · · · · · ·
(2) use of repeated or malicious oral, written, or gestured treatment of a vulnerable adult which would be considered by a rhumiliating, harassing, or threatening.	
Minnesota Statutes, section 626.5572, subdivision 19 - Sub	ostantiated
"Substantiated" means a preponderance of the evidence sho maltreatment occurred.	

<u>Document Review</u>: The following records were reviewed during the investigation:

The Investigation included the following:

Medical Records

Care Guide

X

x	Medication Administration Records
X	Weight Records
X	Nurses Notes
X	Assessments
X	Physician Orders
X	Treatment Sheets
X	Physician Progress Notes
X	Care Plan Records
X	Social Service Notes
X	Skin Assessments
X	Facility Incident Reports
X	Laboratory and X-ray Reports
X	Therapy and/or Ancillary Services Records
X	ADL (Activities of Daily Living) Flow Sheets
Oth	er pertinent medical records:
X	Hospital Records
Ado	litional facility records:
X	Resident/Family Council Minutes
X	Staff Time Sheets, Schedules, etc.
x	Facility Internal Investigation Reports
X	Facility Policies and Procedures
Nur	mber of additional resident(s) reviewed: Three
Wei	re residents selected based on the allegation(s)? Yes NO N/A
Spe	cify:
We	re resident(s) identified in the allegation(s) present in the facility at the time of the investigation?
• '	∕es ○ No ○ N/A
Spe	cify:
4	
TOWNSE	erviews: The following interviews were conducted during the investigation: erview with complainant(s) Yes No N/A
	ecify:
•	nable to contact complainant, attempts were made on:

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Date:	Time:	Date:	Time:	Date:	Time:
Interview w	ith family: Yes		M/A Specify:		
Did you inte	erview the resident	t(s) identified in al	legation:		
	⊃ No O N/A		_		
_	erview additional r		○ No		AAA
•	er of resident inte	_			
Interview w	ith staff: Yes	○ No ○ N/	A Specify:		
Tennessen	Warnings				
Tennessen \	Warning given as r	equired: 💿 Yes	○ No		
Total numb	er of staff intervie	ws: <u>12</u>			
Physician In	terviewed: OYes	o No			
Nurse Pract	itioner Interviewe	d: ○Yes ⊙	No		
Physician As	ssistant Interviewe	ed: ○Yes •	No		
Interview w	ith Alleged Perpet	rator(s): O Yes	○ No • N/A	Specify:	
Attempts to	contact:			-	
Date:	Time:	Date:	Time:	Date:	Time:
If unable to	contact was subp	 pena issued: ○ Y	es, date subpoena	was issued	
Were conta	cts made with any	of the following:			
☐ Fmerge	ency Personnel	Police Officers	☐ Medical Exam	niner 🗍 Other:	Specify

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Obs	ervations were conducted related to:
X	Personal Care
X	Nursing Services
X	Call Light
X	Infection Control
X	Use of Equipment
X	Cleanliness
X	Dignity/Privacy Issues
X	Safety Issues
X	Transfers
X	Facility Tour
X	Incontinence
Was	s any involved equipment inspected: Yes No N/A
Was	s equipment being operated in safe manner: Yes No N/A
Wei	re photographs taken: Yes ONO Specify: Administration instruction for staff on video camera
cc:	
Hea	olth Regulation Division - Licensing & Certification
Mir	nnesota Board of Examiners for Nursing Home Administrators
The	Office of Ombudsman for Long-Term Care
Ber	nidji Police Department
Ber	nidji City Attorney
Bel	trami County Attorney

PRINTED: 05/26/2017 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION					
		245039	B. WING_		ı	C /23/2017
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 ANNE STREET NORTHWEST BEMIDJI, MN 56601		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO' CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 000	INITIAL COMMENT	ΓS	F 00	00		
F 151 SS=G	to investigate case following deficiencie	HT TO EXERCISE RIGHTS -	F 15	51		3/17/17
		e right to exercise his or her of the facility and as a citizen				
	can exercise his or	ust ensure that the resident her rights without interference, ation, or reprisal from the				
	interference, coercifrom the facility in e to be supported by his or her rights as This REQUIREMEN by:	has the right to be free of on, discrimination, and reprisal xercising his or her rights and the facility in the exercise of required under this subpart. IT is not met as evidenced				
	review, the facility faresidents reviewed, as a resident of the video camera in her order to feel safe. F	ion, interview, and document ailed to ensure that 1 of 3 R1, could exercise her rights facility when she installed a private room on 2/1/2017 in R1 stated after the facility camera she felt staff treated				
	her differently. As a facility administratio entering the resident the camera off while me feel uncomforta directed to tell the re	a result of the camera the in directed all staff upon it's room to state, "May I turn it's roo				
AROBATORY		FR/SUPPLIER REPRESENTATIVE'S SIGN	IATLIDE	TITLE		(X6) DATE

04/05/2017

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.

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	EICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		245039	B. WING				C 23/2017
NAME OF PROVIDER OR SUPPLIER NEILSON PLACE				100	REET ADDRESS, CITY, STATE, ZIP CODE DO ANNE STREET NORTHWEST MIDJI, MN 56601		
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F 151	resulted in actual h psychosocial harm questioning the rescamera in her room. Findings include: R1's care plan date required total staff daily living (ADL's) eating. R1 required for all transfers. During observation was in her room lay was a notarized do family member (FN Electronic Monitorinhad given consent camera in her room staff members resport the device and notamper with the deverse ment of the device and notamper with the deverse ment of the pressure ment of the prevent maltreatment ouring observation small plastic daisyst front of the resident camera in the center R1's Progress Notation staff had spokyideo camera was the resident. R1 has specificated in the center of the resident. R1 has specificated in the resident. R1 has specificated in the center of the resident. R1 has specificated in the resident in the re	room to provide care. This arm for R1 who experienced related to staff constantly ident about her right to have a n. ed 2/4/17, indicated R1 assistance with all activities of and assist of one staff with d a total body mechanical lift on 2/14/16, at 6:30 p.m. R1 ving in bed. On the wall there cument signed by R1 and 1)-D titled, Consent Tong. The consent indicated R1 to placement of the video n, and indicated, "I ask that bect my consent to placement of talk to me about the device, vice, remove the device, or n off the device. The device is r understand my care and to ent of me by staff and others." of R1's room, there was a sitting on a small end table in its bed which contained a video	F	151			

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245039	B. WING				C 23/2017
NAME OF PROVIDER OR SUPPLIER NEILSON PLACE			STREET ADDRESS, CITY, STA 1000 ANNE STREET NORT BEMIDJI, MN 56601		, V2.	20/2011	
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F 151	R1's Progress Note indicated R1, "Was nurse] wiped tears is she was so upset. staff were upset wit RN assured her this concerned for her aperforming cares wis angry with the resinteractions have le camera." The progresident, "Said this has changed how it again. RN explaine she is too distresse may ask permission disable it. Unplug it R1's Progress Note indicated the nurse mental evaluation or crying and stated, "because of the camera it is not alw position. The Progrest Note indicated the director of FM-D's request to pand the DON instruction assessment, staff as	e dated 2/4/17, at 10:30 a.m. very tearful. RN [registered with cool cloth and asked why Resident stated that she felt h her because of the camera. It was not the case. Staff are and feel uncomfortable ith a video recording. No one sident. Resident feels assened because of the video ress note also indicated the is her home and the camera are feels here. She began to cry ted that if the time comes that d about the camera, staff RN in, on camera, to permanently the time comes that d about the camera, at feels here. It was completing a mood and and an R1 and the resident started People treat her differently	F 1	51			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '			TE SURVEY MPLETED
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F 151	R1's current Nursin the nursing assistar on residents) dated to visit with staff." During observation handwritten pieces the nurses station opaper directed staff ask the following quamera off while I wuncomfortable?" If were directed to tur resident responded respond, "Then I wanother area." Stafe EVERY time you as get for a response." R1's data collection contained boxes whyou asked R1, time what you ask, and a data collection inclu 2/1/17, at 4:45 p.m. consent to the camera but I [the camera] becau [the consent]." The documented as, "SI 2/2/17, at 3:30 p.m. Refused and said we to turn it off." The mp.m. on 2/2/17, whice want the camera of agreed to turn the consent of the camera of agreed to turn the camera of the camera of agreed to turn the camera of agreed to turn the camera of the camera of agreed to turn the camera of the camer	covered with red hanky while ed." g Assistant care sheet (what its use to know specific cares 2/10/17, indicated R1 "Loves on 2/14/17, at 7:00 p.m. four of paper were hung up behind in R1's unit. The handwritten when going into R1's room to destions. "May I turn the vork with you as it makes me the resident said yes staff in the camera off. If the no, staff were directed to ould like to do your cares in f were directed to, "Document k this question and what you The other papers were titled for the camera, and what was R1's response to action taken. Some of the	F 1	51		

