Electronically delivered
November 27, 2019

Administrator
New Brighton A Villa Center
825 First Avenue Northwest
New Brighton, MN 55112

RE: CCN: 245164
Cycle Start Date: October 23, 2019

Dear Administrator:

On November 17, 2019, the Minnesota Department(s) of Health completed a Post Certification Revisit (PCR) by desk review 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.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing
Licensing and Certification Program
Minnesota Department of Health
P.O. Box 64900
St. Paul, MN 55164-0900
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us

Electronically delivered

October 29, 2019

Administrator
New Brighton A Villa Center
825 First Avenue Northwest
New Brighton, MN 55112

RE: CCN: 245164
Cycle Start Date: October 23, 2019

Dear Administrator:

On October 23, 2019, an abbreviated standard survey was completed at your facility by the Minnesota Departments of Health 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
Metro A Survey Team
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: karen.aldinger@state.mn.us
Phone: (651) 201-3794
Fax: (651) 215-9697

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 January 23, 2020 (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 April 23, 2020 (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/ltc_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.

Feel free to contact me if you have questions.

Sincerely,

Kamala Fiske-Downing
Licensing and Certification Program
Minnesota Department of Health
P.O. Box 64900
St. Paul, MN 55164-0900
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245164	A. BUILDING _____ B. WING _____	C 10/23/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW BRIGHTON A VILLA CENTER	**825 FIRST AVENUE NORTHWEST NEW BRIGHTON, MN 55112**

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F 000	INITIAL COMMENTS From 10/22/19 through 10/23/19 an abbreviated standard survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities. The following complaint's were found to be substantiated: H5164149C and H5164150C The facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's 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.	F 000		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review, the facility failed to utilize a full body mechanical lift safely for 1 of 3 residents (R1) reviewed for safe transfers. Findings include:	F 689	1. R1 is being transferred via safe operation of the mechanical lift following the manufactures recommendation/guidelines. 2. Residents who require a mechanical	11/12/19

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

Electronically Signed | 11/08/2019

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F 689	Continued From page 1 R1 quarterly Minimum Data Set (MDS) dated 9/19/19, indicated R1 was cognitively intact, with diagnoses including anxiety disorder. R1 required extensive assistance of 2 plus staff for bed mobility and transfers. R1's care plan dated 3/15/19, included, "Limited physical mobility r/t [related to] weakness, obesity, pain," and the intervention indicated, "Non-ambulatory." The ADL (activities of daily living) self care deficit r/t (related to) confusion/impaired cognition. Limited mobility, pain, generalized weakness, obesity, dated 11/27/18, under the transfer section, and dated 3/15/19, indicated, "Requires Hoyer lift [brand name of a mechanical full body lift] and assist of 2 for transfers." Under another section for, "Potential for pressure ulcers," an intervention read, "Manage friction and shear: hoyer lift." R1's Report of Resident Fall, dated 10/9/19, at 5:00 p.m. read, "Pt [patient] reported to nursing on 10/10 [2019] at 10 a.m. that she had been in a hoyer lift and that it had tipped and she fell. Pt then went out to appointment. Pt upon return interviewed by nursing and administration. Reenactment done with pt; NA R [nursing assistant registered] state pt did not fall to ground." Under description of event read, "Fall to floor Witnessed." The Location of event read, "Bedroom." There was no mention in the 10/9/19 progress notes regarding any incident. R1's document review titled Interview/Statement Record, dated 10/10/19, at 10:00 a.m. and signed by licensed practical nurse (LPN)-A read, "At approximately 1000 [10:00 a.m.] on 10/10/19 pt stated to writer that on 10/9/19 late	F 689	lift for transfers and mobility are being transferred via safe operation that follows the manufacturer's guidelines. 3. Licensed Nurses and Nursing Assistants have been educated on following the manufacturer's guidelines as it relates to transfers via mechanical lifts with a return demonstration. 4. Director of Nursing and/or designee to complete audits of lift transfers weekly for 3 weeks and monthly for 3 months. Audits will be reviewed at QAPI monthly.	

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F 689	Continued From page 2	F 689		

afternoon/early evening [NA-D] and [NA-E] [nursing assistant] were getting pt transferred by hoyer lift and as they had her in hoyer, in the air, the hoyer tipped and she fell along with hoyer onto floor. Pt stated the NARS [nursing assistants, registered] then untipped the hoyer with pt still attached inside the sling and gradually got pt back onto the chair. Pt C/O [complaints of] stiffness in R [right] side of neck and pain at a 6 on a 0-10 pain scale. Skin assessment results were negative of any bruising. Both evals [evaluations] are documented in PCC [Point Click Care]."

R1 was seen on 10/10/19, at 4:57 p.m. at the facility by nurse practitioner (NP) who ordered an X-ray ray two views and the progress notes directed on 10/11/19, at 6:14 p.m. "X-ray done today on rt [right] leg following fall during transfer yesterday. X-ray showed questionable fracture to femoral head. Resident agreed to go to ER now for X-ray only and will return to facility tonight regardless of if it is a fracture (fx) or not. Discussed with DON and nursing staff. MD aware of residents decision. Denies pain at this time. Resident alert and oriented."

