



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

October 13, 2021

Administrator
Bayshore Residence & Rehab Ctr
1601 St Louis Avenue
Duluth, MN 55802

Re: Reinspection Results
Event ID: W7FB12

Dear Administrator:

On August 20, 2021 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on July 20, 2021. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Joanne Simon', with a long horizontal line extending to the right.

Joanne Simon, Enforcement Specialist
Minnesota Department of Health
Program Assurance Unit
Health Regulation Division
Telephone: 651-201-4161 Fax: 651-215-9697
Email: joanne.simon@state.mn.us

cc: Licensing and Certification File



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
October 13, 2021

Administrator
Bayshore Residence & Rehab Ctr
1601 St Louis Avenue
Duluth, MN 55802

RE: CCN: 245227
Cycle Start Date: July 1, 2021

Dear Administrator:

On July 20, 2021, we notified you a remedy was imposed. On September 29, 2021 the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of September 24, 2021.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective August 4, 2021 be discontinued as of September 24, 2021. (42 CFR 488.417 (b))

However, as we notified you in our letter of July 20, 2021, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from July 1, 2021. This does not apply to or affect any previously imposed NATCEP loss.

The CMS Region V Office may notify you of their determination regarding any imposed remedies.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Joanne Simon', with a horizontal line extending to the right.

Joanne Simon, Enforcement Specialist
Minnesota Department of Health
Program Assurance Unit
Health Regulation Division
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Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
August 2, 2021

Administrator
Bayshore Residence & Rehab Ctr
1601 St Louis Avenue
Duluth, MN 55802

RE: CCN: 245227
Cycle Start Date: July 1, 2021

Dear Administrator:

On July 20, 2021, we informed you of imposed enforcement remedies.

On July 20, 2021, 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 findings:

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective August 4, 2021, 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 August 4, 2021. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective August 4, 2021.

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 July 20, 2021, 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

An equal opportunity employer.

Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from July 1, 2021.

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" tag), i.e., the plan of correction should be directed to:

Terri Ament, Unit Supervisor
Duluth District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Duluth Technology Village
11 East Superior Street, Suite 290
Duluth, Minnesota 55802-2007

Email: teresa.ament@state.mn.us

Office: (218) 302-6151 Mobile: (218) 766-2720

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 January 1, 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/lrc_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

Bayshore Residence & Rehab Ctr

August 2, 2021

Page 5

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, consisting of several overlapping loops and a long horizontal stroke extending to the right.

Joanne Simon, Enforcement Specialist
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: 651-201-4161 Fax: 651-215-9697
Email: joanne.simon@state.mn.us

cc: Licensing and Certification File

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

PRINTED: 08/06/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245227		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/20/2021	
NAME OF PROVIDER OR SUPPLIER BAYSHORE RESIDENCE & REHAB CTR				STREET ADDRESS, CITY, STATE, ZIP CODE 1601 ST LOUIS AVENUE DULUTH, MN 55802			
(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 7/19/21 and 7/20/21, a standard abbreviated survey was conducted at your facility. Your facility was found to be NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaint was found to be SUBSTANTIATED: H5227141C (MN74767), with a deficiency cited at F684. 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 onsite revisit of your facility may be conducted to validate substantial compliance with the regulations has been attained.			F 000			
F 622 SS=D	Transfer and Discharge Requirements CFR(s): 483.15(c)(1)(i)(ii)(2)(i)-(iii) §483.15(c) Transfer and discharge- §483.15(c)(1) Facility requirements- (i) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless- (A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;			F 622			8/9/21

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

TITLE

(X6) DATE

Electronically Signed

08/05/2021

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

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F 622	Continued From page 1 (B) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility; (C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident; (D) The health of individuals in the facility would otherwise be endangered; (E) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or (F) The facility ceases to operate. (ii) The facility may not transfer or discharge the resident while the appeal is pending, pursuant to § 431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose. §483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer	F 622			

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F 622	Continued From page 2 or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider. (i) Documentation in the resident's medical record must include: (A) The basis for the transfer per paragraph (c)(1) (i) of this section. (B) In the case of paragraph (c)(1)(i)(A) of this section, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s). (ii) The documentation required by paragraph (c) (2)(i) of this section must be made by- (A) The resident's physician when transfer or discharge is necessary under paragraph (c) (1) (A) or (B) of this section; and (B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of this section. (iii) Information provided to the receiving provider must include a minimum of the following: (A) Contact information of the practitioner responsible for the care of the resident. (B) Resident representative information including contact information (C) Advance Directive information (D) All special instructions or precautions for ongoing care, as appropriate. (E) Comprehensive care plan goals; (F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the	F 622	R1 returned from to the facility on		