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (XD PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED C			
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F 151	around." 2/6/17, at 5:55 p.m. they could cover the was documented as asks that you know own place. That's vaction taken was st makes me uncomforcares with the came 2/9/17, at 4:30 p.m. camera, I feel unco requested staff use the camera. A hospital progress R1 was ill in Novem and early January 2 At that time she was or legal decisions, hand orientated and delirium had resolved. When interviewed a stated R1 liked to just the camera every the stated R1 liked to just the camera every the first the vide staff would not stop requested the facility and the camera every the first the vide staff would not stop requested the facility and the camera every the first the vide staff would not stop requested the facility and the camera every the first the vide staff would not stop requested the facility and the camera every the facility and the vide staff would not stop requested the facility and the camera every the facility and the vide staff would not stop requested the facility and the camera every the facility and the vide staff would not stop requested the facility and the vide staff would not stop requested the facility and the vide staff would not stop requested the facility and the vide staff would not stop requested the facility and the vide staff would not stop requested the facility and the vide staff would not stop requested the facility and the vide staff would not stop requested the facility and the vide staff would not stop requested the facility and the vide staff would not stop requested the facility and the vide staff would not stop requested the facility and the vide staff would not stop requested the facility and the vide staff would not stop requested the facility and the vide staff would not stop requested the facility and the vide staff would not stop requested the facility and the vide staff was a vide vide vide vide vide vide vide vide	and could turn camera - Staff asked the resident if e camera up. R1's response s, "You're the only one who . If you don't like it open your what they tell you to say." The aff responding to R1, "Well, it ortable." Staff proceeded to do era covered. - "Is it okay if I turn the mfortable." The resident the red handkerchief to cover note dated 2/6/17, indicated ther 2016, December 2016, 017, with a chronic infection. Is unable to make any medical nowever, she was now alert it appeared the confusion and	F1	151			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 151	FM-D brought in a camera when staff ensure the resident the time staff just to the handkerchief. When interviewed clicensed practical nocamera was discovabout a month agocamera was found, placed by family on LPN-M stated staff the video camera of a few weeks ago it camera away from towards the wall. Lorequested staff to just of moving it or turnic directed by administs shut if off. LPN-M staget and the residual camera. LPN-M staget and the residual camera to find the stafet and staff were conversible to find a supposition of the staff camera and often roan cover it!" NA-E	after cares are complete. red handkerchief to cover the are providing cares to R1 to as privacy, however, most of arn the camera and will not use on 2/14/17, at 7:05 p.m. urse (LPN)-M stated the video ered hidden in R1's room About a week after the the daisy video camera was R1's end table in her room. were initially instructed to turn ff while in R1's room, and then changed to just turning the the resident and point it PN-D stated FM-D had ast cover the camera instead ing it off, but staff were tration to turn the camera or stated she was aware R1 was ent had cried about the video ated R1, "Was in a difficult ti toff; [FM-D] wants it on- the en." Administration told staff to be videotaped, and LPN-M onfused because they didn't be turning the camera,	F 1	51		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIF A. BUILDING	(X3) DATE SURVEY COMPLETED			
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10 101	NOVIDEN ON OUT FIELD			1000 ANNE STREET NORTHWEST		
NEILSON	N PLACE			BEMIDJI, MN 56601		
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F 151	taped during cares. instruction provided During interview on stated the video car "Causing a lot of co were NA's in the fact provide cares to R1 room. NA-F stated uncomfortable doing and turns it towards directed by administ cognitively intact an resident; we tell her are uncomfortable with any videotaping and videotaped. DON shad been instructed turning off the video cares. DON stated didn't come around the video camera with were directed to ask camera off, and if retake the resident to cares. DON stated the notarized consesigned by R1, howe having it reviewed to document. DON stamiddle," between har room, and staff not the room.	cause we don't want to be "NA-E stated this was the by administration to staff. 2/14/17, at 7:45 a.m. NA-F mera in R1's room was, mmotion." NA-F stated there cility who did not want to and "steer clear" of R1's she tells R1 she is g cares with the video camera the wall as she had been tration. NA-F stated R1 was d, "This is too hard on the every time we do cares we with the camera." 2/15/17, at 8:50 a.m. director a facility policy did not allow a staff had the right not to be tated for staff protection they to ask the resident about a camera every time they do she was aware R1 felt staff as much to talk with her since as in place. DON stated staff as the resident to turn the video esident refused, they would another room to provide administration was aware of the video camera ver, the facility is currently one sure it is a legal and R1 was "Caught in the aving the video camera in her wanting the video camera in her wanting the video camera in	F 151			
	room, and staff not the room.					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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F 151	video camera in he ask her about the v do what they want, keep being asked!" differently because are, "Cold; staff ignicamera." R1 stated and joke and talk w staff were even all t what she wanted, the video camera off. If made her feel safe, ago one of the nurs morning long about stated she finally re turn the camera off talks and talks about okay, however, staff day, everyday. R1 swhen staff constant because, "They [state During a follow up in a.m. DON stated she the resident wanted room, and staff wou be turning the came instead of asking the stated they were go staff don't have to a constantly, but she input. During interview on stated she had been ask R1 to turn the cuncomfortable with	"everyone" she is fine with the room. R1 stated when staff ideo camera she tells them to "I am sick of it- I don't want to R1 stated staff treat her of the video camera and they ore me; they don't like the d staff don't stay in her room ith her anymore, and before he way in her room and knew ney were asking to turn the R1 stated the video camera R1 stated a couple weeks es was, "In my face all the damn camera." R1 sponded to the nurse to either or get rid of it. R1 stated she at the camera and says it is f continue to ask about it all stated, "It pisses me off," by talked about the camera iff] know the routine!" Interview on 2/15/17, at 10:40 the had just spoke with R1 and the video camera in her ald now just tell R1 they would be resident every time. DON ing to make this change so sk R1 about the camera will still have a chance to give 2/15/17, at 11:00 a.m. NA-G in directed by administration to amera off because she was it on, and if the resident take her to another room and	F 1	151			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245039	B. WING		C 02/23/2017	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COE 1000 ANNE STREET NORTHWEST BEMIDJI, MN 56601		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI ((EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 151	told her she was saher differently when stated she was away were nervous about video camera. When interviewed of stated when she gother resident to turn matter what." When interviewed of stated when she protected to the resident she is recared with the video camera towards the asked her to cover handkerchief insteas she told the resident administration to turn NA-I stated R1 told to deal with talking at the word with the turning it towards told her she feels should have to watch what camera is on. LPN-treating the resident have to watch what camera is on. LPN-treating the resident have to watch what camera is on. LPN-treating the resident have to watch what camera is on. LPN-treating the resident have to watch what camera is on. LPN-treating the resident have to watch what camera is on. LPN-treating the resident have to watch what camera is on. LPN-treating the resident have to watch what camera is on. LPN-treating the resident have to watch what camera is on. LPN-treating the resident have to watch what camera is on. LPN-treating the resident have to watch what camera is on.	G stated R1 was teary and d because she felt staff treat they go into her room. NA-G are some of the newer staff t going into R1's room with the on 2/15/17, at 11:15 a.m. NA-H es into R1's room she asks the camera and, "Turns it no on 2/15/17, at 11:30 a.m. NA-I evided cares to R1 she tells not comfortable providing camera on and she turns the e wall. NA-I stated when R1	F 1	51		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	245039	B. WING		1	C 23/2017	
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 021	23/201/	
NEILSON PLACE			1000 ANNE STREET NORTHWEST BEMIDJI, MN 56601			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC ((EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)) BE	(X5) COMPLETION DATE	
When interviewed of manager (UM)-K start if they could turn and if R1 said no stawill do cares in another the issues with the more confused and our joking relationsh nervous with the catreat the resident different camera made staff aware she didn't go she did prior to the vall the direction staff the camera was directly would be turning doing cares, and if they would be turning cares, and if they would be turning cares, and if they would be turning to another resident to another resident to another resident to another range and they would be camera turned another room to have the camera turn another room to have stated she spoke with the camera stay in the room where cares. When interviewed of worker (SW)-N state R1 they were not convict towards the wall, would bring the resident resident towards the wall.	ge 9 amera turned towards the wall. on 2/15/17, at 12:15 p.m. unit ated staff were directed to ask in the camera for their privacy, aff would tell the resident they ther room. UM-K stated she the video camera made R1 guarded, and, "We have lost inip." UM-K stated staff get into R1's room as much as video camera. UM-K stated the video uncomfortable, and she was into R1's room as much as video camera. UM-K stated if had been given regarding ected by administration. on 2/15/17, at 1:00 p.m. RN-L in had directed staff to tell R1 ing the video camera while the resident did not want the ind, staff would need to take the room to do cares privately. In weeks ago R1 had refused to rined and would not go to we cares provided. RN-L with R1 and the resident agreed to be turned if RN-L would en the aides were providing. If the resident refused, staff dent to another room to SW-N stated after the video.	F 1:	51			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		245039	B. WING		1	C / 23/2017
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 ANNE STREET NORTHWEST 3EMIDJI, MN 56601	1 021	23/2017
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F 151	change in behavior change was because of the estated recently R1 in the DON was assechanges in behavior had agreed to the obeen installed, and "Unfairly put in the still goes out to the but, "She is being the SW-N stated staff of the video camera are respect the staff rig providing cares. When interviewed administrator stated to alert the resident possible audio and video camera toward administrator stated directed to turn the providing cares instanced to ask the camera when doing uncomfortable being administrator stated signed a notarized however, that was a facility's legal team cognition varied at the state of the providing care in the providing cares in the residents life was constantly asking the camera when doing uncomfortable being administrator stated signed a notarized those very that was a facility's legal team cognition varied at the state of the providing care in the providing	rered, the resident had a . SW-N was not sure if the se of the actual video camera affects of the camera. SW-N had refused to talk with her, so ssing the resident and or. SW-N stated the resident camera since the camera had she felt the resident was, middle." SW-N stated the R1 dining room and activities, reated differently in her room." seel "threatened" because of and the facility needed to hts to not be videotaped while on 2/16/16, at 10:40 a.m. the diadministration directed staff ashe was on camera and staff would be turning the resident wall. However, the distribution the previous day staff were video camera off when seed of asking the resident. It atted this change was made of aware until the previous day as being affected by staff he resident about the camera. It atted staff were originally resident if they could turn the grares because they were	F 151			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 -	IPLE CONSTRUCTION NG	COMPLETED		
		245039	B. WING _			C 23/2017
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 ANNE STREET NORTHWEST BEMIDJI, MN 56601		
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F 151	administrator stated discussed the conswith the resident ar The administrator stated video camera had basis by multiple states why no one had brostaff treatment was the previous day, 2 weeks after the video. The facility policy till Imagining, Patient, Enterprise, revised monitoring by family must be approved by friends should be in monitor must be for cannot be placed in or other patients or may ask the individing recording at any timestate how the resident 483.12(a)(1) FREE ABUSE/INVOLUNT 483.12 The resident has the neglect, misapproping and exploitation as includes but is not I corporal punishmer any physical or chetreat the resident's 483.12(a) The facility 483.12(a) The faci	al legal document. The da few weeks ago staff had sent to electronic monitoring and she understood at that time. Stated the situation with the been assessed on a daily aff, however, she was unsure bught to her attention the effect having on the resident until (15/17, approximately three eo camera had been in place.) Ited, Photography and Video Visitor, Workforce Memberon 2/3/17, indicated Video y/ friends in a patients room by the bedside nurse. Family/ approximately three eo camera had been in place. Ited, Photography and Video Visitor, Workforce Memberon 2/3/17, indicated Video y/ friends in a patients room by the bedside nurse. Family/ approximately three ends in a position that captures or the cused only on the patient and a position that captures staff activities in the room. Staff unal to stop taking pictures or the facility policy does not ent's rights will be protected. FROM TARY SECLUSION TARY SECLUSION TARY SECLUSION This imited to freedom from a from the patient and the resident property, defined in this subpart. This imited to freedom from and mical restraint not required to symptoms.	F 15			3/17/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		245039	B. WING			C / 23/2017
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 ANNE STREET NORTHWEST BEMIDJI, MN 56601	1 021	23/2017
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPED DEFICIENCY)) BE	(X5) COMPLETION DATE
F 223	Continued From pa	ge 12	F 22	3		
	seclusion; This REQUIREMEN by: Based on observat review, the facility for reviewed, R1, was to a video camera in hisafe. The staff wer ask the resident the camera every time provide care. The staff resident that if the camera off they won another room to pro- multiple occasions of the resident about to the resident stated the significantly decreas camera. Staff treat	NT is not met as evidenced ion, interview, and document ailed to ensure 1 of 3 residents free from abuse. R1 installed the room on 2/1/2017 to feel the directed by administration to a same question about the they entered the room to estaff were also directed to tell they were not able to turn the ailed take the resident to evide care. R1 was tearful on the due to staff constantly asking the camera left on. The staff's interactions with her seed after the installation of the ment of the resident resulted 1.1 who experienced mental				
	Findings include:					
	required total staff a daily living (ADL's) a	d 2/4/17, indicated R1 assistance with all activities of and assist of one staff with a total body mechanical lift				
	was in her room lay was a notarized doo family member (FM Electronic Monitorin had given consent t	on 2/14/16, at 6:30 p.m. R1 ing in bed. On the wall there cument signed by R1 and)-D titled, Consent To g. The consent indicated R1 o placement of the video , and indicated, "I ask that				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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TW WILL OF T	NOVIDEN ON OUT LIEN				1000 ANNE STREET NORTHWEST		
NEILSON	N PLACE				BEMIDJI, MN 56601		
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F 223	of the device and not tamper with the device pressure me to turn being used to better prevent maltreatme. During observation small plastic daisy is front of the resident camera in the center. R1's Progress Note p.m. staff had spoke video camera was puthe resident. R1 has for the video camera in R1's room. R1's Progress Note indicated R1, "Was nurse] wiped tears with the resident was so upset. It is staff were upset with RN assured her this concerned for her a performing cares with it is angry with the resinteractions have less camera." The progresident, "Said this is has changed how it again. RN explaine she is too distressed may ask permission disable it. Unplug it R1's Progress Note	dect my consent to placement of talk to me about the device, rice, remove the device, or off the device. The device is runderstand my care and to ent of me by staff and others." of R1's room, there was a sitting on a small end table in seed which contained a video er of the flower. Is indicated on 2/1/17, at 3:50 en with FM-D who stated a put into R1's room to protect and signed a notarized consent a and the paper was hanging I dated 2/4/17, at 10:30 a.m. very tearful. RN [registered with cool cloth and asked why Resident stated that she felt in her because of the camera. It is was not the case. Staff are not feel uncomfortable with a video recording. No one sident. Resident feels seened because of the video ress note also indicated the is her home and the camera feels here. She began to cry did that if the time comes that did about the camera, staff RN in, on camera, to permanently, remove batteries."	F 2	223			
	indicated the nurse	was completing a mood and n R1 and the resident started					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		245039	B. WING			C 02/23/2017	
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F 223	crying and stated, "because of the cam R1's Progress Note indicated FM-D call staff put a tissue ov of turning the came camera it is not alw position. The Progrealled the director of FM-D's request to pand the DON instruction to the camera so we note indicated, "Prior to hassessment, staff at the camera covered peeking." Camera of resident was exposed.	People treat her differently lera in her room." dated 2/8/17, at 1:30 p.m. led the facility and requested ler the video camera instead ra because when staff turn the lays turned back in the right less Note indicated the nurse for nursing (DON) regarding let a tissue over the camera, cted, "The lawyer said to turn leed to stick to what they say." dated 2/14/17, at 8:31 p.m. less and les	F 2	223			
	on residents) dated to visit with staff." During observation handwritten pieces the nurses station opaper directed staff ask the following queamera off while I wuncomfortable?" If were directed to turn resident responded respond, "Then I we another area." Staff EVERY time you as	on 2/14/17, at 7:00 p.m. four of paper were hung up behind in R1's unit. The handwritten when going into R1's room to estions. "May I turn the ork with you as it makes me the resident said yes staff in the camera off. If the no, staff were directed to build like to do your cares in were directed to, "Document k this question and what you The other papers were titled					

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '	LTIPLE CONSTRUCTION DING			E SURVEY PLETED
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NEILSO	N PLACE			1000 ANNE STREET NORTHWEST BEMIDJI, MN 56601			
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F 223	R1's data collection contained boxes whyou asked R1, time what you ask, and data collection included 2/1/17, at 4:45 p.m. consent to the camera but I [the camera] becaute [the consent]." The documented as, "S 2/2/17, at 3:30 p.m. Refused and said who to turn it off." The rep.m. on 2/2/17, whi want the camera of agreed to turn the cresponse was, "Aginurse] in the room around." 2/6/17, at 5:55 p.m. they could cover the was documented a asks that you know own place. That's action taken was st makes me uncomforcares with the camera. A hospital progress R1 was ill in Novemand early January 2 At that time she was or legal decisions, I	in for the camera, and hich were titled, quote what it, what was R1's response to action taken. Some of the addd: - Staff stated to R1, "I don't itera you might have consented don't. I stated I can't turn it off itse of the papers in her room itersident response was he stated then turn it off." - "Asked to turn off camera. It we were the first people to ask it next entry was made at 4:12 ich indicated, "Resident didn't it for to go to another room but it camera." The resident reed to have RN [registered and could turn camera. - Staff asked the resident if it is camera up. R1's response is, "You're the only one who it. If you don't like it open your what they tell you to say." The reaff responding to R1, "Well, it is ortable." Staff proceeded to do	F2	223			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (V4) PROVIDED SUBBLIED OF THE PROVIDED SUBBLIED SU

