Electronically Delivered

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

RE: CCN: 245183
Cycle Start Date: December 4, 2020

Dear Administrator:

On December 31, 2020, the Minnesota Department(s) 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.

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

Electronically delivered
December 16, 2020

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

RE: CCN: 245183
Cycle Start Date: December 4, 2020

Dear Administrator:

On December 4, 2020, a survey was completed at your facility by the Minnesota Department 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 C District Office
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
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 4, 2021 (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 4, 2021 (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
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us

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	245183	A. BUILDING _____ B. WING _____	C 12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH RIDGE HEALTH AND REHAB	**5430 BOONE AVENUE NORTH NEW HOPE, MN 55428**

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F 000	INITIAL COMMENTS On 12/3/20 - 12/4/20, an abbreviated survey was completed at your facility to conduct complaint investigations. Your facility was found NOT to be compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. The following complaints were found to be SUBSTANTIATED: H5183288C: deficiency issued at Tag F580. H5183289C: deficiency issued at Tag F552. The following complaints were found to be UNSUBSTANTIATED: H5183290C and H5183291C. 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. 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.	F 000		
F 552 SS=D	Right to be Informed/Make Treatment Decisions CFR(s): 483.10(c)(1)(4)(5) §483.10(c) Planning and Implementing Care. The resident has the right to be informed of, and participate in, his or her treatment, including: §483.10(c)(1) The right to be fully informed in	F 552		12/30/20

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

Electronically Signed | 12/21/2020

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F 552	Continued From page 1 language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition. §483.10(c)(4) The right to be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care. §483.10(c)(5) The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers. This REQUIREMENT is not met as evidenced by: Based on interview and document review the facility failed to inform a resident's two co-guardians about a psychoactive medication being started after the co-guardians expressed starting the medication was against their wishes for 1 of 1 residents (R1) who had severe cognitive impairment following a stroke. Findings include: R1's face sheet dated 12/3/20, included diagnoses of cerebral infarction (brain damage caused by lack of blood supply), cognitive communication deficit and acute on chronic respiratory failure with hypoxia (low blood oxygen levels). The face sheet also identified family members (FM)-A and FM-D as responsible parties and emergency contacts. R1's State of Minnesota Order Appointing Guardian and Conservator dated 8/4/20, identified FM-A and FM-B as co-guardians for the Ward, R1, and identified , "The Guardian shall	F 552	F552 Right to be Informed/Make Treatment Decisions R1 medical record reflects discontinuation of the medication per the legal representative request. Residents on psychoactive medications have been assessed to ensure that the resident or their legal representative have been informed regarding prescribed use of psychoactive medication. Licensed nurses have been educated regarding the need to inform the resident or their legal representative regarding the use of prescribed psychoactive medication. The DON or designee will audit new orders for prescribed use of psychoactive medication to ensure that the medical record documents that the resident or	

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F 552	Continued From page 2 have the power and duty to: Give any necessary consent to enable, or to withhold consent for, the Ward to receive necessary medical or other professional, counsel, treatment or service, Minn. Stat 524.5313 (c)(4);" R1's quarterly Minimum Data Set (MDS) dated 8/23/20, identified severe cognitive impairment with moderately impaired daily decision making ability, mood indicating depression, no behavioral issues and fully dependent for daily cares. R1's provider note dated 7/9/20, created by nurse practitioner (NP)-C indicated R1 had been tapered off of Ritalin (a medication that was treating depression and anxiety) and the medication was discontinued on 7/9/20, due to the medication causing lethargy (drowsiness or sluggishness). R1's provider note dated 9/17/20, created by NP-C included, " Nursing reports the patient [R1] has been declining to get up out of bed, to participate in walking program, and to allow staff to assist her with ADLs [activities of daily living]. Patient has been noted to be crying more lately as well as sleeping during the day. Nursing questions if this is related to the discontinuation of Ritalin in July." "Would like to begin Celexa (medication for the treatment of depression) if family is willing and see if this will help symptoms. Will have nursing check with family." R1's progress note dated 9/18/20, by RN-A, documented, "Writer spoke with FM-A, she does NOT give consent for antidepressant. Would like neuro appointment scheduled for September and requesting increased stimuli and involvement from family. Family to provide tambourine,	F 552	legal representative was informed. The results and duration of audits will be forwarded to the QAPI committee for continued quality improvement and compliance.	

