



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

June 5, 2019

Administrator
North Ridge Health And Rehab
5430 Boone Avenue North
New Hope, MN 55428

RE: Project Number H5183191C, H5183188C, H5183189C, H5183190C, H5183185C, H5183186C

Dear Administrator:

On May 13, 2019, we informed you that we would recommend enforcement remedies based on the deficiencies cited by this Department for an abbreviated standard survey, completed on April 25, 2019. This survey found the most serious deficiencies to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D) whereby corrections were required.

On May 23, 2019, the Minnesota Department of Health completed an abbreviated standard survey 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 constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567, whereby corrections are required.

As a result of the survey findings, this Department recommended the enforcement remedy listed below to the CMS Region V Office for imposition. The CMS Region V Office concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective July 14, 2019.

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective July 14, 2019. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective July 14, 2019.

You should notify all Medicare/Medicaid residents admitted on, or after, this date of the restriction. The remedy must remain in effect until your facility has been determined to be in substantial compliance or your provider agreement is terminated. Please note that the denial of payment for new admissions includes Medicare/Medicaid beneficiaries enrolled in managed care plans. It is your obligation to inform managed care plans contracting with your facility of this denial of

North Ridge Health And Rehab

June 5, 2019

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payment for new admissions.

NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than \$10,483; has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

If you have not achieved substantial compliance by July 14, 2019, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, North Ridge Health And Rehab will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from July 14, 2019. You will receive further information regarding this from the State agency. This prohibition is not subject to appeal. Further, this prohibition remains in effect for the specified period even though selected remedies may be rescinded at a later date if your facility attains substantial compliance. However, under Public Law 105-15, you may contact the State agency and request a waiver of this prohibition if certain criteria are met.

DEPARTMENT CONTACT

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

Susanne Reuss, Unit Supervisor
Metro C 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: susanne.reuss@state.mn.us
Phone: (651) 201-3793
Fax: (651) 215-9697

ELECTRONIC PLAN OF CORRECTION (ePoC)

An ePoC for the deficiencies must be submitted within **ten calendar days** of your receipt of this letter. Your ePoC must:

- Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;
- Address how the facility will identify other residents having the potential to be affected by the same deficient practice;
- Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;
- Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system;
- Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State. If the plan of correction is unacceptable for any reason, the State will notify the facility. If the plan of correction is acceptable, the State will notify the facility. Facilities should be cautioned that they are ultimately accountable for their own compliance, and that responsibility is not alleviated in cases where notification about the acceptability of their plan of correction is not made timely. The plan of correction will serve as the facility's allegation of compliance; and,
- Submit electronically to acknowledge your receipt of the electronic 2567, your review and your ePoC submission.

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 remedy be imposed:

- Per day civil money penalty (42 CFR 488.430 through 488.444).

Failure to submit an acceptable ePoC could also result in the termination of your facility's Medicare and/or Medicaid agreement.

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 their respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a revisit of your facility will be conducted to verify that substantial compliance with the regulations has been attained. The revisit will occur after the date you identified that compliance was achieved in your allegation of compliance and/or plan of correction.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and we will recommend that the remedies imposed be discontinued effective the date of the on-site verification. Compliance is certified as of the date of the second revisit or the date confirmed by the acceptable evidence, whichever is sooner.

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 April 25, 2019 (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). This mandatory denial of payments will be based on the failure to comply with deficiencies originally contained in the Statement of Deficiencies, upon the identification of new deficiencies at the time of the revisit, or if deficiencies have been issued as the result of a complaint visit or other survey conducted after the original statement of deficiencies was issued. This mandatory denial of payment is in addition to any remedies that may still be in effect as of this date.

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by July 25, 2019 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. 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.

APPEAL RIGHTS

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at <https://dab.efile.hhs.gov> no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request shall be submitted electronically to:

Tamika.Brown@cms.hhs.gov

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

**Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201
(202) 565-9462**

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Tamika Brown, Principal Program Representative by phone at (312) 353-1502 or by e-mail at Tamika.Brown@cms.hhs.gov.

INFORMAL DISPUTE RESOLUTION

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: http://www.health.state.mn.us/divs/fpc/profinfo/ltc/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: <http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm>

North Ridge Health And Rehab

June 5, 2019

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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,

A handwritten signature in black ink, appearing to read "Douglas Larson", with a long horizontal flourish extending to the right.