	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING			COMPLETED	
		245039	B. WING			1	C 23/2017
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F 223	delirium had resolv When interviewed stated since R1 had room, staff treated stated R1 liked to jo however, since place staff only focused of avoid conversation FM-D stated R1 was differently and did resolved the camera every tiff FM-D stated R1 had and talked to multipagrees with the videstaff would not stop requested the facilities ide, or shut it off, it the correct position FM-D brought in a camera when staff ensure the resident the time staff just to the handkerchief. When interviewed colicensed practical in camera was discovabout a month ago, camera was found, placed by family on LPN-M stated staff the video camera of a few weeks ago it camera away from towards the wall. Life requested staff to just of moving it or turnity of the video taff to just of moving it or turnity of the video taff to just of moving it or turnity of the video taff to just of moving it or turnity of the video taff to just of moving it or turnity of the video taff to just of moving it or turnity of the video taff to just of moving it or turnity of the video taff to just of moving it or turnity of the video taff to just of moving it or turnity of the video taff to just of moving it or turnity of the video taff to just of moving it or turnity of the video taff to just of moving it or turnity of the video taff to just o	-	F 2	23			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILDI	TIPLE CONSTRUCTION OING		(X3) DATE SURVEY COMPLETED		
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NAME OF	PROVIDER OR SUPPLIER	243039	B. WING	STREET ADDRESS, CITY, STATE, ZIP C	ODE	02/	23/2017
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F 223	shut if off. LPN-M supset and the residence amera. LPN-M staspot; we [staff] wan resident is in betwee they had a right not stated staff were coknow if they should shutting it off, or community with the staff camera and often recan cover it!" NA-ER1's room she says it [video camera] be taped during cares. Instruction provided During interview on stated the video care "Causing a lot of community were NA's in the fact provide cares to R1 room. NA-F stated uncomfortable doing and turns it towards directed by administ cognitively intact an resident; we tell her are uncomfortable with any videotaping and the stated the stated the stated and the stated the stated and the stated the stated and	stated she was aware R1 was ent had cried about the video ated R1, "Was in a difficult tit off; [FM-D] wants it on- the en." Administration told staff to be videotaped, and LPN-M infused because they didn't be turning the camera, wering it up. On 2/14/17, at 7:30 p.m. NA)-E stated she was directed go to cover the camera when R1. NA-E stated R1 gets when they ask about the esponds, "Yes! You know you stated when she goes into to the resident, "Can I cover cause we don't want to be "NA-E stated this was the by administration to staff. 2/14/17, at 7:45 a.m. NA-F mera in R1's room was, mmotion." NA-F stated there cility who did not want to and "steer clear" of R1's she tells R1 she is g cares with the video camera the wall as she had been tration. NA-F stated R1 was d, "This is too hard on the every time we do cares we	F 2	223			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		245039	B. WING			C 02/23/2017	
NAME OF	PROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE	1 021	20/2017
NEILSO	N PLACE				1000 ANNE STREET NORTHWEST BEMIDJI, MN 56601		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 223	had been instructed turning off the video cares. DON stated didn't come around the video camera w were directed to asl camera off, and if re take the resident to cares. DON stated the notarized conse signed by R1, howe having it reviewed to document. DON st middle," between he room, and staff not the room. During interview on stated she has told video camera in her ask her about the video what they want, keep being asked!" differently because are, "Cold; staff ignocamera." R1 stated and joke and talk w staff were even all the what she wanted, the video camera off. It made her feel safe, ago one of the nurs morning long about stated she finally return the camera off talks and talks about okay, however, staff day, everyday. R1 stated and staff were veryday.	I to ask the resident about camera every time they do she was aware R1 felt staff as much to talk with her since as in place. DON stated staff the resident to turn the video esident refused, they would another room to provide administration was aware of the for the video camera over, the facility is currently	F 2	223			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		245039	B. WING_			C / 23/2017
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 ANNE STREET NORTHWEST BEMIDJI, MN 56601		12312011
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F 223	During a follow up in a.m. DON stated ships the resident wanted room, and staff wou be turning the came instead of asking the stated they were go staff don't have to a constantly, but she input. During interview on stated she had been ask R1 to turn the councomfortable with refused staff should provide cares. NAtold her she was saw her differently when stated she was away were nervous about video camera. When interviewed constated when she go the resident to turn matter what." When interviewed constated when she prother resident she is recares with the video camera towards the asked her to cover thandkerchief instead she told the resident	aff] know the routine!" Interview on 2/15/17, at 10:40 The had just spoke with R1 and at the video camera in her all lud now just tell R1 they would be a coff when doing cares the resident every time. DON and to make this change so sk R1 about the camera will still have a chance to give a compared by administration to the amera off because she was it on, and if the resident take her to another room and the G stated R1 was teary and do because she felt staff treat they go into her room. NA-G are some of the newer staff to going into R1's room with the sinto R1's room she asks the camera and, "Turns it no an 2/15/17, at 11:30 a.m. NA-H to sinto R1's room she asks the camera on and she turns the example of the stated when R1 stated when R1	F 22	23		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245039	B. WING	i .			C 23/2017
NAME OF I	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE 1000 ANNE STREET NORTHWEST BEMIDJI, MN 56601	1 02/	23/2017
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 223	NA-I stated R1 told to deal with talking a When interviewed of LPN-J stated staff with the tarring it towards told her she feels should her she feels she feels should her she fe	her in the past she didn't want about the camera everyday. on 2/15/17, at 11:50 a.m. were directed by administration to not be videotaped and the resident staff were the camera on and they would as the wall. LPN-J stated R1 ne was treated differently by video camera in her room as and play around with her like J stated she can see staff they all they say when the video by stated she asked the DON he video camera with the as directed administration amera turned towards the wall. on 2/15/17, at 12:15 p.m. unit ated staff were directed to ask the camera for their privacy, aff would tell the resident they her room. UM-K stated she he video camera made R1 guarded, and, "We have lost hip." UM-K stated staff get mera in the room so they do ferent. UM-K stated the video uncomfortable, and she was into R1's room as much as video camera. UM-K stated finad been given regarding	F 2	223			
	When interviewed o stated administratio	n 2/15/17, at 1:00 p.m. RN-L n had directed staff to tell R1 g the video camera while					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		245039	B. WING			C 02/23/2017	
NAME OF	PROVIDER OR SUPPLIER			1	TREET ADDRESS, CITY, STATE, ZIP CODE 000 ANNE STREET NORTHWEST BEMIDJI, MN 56601	1 021	20/2017
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 223	video camera turneresident to another RN-L stated a few whave the camera turner another room to har stated she spoke with the camera stay in the room who cares. When interviewed of worker (SW)-N state R1 they were not convite the video camera it towards the wall. Would bring the resiprovide R1's cares. camera was discoving change in behaviors change was because or because of the estated recently R1 if the DON was assess changes in behavior had agreed to the composition behavior agreed to the composition of the compositi	ge 21 the resident did not want the d, staff would need to take the room to do cares privately. weeks ago R1 had refused to rned and would not go to ve cares provided. RN-L ith R1 and the resident agreed to be turned if RN-L would en the aides were providing on 2/16/17, at 9:30 a.m. social ed staff were directed to tell omfortable providing cares era on and ask if they may turn. If the resident refused, staff dent to another room to SW-N stated after the video ered, the resident had a SW-N was not sure if the se of the actual video camera affects of the camera. SW-N had refused to talk with her, so ssing the resident and r. SW-N stated the resident amera since the camera had she felt the resident was, middle." SW-N stated the R1 dining room and activities, reated differently in her room." eel "threatened" because of the facility needed to hts to not be videotaped while	F 2	223			
		staff would be turning the					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
		245039	B. WING		02	C 2/23/2017	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 1000 ANNE STREET NORTHWEST BEMIDJI, MN 56601			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE	
F 223	video camera towa administrator stated directed to turn the providing cares insigned administrator stated stated to the residents life was constantly asking the residents life was constantly asking the The administrator stated stated to ask the camera when doing uncomfortable bein administrator stated signed a notarized however, that was a facility's legal team cognition varied at ensure the resident that it was an actual administrator stated discussed the conswith the resident and The administrator stated discussed the conswith the resident and The administrator stated discussed the conswith the resident and The administrator stated discussed the conswith the resident and The administrator stated discussed the conswith the resident and The administrator stated discussed the conswith the resident and The administrator stated discussed the conswith the resident and The administrator stated discussed the conswith the resident and the resident and the previous day, 2/2 weeks after the vide The facility policy tit Imagining, Patient, Enterprise, revised monitoring by family must be approved the friends should be in monitor must be for cannot be placed in the province of the province	rds the wall. However, the difference the previous day staff were video camera off when read of asking the resident. It tated this change was made of aware until the previous day as being affected by staff he resident about the camera. It tated staff were originally resident if they could turn the previous because they were	F 2	23			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING		TE SURVEY MPLETED
		245039	B. WING		1	C // 23/2017
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 ANNE STREET NORTHWEST BEMIDJI, MN 56601		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC X (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 223 F 490	may ask the individ recording at any tim state how the reside 483.70 EFFECTIVE	ual to stop taking pictures or ne. The facility policy does not ent's rights will be protected.	F 2			3/17/17
SS=G	483.70 Administration A facility must be accomples it to use its efficiently to attain of practicable physical well-being of each of This REQUIREMENT by: Based on observation treat 1 of 3 reside manner that caused treatment of the resinstalled a video care installed a video care installed a video care installed a video care installed a video care in transfers. Buring observation was in her room lay was a notarized doc family member (FM Electronic Monitorin had given consent to camera in her room staff members respersed.	dministered in a manner that resources effectively and or maintain the highest l, mental, and psychosocial				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245039	B. WING				C 23/2017
NAME OF F	PROVIDER OR SUPPLIER			1	TREET ADDRESS, CITY, STATE, ZIP CODE 000 ANNE STREET NORTHWEST BEMIDJI, MN 56601	, 02	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE .	(X5) COMPLETION DATE
F 490	tamper with the devergers were to turn being used to bette prevent maltreatmed During observation small plastic daisy is front of the resident camera in the center R1's Progress Note p.m. staff had spoke video camera was performed to the video camera was performed to the video camera was performed to the video camera in R1's Progress Note indicated R1, "Was nurse] wiped tears with the video to the video camera was performing cares with the video to the video camera was so upset. Staff were upset with RN assured her this concerned for her aperforming cares with an analysis and the video camera." The progresident, "Said this has changed how it again. RN explaines to the video distresse may ask permission disable it. Unplug it R1's Progress Note indicated the nurse mental evaluation of the video to the	rice, remove the device, or off the device. The device is runderstand my care and to ent of me by staff and others." of R1's room, there was a sitting on a small end table in its bed which contained a video er of the flower. Is indicated on 2/1/17, at 3:50 en with FM-D who stated a put into R1's room to protect and signed a notarized consent a and the paper was hanging I dated 2/4/17, at 10:30 a.m. very tearful. RN [registered with cool cloth and asked why Resident stated that she felt in her because of the camera. It is was not the case. Staff are ind feel uncomfortable is her home and the camera feels here. She began to cryoth that if the time comes that diabout the camera, staff RN in, on camera, to permanently it, remove batteries." I dated 2/7/17, at 11:12 a.m. was completing a mood and in R1 and the resident started People treat her differently	F 4	190			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILD		COMPLETED			
		245039	B. WING			1	C /23/2017
	PROVIDER OR SUPPLIER			1000	EET ADDRESS, CITY, STATE, ZIP CODE O ANNE STREET NORTHWEST MIDJI, MN 56601	,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 490	R1's Progress Note indicated FM-D call staff put a tissue ov of turning the came camera it is not alw position. The Progress It is request to pand the DON instruthe camera so we resident was exposed R1's Progress Note indicated, "Prior to lassessment, staff at the camera covered peeking." Camera covered peeking. Camera covered peeking. Camera covered peeking assistant on residents assistant on residents dated to visit with staff." During observation handwritten pieces the nurses station of paper directed staff ask the following queamera off while I we uncomfortable?" If were directed to turnesident responded respond, "Then I we another area." Staff EVERY time you as get for a response." R1's data collection	e dated 2/8/17, at 1:30 p.m. ed the facility and requested er the video camera instead ra because when staff turn the ays turned back in the right ress Note indicated the nurse of nursing (DON) regarding out a tissue over the camera, cted, "The lawyer said to turn leed to stick to what they say." I dated 2/14/17, at 8:31 p.m. HS [hour of sleep] cares and sked resident if she wanted d and she stated yes 'no covered with red hanky while	F	190			

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
	F CORRECTION	IDENTIFICATION NUMBER:	` '			COMPLETED		
							c	
		245039	B. WING			02/	23/2017	
NAME OF I	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE 000 ANNE STREET NORTHWEST			
NEILSON	N PLACE				BEMIDJI, MN 56601			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 490	you asked R1, time what you ask, and a data collection inclu 2/1/17, at 4:45 p.m. consent to the camera but I [the camera] becau [the consent]." The documented as, "Si 2/2/17, at 3:30 p.m. Refused and said w to turn it off." The np.m. on 2/2/17, which want the camera of agreed to turn the cresponse was, "Agr nurse] in the room a around." 2/6/17, at 5:55 p.m. they could cover the was documented as asks that you know. own place. That's water action taken was stamakes me uncomfor cares with the camera 2/9/17, at 4:30 p.m. camera, I feel uncorrequested staff use the camera. A hospital progress R1 was ill in Novem and early January 2 At that time she was or legal decisions, he	what was R1's response to action taken. Some of the ded: - Staff stated to R1, "I don't era you might have consented don't. I stated I can't turn it off se of the papers in her room resident response was ne stated then turn it off." - "Asked to turn off camera. We were the first people to ask ext entry was made at 4:12 ch indicated, "Resident didn't for to go to another room but amera." The resident eed to have RN [registered and could turn camera - Staff asked the resident if e camera up. R1's response s, "You're the only one who If you don't like it open your what they tell you to say." The aff responding to R1, "Well, it ortable." Staff proceeded to do era covered "Is it okay if I turn the mfortable." The resident the red handkerchief to cover note dated 2/6/17, indicated ber 2016, December 2016, 017, with a chronic infection. It is unable to make any medical nowever, she was now alert it appeared the confusion and	F	190				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		245039	B. WING			C 02/23/2017		
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, ST. 1000 ANNE STREET NORT BEMIDJI, MN 56601	•	, 02		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CORRECTING CROSS-REFERENCE	AN OF CORRECTION /E ACTION SHOULD D TO THE APPROPI (CIENCY)	BE	(X5) COMPLETION DATE	
F 490	When interviewed of stated since R1 had room, staff treated is stated R1 liked to job however, since place staff only focused of avoid conversation FM-D stated R1 was differently and did not the camera every time. FM-D stated R1 had and talked to multiple agrees with the vide staff would not stop requested the facilities side, or shut it off, but the correct position FM-D brought in a reamera when staff ensure the resident the time staff just to the handkerchief. When interviewed of licensed practical not camera was discoverabout a month ago, camera was found, placed by family on LPN-M stated staff the video camera of a few weeks ago it of camera away from towards the wall. Lift requested staff to just of moving it or turning directed by adminis shut if off. LPN-M stated staff to just of moving it or turning directed by adminis shut if off. LPN-M stated staff to just of moving it or turning directed by adminis shut if off. LPN-M stated staff to just of moving it or turning directed by adminis shut if off. LPN-M stated staff to just of moving it or turning directed by adminis shut if off. LPN-M stated staff to just of moving it or turning directed by adminis shut if off. LPN-M stated staff to just of moving it or turning directed by adminis shut if off. LPN-M stated staff to just of moving it or turning directed by adminis shut if off. LPN-M stated staff to just of moving it or turning directed by adminis shut if off. LPN-M stated staff to just of moving it or turning directed by adminis shut if off. LPN-M stated staff to just of moving it or turning directed by adminis shut if off.	ge 27 on 2/14/17, at 6:45 p.m. FM-D of the video camera in her the resident differently. FM-D oke and laugh with the staff, beenent of the video camera on the camera in the room, and and entering R1's room. Is upset about being treated of like being questioned about of staff came into her room. It is staff and told them she of camera in her room but of asking. FM-D stated she had by not turn the camera to the of cause it is not put back in offer cares are complete. Offer handkerchief to cover the offer providing cares to R1 to offer providing cares to R1 to offer handkerchief to cover the offer providing cares to R1 to offer handkerchief to cover the offer handkerchief to the offer handkerchief to the offer handkerchief to the offer handkerchief to the off	F 4	90				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ` '	PLE CONSTRUCTION G	, , cov	(X3) DATE SURVEY COMPLETED		
		245039	B. WING _		1	C /23/2017	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 ANNE STREET NORTHWEST BEMIDJI, MN 56601	_ 021	12312011	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
F 490	spot; we [staff] wan resident is in betwee they had a right not stated staff were concluded with they should shutting it off, or concluded with two weeks again the staff camera and often recan cover it!" NA-ER1's room she says it [video camera] betweet all the staff camera and often recan cover it!" NA-ER1's room she says it [video camera] betweet all the staff camera and often recan cover it!" NA-ER1's room she says it [video camera] betweet all the staff camera and often recan cover it!" NA-ER1's room she says it [video camera] betweet all the video camera in the staff camera in the staff camera to off concluded a look of the staff camera it towards directed by administ cognitively intact and resident; we tell her are uncomfortable to off nursing stated the any videotaping and videotaped. DON shad been instructed	ated R1, "Was in a difficult to tit off; [FM-D] wants it on- the en." Administration told staff to be videotaped, and LPN-M onfused because they didn't be turning the camera, vering it up. On 2/14/17, at 7:30 p.m. NA)-E stated she was directed go to cover the camera when R1. NA-E stated R1 gets when they ask about the esponds, "Yes! You know you stated when she goes into to the resident, "Can I cover cause we don't want to be "NA-E stated this was the by administration to staff. 2/14/17, at 7:45 a.m. NA-F mera in R1's room was, mmotion." NA-F stated there cility who did not want to and "steer clear" of R1's she tells R1 she is g cares with the video camera the wall as she had been tration. NA-F stated R1 was d, "This is too hard on the every time we do cares we	F 49				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY IPLETED	
	245039		B. WING			C 02/23/2017	
NAME OF	PROVIDER OR SUPPLIER		T	STREET ADDRESS, CITY, STATE, ZIP CODE	1 021	23/2017	
NEILSO	N PLACE			1000 ANNE STREET NORTHWEST BEMIDJI, MN 56601			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 490	didn't come around the video camera were directed to as camera off, and if re take the resident to cares. DON stated the notarized consesigned by R1, howe having it reviewed the document. DON stated the notarized consesigned by R1, howe having it reviewed the document. DON stated the room, and staff not the room. During interview on stated she has told video camera in her ask her about the video camera in her ask her about the video camera. R1 stated and joke and talk we staff were even all the twideo camera off. If made her feel safe, ago one of the nurs morning long about stated she finally return the camera off talks and talks about okay, however, staff day, everyday. R1 when staff constant	she was aware R1 felt staff as much to talk with her since as in place. DON stated staff to the resident to turn the video esident refused, they would another room to provide administration was aware of ent for the video camera ever, the facility is currently of ensure it is a legal ated R1 was "Caught in the aving the video camera in her wanting the video camera in "2/15/17, at 9:50 a.m. R1" everyone" she is fine with the room. R1 stated when staff ideo camera she tells them to "I am sick of it-I don't want to R1 stated staff treat her of the video camera and they be me; they don't like the I staff don't stay in her room ith her anymore, and before the way in her room and knew mey were asking to turn the R1 stated the video camera R1 stated a couple weeks es was, "In my face all the damn camera." R1 sponded to the nurse to either or get rid of it. R1 stated she at the camera and says it is foontinue to ask about it all stated, "It pisses me off," by talked about the camera aff] know the routine!"	F 4	90			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245039	B. WING _		1	C 02/23/2017	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 ANNE STREET NORTHWEST BEMIDJI, MN 56601		20,201.	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
F 490	During a follow up in a.m. DON stated shifted resident wanted room, and staff work be turning the came instead of asking the stated they were go staff don't have to a constantly, but she input. During interview on stated she had bee ask R1 to turn the councomfortable with refused staff should provide cares. NAtold her she was away were nervous about video camera. When interviewed constated when she go the resident to turn matter what." When interviewed constated when she port the resident she is a cares with the video camera towards the asked her to cover handkerchief instead she told the resident administration to turn NA-I stated R1 told	nterview on 2/15/17, at 10:40 he had just spoke with R1 and if the video camera in her ald now just tell R1 they would be readed the resident every time. DON bing to make this change so ask R1 about the camera will still have a chance to give 2/15/17, at 11:00 a.m. NA-G in directed by administration to camera off because she was it on, and if the resident if take her to another room and if they go into her room. NA-G are some of the newer staff it going into R1's room with the con 2/15/17, at 11:15 a.m. NA-H es into R1's room she asks the camera and, "Turns it no con 2/15/17, at 11:30 a.m. NA-I evided cares to R1 she tells not comfortable providing camera on and she turns the e wall. NA-I stated when R1	F 49	30			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	245039		B. WING		C 02/23/2017	
	NAME OF PROVIDER OR SUPPLIER NEILSON PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 ANNE STREET NORTHWEST BEMIDJI, MN 56601	1 021	20,2011
(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 CROSS-REFERENCED TO THE APPRODEFICIENCY)	SHOULD BE COMPLÉTIC	
F 490	LPN-J stated staff of that staff had a right were directed to tell uncomfortable with be turning it toward told her she feels si staff because of the staff does not joke at they used to. LPN-treating the residen have to watch what camera is on. LPN if staff could cover thandkerchief but was wanted the video ca. When interviewed of manager (UM)-K staff they could turn and if R1 said no staff the issues with more confused and our joking relations nervous with the cat treat the resident dicamera made staff aware she didn't go she did prior to the all the direction staff they would be turning doing cares, and if the staff areas in the staff awares, and if the staff areas was directed.	on 2/15/17, at 11:50 a.m. were directed by administration to not be videotaped and the resident staff were the camera on and they would so the wall. LPN-J stated R1 he was treated differently by a video camera in her room as and play around with her like J stated she can see staff to differently because they all they say when the video -J stated she asked the DON the video camera with the as directed administration amera turned towards the wall. On 2/15/17, at 12:15 p.m. unit ated staff were directed to ask in the camera for their privacy, aff would tell the resident they ther room. UM-K stated she the video camera made R1 guarded, and, "We have lost hip." UM-K stated staff get mera in the room so they do fferent. UM-K stated the video uncomfortable, and she was video camera. UM-K stated for had been given regarding ected by administration. On 2/15/17, at 1:00 p.m. RN-L on had directed staff to tell R1 and the video camera while the resident did not want the d, staff would need to take the	F 49	90		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE ((EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 490	RN-L stated a few whave the camera tu another room to has stated she spoke who allow the camera stay in the room who cares. When interviewed of worker (SW)-N stated the wall. Would bring the resiprovide R1's cares. camera was discovichange in behaviors change was because or because of the estated recently R1 his the DON was assess changes in behavior had agreed to the composition beautiful goes out to the but, "She is being the SW-N stated staff for the video camera and respect the staff right providing cares. When interviewed composition and wideo camera toward video v	room to do cares privately. veeks ago R1 had refused to rned and would not go to ve cares provided. RN-L ith R1 and the resident agreed to be turned if RN-L would en the aides were providing on 2/16/17, at 9:30 a.m. social ed staff were directed to tell omfortable providing cares era on and ask if they may turn If the resident refused, staff dent to another room to SW-N stated after the video ered, the resident had a SW-N was not sure if the se of the actual video camera effects of the camera. SW-N had refused to talk with her, so esing the resident and er. SW-N stated the resident amera since the camera had she felt the resident was, middle." SW-N stated the R1 dining room and activities, eated differently in her room." eel "threatened" because of end the facility needed to ents to not be videotaped while en 2/16/16, at 10:40 a.m. the en administration directed staff she was on camera and estaff would be turning the dot the wall. However, the enthe previous day staff were	F 4	90			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	NAME OF PROVIDER OR SUPPLIER NEILSON PLACE			STREET ADDRESS, CITY, STATE, ZIP COI 1000 ANNE STREET NORTHWEST BEMIDJI, MN 56601		02:23:2011	
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F 490	providing cares instance of the administrator is because she was not the residents life was constantly asking the The administrator is directed to ask the camera when doing uncomfortable bein administrator stated signed a notarized however, that was of facility's legal team cognition varied at the ensure the resident that it was an actual administrator stated discussed the conswith the resident and The administrator is video camera had be basis by multiple stance when you camera had be basis by multiple stance when you camera had be basis by multiple stance when you camera had be basis by multiple stance when you camera had be basis by multiple stance when you camera had be basis by multiple stance when you camera had be basis by multiple stance when you camera had be basis by multiple stance when you camera had be basis by multiple stance when you camera had be basis by multiple stance when you camera had be basis by multiple stance when you camera had be considered in your camera had be camera	video camera off when lead of asking the resident. tated this change was made ot aware until the previous day as being affected by staff he resident about the camera. tated staff were originally resident if they could turn the page of asking a staff were they were	F4	490			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION NG	(X3) DAT	(X3) DATE SURVEY COMPLETED	
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	•	ent's rights will be protected.	' '	90		
	State now the reside	ent's rights will be protected.				
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PRINTED: 05/26/2017 FORM APPROVED Minnesota Department of Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING 00823 02/23/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1000 ANNE STREET NORTHWEST **NEILSON PLACE** BEMIDJI, MN 56601 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 2 000 2 000 Initial Comments ****ATTENTION***** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10. 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 indicated below. When a rule 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