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F 552	Continued From page 3	F 552		

pictures for walls and I pad. Encouraged family to continue window visits and scheduling virtual visits through activity department. Will continue to follow up with family regarding above."

R1's provider note dated 9/18/20, indicated RN-A informed NP-C, "Family will not consent to Celexa or any antidepressants."

R1's care plan conference summary dated 9/23/20, indicated the care conference was attended by, "Unit Manager (RN)" unidentified, and "Family Member" unidentified, with FM-A identified as R1's agent and emergency contact. The Care Plan Conference Summary did not include discussion of antidepressant medications or other methods of treating depression.

R1's Order Audit Report dated 12/2/20, indicated R1 had a verbal order for Celexa Tablet 10 milligrams (mg) one time per day for depression as a verbal order taken by RN-A. The report further included the medication had been put on hold on 9/18/20, and released from hold on 9/25/20. The report included no further orders regarding Celexa, nor why it was being taken off hold.

R1's Medication Administration Record (MAR) dated 12/3/20, indicated R1 had Celexa 10 mg one time a day for depression ordered on 9/18/20, with the medication being held from 9/18/20 to 9/25/20 and started on 9/26/20 and given through 12/3/20.

When interviewed on 12/3/20, at 1:43 p.m. FM-A stated she had been contacted by the facility in September 2020, regarding starting R1 on Celexa and she did not give consent to start the

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F 552	Continued From page 4 medication. FM-A stated she requested the facility instead try non-pharmacological (therapy that does not involve medications) approaches first to treat depression. FM-A stated she had discovered R1 had started taking Celexa while reviewing R1's medical records in preparation for an anticipated discharge to home. FM-A stated she had not had a conversation with NP-A or any provider regarding starting the medication. During interview on 12/3/20, at 2:31 p.m. FM-B stated she had never had a conversation with the facility or any provider regarding starting starting Celexa. During interview on 12/30/20, at 1:42 p.m. the director of nursing (DON) stated it was not documented starting Celexa was discussed in the care conference on 9/23/20, and there was no documentation of discussion with family regarding taking the Celexa off of hold and starting it. DON stated the expectation is that the resident or the resident's representative need to provide consent for a new medication to be started. DON stated the expectation also is medications are reviewed by nursing with the resident or residents representative during a care conference if a representative from nursing is present in the conference. A policy titled Resident Rights dated 1/20, included: "1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the residents right to: d) Choose a physician and treatment and participate in decisions and care planning; "	F 552		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)	F 580		12/30/20

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F 580	Continued From page 5 §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- (A) An accident involving the resident which 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).	F 580		

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F 580	Continued From page 6 §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 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: Based on observation, interview, and document review, the facility failed to ensure the resident's representative was notified when the resident was sent to the emergency room for 1 of 2 residents (R2) reviewed for change in condition. Findings include: R2's admission Minimum Data Set (MDS) dated 11/20/20, included R2 was unable to complete the Brief Interview for Mental Status (BIMS) assessment. Staff interviews indicated R2 had moderately impaired decision making, was not oriented to time, location, or situation and had short term and long term memory deficits. R2's diagnoses included cerebral infarction (stroke) and type II diabetes mellitus without complications. R2 was admitted to the facility from the hospital on 11/13/20. R2's admission record listed family member (FM)-C as emergency contact #1. R2's progress note dated 11/16/20, at 1:13 p.m. included, "[RN-C] spoke with [FM-C], EC#1 [emergency contact #1], regarding resident recent admission. Discussed visitation policies,	F 580	F580 Notification of Change R2 has been discharged from the facility. Resident representatives are being notified when the resident is sent to the emergency room. Licensed nurses have been educated regarding the need to update the resident representative when the resident condition requires them to be sent to the emergency room. The DON or designee will audit the medical record of residents sent to the emergency room to ensure that it reflects that the resident representative has been notified of the transfer to the emergency room. The results and duration of the audits will be forwarded to the QAPI committee for continued quality improvement and compliance.	