Douglas Larson, Enforcement Specialist

Minnesota Department of Health

Licensing and Certification Program

Program Assurance Unit

Health Regulation Division

Telephone: 651-201-4118 Fax: 651-215-9697

Email: doug.larson@state.mn.us

cc: Licensing and Certification File



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Electronically delivered

June 6, 2019

REVISED LETTER

Administrator
North Ridge Health And Rehab
5430 Boone Avenue North
New Hope, MN 55428

RE: Project Number H5183191C, H5183188C, H5183189C, H5183190C, H5183185C, H5183186C

NOTE: This letter revises the previous letter dated June 5, 2019 to correct the Failure to Achieve Substantial Compliance paragraph on page 4.

Dear Administrator:

On May 13, 2019, we informed you that we would recommend enforcement remedies based on the deficiencies cited by this Department for an abbreviated standard survey, completed on April 25, 2019. This survey found the most serious deficiencies to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D) whereby corrections were required.

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Minnesota Department of Health
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FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

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St. Paul, Minnesota 55164-0900

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Feel free to contact me if you have questions.

Sincerely,



North Ridge Health And Rehab

June 6, 2019

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Douglas Larson, Enforcement Specialist

Minnesota Department of Health

Licensing and Certification Program

Program Assurance Unit

Health Regulation Division

Telephone: 651-201-4118 Fax: 651-215-9697

Email: doug.larson@state.mn.us

cc: Licensing and Certification File

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

PRINTED: 06/13/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245183	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/23/2019
NAME OF PROVIDER OR SUPPLIER NORTH RIDGE HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 5430 BOONE AVENUE NORTH NEW HOPE, MN 55428		
(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 5/22/19 and 5/23/19 an abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was found not to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.</p> <p>The following complaint(s) was found to be substantiated: H5183191C</p> <p>The following complaint(s) were found unsubstantiated: H5183188C H5183189C H5183190C</p> <p>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.</p> <p>Upon receipt of an acceptable electronic POC, an on-site revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.</p>	F 000			
F 609 SS=D	<p>Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4)</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations</p>	F 609		5/24/19	

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

TITLE

(X6) DATE

Electronically Signed

06/07/2019

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.

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

PRINTED: 06/13/2019
FORM APPROVED
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245183	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/23/2019
NAME OF PROVIDER OR SUPPLIER NORTH RIDGE HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 5430 BOONE AVENUE NORTH NEW HOPE, MN 55428		
(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 609	<p>Continued From page 1 involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review, the facility failed to assure allegations of potential neglect were reported in a timely manner to the state agency (SA) for 1 of 1 resident (R7) whose allegations were reviewed.</p> <p>Findings include:</p> <p>R7's Admission Minimum Data Set (MDS) dated 2/22/19, identified R7 had intact cognition, demonstrated no hallucinations or delusions, and required extensive assistance for all activities of daily living. In addition, R7's care plan dated 2/21/19, identified R7 had pain related to post</p>	F 609	<p>F609</p> <p>R7 allegations were reported to Minnesota Department of Health through the electronic system after the facility was made aware of the allegations.</p> <p>Current residents have the potential to be affected by the alleged deficiency.</p> <p>Current nurse managers and supervisors were re-educated on abuse reporting, timeliness of abuse reporting, and facility protocol for self-reports.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245183	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/23/2019
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F 609	<p>Continued From page 2</p> <p>hospital left hip fracture repair, requiring extensive assistance with cares.</p> <p>Review of two separate Common Entry Point (CEP) reports, identified the following:</p> <ol style="list-style-type: none"> 1. On 2/28/19, CEP received allegations from a local hospital emergency department (ED) social worker (ED-LSW), R7 reported a nursing assistant working at the facility, on 2/26/19 grabbed his testicles. R7 further reported this occurred one other day, but was unable to remember the name of the staff person. 2. On 5/8/19, CEP received allegations from R7's family, R7 reported a nursing assistant working at the facility, on 2/26/19 grabbed his testicles and penis. R7 further reported this had happened once before, but was unable to remember the name of the staff person. <p>During an interview on 5/22/19 at 3:23 p.m., the ED-LSW, stated R7 reported to the ED staff that he was touched inappropriately, by nursing facility staff on 2 occasions when staff grabbed his testicles during morning cares. ED-LSW stated the ED nurse examined R7's groin area, with no injury noted. ED-LSW stated she had contacted CEP and spoke with the nurse manager on the unit where he resided.</p> <p>During an interview on 5/23/19 at 1:06 p.m., a family member (FAM)-A stated R7 reported to the ED staff that he was touched inappropriately, by nursing facility staff on 2 occasions when staff grabbed his testicles and penis during morning cares. FAM-A stated she had contacted CEP and spoke with the nurse manager on the unit where he resided.</p>	F 609	<p>Administrator or designee will audit self-reports for proper timeliness weekly x 4, then, monthly x 3. Administrator or designee will monitor weekly for compliance.</p> <p>Results of the audits will be forwarded to the QAPI committee for continued quality improvement and compliance x 3 months.</p>		