duties

INITIAL COMMENTS:

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

A complaint investigation was conducted to investigate complaint #H5039013. As a result, the

following correction orders are issued.

2 130 MN Rule 4658.0050 Subp. 1 Licensee; General

orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

TITLE

(X6) DATE

3/17/17

04/05/17 If continuation sheet 1 of 36

2 130

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	LE CONSTRUCTION	COMPLETED		
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2 130	Continued From pa	ge 1	2 130			
	nursing home is res control, and operati managed, controlled that enables it to us efficiently to attain of	duties. The licensee of a sponsible for its management, on. A nursing home must be d, and operated in a manner e its resources effectively and or maintain the highest , mental, and psychosocial resident.				
	by: Based on observation review, the facility at to treat 1 of 3 resident manner that caused treatment of the res	ent is not met as evidenced on, interview, and document dministration directed all staff ents reviewed, R1, in such a mental anguish to R1. This ident started after the resident mera in her room to feel safe.				
	Findings include:					
	required total staff a daily living (ADL's) a	d 2/4/17, indicated R1 assistance with all activities of and assist of one staff with a total body mechanical lift		,		
	was in her room lay was a notarized doc family member (FM Electronic Monitorin had given consent to camera in her room staff members resport the device and not tamper with the device pressure me to turn	on 2/14/16, at 6:30 p.m. R1 ing in bed. On the wall there cument signed by R1 and)-D titled, Consent To g. The consent indicated R1 o placement of the video , and indicated, "I ask that ect my consent to placement of talk to me about the device, ice, remove the device, or off the device. The device is understand my care and to				

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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2 130	Continued From pa	ge 2	2 130			
	During observation small plastic daisy s	ont of me by staff and others." of R1's room, there was a sitting on a small end table in s bed which contained a video er of the flower.				
	p.m. staff had spoke video camera was p the resident. R1 ha	s indicated on 2/1/17, at 3:50 en with FM-D who stated a out into R1's room to protect id signed a notarized consent a and the paper was hanging				
	indicated R1, "Was nurse] wiped tears was so upset. It staff were upset with RN assured her this concerned for her aperforming cares with is angry with the resinteractions have lescamera." The progresident, "Said this is has changed how it again. RN explaine she is too distressed	dated 2/4/17, at 10:30 a.m. very tearful. RN [registered with cool cloth and asked why Resident stated that she felt her because of the camera. It was not the case. Staff are and feel uncomfortable with a video recording. No one sident. Resident feels seened because of the video ress note also indicated the is her home and the camera feels here. She began to cry did that if the time comes that did about the camera, staff RN in on camera, to permanently remove batteries."				
	indicated the nurse mental evaluation o	dated 2/7/17, at 11:12 a.m. was completing a mood and n R1 and the resident started People treat her differently era in her room."				
	indicated FM-D calle	dated 2/8/17, at 1:30 p.m. ed the facility and requested er the video camera instead				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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2 130	of turning the came camera it is not alw position. The Progresaled the director of FM-D's request to pand the DON instruthe camera so we may and the DON instruthe camera so we may assessment, staff at the camera covered peeking.' Camera or resident was exposed to visit with staff." During observation handwritten pieces the nurses station of paper directed staff ask the following quamera off while I was uncomfortable?" If were directed to tur resident responded respond, "Then I was another area." Staff EVERY time you as get for a response." R1's data collection contained boxes whyou asked R1, time what you ask, and a data collection inclusively.	ra because when staff turn the ays turned back in the right ress Note indicated the nurse of nursing (DON) regarding out a tissue over the camera, cted, "The lawyer said to turn need to stick to what they say." A dated 2/14/17, at 8:31 p.m. HS [hour of sleep] cares and asked resident if she wanted d and she stated yes 'no covered with red hanky while ed." G Assistant care sheet (what has use to know specific cares 2/10/17, indicated R1 "Loves on 2/14/17, at 7:00 p.m. four of paper were hung up behind on R1's unit. The handwritten when going into R1's room to destions. "May I turn the work with you as it makes me the resident said yes staff in the camera off. If the no, staff were directed to build like to do your cares in f were directed to, "Document sk this question and what you the other papers were titled for the camera, and nich were titled, quote what what was R1's response to action taken. Some of the	2 130			

Minnesota Department of Health

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	COMPLETED	
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2 130	to the camera but I [the camera] becau [the consent]." The documented as, "Si 2/2/17, at 3:30 p.m. Refused and said w to turn it off." The r p.m. on 2/2/17, whiwant the camera of agreed to turn the cresponse was, "Agr nurse] in the room a around." 2/6/17, at 5:55 p.m. they could cover the was documented as asks that you know own place. That's waction taken was st makes me uncomforcares with the camera 2/9/17, at 4:30 p.m. camera, I feel unco requested staff use the camera. A hospital progress R1 was ill in Novem and early January 2 At that time she was or legal decisions, I and orientated and delirium had resolved when interviewed as stated R1 liked to jo however, since place.	don't. I stated I can't turn it off se of the papers in her room resident response was he stated then turn it off." - "Asked to turn off camera. It were the first people to ask text entry was made at 4:12 ch indicated, "Resident didn't for to go to another room but tamera." The resident eed to have RN [registered and could turn camera - Staff asked the resident if the camera up. R1's response is, "You're the only one who is a covered. - "Is it okay if I turn the infortable." The resident the red handkerchief to cover the dated 2/6/17, indicated aber 2016, December 2016, 2017, with a chronic infection. It is unable to make any medical nowever, she was now alert it appeared the confusion and	2 130			

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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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2 130	Continued From pa	ge 5	2 130			
2 130	avoid conversation FM-D stated R1 wa differently and did not the camera every ting FM-D stated R1 has and talked to multiple agrees with the vide staff would not stop requested the facilitiside, or shut it off, but the correct position FM-D brought in a reamera when staff ensure the resident the time staff just to the handkerchief. When interviewed colicensed practical not camera was discovered.	and entering R1's room. s upset about being treated of like being questioned about me staff came into her room. d signed a notarized consent ole staff and told them she to camera in her room but asking. FM-D stated she had by not turn the camera to the obscause it is not put back in after cares are complete. The death and kerchief to cover the are providing cares to R1 to see privacy, however, most of the camera and will not use on 2/14/17, at 7:05 p.m. urse (LPN)-M stated the video dered hidden in R1's room About a week after the	2 130			
	camera was found, placed by family on LPN-M stated staff the video camera of a few weeks ago it camera away from towards the wall.	the daisy video camera was R1's end table in her room. were initially instructed to turn ff while in R1's room, and then changed to just turning the the resident and point it PN-D stated FM-D had				
	of moving it or turning directed by administ shut if off. LPN-M support and the residual camera. LPN-M states spot; we [staff] want resident is in between they had a right not	ist cover the camera insteading it off, but staff were tration to turn the camera or stated she was aware R1 was ent had cried about the video ated R1, "Was in a difficult it off; [FM-D] wants it on- the en." Administration told staff to be videotaped, and LPN-Minfused because they didn't				
	know if they should shutting it off, or cov	be turning the camera, /ering it up.				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION	1 \ /	(X3) DATE SURVEY COMPLETED	
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2 130	Continued From pa	ge 6	2 130				
	Nursing assistant (I about two weeks ag providing cares to F "annoyed" with staff camera and often recan cover it!" NA-ER1's room she says it [video camera] be taped during cares. instruction provided During interview on stated the video car "Causing a lot of cowere NA's in the fact provide cares to R1 room. NA-F stated uncomfortable doin and turns it towards directed by adminis cognitively intact an	g cares with the video camera the wall as she had been tration. NA-F stated R1 was d, "This is too hard on the every time we do cares we					
	of nursing stated the any videotaping and videotaped. DON shad been instructed turning off the video cares. DON stated didn't come around the video camera w	2/15/17, at 8:50 a.m. director e facility policy did not allow distaff had the right not to be stated for staff protection they do ask the resident about camera every time they do she was aware R1 felt staff as much to talk with her since as in place. DON stated staff of the resident to turn the video					
	camera off, and if re take the resident to cares. DON stated	k the resident to turn the video esident refused, they would another room to provide administration was aware of our for the video camera.	:				

Minnesota Department of Health

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	LE CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
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2 130	Continued From pa	ge 7	2 130	110000000000000000000000000000000000000		
	having it reviewed to document. DON st middle," between ha	ever, the facility is currently to ensure it is a legal ated R1 was "Caught in the aving the video camera in her wanting the video camera in				
	stated she has told video camera in her ask her about the vido what they want, keep being asked!" differently because are, "Cold; staff ignocamera." R1 stated and joke and talk wistaff were even all twhat she wanted, the video camera off. It made her feel safe, ago one of the nurse morning long about stated she finally return the camera off talks and talks about okay, however, staff day, everyday. R1 stated she finally return the camera off talks and talks about okay, however, staff day, everyday.	2/15/17, at 9:50 a.m. R1 "everyone" she is fine with the room. R1 stated when staff deo camera she tells them to 'I am sick of it- I don't want to R1 stated staff treat her of the video camera and they be reme; they don't like the I staff don't stay in her room with her anymore, and before the way in her room and knew wey were asking to turn the R1 stated the video camera R1 stated a couple weeks ses was, "In my face all the damn camera." R1 sponded to the nurse to either or get rid of it. R1 stated she at the camera and says it is fontinue to ask about it all stated, "It pisses me off,"				
	During a follow up ir a.m. DON stated sh the resident wanted room, and staff wou be turning the came instead of asking the stated they were go staff don't have to a	y talked about the camera ff] know the routine!" nterview on 2/15/17, at 10:40 e had just spoke with R1 and the video camera in her ld now just tell R1 they would era off when doing cares e resident every time. DON ing to make this change so sk R1 about the camera will still have a chance to give				

Minnesota Department of Health

Minnesota Department of Health
STATEMENT OF DEFICIENCIES (X1)

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2 130	Continued From pa	ge 8	2 130			
•	input.					
	stated she had bee ask R1 to turn the cuncomfortable with refused staff should provide cares. NAtold her she was saher differently when stated she was awawere nervous about video camera. When interviewed costated when she gothe resident to turn matter what."	2/15/17, at 11:00 a.m. NA-G n directed by administration to camera off because she was it on, and if the resident I take her to another room and G stated R1 was teary and d because she felt staff treat they go into her room. NA-G are some of the newer staff t going into R1's room with the on 2/15/17, at 11:15 a.m. NA-H les into R1's room she asks the camera and, "Turns it no				
	stated when she prothe resident she is recares with the video camera towards the asked her to cover handkerchief insteas he told the resident administration to turn NA-I stated R1 told to deal with talking at When interviewed of LPN-J stated staff with the tarriang it towards told her she feels she staff because of the	on 2/15/17, at 11:30 a.m. NA-I ovided cares to R1 she tells not comfortable providing o camera on and she turns the e wall. NA-I stated when R1 the camera with the d of turning it towards the wall at she was directed by the camera and not cover it. her in the past she didn't want about the camera everyday. On 2/15/17, at 11:50 a.m. overe directed by administration at to not be videotaped and the resident staff were the camera on and they would be the wall. LPN-J stated R1 are was treated differently by a video camera in her room as and play around with her like				

Minnesota Department of Health

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COM	SURVEY PLETED
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
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NEILSON PLACE BEMIDJI, MN 56601	
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2 130 Continued From page 9 2 130	
they used to. LPN-J stated she can see staff treating the resident differently because they all have to watch what they say when the video camera is on. LPN-J stated she asked the DON if staff could cover the video camera with the handkerchief but was directed administration wanted the video camera turned towards the wall. When interviewed on 2/15/17, at 12:15 p.m. unit manager (UM)-K stated staff were directed to ask R1 if they could turn the camera for their privacy, and if R1 said no staff would tell the resident they will do cares in another room. UM-K stated she feit the lissues with the video camera made R1 more confused and guarded, and, "We have lost our joking relationship." UM-K stated staff get nervous with the camera in the room so they do treat the resident different. UM-K stated the video camera made staff uncomfortable, and she was aware she didn't go into R1's room as much as she did prior to the video camera. UM-K stated all the direction staff had been given regarding the camera was directed by administration. When interviewed on 2/15/17, at 1:00 p.m. RN-L stated administration had directed staff to tell R1 they would be turning the video camera while doing cares, and if the resident did not want the video camera turned, staff would need to take the resident to another room to do cares privately. RN-L stated a few weeks ago R1 had refused to have the camera turned and would not go to another room to have cares provided. RN-L stated she spoke with R1 and the resident agreed to allow the camera to be turned if RN-L would stay in the room when the aides were providing cares. When interviewed on 2/16/17, at 9:30 a.m. social	

