DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
April 22, 2022

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

RE: CCN: 245183
Cycle Start Date: March 24, 2022

Dear Administrator:

On April 13, 2022, we informed you of imposed enforcement remedies.

On April 6, 2022, the Minnesota Department of Health completed a survey and it has been determined that your facility continues to not to be in substantial compliance. The most serious deficiencies in your facility were found 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/revisit findings:

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective May 13, 2022, will remain in effect.

This Department continues to recommend that CMS impose a civil money penalty. (42 CFR 488.430 through 488.444). You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective May 13, 2022. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective May 13, 2022.

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 payment for new admissions.

As we notified you in our letter of April 13, 2022, in accordance with Federal law, as specified in the Act at Section 1819(f)(2)(B)(iii)(I)(b) and 1919(f)(2)(B)(iii)(I)(b), your facility is prohibited from conducting

Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from May 13, 2022.

ELECTRONIC PLAN OF CORRECTION (ePOC)

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable plan of correction (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. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

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.

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:

- Optional denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417 (a));

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

DEPARTMENT CONTACT

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

Pete Cole, RN Unit Supervisor
Metro Team 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: peter.cole@state.mn.us
Office/Mobile: (651) 249-1724

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 - Health Regulation Division 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 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 SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

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 September 24, 2022 (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/ 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 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

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
	245295	A. BUILDING _____ B. WING _____	C 04/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMERALDS AT ST PAUL LLC	420 MARSHALL AVENUE SAINT PAUL, MN 55102

(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	INITIAL COMMENTS On 4/4/22- 4/5/22, a standard abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was found to be NOT in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. The following complaint was found to be substantiated: H5295255C (MN82164), with deficiencies were cited at 684. The following complaints were found to be unsubstantitated: H5295256C (MN82334, MN82306), and H5295257C (MN82171). The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of the CMS-2567 form. Although no plan of correction is required, the facility must acknowledge receipt of the electronic documents.	F 000		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to obtain a wound culture when ordered for an infected non-pressure related	F 684	F684: Quality of Care Immediate Corrective Action:	4/22/22

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

Electronically Signed | 04/28/2022

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

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F 684	Continued From page 1 wound, and failed to follow up on a missed appointment with a vascular surgeon for 1 of 3 residents (R1) reviewed who had wounds. Findings include: R1's quarterly Minimum Data Set (MDS) dated 3/17/22, indicated R1 had severe cognitive impairment, required limited assistance with transfers, bed mobility, personal hygiene, toilet use, and required extensive assistance of one staff with dressing. The MDS indicated R1 did not have a history of refusing cares. The MDS further indicated R1 had an infection of the foot and required application of dressings to foot. R1's face sheet dated 4/5/22, indicated R1 had diagnoses of dementia, diabetes, peripheral vascular disease, pain, and depression. R1's medication administration record (MAR) dated 2/22, indicated a wound culture was ordered on 2/10/22, 2/11/22, 2/12/22, 2/14/22, and 2/15/22 and was not completed. R1's MAR further indicated R1 had an appointment scheduled with vascular surgery for a consult related to a non-healing ulcer on 2/28/22, at 10:30 a.m. R1's MAR dated 3/22, indicated R1 had an appointment with vascular surgery on 3/25/22, at 12:00 p.m. R1's provider Progress Note (PN) dated 2/10/22, indicated R1 was seen for a wound on her left lateral malleolus which the nurse practitioner (NP) indicated was "obviously infected." NP directed staff to obtain a wound culture and start Keflex 500 mg by mouth 4 times a day for seven days,	F 684	R1 was admitted to hospital on 3/25/22 and discharged from facility on 4/11/22. Action as it Applies to Others: Wound Care policy & Physician Notification policy were reviewed and remains current. Nurse Manager individually educated on lab kit ordering, lab rescheduling, and appointment rescheduling notifications to provider. All nurses and health information clerks educated on lab kit ordering, lab rescheduling, and appointment rescheduling notifications to provider. Date of Compliance: 4/22/2022 Reoccurrence will be prevented by: Audit of 5 resident appointments each week to ensure the appointment was completed timely or that physician was notified if rescheduled after a 2 week timeframe. Audit of 5 resident labs to ensure that labs were completed on time or rescheduled with proper follow up. Audits will be conducted weekly x 4 weeks then monthly x2 months to assure monitoring is in place. The results of these audits will be shared with the facility QAPI committee for input on the need to increase, decrease, or discontinue the audits. Corrections will be monitored by: DON/Nurse Managers/Designee	

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F 684	Continued From page 2	F 684		

update the NP on 2/15/22, and continue daily dressing changes of wash and pat dry with wound cleanser, apply silver based dressing to assist with bacterial load, cover with foam dressing, and wrap with kerlix. PN further indicated she had ordered R1 to wear a heel protection boot while in bed and obtain a doppler (ultrasound) of left lower extremity arteries, ankle brachial index (ABI) (test used to diagnose peripheral vascular disease). R1's PN further indicated nurse practioniter ordered an X-ray of the left lateral ankle to rule out osteomyelitis (infection in the bone).