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medications, and therapy evals [evaluations]. TR [therapeutic recreation] contact information provided. Resident lives with [FM-C] and plans are to d/c [discharge] back home to her care. All questions answered."

R2's progress note dated 11/22/20, at 6:38 a.m. included, "When checking on res. [resident] this am after rounds noted res. tape that was holding NG tube was off of her nose. Res. was seen pulling at tubing. NG tube appears to be dislodged based on original tape placement. AM nurse here and updated PM [evening] supervisor here to assess."

R2's progress note dated 11/22/20, at 4:15 p.m. included, "Pt's [patient's] ng tube had dislodged a few inches based on original tape placement. Supervisor notified and removed it completely. Writer [RN-B] called on call provider who ordered pt to be sent to IR [interventional radiology] at [hospital] for ng tube replacement. Writer called [hospital] for an update and spoke to [hospital staff member]. Pt was admitted into the ER [emergency room] and will be staying a few nights, admitting diagnosis is sepsis vs DKA [diabetic ketoacidosis]. Pt has been having extremely high blood sugars. Pt's [patient's] PCP [primary care physician] was notified and new order for insulin was given prior to being sent in [to the hospital]. Writer called [FM-C] to update on pt's condition."

R2's medical record did not identify what time R2 was sent to the hospital on 11/22/20, for the NG tube replacement.

When interviewed on 12/3/20, at 2:27 p.m. FM-C stated, she received a phone call from the

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hospital on 11/22/20, at 2:00 p.m. indicating R2 had been at the hospital for 3 1/2 hours. FM-C then called the nursing home and found out R2 had been sent to the hospital for NG tube replacement some time in the morning. The facility had not contacted her to let her know she was going to the hospital for the tube replacement. R2 was confused and FM-C would have met her at the hospital to decrease confusion and provide comfort.

When interviewed on 12/3/20, at 3:20 p.m. the administrator stated R2's transfer to the hospital was put into the computer at 2:30 p.m. so, "she probably left sometime late morning to go to the hospital."

When interviewed on 12/3/20, at 4:32 p.m. the director of nursing (DON) stated, R2 was only initially going to the hospital for a replacement of the NG tube, which they considered standard procedure and family was not notified. Normally, the resident would come right back, but R2 was running a fever and high blood sugars and was hospitalized. Once they found out R2 had been admitted to the hospital, they called FM-C.

When interviewed on 12/3/20, at 4:54 p.m. RN-C, nurse manager, stated that when a resident is sent to the hospital for a, "simple procedure," such as a, "NG tube replacement, we notify family and let them know what is going on." RN-C described R2's trip to the hospital as, "not emergent" but, "unplanned." R2 left the facility late morning on 11/22/20.

The facility's Change in a Resident's Condition or Status policy dated 1/2020, included, "The facility staff shall promptly notify the resident, his or her

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F 580	Continued From page 9 Attending Physician, and resident representative of changes in the resident's medical/mental condition and/or status." The policy also included, "The Nurse Supervisor/Charge Nurse will notify the resident's Attending Physician or On-Call Physician and consistent with the delegation, the resident's representative when there has been: An accident involving the resident which results in injury and has the potential for requiring physician intervention; A significant change in the resident's physical, mental, or psychosocial status, including a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications; A need to alter the resident's medical treatment significantly; A need to transfer the resident to a hospital/treatment center; A discharge without proper medical authority; and/or instructions to notify the physician of changes in the resident's condition."	F 580		

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
December 16, 2020

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

Re: Event ID: CMP711

Dear Administrator:

The above facility survey was completed on December 4, 2020 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,

Kamala Fiske-Downing

Kamala Fiske-Downing
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
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
	00238	A. BUILDING: _____ B. WING _____	C 12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH RIDGE HEALTH AND REHAB	5430 BOONE AVENUE NORTH NEW HOPE, MN 55428

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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 12/3/20 - 12/4/20, an abbreviated survey was conducted to determine compliance with State Licensure. Your facility was found to be IN compliance with the MN State Licensure. The following complaints were found to be SUBSTANTIATED: H5183288C and H5183289C,	2 000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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2 000	Continued From page 1 NO licensing orders were issued. The following complaints were found to be UNSUBSTANTIATED: H5183290C and H5183291C. 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		