Minnesota Department of Health

NAME OF PROVIDER OR SUPPLIER NEILSON PLACE STREET ADDRESS, CITY, STATE, ZIP CODE 1000 ANNE STREET NORTHWEST BEMIDJI, MN 56601 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)		NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	SURVEY LETED
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R1 they were not comfortable providing cares with the video camera on and ask if they may turn it towards the wall. If the resident refused, staff would bring the resident to another room to provide R1's cares. SW-N stated after the video camera was discovered, the resident had a change in behavior. SW-N was not sure if the change was because of the actual video camera or because of the effects of the camera. SW-N stated recently R1 had refused to talk with her, so the DON was assessing the resident and changes in behavior. SW-N stated the resident had gered to the camera since the camera had been installed, and she fell the resident was, "Unfairly put in the middle." SW-N stated the R1 still goes out to the dining room and activities, but, "She is being treated differently in her room." SW-N stated staff feel "threatened" because of the video camera and the facility needed to respect the staff rights to not be videotaped while providing cares. When interviewed on 2/16/16, at 10:40 a.m. the administrator stated administration directed staff to alert the resident she was on camera and possible audio and staff would be turning the video camera towards the wall. However, the administrator stated the previous day staff were directed to turn the video camera off when providing cares instead of asking the resident. The administrator stated the previous day staff constantly asking the resident about the camera. The administrator stated staff twee originally directed to ask the resident if they could turn the camera when doing cares because they were uncomfortable being on camera. The administrator stated staff were originally directed to ask the resident to the wideo camera,	2 130	R1 they were not cowith the video came it towards the wall. would bring the resprovide R1's cares. camera was discovered change in behavior change was because or because of the estated recently R1 if the DON was assess changes in behavior had agreed to the been installed, and "Unfairly put in the still goes out to the but, "She is being to SW-N stated staff of the video camera a respect the staff rig providing cares. When interviewed cadministrator stated to alert the resident possible audio and video camera toward administrator stated directed to turn the providing cares instanced in the residents life was constantly asking the administrator stated administrator stated administrator stated administrator stated administrator stated to ask the camera when doing uncomfortable bein administrator stated	omfortable providing cares era on and ask if they may turn If the resident refused, staff ident to another room to SW-N stated after the video rered, the resident had a SW-N was not sure if the se of the actual video camera effects of the camera. SW-N had refused to talk with her, so ssing the resident and or. SW-N stated the resident camera since the camera had she felt the resident was, middle." SW-N stated the R1 dining room and activities, reated differently in her room." feel "threatened" because of and the facility needed to hts to not be videotaped while on 2/16/16, at 10:40 a.m. the diadministration directed staff is she was on camera and staff would be turning the reds the wall. However, the different wall however, the different was made of asking the resident. Stated this change was made not aware until the previous day as being affected by staff her eresident about the camera. Stated staff were originally resident if they could turn the grant camera. The dishe was aware R1 had	2 130			

Minnesota Department of Health

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE	SURVEY LETED
ANDIDAN	OF GONNEOTION	BENTI TOATION NOMBER.	a. Building:			
		00823	B, WING		02/2	3/2017
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
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2 130	Continued From pa	ige 11	2 130			
2 130	however, that was of facility's legal team cognition varied at the ensure the resident that it was an actual administrator stated discussed the conswith the resident and The administrator sideo camera had the basis by multiple stawhy no one had brostaff treatment was the previous day, 2/2 weeks after the video. The facility policy tit Imagining, Patient, Enterprise, revised monitoring by family must be approved the friends should be in monitor must be for cannot be placed in or other patients or may ask the individing recording at any timestate how the resideo. SUGGESTED MET facility must ensure a manner that does.	currently being reviewed by the because the residents times and they wanted to understood the consent and legal document. The dafew weeks ago staff had ent to electronic monitoring of she understood at that time. Stated the situation with the been assessed on a daily aff, however, she was unsure ought to her attention the effect having on the resident until 1/15/17, approximately three eo camera had been in place. The bedside nurse. Family/ informed that the camera or cused only on the patient and in a position that captures staff activities in the room. Staff unal to stop taking pictures or the facility policy does not ent's rights will be protected. THOD OF CORRECTION: The fall staff treat residents in such a not cause mental anguish.	2 130			
	(21) days					
21850	MN St. Statute 144. Residents of HC Fa	.651 Subd. 14 Patients & ac.Bill of Rights	21850			3/17/17

Minnesota Department of Health STATE FORM

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` '	E CONSTRUCTION	(X3) DATE	SURVEY
/((5)	OF CONTROL OF THE CON	IDENTIFICATION NOWIBER.	a. Building:			
		00823	B. WING		1	C 2 3/2017
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
NEILSO	N PLACE			NORTHWEST		
	1		MN 56601			1
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
21850	Continued From page 12		21850			
	Residents shall be defined in the Vulne "Maltreatment" mea section 626.5572, sintentional and non-physical pain or injuconduct intended to distress. Every res non-therapeutic che except in fully docu authorized in writing resident's physician period of time, and protect the resident others.	om from maltreatment. free from maltreatment as erable Adults Protection Act. ans conduct described in subdivision 15, or the -therapeutic infliction of ary, or any persistent course of o produce mental or emotional ident shall also be free from emical and physical restraints, mented emergencies, or as g after examination by a n for a specified and limited only when necessary to from self-injury or injury to				
	by: Based on observati review, the facility fareviewed, R1, was the R1 had a video came feel safe. The facility administration to state they entered the resorbefore all interacturn the camera off makes me feel uncalled also directed to tell not able to turn the the resident to anoth use of this constant would be considered be harassing resulted emotional distress. Occasions due to stresident about turni	on, interview, and document ailed to ensure 1 of 3 residents free from maltreatment after nera installed in her room to by staff was directed by ate the following every time sident's room to provide care tions with the resident, "May I while I work with you as it omfortable." The staff were the resident that if they were camera off they would take her room to provide care. The are repeated oral language which d by a reasonable person to ded in R1 experiencing R1 was tearful on multiple aff constantly asking the ng off the camera as it				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION		SURVEY PLETED
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NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
NEILSON	N PLACE		IE STREET I MN 56601	NORTHWEST		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
21850	made her feel safe. significantly decrea This resulted in acti experienced emotion. Findings include: R1's care plan date required total staff adaily living (ADL's) are eating. R1 required for all transfers. During observation was in her room lay was a notarized doc family member (FM Electronic Monitorin had given consent to camera in her room staff members respond the device and not tamper with the device and not tamper with the device prevent maltreatmed During observation small plastic daisy stront of the resident camera in the center R1's Progress Note p.m. staff had spokyvideo camera was pathe resident. R1 had	R1 stated that the staff sed their interactions with her. all harm for R1 who shall distress. d 2/4/17, indicated R1 assistance with all activities of and assist of one staff with a total body mechanical lift on 2/14/16, at 6:30 p.m. R1 ing in bed. On the wall there cument signed by R1 and)-D titled, Consent To ag. The consent indicated R1 to placement of the video and indicated, "I ask that ect my consent to placement of talk to me about the device, or aff the device. The device is a understand my care and to not of me by staff and others." of R1's room, there was a sitting on a small end table in s bed which contained a video	21850			
		dated 2/4/17, at 10:30 a.m.				

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMPI	
		00823	B. WING		02/2	3/2017
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
NEILSO	N PLACE		MN 56601	NORTHWEST		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
21850	nurse] wiped tears is she was so upset. staff were upset wit RN assured her this concerned for her aperforming cares wis angry with the resinteractions have le camera." The progresident, "Said this has changed how it again. RN explaine she is too distresse may ask permission disable it. Unplug it R1's Progress Note indicated the nurse mental evaluation ocrying and stated, "I because of the cameral evaluation ocrying and stated, "I because of the cameral evaluation ocrying and stated, "I because of the cameral evaluation ocrying and stated, "I because of the cameral evaluation of turning the cameral evaluation. The Progress Note indicated the director of FM-D's request to pand the DON instruction. The Progress Note indicated, "Prior to hassessment, staff at the camera covered	with cool cloth and asked why Resident stated that she felt h her because of the camera. It was not the case. Staff are and feel uncomfortable with a video recording. No one sident. Resident feels seened because of the video ress note also indicated the sis her home and the camera feels here. She began to cry did that if the time comes that diabout the camera, staff RN in, on camera, to permanently in, remove batteries." I dated 2/7/17, at 11:12 a.m. was completing a mood and in R1 and the resident started People treat her differently itera in her room." I dated 2/8/17, at 1:30 p.m. and the facility and requested for the video camera instead are because when staff turn the lays turned back in the right easy turned	21850			

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY LETED
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		00823	B. WING		02/2	3/2017
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
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0(1) 15	CLIMANA DV CTA	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION		(VE)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
				BEHOLINGTY		
21850	Continued From pa	ge 15	21850			
	R1's current Nursin	g Assistant care sheet (what				
	the nursing assistants use to know specific cares on residents) dated 2/10/17, indicated R1 "Loves					
	to visit with staff."					
	During observation	on 2/14/17, at 7:00 p.m. four				
		of paper were hung up behind				
		on R1's unit. The handwritten				
	1 '	when going into R1's room to				,
		uestions. "May I turn the				
		vork with you as it makes me				
		the resident said yes staff				
		n the camera off. If the				A distributions where
		no, staff were directed to ould like to do your cares in				
		ff were directed to, "Document				
		sk this question and what you				
		' The other papers were titled				
		for the camera, and				
		nich were titled, quote what				
		, what was R1's response to				
	what you ask, and a data collection inclu	action taken. Some of the				
		- Staff stated to R1, "I don't				
		era you might have consented				
		don't. I stated I can't turn it off				
	[the camera] becau	se of the papers in her room				
		resident response was				
		he stated then turn it off."				
		- "Asked to turn off camera.				
		ve were the first people to ask				
		next entry was made at 4:12 ch indicated, "Resident didn't				
		f or to go to another room but				
		camera." The resident				
		reed to have RN [registered				
	nurse] in the room	and could turn camera				
	around."	O. 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
		- Staff asked the resident if				
	they could cover the	e camera up. R1's response				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
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21850	Continued From pa	ge 16	21850		:	
21000	·					
		s, "You're the only one who				
		. If you don't like it open your				
		what they tell you to say." The				
		aff responding to R1, "Well, it				
	cares with the came	ortable." Staff proceeded to do				
		- "Is it okay if I turn the				
		mfortable." The resident	:			
		the red handkerchief to cover				
	the camera.					
	A hospital progress	note dated 2/6/17, indicated				
		nber 2016, December 2016,				
		2017, with a chronic infection.				
		s unable to make any medical				
		nowever, she was now alert				
	delirium had resolve	it appeared the confusion and				
	delinum nad resolve	eu.				
	When interviewed o	on 2/14/17, at 6:45 p.m. FM-D				
		d the video camera in her				
		the resident differently. FM-D		•		
		oke and laugh with the staff,	Tall in the latest and the latest an			
		cement of the video camera				
		n the camera in the room, and				
		and entering R1's room.				
		s upset about being treated				
		ot like being questioned about				
		me staff came into her room.				
		d signed a notarized consent				
		ole staff and told them she so camera in her room but				
		asking. FM-D stated she had				
		ty not turn the camera to the				
		pecause it is not put back in				
		after cares are complete.				
		red handkerchief to cover the				
		are providing cares to R1 to				
		s privacy, however, most of				
		irn the camera and will not use				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		00823	B. WING		02/2	3/2017
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
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21850	Continued From page 17		21850			
	the handkerchief.					
	licensed practical n camera was discov about a month ago. camera was found, placed by family on LPN-M stated staff the video camera o a few weeks ago it camera away from towards the wall. L requested staff to ju of moving it or turni directed by adminis shut if off. LPN-M supset and the resid camera. LPN-M staspot; we [staff] wan resident is in betwe they had a right not stated staff were co	on 2/14/17, at 7:05 p.m. urse (LPN)-M stated the video ered hidden in R1's room About a week after the the daisy video camera was R1's end table in her room. were initially instructed to turn ff while in R1's room, and then changed to just turning the the resident and point it PN-D stated FM-D had ast cover the camera insteading it off, but staff were tration to turn the camera or stated she was aware R1 was ent had cried about the video ated R1, "Was in a difficult tit off; [FM-D] wants it on- the en." Administration told staff to be videotaped, and LPN-M infused because they didn't be turning the camera, vering it up.				
	Nursing assistant (Nabout two weeks agproviding cares to Fannoyed" with staff camera and often recan cover it!" NA-ER1's room she says it [video camera] be taped during cares, instruction provided During interview on	on 2/14/17, at 7:30 p.m. NA)-E stated she was directed to to cover the camera when R1. NA-E stated R1 gets when they ask about the esponds, "Yes! You know you stated when she goes into to the resident, "Can I cover cause we don't want to be "NA-E stated this was the by administration to staff. 2/14/17, at 7:45 a.m. NA-F mera in R1's room was,				

Minnesota Department of Health

;	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		00823	B. WING		1	C 2 3/2017
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE		
				NORTHWEST		
NEILSO	NPLACE	BEMIDJI,	MN 56601			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
21850	"Causing a lot of cowere NA's in the factor provide cares to R1 room. NA-F stated uncomfortable doing and turns it towards directed by administ cognitively intact an resident; we tell her are uncomfortable vorticed by administ cognitively intact an resident; we tell her are uncomfortable vorticed turning interview on of nursing stated the any videotaped. DON shad been instructed turning off the video cares. DON stated didn't come around the video camera we were directed to ask camera off, and if retake the resident to cares. DON stated the notarized consessigned by R1, howe having it reviewed to document. DON stated the notarized consessigned by R1, howe having it reviewed to document. DON stated the room, and staff not the room. During interview on stated she has told video camera in her ask her about the vido what they want, keep being asked!"	mmotion." NA-F stated there cility who did not want to and "steer clear" of R1's she tells R1 she is g cares with the video camera the wall as she had been tration. NA-F stated R1 was d, "This is too hard on the every time we do cares we	21850			
		ore me; they don't like the				