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F 622	Continued From page 3 facility failed to ensure medical information, including medical information, medications and contact information was provided to an emergency department (ED) resulting in an unsafe discharge for 1 of 3 residents (R1) reviewed for discharge. Findings include: R1's Admission Record printed 7/21/21, identified R1 had diagnoses including diabetes, dementia, atrial fibrillation (a-fib, an irregular heartbeat) and hypertension (high blood pressure). The record also indicated family member (FM)-A was R1's guardian and conservator, and FM-B was not allowed to visit or call R1. R1's quarterly Minimum Data Set (MDS) dated 4/20/21, indicated R1 had intact cognition, and had hallucinations and delusions. R1's care plan initiated 2/3/20, indicated R1 was an elopement risk related to making plans and choosing to leave facility (i.e. cab, non-guardian family without guardian's consent). Interventions included notifying guardian (FM-A), and the police department. R1's care plan also indicated R1 was a vulnerable adult and at risk for injury/abuse from others due to her impaired mobility and impaired cognition, false accusations, history of delusions, and getting alcohol from others and giving alcohol to others. R1's Physician Orders dated 7/1/2021, indicated orders for the following: Aspirin Tablet: Give 81 milligrams (mg) by mouth one time a day for a-fib. Metformin HCl Extended Release (diabetic medication) 500 mg tablet, give one tablet one	F 622	7/14/2021. R1 care plan was reviewed and updated. All other residents who are transferred by the facility will have the transfer face sheet, medication list and appropriate code status information. Future residents will have an admission face sheet available for use when needed. Nursing staff was in-serviced on the policy Emergency Transfer for or Discharge with focus on item #1: notify the resident's Attending Physician/NP/PA; notify the receiving facility that the transfer is being made; prepare the resident for transfer; prepare a transfer form to send with the resident; notify the representative (sponsor) or other family member. Audits on resident transfer documentation being sent during emergent transfers along with documentation of notification to the receiving facility and family representative will begin 2x week for 2 weeks, weekly x2 weeks then monthly to ensure compliance. Audits will be reviewed by the Executive Director and the Executive Director will take audit results to QAPI for review and recommendation. Compliance: 08/09/2021		

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F 622	Continued From page 4 time a day for diabetes. Quetiapine Fumarate (antipsychotic) 25 mg by mouth at bedtime. Spironolactone (diuretic) administer 25 mg by mouth one time a day. Hiprex Tablet (urinary anti-infective) administer 1 gram by mouth two times a day with breakfast and dinner. Senna Tablet 8.6 MG (bowel medication) administer 1 tablet by mouth at bedtime. Losartan Potassium (blood pressure medication) administer 50 mg dose by mouth two times a day. Accucheck (blood glucose check) to be taken twice daily. Blood pressure (BP) to be taken twice daily. On 7/10/21, at 3:03 p.m. a progress note indicated FM-B, R1's non-guardian daughter, had called for emergency medical services (EMS) to transport R1 to the ED for concerns related to lower leg edema. The progress indicated the facility had attempted to contact FM-A (R1's guardian), however, was not able to contact her. On 7/11/21, at 1:06 a.m. a progress note indicated the facility had contacted the ED at 7:30 p.m. and were told R1 would be discharged. R1 had not returned to the facility, so another call had been placed to the ED. The ED reported R1 had been discharged in the care of FM-B, and no other information could be given. On 7/11/21, at 1:22 a.m. a progress note indicated the facility had contacted FM-A. The note indicated the facility informed FM-A that R1 had been taken to the ED, and had been discharged in the care of FM-B. At that time, FM-A indicated she believed FM-B would return R1 by morning.	F 622			

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F 622	Continued From page 5 On 7/11/21, at 11:53 p.m. a progress note indicated FM-A called the facility to check if R1 had returned. FM-A indicated she had still no knowledge of where R1 and FM-B were, and requested a police report be filed by the facility. The note indicated a police report had been filed with the police department (PD). PD had indicated to the facility there had been no protective order on file regarding FM-B not having contact with R1, however, the PD was going to call FM-B and request she bring R1 back to facility. On 7/12/21, at 1:55 p.m. a progress note indicated R1 had been admitted to the hospital in a surrounding town. The progress note indicated FM-B was wanting R1 to again be discharged in her care, however, the hospital social worker (SW)-A had felt information being told to them by FM-B was not accurate. SW-A had become aware R1 had been a missing person, and FM-A was going to be called for guidance regarding R1's discharge. On 7/12/21, at 2:00 p.m. a progress note indicated the facility social worker (SW)-B had contacted FM-A and informed her R1 was in the hospital in a surrounding town. The guardianship paperwork had been sent to the hospital to SW-A, and the goal was for R1 to discharge back to the facility. On 7/14/21, at 1:56 p.m. a progress note indicated R1 had returned to the facility via transport company. On 7/19/21, at 12:29 p.m. FM-A was interviewed and stated was R1's guardian. FM-A stated FM-B	F 622			