R1 X-ray of left tibia and fibula (TIB/FIB) dated 2/10/22, indicated a normal X-ray.

R1's Radiology Interpretation note of left extremity arteries ultrasound dated 2/11/22, indicated R1 had findings of hemodynamically significant stenosis at the superficial femoral artery. R1's radiology note further indicated R1 had a left ABI which measured 0.86 consitent with mild peripheral vascular disease.

R1's nurse practitioner (NP) PN dated 2/25/22, indicated this was a follow up visit R1's pressure injury of skin of left ankle. R1 was to see vascular surgery on 2/28/22. R1's wound had slough at the wound bed and measured 3.0 centimeters (cm) by 2.75 cm. The plan was to continue to offload the left heal. PN lacked indication a physician was notified or a wound culture was obtained.

R1's care plan dated 1/28/22, indicated R1 had a potential for impairment for skin integrity related to peripheral vascular disease, diabetes, and immobility. R1's care plan further indicated on

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F 684	Continued From page 3 1/28/22, R1 had an abscess wound boil to left foot below the ankle and the boil opened up into an abscess wound on 2/8/22. R1's care plan directed staff to provide daily wound care and weekly assessment, debride wound by wound nurse, obtain blood work such as complete blood count (CBC) with differential, blood cultures, and culture and sensitivities of any open wound as ordered by physician. R1's nurse Weekly Skin Check indicated the following: - 2/3/22, identified R1 had a wound at the left ankle, and all area skin was clean, dry, and intact. - 2/17/22, identified R1 had a wound to left ankle. Wound was cleaned and wrap per order. No sign of skin tear on the other part of R1's body. - 2/24/22, identified R1 had a wound at the left ankle, and all area skin was clean, dry, and intact. - 3/10/22, identified R1 had a wound at the left ankle, and all area skin was clean, dry, and intact. - 3/17/22, identified R1 skin was clean, dry, and intact. Skin check note lacked indication R1 had wound to left ankle. - 3/24/22, identified R1 skin was clean, dry, and intact. Skin check note lacked indication R1 had wound to left ankle. R1's nurse Weekly Non-Pressure Wound Skin Alteration Evaluation dated: - 2/10/22, indicated R1's wound measurement of the left ankle abscess wound was 3.5 cm by 3.3 cm by 0.4 cm, macerated edges, purulent drainage, and R1 reported pain with wound assessment. R1 was started on Keflex 500 mg by mouth, twice a day for seven days, doppler of	F 684		

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F 684	Continued From page 4 lower left extremity arteries and ABI due to absent pedal pulses, heel protection when in bed, X-ray of left ankle to rule out osteomyelitis, and obtain a wound culture was ordered by provider. - 2/18/22, indicated R1's wound measurement of the left ankle abscess wound was 3.8 cm by 3.5 cm by 0.5 cm, macerated and with a large amount of purulent drainage. - 2/25/22, indicated R1's wound measurement of the left ankle abscess wound was 4.5 cm by 4.0 cm by 0.6 cm with 100 percent yellow slough and a large amount of serosanguinous drainage. R1's left lower extremity had two plus edema and faint pedal pulses. - 3/4/22, indicated R1's wound measurement of the left ankle abscess wound was 4.5 cm by 4.0 cm by 0.6 cm with 100 percent slough, large amount of wound drainage and undermining at the six (6) o'clock position at 1.5 cm. R1's wound had declined and a vascular appointment was rescheduled for 3/25/22, and R1 continued on antibiotics for the wound infection for 7 days. - 3/11/22, indicated R1's wound measurement of the left ankle abscess wound was 4.8 cm by 4.5 cm by 0.6 cm and had declined in wound progress. R1 continued on the antibiotic for wound infection and a nutrition supplement to help with wound healing. - 3/18/22, indicated R1's wound measurement of the left ankle abscess wound was 5.0 cm by 4.2 cm by 0.6 cm with 100 percent slough, edges macerated, with large serosanguinous drainage, and had declined in wound progress. R1's evaluation indicated R1's wound was not healing	F 684		

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F 684	Continued From page 5	F 684		

or improving, was large in size with left leg edema, and R1 had poor oral intake.

