



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
January 13, 2022

Administrator
Sauer Health Care
1635 West Service Drive
Winona, MN 55987

RE: CCN: 245102
Cycle Start Date: December 10, 2021

Dear Administrator:

On January 11, 2022, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

A handwritten signature in black ink, appearing to read 'Melissa Poepping'.

Melissa Poepping, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poepping@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
December 17, 2021

Administrator
Sauer Health Care
1635 West Service Drive
Winona, MN 55987

RE: CCN: 245102
Cycle Start Date: December 10, 2021

Dear Administrator:

On December 10, 2021, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety, to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

ELECTRONIC PLAN OF CORRECTION (ePoC)

Within **ten (10) calendar days** after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved.

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by an "F" tag), i.e., the plan of correction should be directed to:

Karen Aldinger, Unit Supervisor
St. Cloud A District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: karen.aldinger@state.mn.us
Office: (651) 201-3794 Mobile: (320) 249-2805

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually

occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

If substantial compliance with the regulations is not verified by March 10, 2022 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by June 10, 2022 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

INFORMAL DISPUTE RESOLUTION (IDR) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Nursing Home Informal Dispute Process
Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: <https://mdhprovidercontent.web.health.state.mn.us/ltr/idr.cfm>

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

Sauer Health Care

December 17, 2021

Page 4

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Melissa Poepping". The signature is fluid and cursive, with a large initial "M" and a long, sweeping underline.

Melissa Poepping, Health Program Representative Senior

Program Assurance | Licensing and Certification

Minnesota Department of Health

P.O. Box 64900

Saint Paul, Minnesota 55164-0970

Phone: 651-201-4117

Email: melissa.poepping@state.mn.us

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

PRINTED: 12/31/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245102	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/10/2021
NAME OF PROVIDER OR SUPPLIER SAUER HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1635 WEST SERVICE DRIVE WINONA, MN 55987		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	<p>INITIAL COMMENTS</p> <p>On 12/8/21 through 12/10/21, a standard abbreviated survey was conducted at your facility. Your facility was found to be NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.</p> <p>The following complaint was found to be SUBSTANTIATED: H5102037C (MN79125), however NO deficiencies were cited due to actions implemented by the facility prior to survey.</p> <p>The following complaints were found to be SUBSTANTIATED: H5102038C (MN79035), with a deficiency cited at (F580).</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance.</p> <p>Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.</p>	F 000			
F 580 SS=D	<p>Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)</p> <p>§483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which</p>	F 580		1/7/22	

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

TITLE

(X6) DATE

Electronically Signed

12/30/2021

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 580	Continued From page 1 results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct	F 580			

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F 580	<p>Continued From page 2</p> <p>part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and document review, the facility failed to ensure the physician was notified timely of a change in condition for 1 of 1 resident (R1) reviewed for who developed increased pain and signs of infection after a fall.</p> <p>Findings include:</p> <p>R1's quarterly Minimum Data Set (MDS) dated 9/9/21, included severe cognitive impairment with diagnoses including dementia and Parkinson's disease. R1 required extensive assistance with most activities of daily living. R1 had 2 or more falls without injury since the prior assessment. R1 had a tracking MDS dated 10/20/21, which indicated an unplanned discharge to an acute care hospital.</p> <p>R1's progress note dated 10/15/21, at 2:31 a.m. included, "Writer alerted of resident self transfer when alarm sounded. Staff immediately answered alarm, resident was lying on her left side at the entrance of the east solarium. Staff were unable to witness fall as resident had fallen out of wheelchair, on to her knees and then resident laid on side, wheelchair was at her feet sitting upright." Immediate action taken included, "Resident was assessed by writer, legs were of equal length, resident lower extremities are stiff and unable to complete ROM [range of motion] but was at baseline. PERRLA [pupils equal, round, reactive to light, accommodation], vitals WNL [within normal limits], resident was ez lyfted [sic] [mechanical full body lift] to her wheelchair</p>	F 580	<p>In response to the above stated citation Sauer Health Care took these immediate actions:</p> <ul style="list-style-type: none"> • Meeting with RN Unit Manager, RN Quality Assurance Manager and RN MDS Coordinator regarding findings of citation • Reviewed all resident falls over the last 30 days to ensure provider notification per policy has been addressed • Coaching and Education of staff who noted change of condition on 10/17/2021 <ol style="list-style-type: none"> 1. LPN A no longer works in facility. Terminated as of 11/15/2021 2. RN Supervisor working 10/17/2021 no longer works in facility. Last day of employment 11/9/2021. RN supervisor was not interviewed during investigation. • Coaching and Education provided to other licensed staff working from 10/17/2021 through time period of resident being evaluated by provider • DON review of the following policies and updated if required <ol style="list-style-type: none"> 1. Change of Resident Condition, Awareness Policy 2. Change of Resident Condition, Notification Policy 3. Fall Prevention and Management <p>Plan to address any future non-compliance.</p> <ul style="list-style-type: none"> • Health Care Academy courses 		