R1's progress note for 10/14/19, at 3:43 p.m. identified, "Review of ER visit on 10/11/19 in house X-ray done; due to pt size only 1 view able to be completed though 2 view was ordered. X-ray was unclear but stated possible fx. Provider ordered pt to go to ER to get X-ray done to see if there was a fx. Pt originally refused to go into ER. Pt reported no pain, no deformity or skin issue noted. Pt did agree to go in later that night. ER did Head and cervical spine CT [computed tomography]. Chest and arm X-ray and hip X-ray. Hip X-ray showed severe osteoporosis and mild

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bilat [bilaterally] osteoarthritis. No fractures all other CT and X-ray essentially baseline with no sign of fx or traumatic misalignment."

R1's document review titled Interview/Statement Record, dated 10/10/19, at 2:30 p.m. and signed by R1 read, "Transferring from bed to wheelchair. Hoyer sling was "rocking" then Hoyer tipped. Head, shoulder, and butt hit wall but pt did not come out of sling or fall on ground. Then pt lowered into chair. Hoyer righted. NA R took pt to nurse. Pt does not believe Nursing assessed. Pt went to apt in morning next day and told her nurse before she left. When Pt returned assessments done."

R1's Interview/Statement Record, dated 10/10/19, at 1:55 p.m. unsigned, but indicated the statement was from NA-D read, "Was transferring Pt w/ [with] co worker [NA-E]. Transferring from bed to wheelchair while lowering Pt into w/c [wheel chair] Hoyer slid and pt went into chair but hoyer tipped over. Pt was immediately taken to nurse working and nurse notified." Clarification added by administrator which read 10/11/19, at 11:47 a.m. "[NA-D] came to facility to re-enact what happened. Said that the wheelchair had it's back to the wall. Resident was in wheelchair when the lift tipped on [NA-D's] forearm. States resident did not fall out of lift, hit head or arm on wall as they were not near wall. Legs of lift were openly Informed nurse of incident and took resident to nurse. Hoyer was removed from operation."

R1's Interview /Statement Record, dated 10/10/19, at 4:19 p.m. unsigned but indicated the statement was from NA-E written by the administrator and read, "Between 3:30 and 4 pm

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on 10/9/19, [R1] had call light on. [NA-D] and I went to assist her. she was in bed. We completed her cares and then prepared to transfer her in the lift. We attached the sling to the hoyer, one of us on each side. I was between the bed and the window. We made sure that we each had the correct and same color. The chair had the back to the wall. [NA-D] was operating the lift and I was steadying [R1]. As [NA-D] was lowering [R1] into the chair I was behind [R1]'s back between the chair and the wall. I was holding on to the back of the sling and pulling up on it to sit [R1] upright. The lift slightly tipped onto [NA-D]'s right arm. The legs of the hoyer were open. I quickly unhooked the sling from the lift and it righted itself immediately. It only tipped 2-3 inches. [R1] was not swinging in the lift. She did not hit her head, put her arm out on the wall or land on the floor. [NA-D] and I took [R1] to the nurse and she asked [R1] if she was ok. [R1] laughed and said yes. Nurse told me to take lift out of service and I did."

When interviewed on 10/23/19, at 9:15 a.m. the administrator indicated the licensed practical nurse (LPN)-B on shift 10/9/19, whom [NA-D] and [NA-E] reported the hoyer lift incident and told the staff to take the lift out of service was from an agency. The administrator stated, "She never returned the phone calls to the facility so we told the agency not to have her back." Furthermore the administrator indicated LPN-B failed to pass on in report to the night shift the incident so the facility was not aware until 10/10/19, at 10:00 a.m. when R1 reported to LPN-A.

R1 was interviewed on 10/22/19 at 11:45 a.m. and indicated continues to have concern about being in the mechanical device lift and stated, "It

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was bumpy, I did not like being up that high and swinging. The younger ones don't seem to follow through as well."

R1 was observed on 10/22/19, at 12:10 p.m. with the bed in the high position. NA-A and NA-B completed
morning cares and proceeded to place the XL (extra large) sling under R1 for the transfer from the bed to the chair. R1 was moaning with discomfort and expressed, "My right hip area is so sore." NA-A was on the door side of the bed operating the mechanical lift while NA-B was on the window side of the bed. R1's bed was in its highest position. NA-A raised the mechanical device boom as high as it would go and there were squeaking/grinding sounds coming from the raising of the boom. R1 buttocks did not clear the bed which remained in the high position so NA-A pulled several times on the sling while the boom was in the high position to pull R1 buttocks off the bed mattress. Once NA-A freed R1 buttocks from the bed mattress, there was motion of the sling with R1 swinging while in the highest position. R1 stated, "I don't like the swinging, I am scared." NA-A offered reassurance to R1 and then NA-A manipulated the mechanical device to turn it around from the bed because the wheel chair was approximately six feet from the bed and the back of the wheel chair was to the room door. NA-A manipulated the mechanical lift over to the chair and the sling was swaying during the process with R1 and NA-B came to assist by holding the back of the wheel chair and pulling on the sling from the back to adjust R1 into the wheel chair. At the same time both aides were reaching around to the foot area to adjust the feet as the device was lowering R1 into the chair. R1's feet were pressing against the mast of the device

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and NA-A was manipulating the feet down to the foot pedals as she was lowering the boom of the mechanical lift.