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F 622	Continued From page 6 was to have had no contact with R1 and that this information was known to the facility. FM-A stated once she had been made aware that R1 was in the care of FM-B she was worried and started looking for them. FM-A stated FM-B was not able to care for R1. FM-A stated she believed both R1 and FM-B had slept in the car from the time of R1's discharge from the ER on 7/10/21, until being admitted to the hospital on 7/12/21. FM-A further stated she was thankful R1 was alright, and feared she could have died while in FM-B's care due to lack of medical care being provided. On 7/19/21, at 1:33 p.m. registered nurse (RN)-A was interviewed and stated she was the nurse working at the time EMS had arrived to the facility to take R1 to the ED. RN-A stated the EMS staff relayed to the facility that it had been FM-B who called for R1 to be transported to the hospital. RN-A stated they had verbally informed the EMS staff that R1 had a guardian, and that FM-B was to have no contact. RN-A stated she had not given any paperwork to the EMS relating to R1's guardianship, medications, or medical history. RN-A stated she had called the ED to let them know R1 was on her way to the ED, however, no additional information was sent to the ED at that time. RN-A stated she assumed the ED was aware of R1, since R1 had frequently been in the ED. On 7/20/21, at 10:52 a.m. trained medication aid (TMA)-A was interviewed and stated she had worked on R1's unit on 7/10/21. TMA-A stated she had verbally informed the EMS that FM-B was to have no contact with R1, however, they indicated because FM-B had not been present at the facility and R1 was demanding to go to the	F 622			

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

PRINTED: 08/06/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245227	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/20/2021
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F 622	Continued From page 7 ED that they were going to be transporting her to the ED. TMA-A stated no paperwork had been sent with the EMS relating R1 medical condition, medications or guardianship papers. On 7/20/21, at 11:00 a.m. the director of nursing (DON) was interviewed and stated she had been working as a floor the afternoon of 7/10/21. The DON stated EMS had indicated FM-B had called 911 for R1 to be transported to the ED. The DON stated both her and RN-A informed the EMS staff that FM-B was not R1's guardian, and FM-A was R1's guardian. The DON stated no paperwork had been sent with EMS indicating R1's medical condition or guardianship information. The DON stated facility had a protocol with what to send with residents when they were transported to the hospital. The DON stated the information the resident's Face Sheet that had guardianship information. The DON stated she did not know why any paperwork had not been sent with R1. On 7/20/21, at 2:35 p.m. the administrator stated the facility had felt there had not been a medical reason for R1 to go to the ED, thus no information was sent. The administrator stated if it had been an emergency, or the facility initiated the transport, then they would have sent the required information and followed facility protocol relating to sending a resident out via EMS. The facility form titled Bayshore undated, directed staff to include the following document to be send and documentation to be completed when sending resident out via EMS: SBAR (Situation, Background, Assessment, Recommendation), medication list, Face Sheet, medication administration record/treatment administration record, bed hold, family /responsible party	F 622			

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F 622	Continued From page 8 notified, E-mail census, date, and nurse signature.	F 622			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

August 2, 2021

Administrator
Bayshore Residence & Rehab Ctr
1601 St Louis Avenue
Duluth, MN 55802

Re: State Nursing Home Licensing Orders
Event ID: W7FB11

Dear Administrator:

The above facility was surveyed on July 19, 2021 through July 20, 2021 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.

Bayshore Residence & Rehab Ctr

August 2, 2021

Page 2

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:

Terri Ament, Unit Supervisor
Duluth District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Duluth Technology Village
11 East Superior Street, Suite 290
Duluth, Minnesota 55802-2007
Email: teresa.ament@state.mn.us
Office: (218) 302-6151 Mobile: (218) 766-2720

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,



Joanne Simon, Enforcement Specialist
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: 651-201-4161 Fax: 651-215-9697
Email: joanne.simon@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: 00589	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/20/2021
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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 7/19/21 and 7/20/21, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found to be NOT in compliance with the MN State Licensure. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date when they will	2 000		

Minnesota Department of Health

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

TITLE

(X6) DATE

Electronically Signed

08/05/21

Minnesota Department of Health

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2 000	Continued From page 1 be completed. The following complaint was found to be SUBSTANTIATED: H5227141C (MN74767), with a deficiency cited at F684. 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 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 which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor's findings are the Suggested Method of Correction and Time Period for Correction. 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 http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm . The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. 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. The facility	2 000		