Minneso	ta Department of He	ealth				THE TOTAL
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
00823		B. WING		02/2) 3/2017	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
NEILSON PLACE 1000 ANNI BEMIDJI, I			NORTHWEST			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
21850	Continued From particles and joke and talk with staff were even all the what she wanted, the video camera off. It made her feel safe, ago one of the nurse morning long about stated she finally return the camera off talks and talks about okay, however, staff day, everyday. R1 when staff constant because, "They [staff constant because, "They [staff constant because, "They [staff don't have to a constantly, but she input. During interview on stated she had bee ask R1 to turn the camera of the constantly, but she input. During interview on stated she had bee ask R1 to turn the camera of the constantly with refused staff should provide cares. NA-told her she was safer differently when stated she was away and the camera of t		21850			
and the second s	When interviewed of	on 2/15/17, at 11:15 a.m. NA-H				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					E SURVEY PLETED	
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	NEIL SON PLACE 1000 ANN		DRESS, CITY, S'			
		MN 56601			1	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
21850	Continued From pa	ge 20	21850	,		
		es into R1's room she asks the camera and, "Turns it no				
	stated when she prother resident she is a cares with the video camera towards the asked her to cover handkerchief insteas she told the resident administration to turn NA-I stated R1 told	on 2/15/17, at 11:30 a.m. NA-I ovided cares to R1 she tells not comfortable providing a camera on and she turns the wall. NA-I stated when R1 the camera with the d of turning it towards the wall at she was directed by an the camera and not cover it, her in the past she didn't want about the camera everyday.				
	LPN-J stated staff verball that staff had a right were directed to tell uncomfortable with be turning it towards told her she feels should be staff because of the staff does not joke at they used to. LPN-treating the resident have to watch what camera is on. LPN if staff could cover thandkerchief but was wanted the video care.	on 2/15/17, at 11:50 a.m. were directed by administration to not be videotaped and the resident staff were the camera on and they would at the wall. LPN-J stated R1 ne was treated differently by evideo camera in her room as and play around with her like J stated she can see staff t differently because they all they say when the video LJ stated she asked the DON he video camera with the as directed administration amera turned towards the wall.				
	manager (UM)-K stand if they could turn and if R1 said no stand if R1 said no stand do cares in anot felt the issues with the	on 2/15/17, at 12:15 p.m. unit atted staff were directed to ask the camera for their privacy, aff would tell the resident they ther room. UM-K stated she the video camera made R1 guarded, and, "We have lost				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		00823	B. WING		02/2	3/2017
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
NEILSO	N PLACE		IE STREET I MN 56601	NORTHWEST		
(VA) ID	SUMMARY STA		T	PROVIDER'S PLAN OF CORRECTION		(X5)
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	COMPLETE DATE
21850	Continued From pa	ge 21	21850			
	nervous with the ca treat the resident di camera made staff aware she didn't go she did prior to the all the direction stafthe camera was direction. When interviewed a stated administration they would be turning cares, and if the video camera turneresident to another RN-L stated a few whave the camera turn another room to have stated she spoke who allow the camera	nip." UM-K stated staff get mera in the room so they do fferent. UM-K stated the video uncomfortable, and she was into R1's room as much as video camera. UM-K stated f had been given regarding ected by administration. In 2/15/17, at 1:00 p.m. RN-L in had directed staff to tell R1 ing the video camera while the resident did not want the d, staff would need to take the room to do cares privately. Weeks ago R1 had refused to rined and would not go to we cares provided. RN-L ith R1 and the resident agreed to be turned if RN-L would en the aides were providing				
	worker (SW)-N state R1 they were not combined with the video came it towards the wall. would bring the resistance was discovered change in behavior. It is cause of the estated recently R1 is the DON was assess changes in behavior had agreed to the cobeen installed, and	on 2/16/17, at 9:30 a.m. social ed staff were directed to tell omfortable providing cares era on and ask if they may turn. If the resident refused, staff dent to another room to SW-N stated after the video ered, the resident had a SW-N was not sure if the se of the actual video camera ffects of the camera. SW-N had refused to talk with her, so sing the resident and r. SW-N stated the resident amera since the camera had she felt the resident was, middle." SW-N stated the R1				

Minnesota Department of Health

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21850	Continued From pa	ge 22	21850			
	still goes out to the but, "She is being to SW-N stated staff of the video camera a respect the staff rig providing cares. When interviewed conditions and the video camera a respect the staff rig providing cares.	dining room and activities, reated differently in her room." eel "threatened" because of nd the facility needed to hts to not be videotaped while on 2/16/16, at 10:40 a.m. the diadministration directed staff she was on camera and		·		
	video camera towal administrator stated directed to turn the providing cares inst The administrator s because she was n the residents life was constantly asking the The administrator s directed to ask the camera when doing uncomfortable bein administrator stated signed a notarized however, that was a facility's legal team cognition varied at the ensure the resident that it was an actual administrator stated discussed the cons with the resident and The administrator s video camera had the	staff would be turning the rds the wall. However, the d the previous day staff were video camera off when lead of asking the resident. It tated this change was made of aware until the previous day as being affected by staff he resident about the camera. It tated staff were originally resident if they could turn the previous day as being affected by staff he resident about the camera. It tated staff were originally resident if they could turn the previous day as being affected by staff he resident if they could turn the previous to they were gon camera. The dishe was aware R1 had consent to the video camera, currently being reviewed by the because the residents himes and they wanted to understood the consent and I legal document. The dishe weeks ago staff had ent to electronic monitoring dishe understood at that time, tated the situation with the been assessed on a daily aff, however, she was unsure				
	staff treatment was the previous day, 2	hught to her attention the effect having on the resident until 15/17, approximately three eo camera had been in place.				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	COMPLETE	
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21850	Continued From pa	age 23	21850			
	Imagining, Patient, Enterprise, revised monitoring by family must be approved the friends should be in monitor must be for cannot be placed in or other patients or may ask the individure cording at any time.	tled, Photography and Video Visitor, Workforce Member- on 2/3/17, indicated Video ly/ friends in a patients room by the bedside nurse. Family/ informed that the camera or cused only on the patient and in a position that captures staff is activities in the room. Staff lual to stop taking pictures or ine. The facility policy does not ent's rights will be protected.				
		THOD OF CORRECTION: The the resident is not maltreated of care.				
	TIME PERIOD FOF days	R CORRECTION: Ten (10)				
21880	MN St. Statute 144. Residents of HC Fa	.651 Subd. 20 Patients & ac.Bill of Rights	21880			3/17/17
	shall be encouraged their stay in a facility to understand and expatients, residents, residents may voice changes in policies and others of their concluding threat of difference procedure well as addresses and office of Health.	nces. Patients and residents d and assisted, throughout by or their course of treatment, exercise their rights as and citizens. Patients and e grievances and recommend and services to facility staff choice, free from restraint, ion, discrimination, or reprisal, discharge. Notice of the re of the facility or program, as and telephone numbers for the acility Complaints and the area udsman pursuant to the Older				

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21880	Continued From pa	age 24	21880				
	posted in a conspic	·					
	residential prograr 253C.01, every nor facility employing in provides outpatient have a written inte at a minimum, sets followed; specifies limits for facility resor resident to have advocate; requires grievances; and proan impartial decision otherwise resolved residential program 253C.01 which are treatment programs centers with section health maintenance 62D.11 is deemed requirement for a way procedure. This MN Requirements by:	e inpatient facility, every m as defined in section nacute care facility, and every nore than two people that mental health services shall rnal grievance procedure that, forth the process to be time limits, including time sponse; provides for the patient the assistance of an a written response to written povides for a timely decision by on maker if the grievance is not Compliance by hospitals, ms as defined in section hospital-based primary s, and outpatient surgery m 144.691 and compliance by the organizations with section to be compliance with the written internal grievance ent is not met as evidenced tion, interview, and document					
	review, the facility f residents reviewed	failed to ensure that 1 of 3, R1, could exercise her rights a facility when she installed a					
	video camera in he order to feel safe. found out about the	r private room on 2/1/2017 in R1 stated after the facility camera she felt staff treated					
	_	a result of the camera the on directed all staff upon					
Minnesota De	epartment of Health		J			1	

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	the camera off while me feel uncomfortated directed to tell the reader able to turn the cameraident to another resulted in actual hapsychosocial harm questioning the resistance in her room. Findings include: R1's care plan date required total staff adaily living (ADL's) and all the resistance in t	nt's room to state, "May I turn e I work with you as it makes ble." The staff were also esident that if they were not hera off they would take the room to provide care. This arm for R1 who experienced related to staff constantly dent about her right to have a had a sixty and a staff with I a total body mechanical lift					
	was in her room lay was a notarized doc family member (FM Electronic Monitorin had given consent to camera in her room staff members resported the device and not tamper with the device pressure me to turn being used to better prevent maltreatmed During observation small plastic daisy stront of the resident camera in the center R1's Progress Note p.m. staff had spokers.	on 2/14/16, at 6:30 p.m. R1 ing in bed. On the wall there cument signed by R1 and)-D titled, Consent To ing. The consent indicated R1 o placement of the video in, and indicated, "I ask that ect my consent to placement but talk to me about the device, or ince, remove the device, or in off the device. The device is a runderstand my care and to int of me by staff and others." of R1's room, there was a sitting on a small end table in in sed which contained a video er of the flower. Is indicated on 2/1/17, at 3:50 in with FM-D who stated a put into R1's room to protect					

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PRINTED: 05/26/2017 FORM APPROVED Minnesota Department of Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: ___ C B. WING_ 02/23/2017 00823 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1000 ANNE STREET NORTHWEST **NEILSON PLACE** BEMIDJI, MN 56601 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 21880 21880 Continued From page 26 the resident. R1 had signed a notarized consent for the video camera and the paper was hanging in R1's room. R1's Progress Note dated 2/4/17, at 10:30 a.m. indicated R1, "Was very tearful. RN [registered nurse] wiped tears with cool cloth and asked why she was so upset. Resident stated that she felt staff were upset with her because of the camera. RN assured her this was not the case. Staff are concerned for her and feel uncomfortable performing cares with a video recording. No one is angry with the resident. Resident feels interactions have lessened because of the video camera." The progress note also indicated the resident, "Said this is her home and the camera has changed how it feels here. She began to cry again. RN explained that if the time comes that she is too distressed about the camera, staff RN may ask permission, on camera, to permanently disable it. Unplug it, remove batteries." R1's Progress Note dated 2/7/17, at 11:12 a.m. indicated the nurse was completing a mood and mental evaluation on R1 and the resident started crying and stated, "People treat her differently because of the camera in her room." R1's Progress Note dated 2/8/17, at 1:30 p.m. indicated FM-D called the facility and requested staff put a tissue over the video camera instead of turning the camera because when staff turn the

camera it is not always turned back in the right position. The Progress Note indicated the nurse called the director of nursing (DON) regarding FM-D's request to put a tissue over the camera, and the DON instructed, "The lawyer said to turn the camera so we need to stick to what they say."

R1's Progress Note dated 2/14/17, at 8:31 p.m.

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21880	indicated, "Prior to assessment, staff at the camera covered peeking.' Camera resident was exposed R1's current Nursing the nursing assistation residents) dated to visit with staff." During observation handwritten pieces the nurses station of paper directed staff ask the following quamera off while I was uncomfortable?" If were directed to turnesident responded respond, "Then I was another area." Staff EVERY time you as get for a response.' R1's data collection contained boxes whyou asked R1, time what you asked R1, time what you ask, and a data collection inclusive 2/1/17, at 4:45 p.m. consent to the camera but I [the camera] becau [the consent]." The documented as, "Si 2/2/17, at 3:30 p.m.	HS [hour of sleep] cares and asked resident if she wanted and she stated yes 'no covered with red hanky while ed." g Assistant care sheet (what its use to know specific cares 2/10/17, indicated R1 "Loves on 2/14/17, at 7:00 p.m. four of paper were hung up behind on R1's unit. The handwritten when going into R1's room to destions. "May I turn the work with you as it makes me the resident said yes staff in the camera off. If the no, staff were directed to could like to do your cares in if were directed to, "Document is this question and what you the other papers were titled for the camera, and nich were titled, quote what what was R1's response to action taken. Some of the	21880			
	to turn it off." The r p.m. on 2/2/17, which	next entry was made at 4:12 ch indicated, "Resident didn't f or to go to another room but				

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Minnesota Department of Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION **IDENTIFICATION NUMBER:** COMPLETED AND PLAN OF CORRECTION A. BUILDING: ___ C B. WING 02/23/2017 00823 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1000 ANNE STREET NORTHWEST **NEILSON PLACE** BEMIDJI, MN 56601 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) Continued From page 28 21880 21880 agreed to turn the camera." The resident response was, "Agreed to have RN [registered nursel in the room and could turn camera around." 2/6/17, at 5:55 p.m.- Staff asked the resident if they could cover the camera up. R1's response was documented as, "You're the only one who asks that you know. If you don't like it open your own place. That's what they tell you to say." The action taken was staff responding to R1, "Well, it makes me uncomfortable." Staff proceeded to do cares with the camera covered. 2/9/17, at 4:30 p.m.- "Is it okay if I turn the camera. I feel uncomfortable." The resident requested staff use the red handkerchief to cover the camera. A hospital progress note dated 2/6/17, indicated R1 was ill in November 2016, December 2016, and early January 2017, with a chronic infection. At that time she was unable to make any medical or legal decisions, however, she was now alert and orientated and it appeared the confusion and delirium had resolved. When interviewed on 2/14/17, at 6:45 p.m. FM-D stated since R1 had the video camera in her room, staff treated the resident differently. FM-D stated R1 liked to joke and laugh with the staff, however, since placement of the video camera staff only focused on the camera in the room, and avoid conversation and entering R1's room. FM-D stated R1 was upset about being treated differently and did not like being questioned about the camera every time staff came into her room. FM-D stated R1 had signed a notarized consent and talked to multiple staff and told them she agrees with the video camera in her room but staff would not stop asking. FM-D stated she had

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requested the facility not turn the camera to the

PRINTED: 05/26/2017 FORM APPROVED Minnesota Department of Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ C B. WING_ 02/23/2017 00823 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1000 ANNE STREET NORTHWEST **NEILSON PLACE** BEMIDJI, MN 56601 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 21880 21880 Continued From page 29 side, or shut it off, because it is not put back in the correct position after cares are complete. FM-D brought in a red handkerchief to cover the camera when staff are providing cares to R1 to ensure the residents privacy, however, most of the time staff just turn the camera and will not use the handkerchief. When interviewed on 2/14/17, at 7:05 p.m. licensed practical nurse (LPN)-M stated the video camera was discovered hidden in R1's room about a month ago. About a week after the camera was found, the daisy video camera was placed by family on R1's end table in her room. LPN-M stated staff were initially instructed to turn the video camera off while in R1's room, and then a few weeks ago it changed to just turning the camera away from the resident and point it towards the wall. LPN-D stated FM-D had requested staff to just cover the camera instead of moving it or turning it off, but staff were directed by administration to turn the camera or shut if off. LPN-M stated she was aware R1 was upset and the resident had cried about the video camera. LPN-M stated R1, "Was in a difficult spot; we [staff] want it off; [FM-D] wants it on- the resident is in between." Administration told staff they had a right not to be videotaped, and LPN-M stated staff were confused because they didn't know if they should be turning the camera, shutting it off, or covering it up. When interviewed on 2/14/17, at 7:30 p.m. Nursing assistant (NA)-E stated she was directed about two weeks ago to cover the camera when providing cares to R1. NA-E stated R1 gets

"annoyed" with staff when they ask about the camera and often responds, "Yes! You know you can cover it!" NA-E stated when she goes into R1's room she says to the resident, "Can I cover

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE	E SURVEY IPLETED	
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taped during car instruction provided instruction provided cares to room. NA-F stat uncomfortable during it toward directed by admic cognitively intact resident; we tell are uncomfortable during interview of nursing stated any videotaped. Douring interview of nursing stated any videotaped. Douring off the video cares. DON stated didn't come arouthe video camera were directed to camera off, and take the resident cares. DON stated the notarized corsigned by R1, how having it reviewed document. DON middle," betweer room, and staffing the room.	because we don't want to be es." NA-E stated this was the ed by administration to staff. on 2/14/17, at 7:45 a.m. NA-F camera in R1's room was, commotion." NA-F stated there facility who did not want to R1 and "steer clear" of R1's ed she tells R1 she is sing cares with the video camera ds the wall as she had been nistration. NA-F stated R1 was and, "This is too hard on the er every time we do cares we ewith the camera." on 2/15/17, at 8:50 a.m. director the facility policy did not allow and staff had the right not to be a stated for staff protection they ed to ask the resident about eo camera every time they do ed she was aware R1 felt staff and as much to talk with her since was in place. DON stated staff ask the resident to turn the video of resident refused, they would to another room to provide ed administration was aware of sent for the video camera wever, the facility is currently do ensure it is a legal stated R1 was "Caught in the having the video camera in her of wanting the video camera in en 2/15/17, at 9:50 a.m. R1 ld "everyone" she is fine with the	21880				

