



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
January 20, 2022

Administrator
Northfield Hospital Long Term Care Center
2000 North Avenue
Northfield, MN 55057

RE: CCN: 245241
Cycle Start Date: January 6, 2022

Dear Administrator:

On January 6, 2022, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety, 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.

Northfield Hospital Long Term Care Center

January 20, 2022

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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" and/or an E tag), i.e., the plan of correction should be directed to:

Jamie Perell, Unit Supervisor
Metro B 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: jamie.perell@state.mn.us
Office: (651) 245-8094

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 April 6, 2022 (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 July 6, 2022 (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.

Northfield Hospital Long Term Care Center

January 20, 2022

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Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in cursive script that reads "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

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

PRINTED: 02/04/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245241	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/06/2022
NAME OF PROVIDER OR SUPPLIER NORTHFIELD HOSPITAL LONG TERM CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2000 NORTH AVENUE NORTHFIELD, MN 55057		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	<p>INITIAL COMMENTS</p> <p>On 1/5/22 to 1/6/22, an abbreviated survey was completed at your facility by surveyors from the Minnesota Department of Health (MDH) to conduct a complaint investigation. Northfield Hospital Long Term Care Center was found to not be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.</p> <p>The following complaint was found to be substantiated:</p> <p>H5241021C (MN79081); non-compliance cited at F689.</p> <p>The following complaint was found to be unsubstantiated:</p> <p>H5241020C (MN79813)</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an on-site revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.</p>	F 000			
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)	F 689		2/9/22	

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

TITLE

(X6) DATE

Electronically Signed

01/25/2022

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 689	<p>Continued From page 1</p> <p>§483.25(d) Accidents. The facility must ensure that -</p> <p>§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure 1 of 2 residents (R2) was safe from accidents when R2 was repositioned inappropriately causing bruises to her arms.</p> <p>Findings include:</p> <p>A received nursing home incident report (NHIR), dated 12/6/21, identified R2 had been transferred by nursing assistant (NA) staff, including NA-A, by crossing her arms in front of her chest, then being "pulled up" by a NA which resulted in bruising. The report outlined, "[R2] is an EZ Lift (mechanical lift machine) for all transfers and repositioning."</p> <p>R2's quarterly Minimum Data Set (MDS), dated 11/7/21, indicated R2 was cognitively intact, required extensive assistance with two staff for bed mobility and toileting, and total assistance with two staff for transfers. Further, R2's had diagnoses included failure to thrive and long-term use of anticoagulants (blood thinning medications).</p> <p>R2's current care plan 11/26/21, indicated R2 was totally dependent on staff for all transfers and required use of a Hoyer lift (a hydraulic lift that completely suspends a person in a sling during</p>	F 689	<ol style="list-style-type: none"> 1. Developed new policy " Repositioning Residents in Chair". Completed: January 25, 2022. 2. Education on "Repositioning Residents in Chair" policy and reeducation on the sue of lift devices to reposition residents in chairs to all direct care staff. To be completed by: February 9, 2022. 3. Due to quality of care concerns NA-A is no longer an employee at our facility effective: December 22, 2021. 4. R-2 has fully recovered from the incident. The bruising took about two and half weeks to resolve. 5. Audits on repositioning of residents will be completed by the DON or ADON three times per week until February 26, 2022. The audits will continue on a monthly basis for a year. 6. Paula Plank, DON is responsible for the Plan of Correction with a completion date of February 9, 2022. 		

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F 689	<p>Continued From page 2</p> <p>transfers) with two staff members for transfers and repositioning.</p> <p>R2's corresponding progress notes identified the following:</p> <ul style="list-style-type: none"> - On 12/6/21, a NA had reported bruises on R2's arms. These measured 20 centimeters (cm) x 10 cm (right arm) and 7 cm x 7 cm (left arm). - On 12/13/21, R2 continued to have visible bruising on both arms which was fading to light purple. <p>During an interview on 1/6/22 at 8:27 a.m., licensed practical nurse (LPN)-A stated she was aware of the bruises on R2's arms but did not know how she got them.</p> <p>When interviewed on 1/6/22 at 10:48 a.m., NA-B stated he was working on 12/5/21, when the incident with R2 had occurred, but he was not physically present in the room at the time. Further, NA-B stated he had not received any education after the incident with R2 on 12/6/21.</p> <p>On 1/6/22 at 11:22 a.m., NA-A was interviewed and verified she worked with R2 on 12/5/21, and repositioned her without a mechanical lift, as was care planned. NA-A explained she stood behind R2 in her wheelchair and instructed R2 to cross her arms in front of her. NA-A then wrapped her own arms around R2, grasped R2's arms, and boosted her up in her wheelchair using physical force. This had resulted in R2 getting bruised on both her arms. NA-A affirmed she knew R2 required a mechanical lift for transfers and repositioning and added she did not realize R2 would bruise that easily. Further, since the incident, NA-A stated she had been instructed via phone conversation to ask for assistance when</p>	F 689			

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

PRINTED: 02/04/2022
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F 689	<p>Continued From page 3 repositioning residents in the future.</p> <p>During an interview on 1/6/22 at 11:49 a.m., family member (FM)-A stated she was told on 12/5/21, that an NA had repositioned R2, in her wheelchair, by her arms, causing "quite a bit of bruising." FM-A stated R2 required a mechanical lift for repositioning and had a sling underneath her in the wheelchair, so they did not understand why staff did not use the mechanical lift to reposition R2.</p> <p>During interview on 1/6/22 at 1:00 p.m., the director of nursing (DON) stated R2 should have been repositioned using a mechanical lift, as NA-A repositioned R2 in a manner which was not taught at the facility.</p> <p>A facility policy on safe patient handling was requested but not provided.</p>	F 689			



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January 20, 2022

Administrator
Northfield Hospital Long Term Care Center
2000 North Avenue
Northfield, MN 55057

Re: Event ID: IDYS11

Dear Administrator:

The above facility survey was completed on January 6, 2022 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,

A handwritten signature in black ink that reads "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: 00566	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/06/2022
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NAME OF PROVIDER OR SUPPLIER NORTHFIELD HOSPITAL LONG TERM CARE C	STREET ADDRESS, CITY, STATE, ZIP CODE 2000 NORTH AVENUE NORTHFIELD, MN 55057
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2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 1/5/22 to 1/6/22, 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.</p> <p>The following complaint was found to be</p>	2 000		

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

Electronically Signed

TITLE

(X6) DATE
01/25/22

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER NORTHFIELD HOSPITAL LONG TERM CARE C	STREET ADDRESS, CITY, STATE, ZIP CODE 2000 NORTH AVENUE NORTHFIELD, MN 55057
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2 000	<p>Continued From page 1</p> <p>UNSUBSTANTIATED: H5241020C (MN79813).</p> <p>The following complaint was found to be SUBSTANTIATED: H5241021C (MN79081), however, NO licensing orders were issued.</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software.</p> <p>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.</p>	2 000		