- 3/25/22, indicated R1's wound measurement of the left ankle abscess wound was 5.2 cm by 4.8 cm by 0.6 cm with 100 percent slough with large wound drainage and had declined in wound progress. R1's evaluation further indicated R1 was seen for a vascular consult and had recommendations to be sent to the emergency room (ER) due to poor circulation to her leg including status post stenosis of superficial femoral artery and documented R1 was admitted to the hospital for treatment.

R1's Vascular Surgery Consult progress note dated 3/25/22, indicated R1 was seen for a non-healing left foot wound. R1's PN further indicated R1 had pain in her left heal which had caused her ability to eat to diminished related to the pain she experienced. R1's PN indicated R1 had lost a significant amount of weight from 115 pounds on 2/22 when R1 did have COVID, to 99.8 pounds on 3/25/22. PN indicated R1 reported not using any offloading boot at the facility. PN suggested R1 was ill appearing, and her wound measured approximately 5 cm by 3 cm by 0.4 cm with a fibrous base, macerated wound edges and erythema (redness of the skin) surrounding wound with a malodor. R1's white blood count (WBC) was noted to elevated to 11.7 which indicated infection.

R1's hospital admission history and physical (HP) dated 3/25/22, indicated R1 had a non-healing foot wound and hyponatermia (a condition that means you don't have enough sodium in your blood.). R1's white blood count (WBC) (a blood cell that indicates infection) was elevated to 12.0,

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F 684	Continued From page 6	F 684		

and R1's C-reactive protein (CRP) (a test which indicated inflammation) was elevated to 3.1. R1 was placed on intravenous vancomycin and Zosyn and blood cultures taken. R1's HP indicated R1 was admitted to the hospital related to a non-healing left foot wound.

R1's hospital wound PN dated 3/27/22, indicated R1 had a non-healing left foot wound which measured 3.5 cm by 5.4 cm by 1.2 cm, was covered by a 98% yellow slough, with the wound painful to the patient. PN further indicated R1's wound edges were firm and the base was boggy and soft. PN indicated R1's pain was rated at a 8/10 on a 0-10 scale.

R1's operative note dated 4/4/22, indicated R1 had a nonhealing wound to left heal and a left above the knee ampuation was performed.

R1's hospital PN dated 4/5/22, indicated R1 had severe malnutrition in context of acute illness. R1's PN further indicated it was unclear if the facility was meeting R1's needs per the discussion with hospital intradisiplancy team.

On 4/4/22, at 11:05 p.m. during interview, family member (FM)-A stated he was concerned about the care R1 received while she was at the facility. FM-A stated R1 had a wound on her left foot he was concerned about and frequently requested to the nurses R1 be evaluated by a specialist because of the concerns being R1 was a diabetic, had previously lost her right leg, and because of infection. FM-A further stated R1 had complained of pain and would not eat due to the pain. FM-A stated he was not notified of the missed appointment with the vascular surgeon on

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2/28/22, until 3/1/22. He further stated he felt waiting until 3/25/22, just made things worse for R1 in suffering pain, and a worsening risk for infection.

On 4/4/22, at 11:09 p.m. during interview, hospital social worker (SW)-B stated FM-A had reported concerns to the admitting physician regarding R1's significant weight loss, wound care only being done in the facility and no referral to an outside physician as he requested. SW-B stated R1 was scheduled for an above the knee amputation on 4/4/22.

On 4/4/22, at 11:30 p.m. during interview, SW-A stated she had met with R1 and FM-A upon R1's admission to the hospital on 3/25/22. SW-A stated it was reported to her concerns regarding getting R1 to see the doctor regarding R1's foot wound and felt the infection was getting worse. She stated R1 appeared weak, thin, and malnourished. SW-A further stated FM-A reported to her, he had noticed the wound a while ago and frequently asked for R1 to be seen by a specialist.

On 4/4/22, at 11:55 p.m. during interview, health unit coordinator (HUC) stated he was responsible for scheduling an appointment for R1 to see the vascular surgeon. He further stated he was advised sometime after 2/28/22, R1's transportation did not show up to transport R1 to her appointment. HUC stated he rescheduled R1's appointment with the vascular surgeon to 03/25/22, after being directed to by the nurse manager.