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F 580	<p>Continued From page 3</p> <p>and then ez lyfted [sic] to her recliner chair. Resident was smiling at staff during transfer. Writer checked resident head and found no skin impairments, resident does have a scrape on right knee from when resident fell, areas was cleaned and applied boarded [sic] foam dressing. Area is defined, open, no drainage, no s/sx [signs or symptoms] of infection." The note indicated family, the director of nursing (DON), social services, physician and the administrator were all notified of the fall.</p> <p>R1's progress note dated 10/16/21, at 1:30 a.m. identified R1 had been found on the fall mat next to her bed with knees on floor mat and upper body on the bed. R1 had no injuries or pain.</p> <p>R1's progress note dated 10/16/21, at 1:54 a.m. included she was again found again kneeling on fall mat next to bed with upper body on the bed. R1 did not have any injuries.</p> <p>R1's progress note dated 10/17/21, at 4:30 a.m. identified, "Redness noted to [R1's name] LLE [left lower extremity] near ankle, area is slightly warmer to touch than RLE [right lower extremity]. No pain noted to LLE. Will alert AM shift."</p> <p>R1's progress note dated 10/17/21, at 7:13 p.m. included, "Writer completed skin check and was unable to visualize reported redness near left ankle, bilateral legs are edematous, pink in color, blanches, normal in warmth, no s/sx of infection, however, resident was unable to completed full ROM with LLE. Resident WNL ROM RLE, Resident stated 'no' and pressed down leg to ground when writer attempted ROM to LLE. Writer re-approached resident regarding ROM LLE, resident compliant, s/sx of pain during ROM.</p>	F 580	<p>assigned to Nursing Staff completed by 12/3/2021. (This was assigned and completed following concern from survey on 10/22/2021.)</p> <p>1. Recognizing and reporting changes in resident condition (this is completed annually, along with annual review of change in condition policy)</p> <ul style="list-style-type: none"> • Document note in electronic chart that Provider reviewed note placed in rounds book • Post Fall Follow-Up progress note created • Post Fall Follow-Up order template created • Incident Note updated to include documentation that Post Fall Follow-Up order initiated • Audit of 24 hour report weekly x 1 month, then monthly x 3 months to ensure if change of condition is noted, provider was notified according to policy • Audit of Incident Reports weekly x 1, then monthly x 3 months to ensure if change of condition is noted, provider was notified according to policy • Provide Licensed Staff with above 3 mentioned polices and copies of new progress notes and order template with signature of understanding to be completed by 1/7/2022 • Provided CNA Staff with Change of Resident Condition, Awareness Policy, with signature of understanding to be completed by 1/7/2022 • Overall compliance to F580 to be completed by 1/7/2022 <p>Compliance for adherence to this plan will</p>		