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PRINTED: 05/26/2017 FORM APPROVED Minnesota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: __ C B. WING 02/23/2017 00823 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1000 ANNE STREET NORTHWEST **NEILSON PLACE** BEMIDJI, MN 56601 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 21880 21880 Continued From page 31 video camera in her room. R1 stated when staff ask her about the video camera she tells them to do what they want, "I am sick of it- I don't want to keep being asked!" R1 stated staff treat her differently because of the video camera and they are. "Cold; staff ignore me; they don't like the camera." R1 stated staff don't stay in her room and joke and talk with her anymore, and before staff were even all the way in her room and knew what she wanted, they were asking to turn the video camera off. R1 stated the video camera made her feel safe. R1 stated a couple weeks ago one of the nurses was. "In my face all morning long about the damn camera." R1 stated she finally responded to the nurse to either turn the camera off or get rid of it. R1 stated she talks and talks about the camera and says it is okay, however, staff continue to ask about it all day, everyday. R1 stated, "It pisses me off," when staff constantly talked about the camera because, "They [staff] know the routine!" During a follow up interview on 2/15/17, at 10:40 a.m. DON stated she had just spoke with R1 and the resident wanted the video camera in her room, and staff would now just tell R1 they would be turning the camera off when doing cares instead of asking the resident every time. DON stated they were going to make this change so staff don't have to ask R1 about the camera constantly, but she will still have a chance to give input. During interview on 2/15/17, at 11:00 a.m. NA-G

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stated she had been directed by administration to ask R1 to turn the camera off because she was uncomfortable with it on, and if the resident refused staff should take her to another room and provide cares. NA-G stated R1 was teary and told her she was sad because she felt staff treat

Minnesota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ С B. WING 02/23/2017 00823 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1000 ANNE STREET NORTHWEST **NEILSON PLACE** BEMIDJI, MN 56601 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) 21880 21880 Continued From page 32 her differently when they go into her room. NA-G stated she was aware some of the newer staff were nervous about going into R1's room with the video camera. When interviewed on 2/15/17, at 11:15 a.m. NA-H stated when she goes into R1's room she asks the resident to turn the camera and, "Turns it no matter what." When interviewed on 2/15/17, at 11:30 a.m. NA-I stated when she provided cares to R1 she tells the resident she is not comfortable providing cares with the video camera on and she turns the camera towards the wall. NA-I stated when R1 asked her to cover the camera with the handkerchief instead of turning it towards the wall she told the resident she was directed by administration to turn the camera and not cover it. NA-I stated R1 told her in the past she didn't want to deal with talking about the camera everyday. When interviewed on 2/15/17, at 11:50 a.m. LPN-J stated staff were directed by administration that staff had a right to not be videotaped and were directed to tell the resident staff were uncomfortable with the camera on and they would be turning it towards the wall. LPN-J stated R1 told her she feels she was treated differently by staff because of the video camera in her room as staff does not joke and play around with her like they used to. LPN-J stated she can see staff treating the resident differently because they all have to watch what they say when the video camera is on. LPN-J stated she asked the DON if staff could cover the video camera with the handkerchief but was directed administration wanted the video camera turned towards the wall.

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When interviewed on 2/15/17, at 12:15 p.m. unit

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STATEMENT OF DEFICIENCIES (X1) (X1) PROVIDER/SUPPLIER/CLIA

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21880	manager (UM)-K st R1 if they could turn and if R1 said no st will do cares in ano felt the issues with more confused and our joking relations! nervous with the ca treat the resident di camera made staff aware she didn't go she did prior to the all the direction staft the camera was direct When interviewed of stated administration they would be turning doing cares, and if they would be turning video camera turne resident to another RN-L stated a few we have the camera turn another room to have stated she spoke we to allow the camera stay in the room wh cares. When interviewed of worker (SW)-N state R1 they were not co with the video came it towards the wall. would bring the resi provide R1's cares. camera was discove change in behavior change was because	ge 33 ated staff were directed to ask in the camera for their privacy, aff would tell the resident they ther room. UM-K stated she the video camera made R1 guarded, and, "We have lost hip." UM-K stated staff get mera in the room so they do fferent. UM-K stated the video uncomfortable, and she was into R1's room as much as video camera. UM-K stated if had been given regarding ected by administration. on 2/15/17, at 1:00 p.m. RN-L on had directed staff to tell R1 ing the video camera while the resident did not want the d, staff would need to take the room to do cares privately. It weeks ago R1 had refused to rined and would not go to we cares provided. RN-L ith R1 and the resident agreed in to be turned if RN-L would en the aides were providing. If the resident refused, staff ident to another room to SW-N stated after the video ered, the resident had a SW-N was not sure if the se of the actual video camera ffects of the camera. SW-N	21880			

Minnesota Department of Health

FORM APPROVED Minnesota Department of Health (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ С B. WING 00823 02/23/2017 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1000 ANNE STREET NORTHWEST **NEILSON PLACE** BEMIDJI, MN 56601 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 21880 21880 Continued From page 34 stated recently R1 had refused to talk with her, so the DON was assessing the resident and changes in behavior. SW-N stated the resident had agreed to the camera since the camera had been installed, and she felt the resident was, "Unfairly put in the middle." SW-N stated the R1 still goes out to the dining room and activities, but, "She is being treated differently in her room." SW-N stated staff feel "threatened" because of the video camera and the facility needed to respect the staff rights to not be videotaped while providing cares. When interviewed on 2/16/16, at 10:40 a.m. the administrator stated administration directed staff to alert the resident she was on camera and possible audio and staff would be turning the video camera towards the wall. However, the administrator stated the previous day staff were directed to turn the video camera off when providing cares instead of asking the resident. The administrator stated this change was made because she was not aware until the previous day the residents life was being affected by staff constantly asking the resident about the camera. The administrator stated staff were originally directed to ask the resident if they could turn the camera when doing cares because they were uncomfortable being on camera. The administrator stated she was aware R1 had signed a notarized consent to the video camera. however, that was currently being reviewed by the facility's legal team because the residents cognition varied at times and they wanted to

ensure the resident understood the consent and that it was an actual legal document. The administrator stated a few weeks ago staff had discussed the consent to electronic monitoring with the resident and she understood at that time. The administrator stated the situation with the

Minnesota Department of Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: ___ С B. WING 02/23/2017 00823 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1000 ANNE STREET NORTHWEST **NEILSON PLACE** BEMIDJI, MN 56601 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) 21880 Continued From page 35 21880 video camera had been assessed on a daily basis by multiple staff, however, she was unsure why no one had brought to her attention the effect staff treatment was having on the resident until the previous day, 2/15/17, approximately three weeks after the video camera had been in place. The facility policy titled, Photography and Video Imagining, Patient, Visitor, Workforce Member-Enterprise, revised on 2/3/17, indicated Video monitoring by family/ friends in a patients room must be approved by the bedside nurse. Family/ friends should be informed that the camera or monitor must be focused only on the patient and cannot be placed in a position that captures staff or other patients or activities in the room. Staff may ask the individual to stop taking pictures or recording at any time. The facility policy does not state how the resident's rights will be protected. SUGGESTED METHOD OF CORRECTION: The facility must ensure the resident has the right to exercise their rights without reprisal. TIME PERIOD FOR CORRECTION: Twenty one (21) days

Minnesota Department of Health STATE FORM

PRINTED: 05/26/2017 FORM APPROVED OMB NO. 0938-0391

1	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (A. BUILDING		(X3) DATE SURVEY COMPLETED		
		045020				1	R-C
		245039	B. WING			04/	11/2017
NAME OF I	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
NEILSON	N PLACE				1000 ANNE STREET NORTHWEST BEMIDJI, MN 56601		
WAID	QUMMARY STA	TEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION	.1	(X5)
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{F 000}	INITIAL COMMENT	-s	{F 00	00}			·
F 156 SS=D	4/10/17 and 4/11/17 issued relate to complace is not in complace is not in complace in Facilities. 483.10(d)(3)(g)(1)(4	revisit was conducted on /, to follow up on deficiencies oplaint H5039013. Neilson pliance with 42 CFR Part 483, tents for Long Term Care (1)(5)(13)(16)-(18) NOTICE OF SERVICES, CHARGES	F 1	56			5/19/17
	remains informed of of contacting the ph	ust ensure that each resident f the name, specialty, and way ysician and other primary care nsible for his or her care.					
	(1) The resident has his or her rights and	tion and Communication. Is the right to be informed of of all rules and regulations conduct and responsibilities y in the facility.					
	notices orally (mean	nas the right to receive ling spoken) and in writing a format and a language he including:					
	The facility must furi	as specified in this section. nish to each resident a written rights which includes -					
		the manner of protecting er paragraph (f)(10) of this					
	procedures for establincluding the right to	the requirements and blishing eligibility for Medicaid, request an assessment of ction 1924(c) of the Social				A STATE OF THE STA	
ABORATORY	DIRECTOR'S OR PROVIDE	ا ER/SUPPLIER REPRESENTATIVE'S SIGN	ATURE	1	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.

05/16/2017

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		LE CONSTRUCTION S		TE SURVEY MPLETED
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F 156	Security Act. (C) A list of names, email), and telephore State regulatory and resident advocacy of Survey Agency, the State Long-Term Caprotection and advoservices where statin long-term care far agency for informat community and the and (D) A statement that complaint with the Sconcerning any susfederal nursing facil not limited to reside exploitation, misapping the facility, non-confirmation regarding (ii) Information and local advocacy not limited to the State Long-Term Care On (established under state and local advocacy system (as established under state and local state) advocacy system (as established under state) advocacy system (as est	addresses (mailing and ne numbers of all pertinent d informational agencies, groups such as the State State licensure office, the are Ombudsman program, the ocacy agency, adult protective e law provides for jurisdiction cilities, the local contact ion about returning to the Medicaid Fraud Control Unit; It the resident may file a State Survey Agency pected violation of state or ity regulations, including but not abuse, neglect, propriation of resident property ompliance with the advance ents and requests for ag returning to the community. Contact information for State organizations including but ate Survey Agency, the State organizations including but ate Survey Agency, the State observed and program section 712 of the Older 165, as amended 2016 (42 and the protection and s designated by the state, and or the Developmental ce and Bill of Rights Act of 1001 et seq.) Il be implemented beginning	F 1	56			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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F 156	eligibility and covera [§483.10(g)(4)(iii) w November 28, 2017 (iv) Contact information 202(a)(20)(Act); or other No W [§483.10(g)(4)(iv) w November 28, 2017 (v) Contact informatic Control Unit; and [§483.10(g)(4)(v) windown 28, 2017 (vi) Information and grievances or composuspected violation facility regulations, is resident abuse, negmisappropriation of facility, non-compliadirectives requirement information regarding (g)(5) The facility manner accessible as residents, resident residents, and is a side of the si	arding Medicare and Medicaid age; ill be implemented beginning (Phase 2)] Ition for the Aging and Center (established under B)(iii) of the Older Americans rong Door Program; ill be implemented beginning (Phase 2)] Ition for the Medicaid Fraud III be implemented beginning (Phase 2)] Ition for the Medicaid Fraud III be implemented beginning (Phase 2)] Contact information for filing laints concerning any of state or federal nursing including but not limited to lect, exploitation, resident property in the ince with the advance ents and requests for ig returning to the community. List post, in a form and and understandable to epresentatives: Indicate the definition of the community in the community. List post, in a form and and understandable to epresentatives:	F 1	156	·		
	agencies and advoc Survey Agency, the protective services v	pers of all pertinent State acy groups, such as the State State licensure office, adult where state law provides for erm care facilities, the Office				:	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		ONSTRUCTION	(X3) DATE	
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F 156	of the State Long-T program, the protect home and communand the Medicaid F (ii) A statement that complaint with the Sconcerning any sus federal nursing facilimited to resident a misappropriation of facility, and non-condirectives requirem I) and requests for to the community. (g)(13) The facility written information, applicants for adminiformation about hedicare and Medireceive refunds for such benefits. (g)(16) The facility must and in writing in a launderstands of his regulations governing responsibilities duri	ge 3 ferm Care Ombudsman ction and advocacy network, ity based service programs, raud Control Unit; and the resident may file a State Survey Agency spected violation of state or lity regulation, including but not abuse, neglect, exploitation, resident property in the mpliance with the advanced ents (42 CFR part 489 subpart information regarding returning must display in the facility and provide to residents and ssion, oral and written ow to apply for and use caid benefits, and how to previous payments covered by must provide a notice of rights resident prior to or upon ng the resident's stay. inform the resident both orally anguage that the resident or her rights and all rules and ng resident conduct and ng the stay in the facility. also provide the resident with d notice of Medicaid rights and	F .	56			
FORM CMS-24	567(02-99) Previous Versions	Obsolete Event ID: EGXB1:	2	Facility	ID: 00823 If continu	ration shee	t Page 4 of 10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '		ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 156	amendments to it, r writing; (g)(17) The facility r (i) Inform each Med writing, at the time of facility and when the Medicaid of- (A) The items and so nursing facility serviter for which the reside (B) Those other iter facility offers and for charged, and the arrevices; and (ii) Inform each Medicaid services are made as specified in paragratic this section. (g)(18) The facility reperiodically during the available in the facility available in the facility reperiodically during the available in the facility available in the facility are overed under Medifacility's per diem rational services covered Medicaid State plan	information, and any must be acknowledged in must— licaid-eligible resident, in of admission to the nursing e resident becomes eligible for services that are included in ices under the State plan and int may not be charged; ms and services that the r which the resident may be mount of charges for those dicaid-eligible resident when to the items and services phs (g)(17)(i)(A) and (B) of must inform each resident e of admission, and he resident's stay, of services ity and of charges for those any charges for services not icare/ Medicaid or by the ite. In coverage are made to items and by Medicare and/or by the ite facility must provide of the change as soon as is	F.1	56			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		245039	B. WING			l	-C 11/2017
NAME OF F	PROVIDER OR SUPPLIER			1	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 ANNE STREET NORTHWEST BEMIDJI, MN 56601		
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F 156	Continued From pa	ge 5 are made to charges for other	F1	156			
	items and services facility must inform	that the facility offers, the the resident in writing at least lementation of the change.					
	transferred and doe facility must refund representative, or e deposit or charges a per diem rate, for th resided or reserved	s or is hospitalized or is is not return to the facility, the to the resident, resident state, as applicable, any already paid, less the facility's le days the resident actually or retained a bed in the					
	discharge notice red (iv) The facility mus resident representa	t refund to the resident or tive any and all refunds due days from the resident's					
	behalf of an individu facility must not con these regulations.	admission contract by or on it is seeking admission to the filled with the requirements of					
	Based on observation review, the facility fareviewed, R1, who reamera in her room	ion, interview, and record ailed to ensure 1 of 1 residents requested to have a video , was fully informed of the of the facility regarding					
	2/28/17, indicated th	num Data Set (MDS) dated ne resident had moderate nt and required extensive					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	NG	COV	MPLETED
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F 156	assistance with all a R1's care plan date required extensive daily living. R1's Progress Note 2/23/17- Social sem member (FM)-C to would be unplugged legal department. S manager on R1's u to notify staff to ma unplugged. Staff w resident they were the camera would a 2/24/17- R1 was tol being permanently stated okay." 3/9/17- R1's video or resident's room and office for pick up by asked to remove th would be removed if 3/10/17- FM-C pick the facility. 4/8/17- R1 had a ne that appeared as a supervisor was aler providing care for th before.	activities of daily living. ad 3/2/17 indicated the resident assistance with all activities of assistance with all activities of assistance with all activities of a sindicated the following: vices called R1's family inform her R1's video camera dindefinitely per the facility's social services notified the unit nit to unplug the camera and ke sure the camera stayed ere directed to stop telling the unplugging the camera since already be unplugged. Id today that the camera was unplugged. R1, "Smiled and camera was removed from a placed in the administrator's and placed in the administrator's are camera last evening or it by 9:00 a.m. this morning. Bed up the video camera from a small alarm clock. The ted and staff were to continue the resident as they were	F 15	56		
	worker (SW)-D stat	ed she was directed by				