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

PRINTED: 06/13/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245183	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/23/2019
NAME OF PROVIDER OR SUPPLIER NORTH RIDGE HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 5430 BOONE AVENUE NORTH NEW HOPE, MN 55428		
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F 609	<p>Continued From page 3</p> <p>R7's medical record was reviewed and lacked any evidence the allegation of potential neglect identified in the progress notes had been reported to the SA.</p> <p>Facility Incident Reports (FRIs) for February 2019, were reviewed with the director of nursing (DON), on 5/23/19 at 12:40 p.m. The report identified eight allegations of potential abuse or neglect had been reported to the SA in February 2019, however, R7's allegation was not listed as being reported.</p> <p>Interview on 5/23/19 at 1:00 p.m., the director of nursing (DON) was unaware of R7's allegations of inappropriate touch and stated she did not report the allegation to CEP and the state agency.</p> <p>During interview on 5/23/19 at 2:10 p.m., DON provided a copy of the CEP report she submitted today at 1:10 p.m., after review of the facility's FRIs. DON stated she was not aware of R7's allegations. DON stated not knowing who ED-LSW and FAM-A had spoken to and explained this would make it more difficult to investigate, especially since the unit manager that was working at the facility during the time of R7's allegations, no longer works for the facility.</p> <p>The facility policy, titled: Reporting Abuse to Facility Management, dated 11/17, identified facility staff were to report any alleged abuse / neglect concerns to the administrator and director of nursing "immediately." The policy went on to indicate that the facility would report "immediately" to the state agency, followed by a 5 day investigation.</p>	F 609			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

June 5, 2019

Administrator
North Ridge Health And Rehab
5430 Boone Avenue North
New Hope, MN 55428

Re: State Nursing Home Licensing Orders - Complaint Numbers H5183191C, H5183188C, H5183189C, H5183190C

Dear Administrator:

A complaint investigation was completed on May 23, 2019. At the time of the investigation, the investigator assessed compliance with Minnesota Department of Health Nursing Home Rules. The investigator from the Minnesota Department of Health, Office of Health Facility Complaints, noted one or more violations of these rules. These state licensing orders are issued in accordance with Minnesota Statute section 144.653 and/or Minnesota Statute Section 144A.10. If, upon reinspection, it is found that the violations cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.

To assist in complying with the licensing order(s), a "suggested method of correction" has been added. This provision is being suggested as one method that you can follow to correct the cited violation. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the violation within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

The State licensing orders are delineated on the Minnesota Department of Health order form. The Minnesota Department of Health is documenting the state licensing orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for nursing homes. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute after the statement, "This Rule is not met as evidenced by." Following investigator's findings are the Suggested Method of Correction and the

North Ridge Health And Rehab

June 5, 2019

Page 2

Time Period For Correction.

PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

When all licensing orders are corrected, the form should be signed and returned electronically to:

Susanne Reuss, Unit Supervisor
Metro C 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: susanne.reuss@state.mn.us
Phone: (651) 201-3793
Fax: (651) 215-9697

You may request a hearing on any assessments that result from non-compliance with these licensing orders by providing a written request to the Department within 15 days of receipt of a notice of assessment for non-compliance.

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.

Sincerely,



Douglas Larson, Enforcement Specialist
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: 651-201-4118 Fax: 651-215-9697
Email: doug.larson@state.mn.us

cc: Licensing and Certification File

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00238	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/23/2019
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NAME OF PROVIDER OR SUPPLIER NORTH RIDGE HEALTH AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 5430 BOONE AVENUE NORTH NEW HOPE, MN 55428
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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 May 22-23, 2019, a Standalone Complaint survey was conducted to determine compliance with state licensure. The following correction order(s) are issued. Please indicate in your electronic plan of correction that you have reviewed these orders, and identify the date when they will be completed.</p>	2 000		