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2 000	Continued From page 2 is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. 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.	2 000		
2 690	MN Rule 4658.0465 Subp. 3 Transfer, Discharge, and Death Subp. 3. Transfer or discharge to another facility. When a resident is transferred or discharged to another health care facility or program, the nursing home must send the discharge summary compiled according to subpart 2, and pertinent information about the resident's immediate care and sufficient information to ensure continuity of care prior to or at the time of the transfer or discharge to the other health care facility or program. Additional information not necessary for the resident's immediate care may be sent to the new health care facility or program at the time of or after the transfer or discharge. This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure medical information, including medical information, medications and contact information was provided to an emergency department (ED) resulting in an unsafe discharge for 1 of 3 residents (R1) reviewed for discharge. Findings include:	2 690	R1 returned from to the facility on 7/14/2021. R1 care plan was reviewed and updated. All other residents who are transferred by the facility will have the transfer face sheet, medication list and appropriate code status information. Future residents will have an admission face sheet available for use when needed. Nursing staff was in-serviced on the policy Emergency Transfer for or Discharge with	8/9/21

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2 690	Continued From page 3 R1's Admission Record printed 7/21/21, identified R1 had diagnoses including diabetes, dementia, atrial fibrillation (a-fib, an irregular heartbeat) and hypertension (high blood pressure). The record also indicated family member (FM)-A was R1's guardian and conservator, and FM-B was not allowed to visit or call R1. R1's quarterly Minimum Data Set (MDS) dated 4/20/21, indicated R1 had intact cognition, and had hallucinations and delusions. R1's care plan initiated 2/3/20, indicated R1 was an elopement risk related to making plans and choosing to leave facility (i.e. cab, non-guardian family without guardian's consent). Interventions included notifying guardian (FM-A), and the police department. R1's care plan also indicated R1 was a vulnerable adult and at risk for injury/abuse from others due to her impaired mobility and impaired cognition, false accusations, history of delusions, and getting alcohol from others and giving alcohol to others. R1's Physician Orders dated 7/1/2021, indicated orders for the following: Aspirin Tablet: Give 81 milligrams (mg) by mouth one time a day for a-fib. Metformin HCl Extended Release (diabetic medication) 500 mg tablet, give one tablet one time a day for diabetes. Quetiapine Fumarate (antipsychotic) 25 mg by mouth at bedtime. Spironolactone (diuretic) administer 25 mg by mouth one time a day. Hiprex Tablet (urinary anti-infective) administer 1 gram by mouth two times a day with breakfast and dinner. Senna Tablet 8.6 MG (bowel medication) administer 1 tablet by mouth at bedtime.	2 690	focus on item #1: notify the resident's Attending Physician/NP/PA; notify the receiving facility that the transfer is being made; prepare the resident for transfer; prepare a transfer form to send with the resident; notify the representative (sponsor) or other family member. Audits on resident transfer documentation being sent during emergent transfers along with documentation of notification to the receiving facility and family representative will begin 2x week for 2 weeks, weekly x2 weeks then monthly to ensure compliance. Audits will be reviewed by the Executive Director and the Executive Director will take audit results to QAPI for review and recommendation. Compliance: 08/09/2021	

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2 690	Continued From page 4 Losartan Potassium (blood pressure medication) administer 50 mg dose by mouth two times a day. Accucheck (blood glucose check) to be taken twice daily. Blood pressure (BP) to be taken twice daily. On 7/10/21, at 3:03 p.m. a progress note indicated FM-B, R1's non-guardian daughter, had called for emergency medical services (EMS) to transport R1 to the ED for concerns related to lower leg edema. The progress indicated the facility had attempted to contact FM-A (R1's guardian), however, was not able to contact her. On 7/11/21, at 1:06 a.m. a progress note indicated the facility had contacted the ED at 7:30 p.m. and were told R1 would be discharged. R1 had not returned to the facility, so another call had been placed to the ED. The ED reported R1 had been discharged in the care of FM-B, and no other information could be given. On 7/11/21, at 1:22 a.m. a progress note indicated the facility had contacted FM-A. The note indicated the facility informed FM-A that R1 had been taken to the ED, and had been discharged in the care of FM-B. At that time, FM-A indicated she believed FM-B would return R1 by morning. On 7/11/21, at 11:53 p.m. a progress note indicated FM-A called the facility to check if R1 had returned. FM-A indicated she had still no knowledge of where R1 and FM-B were, and requested a police report be filed by the facility. The note indicated a police report had been filed with the police department (PD). PD had indicated to the facility there had been no protective order on file regarding FM-B not having contact with R1, however, the PD was going to	2 690		