During phone interview on 10/22/19, at 4:46 p.m. the mechanical lift device representative (contact information obtained from the administrator) stated, "You cannot tip the machine unless you are pulling on the boom that could cause it to tip, but you are not suppose to pull on the boom." The mechanical lift device representative also stated the patients bed should not be in its highest position, especially if the lift has to be in its highest position to get them off the bed. In addition, staff are not to pull back on the sling and the wheel chair should be close to the bed. The lift is a transferring device, not a transport device. This could be unsafe.

When interviewed on 10/23/19, at 10:28 a.m. NA-B indicated she did not see NA-A pulling on the mechanical device sling to free R1 buttocks from the mattress on 10/22/19, at 12:10 p.m. but stated, "We had to do a demonstration last week and we were trained to never pull on the sling, the bed should be lowered." Furthermore NA-B stated, "She [R1] can be scared of the machine, she does not like to be high and swing and I say don't be scared." NA-B verified she did see the checklist (Mechanical Lift Application and Use) which indicates the chair should be at the head of the bed and that the buttocks need to clear the bed so the bed should have been lowered so (R1) buttocks would clear the mattress.

When interviewed on 10/23/19, at 10:10 a.m. NA-C verified attending the recent re-training on the mechanical device lift and stand. NA-C verified, "We were trained to never pull on the

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sling to get someone out of bed, that we should lower the bed and then check the sling placement again." NA-C further indicated that she had not discussed with the nurses how to position chairs next to the beds for safe transfers because some of the rooms are so crowded.

When interviewed on 10/23/19, at 10:28 a.m. NA-A stated, "We don't have room to put the chair at the head of the bed in many of the rooms, but it makes sense to do that." Furthermore NA-A stated, "I thought I did clear her [R1] from the bed, I don't recall pulling on the sling but yeah sometimes we have to kind of pull on the sling."

When interviewed on 10/23/19, at 10:28 a.m. director of nursing (DON) verified training the staff on following the manufacturer recommendations and the check list titled, Mechanical Lift Application and Use. The DON verified the staff should not pull on the mechanical devise lift sling, the buttocks should clear the bed, and the slings should be re-checked for accuracy before proceeding with the transfer.

Document review of the Manufacturer instructions for the manual/Electric Mobile Patient Lift, page 7 read, "WARNING The Invacare patient lift is NOT a transport device. It is intended to transfer an individual from one resting surface to another (such as bed to wheelchair)." Lifting/Moving the Patient, page 30, read; "#1. The patient should be elevated high enough to clear the bed with their weight fully supported by the lift. #2. WARNING When the sling is elevated a few inches off the surface of the bed and before moving the patient, check again to make sure that the sling is properly connected to the hooks

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of the hanger bar. #3. When the patient is clear of the bed surface, swing their feet off the bed. #4. Using the steering handle, move the lift away from the bed."

Document review of the facility staff education titled, Mechanical Lift Application and Use, "Description, This skills checklist outlines the steps that are expected of you to perform mechanical lift application and use." There are thirty-five points to the checklist. and there is a column that identified the "Rationale for performing the function as directed." #19 indicated to place the chair at the head of the bed so it is even with the headboard and about 1 foot from the bed. The rationale indicated "Positioning the chair in this manner will create the shortest distance to transfer the individual between the bed and chair.". #12 indicated to, "Raise the lift high enough that their person and sling are free from the bed." The rational indicate, "The individual should be fully lifted from the bed to eliminate the risk of shear forces during the transfer."

Document review of the form titled Accidents and Incidents-Investigating and Reporting dated July 2013, Guideline Statement indicated, "The accidents or incident report is completed for all unexplained bruises or abrasions, all accidents, or incidents where there is injury or the potential to result in injury, allegations of theft and abuse involving residents, staff, visitors, or other, and resident to resident altercation occurring on premises shall be investigated and reported to the Administrator."

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00114	A. BUILDING: _____ B. WING _____	C 10/23/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW BRIGHTON A VILLA CENTER	825 FIRST AVENUE NORTHWEST NEW BRIGHTON, MN 55112

(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	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: On 10/22/19 and 10/23/19, surveyors of this Department's staff visited the above provider for a complaint investigation to investigate complaint H5164149C and H5164150C. No correction orders were issued. The facility is enrolled in the electronic Plan of	2 000		

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

Electronically Signed | 11/08/19

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2 000	Continued From page 1 Correction (ePoC) and therefore a signature is not required at the bottom of the first page of the State form. Although no plan of correction is required, it is required that you acknowledge receipt of the electronic documents.	2 000		