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		245	020	B. WING					-C
NAME OF	DECLURED OF SUPPLIED	245	039	B. WING	STREET ADDRESS, CITY, STATE, ZIP CODE		ZIP CODE	04/11/2017	
NAME OF	PROVIDER OR SUPPLIER					E STREET NORTHW			
NEILSO	N PLACE					MN 56601	E31	,	
(X4) ID PREFIX TAG		ATEMENT OF DEFICI Y MUST BE PRECED SC IDENTIFYING INI	ED BY FULL	ID PREFI TAG		PROVIDER'S PLAN O EACH CORRECTIVE AC OSS-REFERENCED TO DEFICIEN	TION SHOULD THE APPROP	BE	(X5) COMPLETION DATE
F 156	Continued From paradministration to now was being removed against the facility produced the facility up agreement to include videotaping was not stated when R1 was regarding videotaping VP-D was not awas provided the facility. When interviewed Registered nurse (I agreement was up 2017, to include no not allow videotapin admission agreement admission agreement was up 2017, to include no not allow videotapin admission agreement was up 2017, to include no not allow videotapin admission agreement was up 2017, to include no not allow videotapin admission agreement was up 2017, to include no not allow videotapin admission agreement was up 2017, to include no not allow videotapin admission agreement was a facility RN-E stated when her room in Januar a specific policy regarding videotaping video	ortify FM-C the vide from R1's roor or olicy. SW-D steplaced in R1's roor or olicy. SW-D steplaced in R1's root and the admitted the fing was not provere if R1 had every policy regarding. RN-E verified at the end tifying residents and the end tifying resident welcoped at that the end tifying resident to a 4/7/17, at 3:00 arding resident to a 4/7/17, at 3:00 arding resident to a 4/7/17, at 3:00 arding the end to on 4/10/17, at 2:00 a	n as it was ated after the com in January ssion dents facility. SW-D facility rules yided to R1. Fer been g videotaping. To p.m. February the facility did at R1's de notifying the deotaping, ideo camera in lity did not have s videotaping ime. To p.m. the perior facility current policy rules and individual, g. To p.m. R1 sted FM-C to cause it made video camera d by off when	F 1	56				
FORM CMS-2	567(02-99) Previous Versions	Obsolete	Event ID: EGXB1:	2	Facility ID: 008	323	If continua	tion sheet	Page 8 of 10

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION) COM	E SURVEY IPLETED
		245039	B. WING				R-C ⁻ 11/2017
	PROVIDER OR SUPPLIER			10	TREET ADDRESS, CITY, STATE, ZIP CODE DOO ANNE STREET NORTHWEST EMIDJI, MN 56601	1 0-11	11/2011
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F 156	February 2017, adnagainst the facility pin her resident room unplugged the cam come and remove to wanted a video came FM-C brought the video can anything and was notated the video can anything and was notated she had never regarding videotaping. A smatter stated this was the videotaping. A smatter resident's nights stated this was the videotaping. When interviewed administrator stated allow videotaping, aware if R1 had been regarding videotaping aware if R1 had been regarding videotaping aware in her room facility had told R1 video camera in her room facility had told R1 video camera in Fellonot spoken to R1 or camera and had an 4/11/17. The adminipolicy regarding videotaping videotaping videotaping videotaping and had an 4/11/17. The adminipolicy regarding videotaping videot	ninistration told her it was policy to have video cameras in and administration era and requested FM-C to the camera. R1 stated she mera in her room. On 4/7/17, ideo camera back to the uest and placed it on the common near the television. R1 mera was not hooked up to oot actually videotaping. R1 er seen the facility policying, she was only told by acility policy did not allow all black box was observed on stand by the television. R1 video camera but it was not en provided the facility policying. The administrator was not en provided the facility policying. The administrator stated are R1 had placed a video on 4/7/17, although the video cameras were not and removed the other or upcoming meeting on enistrator stated the facility policy entions and not facility specific. It is the policy, admission or mation being given to R1	F 1	56			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONS' AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING				E SURVEY PLETED			
						R	-C
		245039	B. WING			04/	11/2017
NAME OF F	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
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NEILSON	TLACE			E	BEMIDJI, MN 56601		
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F 156	Continued From pa	ge 9 led Photography and Video	F 1	56			
	Imaging, Patient, Vi Enterprise, dated 2/ monitoring by family must be approved be friends should be in monitor must be foo cannot be placed in or other patients or	isitor, Workforce Member-/3/17, indicated video y/ friends in a patient's room by the bedside nurse. Family/ iformed that the camera or cused only on the patient and a position that captures staff activities in the room. Staff ual to stop taking pictures or					
	indicated, "Photogramonitoring is not pe	admission agreement aphic, video, and/or audio ermitted in this facility where ares such as activities of daily ce."					
	include any informa	eement dated 8/31/16, did not tion regarding facility rules of and/or audio monitoring.					
		·					

Minnesota Department of Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ R-C B. WING 04/11/2017 00823 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1000 ANNE STREET NORTHWEST **NEILSON PLACE** BEMIDJI, MN 56601 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) {2 000} {2 000} Initial Comments ****ATTENTION***** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, 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 indicated below. When a rule 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. **INITIAL COMMENTS:** A licensing order follow-up was completed to follow up on correction orders issued related to complaint H5039013. Neilson Place was found not to be in compliance with state regulations. 21800 21800 MN St. Statute144.651 Subd. 4 Patients & Residents of HC Fac. Bill of Rights

Minnesota Department of Health

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

TITLE

(X6) DATE 05/16/17

PRINTED: 05/26/2017 FORM APPROVED Minnesota Department of Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: R-C B. WING 04/11/2017 00823 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1000 ANNE STREET NORTHWEST **NEILSON PLACE** BEMIDJI, MN 56601 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 21800 21800 Continued From page 1 Subd. 4. Information about rights. Patients and residents shall, at admission, be told that there are legal rights for their protection during their stay at the facility or throughout their course of treatment and maintenance in the community and that these are described in an accompanying written statement of the applicable rights and responsibilities set forth in this section. In the case of patients admitted to residential programs as defined in section 253C.01, the written statement shall also describe the right of a person 16 years old or older to request release as provided in section 253B.04, subdivision 2, and shall list the names and telephone numbers of individuals and organizations that provide advocacy and legal services for patients in residential programs. Reasonable accommodations shall be made for those with communication impairments and those who speak a language other than English. Current facility policies, inspection findings of state and local health authorities, and further explanation of the written statement of rights shall be available to patients, residents, their guardians or their chosen representatives upon reasonable request to the administrator or other designated staff person, consistent with chapter 13, the Data Practices Act, and section 626.557, relating to vulnerable adults.

by:

This MN Requirement is not met as evidenced

Based on observation, interview, and record review, the facility failed to ensure 1 of 1 residents reviewed, R1, who requested to have a video camera in her room, was fully informed of the rights and the rules of the facility regarding

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Minnesota Department of Health STATE FORM

stated okay."

the facility.

2/24/17- R1 was told today that the camera was being permanently unplugged. R1, "Smiled and

3/9/17- R1's video camera was removed from resident's room and placed in the administrator's office for pick up by FM-C. FM-C had been asked to remove the camera last evening or it would be removed by 9:00 a.m. this morning.

3/10/17- FM-C picked up the video camera from

4/8/17- R1 had a new video camera in her room that appeared as a small alarm clock. The

Minnesota Department of Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: __ R-C B. WING 04/11/2017 00823 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1000 ANNE STREET NORTHWEST **NEILSON PLACE** BEMIDJI, MN 56601 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 21800 21800 Continued From page 3 supervisor was alerted and staff were to continue providing care for the resident as they were before. When interviewed on 4/7/17, at 1:10 p.m. social worker (SW)-D stated she was directed by administration to notify FM-C the video camera was being removed from R1's room as it was against the facility policy. SW-D stated after the video camera was placed in R1's room in January 2017, the facility updated the admission agreement to include notifying residents videotaping was not allowed in the facility. SW-D stated when R1 was admitted the facility rules regarding videotaping was not provided to R1. SW-D was not aware if R1 had ever been provided the facility policy regarding videotaping. When interviewed on 4/7/17, at 1:40 p.m. Registered nurse (RN)-E stated the admission agreement was updated at the end of February 2017, to include notifying residents the facility did not allow videotaping. RN-E verified R1's admission agreement did not include notifying the resident the facility did not allow videotaping. RN-E stated when R1 placed the video camera in her room in January 2017, the facility did not have a specific policy regarding residents videotaping so a policy was developed at that time. When interviewed on 4/7/17, at 3:00 p.m. the director of risk management (DRM)-F stated prior to February 2017, there was no specific facility policy regarding videotaping. The current policy was a facility wide policy for the corporation and the nursing home did not have an individual, facility specific policy on videotaping. When interviewed on 4/10/17, at 2:30 p.m. R1

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stated in January 2017, she requested FM-C to

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Minnesota Department of Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: ____ R-C B. WING 04/11/2017 00823 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1000 ANNE STREET NORTHWEST **NEILSON PLACE** BEMIDJI, MN 56601 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 21800 21800 Continued From page 4 put a video camera in her room because it made her feel safe. R1 stated when the video camera was in her room, staff were directed by administration to turn the camera off when providing cares. R1 stated the beginning of February 2017, administration told her it was against the facility policy to have video cameras in her resident room and administration unplugged the camera and requested FM-C to come and remove the camera. R1 stated she wanted a video camera in her room. On 4/7/17, FM-C brought the video camera back to the facility per R1's request and placed it on the nightstand in R1's room near the television. R1 stated the video camera was not hooked up to anything and was not actually videotaping. R1 stated she had never seen the facility policy regarding videotaping, she was only told by administration the facility policy did not allow videotaping. A small black box was observed on the resident's nightstand by the television. R1 stated this was the video camera but it was not hooked up. When interviewed on 4/10/17, at 3:00 p.m. the administrator stated the facility policy did not allow videotaping. The administrator was not aware if R1 had been provided the facility policy regarding videotaping. The administrator stated she was made aware R1 had placed a video camera in her room on 4/7/17, although the facility had told R1 video cameras were not allowed in the facility and removed the other video camera in February 2017. The facility had not spoken to R1 or FM-C about the video camera and had an upcoming meeting on 4/11/17. The administrator stated the facility policy regarding videotaping was a blanket policy for all of the corporations and not facility specific. The administrator stated there was no facility

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FORM APPROVED Minnesota Department of Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: __ R-C B. WING 04/11/2017 00823 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1000 ANNE STREET NORTHWEST **NEILSON PLACE** BEMIDJI, MN 56601 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 21800 Continued From page 5 21800 specific policy regarding videotaping. The administrator verified the policy, admission agreement, and information being given to R1 regarding videotaping is conflicting. The facility policy titled Photography and Video Imaging, Patient, Visitor, Workforce Member-Enterprise, dated 2/3/17, indicated video monitoring by family/ friends in a patient's room must be approved by the bedside nurse. Family/ friends should be informed that the camera or monitor must be focused only on the patient and cannot be placed in a position that captures staff or other patients or activities in the room. Staff may ask the individual to stop taking pictures or recording at any time. The facility undated admission agreement indicated. "Photographic, video, and/or audio monitoring is not permitted in this facility where resident personal cares such as activities of daily living are taking place." R1's admission agreement dated 8/31/16, did not include any information regarding facility rules of photographic, video, and/or audio monitoring. SUGGESTED METHOD OF CORRECTION: The facility must ensure the resident is fully informed of their rights and rules of the facility. TIME PERIOD TO CORRECT: Twenty-one (21) days

PRINTED: 05/22/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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		245039	B. WING			05/	22/2017
NAME OF PROVIDER OR SUPPLIER NEILSON PLACE				1	TREET ADDRESS, CITY, STATE, ZIP CODE 000 ANNE STREET NORTHWEST BEMIDJI, MN 56601		• :
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTI PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPRODEFICIENCY)) BE	(X5) COMPLETION DATE
{F 000}	INITIAL COMMEN	гѕ	{F 0	00}			
	5/22/17, to follow uto complaint H5039 compliance with 42	n revisit was conducted on p on deficiencies issued relate 2013. Nielson Home is in CFR Part 483, subpart B, ong Term Care Facilities.		-	·		
	·						
·							
LABORATOR	Y DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE		TITLE	· 1112-3	(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.

Minnesota Department of Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: ____ R-C B. WING 05/22/2017 00823 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1000 ANNE STREET NORTHWEST **NEILSON PLACE** BEMIDJI, MN 56601 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) {2 000} {2 000} Initial Comments *****ATTENTION***** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, 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 indicated below. When a rule 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. **INITIAL COMMENTS:** A licensing order follow-up was completed to follow up on correction orders issued related to complaint H5039013. Nielson Place was found in compliance with state regulations.

Minnesota Department of Health

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

TITLE

(X6) DATE



PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Electronically delivered May 31, 2017

Mr. Adam Coe, Administrator Neilson Place 1000 Anne Street Northwest Bemidji, MN 56601

RE: Project Number H5039013

Dear Mr. Coe:

On February 24, 2017, we informed you that the following enforcement remedy was being imposed:

- State Monitoring effective May 1, 2017. (42 CFR 488.422)
- Mandatory denial of payment for new Medicare and Medicaid admissions effective May 23, 2017. (42 CFR 488.417 (b))

Furthermore, this Department made a recommendation to the Centers for Medicare and Medicaid Services (CMS) informed you that the following enforcement remedies were being imposed:

- Civil money penalty for the deficiency cited at F151 (S/S=G). (42 CFR 488.430 through 488.444)
- Civil money penalty for the deficiency cited at F223 (S/S=G). (42 CFR 488.430 through 488.444)
- Civil money penalty for the deficiency cited at F490 (S/S=G). (42 CFR 488.430 through 488.444)

As we notified you in our letter of February 24, 2017, in accordance with Federal law, as specified in the Act at Section 1819(f)(2)(B)(iii)(I)(b) and 1919(f)(2)(B)(iii)(I)(b), your facility is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from May 23, 2017.

This was based on the deficiencies cited by this Department for an abbreviated standard survey completed on February 23, 2017 pursuant to an investigation of complaint number H5039013. The most serious deficiencies were found to be isolated deficiencies that constituted actual harm that was not immediate jeopardy (Level G) whereby corrections were required.

On April 11, 2017, the Minnesota Department of Health completed a Post Certification Revisit (PCR) to verify that your facility had achieved and maintained compliance with federal certification deficiencies issued pursuant to an abbreviated standard survey, completed on February 23, 2017. We presumed, based on your plan of correction, that your facility had corrected these deficiencies as of March 17,

Neilson Place May 31, 2017 Page 2

2017. Based on our visit, we determined that your facility had not corrected the deficiencies issued pursuant to our abbreviated standard survey, completed on February 23, 2017. As a result of the revisit findings, we notified you that the Category 1 remedy of state monitoring would remain in effect.

On May 22, 2017, the Minnesota Department of Health completed a PCR to verify that your facility had achieved and maintained compliance with federal certification deficiencies issued pursuant to a PCR, completed on April 11, 2017. We presumed, based on your plan of correction, that your facility had corrected these deficiencies as of May 19, 2017. Based on our visit, we have determined that your facility has corrected the deficiencies issued pursuant to our PCR, completed on April 11, 2017. As a result of the revisit findings, the Department is discontinuing the Category 1 remedy of state monitoring effective May 19, 2017.

The CMS Region V Office will notify you of their determination regarding the imposed remedies, Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) prohibition.

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 if you have questions.

Sincerely,

Kate JohnsTon, Program Specialist

Program Assurance Unit

Licensing and Certification Program

Health Regulation Division

Minnesota Department of Health

Email: kate.johnston@state.mn.us

Telephone: (651) 201-3992 Fax: (651) 215-9697

cc: Licensing and Certification File



PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

May 22, 2017

Mr. Adam Coe, Administrator Neilson Place 1000 Anne Street Northwest Bemidji, MN 56601

Re: Complaint Number H5039013

Dear Mr. Coe:

A complaint investigation H5039013 was completed on May 22, 2017. At the time of the investigation, the investigator also assessed compliance with Minnesota Department of Health Nursing Home Rules. The investigator from the Minnesota Department of Health, Office of Health Facility Complaints, found no violations of these rules promulgated under Minnesota Statute section 144.653 and/or Minnesota Statute section 144A.10.

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. Enclosed is the Minnesota Department of Health order form stating that no violations were noted at the time of this investigation.

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. Please feel free to call me with any questions.

Sincerely,

Lindsey Krueger, RN

Juday & Hay

Office of Health Facility Complaints Health Regulation Division

85 East Seventh Place, Suite 220

P.O. Box 64970

St. Paul, MN 55164-0970

Telephone: (651) 201-4135 Fax: (651) 281-9796

LK/ja

Enclosure(s)