Minnesota Department of Health

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2 690	Continued From page 5 call FM-B and request she bring R1 back to facility. On 7/12/21, at 1:55 p.m. a progress note indicated R1 had been admitted to the hospital in a surrounding town. The progress note indicated FM-B was wanting R1 to again be discharged in her care, however, the hospital social worker (SW)-A had felt information being told to them by FM-B was not accurate. SW-A had become aware R1 had been a missing person, and FM-A was going to be called for guidance regarding R1's discharge. On 7/12/21, at 2:00 p.m. a progress note indicated the facility social worker (SW)-B had contacted FM-A and informed her R1 was in the hospital in a surrounding town. The guardianship paperwork had been sent to the hospital to SW-A, and the goal was for R1 to discharge back to the facility. On 7/14/21, at 1:56 p.m. a progress note indicated R1 had returned to the facility via transport company. On 7/19/21, at 12:29 p.m. FM-A was interviewed and stated was R1's guardian. FM-A stated FM-B was to have had no contact with R1 and that this information was known to the facility. FM-A stated once she had been made aware that R1 was in the care of FM-B she was worried and started looking for them. FM-A stated FM-B was not able to care for R1. FM-A stated she believed both R1 and FM-B had slept in the car from the time of R1's discharge from the ER on 7/10/21, until being admitted to the hospital on 7/12/21. FM-A further stated she was thankful R1 was alright, and feared she could have died while in FM-B's care due to lack of medical care being	2 690		

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2 690	Continued From page 6 provided. On 7/19/21, at 1:33 p.m. registered nurse (RN)-A was interviewed and stated she was the nurse working at the time EMS had arrived to the facility to take R1 to the ED. RN-A stated the EMS staff relayed to the facility that it had been FM-B who called for R1 to be transported to the hospital. RN-A stated they had verbally informed the EMS staff that R1 had a guardian, and that FM-B was to have no contact. RN-A stated she had not given any paperwork to the EMS relating to R1's guardianship, medications, or medical history. RN-A stated she had called the ED to let them know R1 was on her way to the ED, however, no additional information was sent to the ED at that time. RN-A stated she assumed the ED was aware of R1, since R1 had frequently been in the ED. On 7/20/21, at 10:52 a.m. trained mediation aid (TMA)-A was interviewed and stated she had worked on R1's unit on 7/10/21. TMA-A stated she had verbally informed the EMS that FM-B was to have no contact with R1, however, they indicated because FM-B had not been present at the facility and R1 was demanding to go to the ED that they were going to be transporting her to the ED. TMA-A stated no paperwork had been sent with the EMS relating R1 medical condition, medications or guardianship papers. On 7/20/21, at 11:00 a.m. the director of nursing (DON) was interviewed and stated she had been working as a floor the afternoon of 7/10/21. The DON stated EMS had indicated FM-B had called 911 for R1 to be transported to the ED. The DON stated both her and RN-A informed the EMS staff that FM-B was not R1's guardian, and FM-A was R1's guardian. The DON stated no paperwork	2 690			

Minnesota Department of Health

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2 690	Continued From page 7 had been sent with EMS indicating R1's medical condition or guardianship information. The DON stated facility had a protocol with what to send with residents when they were transported to the hospital. The DON stated the information the resident's Face Sheet that had guardianship information. The DON stated she did not know why any paperwork had not been sent with R1. On 7/20/21, at 2:35 p.m. the administrator stated the facility had felt there had not been a medical reason for R1 to go to the ED, thus no information was sent. The administrator stated if it had been an emergency, or the facility initiated the transport, then they would have sent the required information and followed facility protocol relating to sending a resident out via EMS. The facility form titled Bayshore undated, directed staff to include the following document to be send and documentation to be completed when sending resident out via EMS: SBAR (Situation, Background, Assessment, Recommendation), medication list, Face Sheet, medication administration record/treatment administration record, bed hold, family /responsible party notified, E-mail census, date, and nurse signature. SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee could review and revise policies to the proper paperwork is sent will residents when they are transferred from the facility. The DON or designee could educate staff on the policies and procedures. A system for evaluating and monitoring consistent implementation of these policies could be developed, with the results of these audits being brought to the facility's Quality	2 690		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00589	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 07/20/2021
NAME OF PROVIDER OR SUPPLIER BAYSHORE RESIDENCE & REHAB CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 1601 ST LOUIS AVENUE DULUTH, MN 55802		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
2 690	Continued From page 8 Assurance Committee for review. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	2 690			