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

Electronically Signed

TITLE

(X6) DATE
06/07/19

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00238	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/23/2019
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2 000	Continued From page 1 In addition, a complaint investigation(s) was/were also completed at the time of the licensing survey. The following complaint(s) was found to be substantiated: H5183191C. Correction order(s) issued at MN Rule 4658.0110 The following complaint(s) were found unsubstantiated: H5183188C H5183189C H5183190C	2 000		
2 305	MN Rule 4658.0110 Incident and Accident Reporting All persons providing services in a nursing home must report any accident or injury to a resident, and the nursing home must immediately complete a detailed incident report of the accident or injury and the action taken after learning of the accident or injury. This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to assure allegations of potential neglect were reported in a timely manner to the state agency (SA) for 1 of 1 resident (R7) whose allegations were reviewed. Findings include: R7's Admission Minimum Data Set (MDS) dated 2/22/19, identified R7 had intact cognition, demonstrated no hallucinations or delusions, and	2 305	R7 allegations were reported to Minnesota Department of Health through the electronic system after the facility was made aware of the allegations. Current residents have the potential to be affected by the alleged deficiency. Current nurse managers and supervisors were re-educated on abuse reporting, timeliness of abuse reporting, and facility	5/24/19

Minnesota Department of Health

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2 305	<p>Continued From page 2</p> <p>required extensive assistance for all activities of daily living. In addition, R7's care plan dated 2/21/2019, identified R7 had pain related to post hospital left hip fracture repair, requiring extensive assistance with cares.</p> <p>Review of two separate Common Entry Point (CEP) reports, identified the following:</p> <ol style="list-style-type: none"> 1. On 2/28/19, CEP received allegations from a local hospital emergency department (ED) social worker (ED-LSW), R7 reported a nursing assistant working at the facility, on 2/26/19 grabbed his testicles. R7 further reported this occurred one other day, but was unable to remember the name of the staff person. 2. On 5/8/19, CEP received allegations from R7's family, R7 reported a nursing assistant working at the facility, on 2/26/19 grabbed his testicles and penis. R7 further reported this had happened once before, but was unable to remember the name of the staff person. <p>During an interview on 5/22/19 at 3:23 p.m., the ED-LSW, stated R7 reported to the ED staff that he was touched inappropriately, by nursing facility staff on 2 occasions when staff grabbed his testicles during morning cares. ED-LSW stated the ED nurse examined R7's groin area, with no injury noted. ED-LSW stated she had contacted CEP and spoke with the nurse manager on the unit where he resided.</p> <p>During an interview on 5/23/19 at 1:06 p.m., a family member (FAM)-A stated R7 reported to the ED staff that he was touched inappropriately, by nursing facility staff on 2 occasions when staff grabbed his testicles and penis during morning cares. FAM-A stated she had contacted CEP and</p>	2 305	<p>protocol for self-reports.</p> <p>Administrator or designee will audit self-reports for proper timeliness weekly x 4, then, monthly x 3. Administrator or designee will monitor weekly for compliance.</p> <p>Results of the audits will be forwarded to the QAPI committee for continued quality improvement and compliance x 3 months.</p>	

Minnesota Department of Health

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2 305	<p>Continued From page 3</p> <p>spoke with the nurse manager on the unit where he resided.</p> <p>R7's medical record was reviewed and lacked any evidence the allegation of potential neglect identified in the progress notes had been reported to the SA.</p> <p>Facility Incident Reports (FRIs) for February 2019, were reviewed with the director of nursing (DON), on 5/23/19 at 12:40 p.m. The report identified eight allegations of potential abuse or neglect had been reported to the SA in February 2019, however, R7's allegation was not listed as being reported.</p> <p>Interview on 5/23/19 at 1:00 p.m., the director of nursing (DON) was unaware of R7's allegations of inappropriate touch. DON stated she did not report the allegation to CEP and the state agency</p> <p>During interview on 5/23/19 at 2:10 p.m., DON provided a copy of the CEP report she submitted today at 1:10 p.m., after review of the facility's FRIs. DON stated she was not aware of R7's allegations. DON stated not knowing who ED-LSW and FAM-A had spoken to and explained this would make it more difficult to investigate, especially since the unit manager that was working at the facility during the time of R7's allegations, no longer works for the facility.</p> <p>The facility policy, titled: Reporting Abuse to Facility Management, dated 11/17, identified facility staff were to report any alleged abuse / neglect concerns to the administrator and director of nursing "immediately." The policy went on to indicate that the facility would report "immediately" to the state agency, followed by a 5 day investigation.</p>	2 305		

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2 305	Continued From page 4 SUGGESTED METHOD OF CORRECTION: The Administrator and/or Designee, could review the facility's abuse and neglect reporting policy with all facility staff and monitor to assure staff comply. TIME PERIOD FOR CORRECTION: Fourteen (14) days.	2 305		