On 4/4/22, at 2:00 p.m. during interview nurse practitioner (NP)-A stated, she put an order in on

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 684	Continued From page 8 2/14/22, for R1 to see the vascular surgeon because she thought the wound looked vascular in nature with concerns for infection. NP-A further stated when she went to visit R1 on a routine wound check visit 3/4/22, was this she found out R1 did not make her visit to see the vascular surgeon because transportation did not show. She stated the staff did not report this to her. NP-A stated she ordered a wound culture for the resident to ensure R1 was treated with the right antibiotics and this was not completed by the facility and was not reported to her. She further stated R1's ankle wound had worsened from when she initially saw her in February until she saw her for a follow up with concerns for worsening infection, therefore she continued R1 on antibiotic therapy. NP-A stated her expectation for staff was, if a resident missed an appointment or an order was not completed, the provider is notified as soon as the missed appointment happened so the provider can make the decision on the plan for resident going forward. NP-A further stated if she was made aware R1 did not have an appointment with the specialist until 3/25/22, she would have directed staff to send R1 to the emergency room for further evaluation due to the concerns with worsening infection. On 4/4/22, at 2:39 p.m. during interview registered nurse (RN)-A stated, a wound culture was not obtained because the lab vendor did not deliver a wound culture kit after it was found the culture kit in the facility was expired. She further stated it was the responsibility of the nurse to obtain the wound culture and ensure the necessary supplies are available. RN-A stated the NP was notified of the missed visit when she visited with R1 for a routine visit which is when	F 684		

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	245295	A. BUILDING _____ B. WING _____	C 04/05/2022

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F 684	Continued From page 9	F 684		

NP ordered an "as soon as possible visit" with the vascular surgeon. She further stated she was unaware if the provider was updated on the date of the appointment being 3/25/22 and did say the NP was concerned about a worsened vascular wound with infection and R1 was placed on three different antibiotics.

On 4/5/22, at 11:00 a.m. during interview vascular clinic registered nurse (RN)-C stated, R1 was seen by the vascular surgeon on 3/25/22 and recommended R1 be admitted to the hospital. RN-C further stated R1 was seen for a vascular wound and required intravenous antibiotics for an elevated WBC, intravenous fluids related to dehydration, and further diagnostic evaluation on R1's arterial function in her lower left extremity. RN-C stated R1 was being followed in the hospital by infectious disease related to the wound and required an above the left knee amputation related to poor blood perfusion of the lower extremity and a necrotic (death of tissue related to disease) ulcer with infection.

On 4/5/22, at 10:22 a.m. during interview, registered nurse (RN)-B stated, he had seen R1 for her left ankle wound and weekly for wound care. RN-B stated the wound culture was not obtained because the wound culture kit was expired and there was difficulty obtaining a new kit from the laboratory. RN-B stated the nurse manager was responsible for ensuring the wound culture was completed as ordered. He further stated the nurse manager should have followed up with notifying the physician of the missed appointment, and length of time for the rescheduled vascular appointment and the wound culture not being completed. RN-B stated the NP was concerned about R1's infection and the

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F 684	Continued From page 10 wound condition worsening. On 4/5/22, at 1:57 p.m. during interview the director of nursing (DON) stated her expectation for staff would be to follow physician's orders to obtain wound culture, and ensure R1 was seen by the vascular surgeon. DON further stated the staff are expected to notify the physician if the vascular surgeon visit was scheduled out as far as 3/25/22. The facility policy Antibiotic Stewardship dated 12/16, indicated antibiotics will be prescribed and administered to resident under the guidance of the facility's antibiotic stewardship program. The policy further directed staff when a culture and sensitivity is ordered lab results and the current clinical situation will be communicated to the prescriber as soon as available to determine if antibiotic therapy should be started, continued, modified, or discontinued. The facility policy Guidelines for Notifying Physician of Clinical Problems dated 9/17, indicated the guidelines are intended to help ensure medical care problems are communicated to the medical staff in a timely, efficient, and effective manner, and all significant changes in resident's are assessed and documented in the medical record.	F 684		

Electronically delivered
April 22, 2022

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

Re: State Nursing Home Licensing Orders
Event ID: GKFF11

Dear Administrator:

The above facility was surveyed on April 6, 2022 through April 6, 2022 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies 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 and/or statute of the Minnesota Department of Health.

To assist in complying with the correction 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 deficiency. 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 order within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html. The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction 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 or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the 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.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

Pete Cole, RN Unit Supervisor
Metro Team 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: peter.cole@state.mn.us
Office/Mobile: (651) 249-1724

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.

Please note it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call me with any questions.

Sincerely,

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

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00913	A. BUILDING: _____ B. WING _____	C 04/05/2022

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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 4/4/22 to 4/5/22, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found in compliance with the MN State Licensure. The following complaint was found to be	2 000		

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2 000	Continued From page 1 substantiated: H5295255C (MN82164). The following complaints were found to be unsubstantiated: H5295256C (MN82334 and MN82306), and H5295257C (MN82171). Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.	2 000		