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F 580	<p>Continued From page 4</p> <p>Reside has a history of frequent falls. Resident last had a fall 10/15/21. Updated rounds book [book in facility for provider to review upon next visit] to obtain orders for an xray to area where resident c/o [complains of] pain." "Resident is unable to voice amount of pain, pain scale used to evaluate pain, pain 5/10. Will continue to monitor."</p> <p>R1's progress note dated 10/17/21, at 11:26 p.m included, "PM shift reports they saw no redness to LLE, writer has just checked and while it has improved there is still an area of redness to the anterior shin of LLE. It is not going all the way around the leg as in the AM. Writer did lightly outline area with a pen so others can judge if it has improved or not."</p> <p>R1's restorative note dated 10/19/21, at 10:18 a.m. included, "Will follow up with provider r/t [related to] LLE pain during rounds on Wednesday (tomorrow)."</p> <p>R1's quality review note dated 10/19/21, at 1:57 p.m. included, therapy noted R1 was dragging her left foot with ambulation and endorsed pain as evidenced by not participating in transfers. R1's pain appeared to be in the left lower extremity where weakness had also been noted. R1 was added to the nurse practioner schedule for 10/20/21.</p> <p>R1's provider note dated 10/20/21, at 9:39 a.m. identified, R1 was seen for an acute visit related to right leg and hip pain with an order for an x-ray of right hip related to a fall.</p> <p>R1's provider order dated 10/20/21, at 1:46 p.m. indicated staff reported R1 had been complaining</p>	F 580	<p>be the responsibility of the Director of Nursing with overall compliance being the responsibility of the Administrator.</p>		

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

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F 580	<p>Continued From page 5 of left leg pain and an order for an x-ray of both the left and right hip.</p> <p>R1's progress note dated 10/20/21, at 11:56 p.m. included, x-ray technician advised against transferring resident due to possible left hip fracture. Writer then contacted the provider who confirmed the fracture and recommended R1 be seen and treated in the emergency department.</p> <p>When interviewed on 12/9/21, at 9:13 a.m. unit manager, registered nurse (RN)-A reviewed the nurses note written on 10/17/21, at 7:13 p.m. and stated in that situation, RN-A would have expected the nurse to have called the provider and intervened more promptly in regards to R1's expression of pain and refusal to complete ROM on the LLE.</p> <p>When interviewed on 12/9/21, at 9:52 a.m. family member (FM)-A stated, once hospitalized, the doctors told her R1 had an infection in her leg and, "I could not believe the facility waited this long," to have R1 seen after noting the redness.</p> <p>When interviewed on 12/9/21, at 11:10 a.m. licensed practical nurse (LPN)-A stated every time orthostatic blood pressures were attempted on R1, R1 could no longer stand the full three minutes and would complain of pain. LPN-A stated the, "round book," was updated for a provider to evaluate R1 and order an x-ray due to the issue with orthostatics as well as R1 experienced LLE pain and would not allow ROM to be performed. Furthermore, LPN-A stated anytime a provider is called, there needs to be evidence to support what the concern is and LPN-A did not call the provider as LPN-A did not feel there was sufficient evidence to ask for an</p>	F 580			

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F 580	<p>Continued From page 6</p> <p>x-ray and this is why they had not done so at the time and treatment was delayed several days.</p> <p>When interviewed on 12/9/21, at 11:28 a.m. the DON stated, the expectation would have been for LPN-A to have called the provider on 10/17/21, with concerns regarding increased pain and refusal to perform ROM on LLE instead of updating the rounds book, which may not be reviewed by a provider for several days.</p> <p>When interviewed on 2/10/21, at 8:18 a.m. nurse practitioner (NP)-A stated, had the nurse called the provider on 10/17/21, it would have changed how soon R1 would have received treatment. "In an ideal world yes, I would have expected them to reach out, but with nobody on call that unfortunately delays things. Five days is a long time and it is unfortunate that it did not happen sooner."</p> <p>Facility policy titled Change of Resident Condition, Notification, last revised 12/18/18, indicated the nurse will notify resident's Attending Physician when there has been a significant change in the resident's physical/emotional/mental condition.</p>	F 580			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
December 17, 2021

Administrator
Sauer Health Care
1635 West Service Drive
Winona, MN 55987

Re: Event ID: 5Y0U11

Dear Administrator:

The above facility survey was completed on December 10, 2021 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

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

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Melissa Poepping'.

Melissa Poepping, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poepping@state.mn.us

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00705	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/10/2021
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>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.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number 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.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 12/8/21 - 12/10/21, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found IN compliance with the MN State Licensure.</p> <p>The following complaints were found to be</p>	2 000		

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

Electronically Signed

TITLE

(X6) DATE
12/30/21

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00705	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/10/2021
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NAME OF PROVIDER OR SUPPLIER SAUER HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1635 WEST SERVICE DRIVE WINONA, MN 55987
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 000	Continued From page 1 SUBSTANTIATED: H5102037C (MN79125) and H5102038C (MN79035) however NO licensing orders were issued. The Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.	2 000		