DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

December 4, 2019

Administrator
Centracare Health System - Long Prairie
20 Ninth Street Southeast
Long Prairie, MN 56347

RE: CCN: 245244
Cycle Start Date: November 13, 2019

Dear Administrator:

On November 13, 2019, a survey related to a complaint investigation was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs. This survey found the most serious deficiency in your facility to be isolated deficiencies that constituted actual harm that was not immediate jeopardy (Level G). A copy of the Statement of Deficiencies (CMS-2567L) is electronically enclosed.

This letter provides important information regarding your response to these deficiencies and addresses the following issues:

Remedies - the type of remedies that will be imposed with the authorization of the Centers for Medicare and Medicaid Services (CMS);

Appeal Rights - the facility rights to appeal imposed remedies;

Informal Dispute Resolution - your right to request an informal reconsideration to dispute the attached deficiencies.

DEPARTMENT CONTACT

Questions regarding this letter should be directed to:

Kathleen Lucas, Unit Supervisor
St. Cloud B Survey Team
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health

Midtown Square
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: kathleen.lucas@state.mn.us
Phone: (320) 223-7343
Fax: (320) 223-7348

The current survey found the most serious deficiency in your facility to be isolated deficiencies that constituted actual harm that was not immediate jeopardy (Level G). Therefore this department will recommend to the CMS Regional V Office, the following remedy:

- Civil Money Penalty (42 CFR 488.430 through 488.444).

If the Centers for Medicare and Medicaid Services (CMS) decides to impose this recommended remedy they will send you a notice of imposition of the remedy and appeal rights.

APPEAL RIGHTS

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

Tamika.Brown@cms.hhs.gov

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

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

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are

incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Tamika Brown, Principal Program Representative by phone at (312) 353-1502 or by e-mail at Tamika.Brown@cms.hhs.gov.

INFORMAL DISPUTE RESOLUTION

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Nursing Home Informal Dispute Process
Minnesota Department of Health
Health Policy, Information and Compliance Monitoring
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 the imposition of remedies.

Feel free to contact me if you have questions.

Sincerely,

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

cc: Licensing and Certification File

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245244	A. BUILDING _____ B. WING _____	C 11/13/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRACARE HEALTH SYSTEM - LONG PRAIRIE	**20 NINTH STREET SOUTHEAST LONG PRAIRIE, MN 56347**

(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 11/12-11/13/19 an abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was found not to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. The following complaint was found to be substantiated and cited at 689 at past noncompliance: H5244011C Your 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 for citations at past non-compliance, it is required that you acknowledge receipt of the electronic documents.	F 000		
F 689 SS=G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §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 observation, interview and record review, the facility failed to follow the care plan resulting in a fall for 1 of 3 residents (R1) reviewed for accidents. This resulted in actual harm when R1 sustained a head injury, was transported to the emergency department and later died. The facility had implemented corrective action, so the deficient practice is being issued at	F 689	Past noncompliance: no plan of correction required.	12/9/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		12/09/2019

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

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F 689	Continued From page 1 past non-compliance. Findings include: R1's admission Minimum Data Set (MDS) assessment dated 8/22/19, indicated R1 had a BIM's (brief interview for mental status-cognitive test) of 9 out of 15, indicating moderate cognitive impairment. In addition, the MDS indicated R1 required extensive assistance with transfers and walking in room. R1's diagnoses include: psychomotor deficit, anemia, dysthymic disorder and dysphasia. R1's current care plan indicated a self-care deficit related to LUE (left upper extremity) impairment, and R1 required assistance of two staff when walking, 1 staff to follow with wheel chair and the other to assist with client using wheeled walker when walking in room. R1's Kardex, printed 10/29/19, indicated: "Walk in Room: 2 staff with w/c [wheel chair] to follow and client using wheeled walker." A Facility Reported Incident dated 10/20/19, stated, on 10/28/19 at 4:30 p.m. R1 was being ambulated by nursing assistant (NA)-A when he became weak. NA-A was not able to catch the resident which resulted in a fall to the floor and hitting his head on the bed as he fell. The report indicated an investigation was completed and revealed R1's care plan was not being followed, R1 required assist of two when walking but only one staff was present at the time of the incident. The report indicated R1 had a laceration to the back of his head, a subdural hematoma with declining condition and had been transported to the emergency department.	F 689		

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F 689	Continued From page 2	F 689		

During an interview on 11/12/19, at 2:35 p.m. NA-A stated R1 fell and hit his head on 10/28/19 while she was assisting him to walk to the bathroom from the lift recliner in his room. NA-A stated she applied a gait belt and was in front of R1 when he stood and had taken a couple steps but then started to lean backwards. NA-A stated she attempted to get behind R1 but was "unable to catch him", and R1 fell to the floor and hit his head in two places. NA-A stated she immediately requested help from the licensed practical nurse (LPN)-A. Further NA-A stated, "It was a misunderstanding. I thought he was assist of one and he was actually assist of two." NA-A shared she worked until 7:00 a.m. the next morning because of a call in. However, it was later that same evening during a review of paper work when NA-A realized R1 was care planned as assist of two with walking. NA-A stated "When I noticed he was a two assist, I couldn't find a nurse, I still felt responsible." NA-A stated she'd talked with the DON the day following the incident, initially NA-A stated she had planned to terminate her contract but the DON was encouraging her to wait. Later the DON contacted NA-A and informed her the client likely died from his injuries sustained in the fall and was terminated at that time.

During an interview on 11/12/19, at 3:57 p.m. LPN-A stated she was called to the room when R1 fell. LPN-A stated she "did not like the way he looked," and called for the registered nurse (RN)-A in charge to assist. LPN-A stated R1 was not responding verbally, and there was blood on the back of his head. LPN-A stated emergency services were called to assist and R1 was transported to the emergency department. LPN-A

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F 689	Continued From page 3	F 689		

stated, at the time of the incident, "I thought he [R1] was a one assist for walking but found out he was assist of two."

During an interview on 11/13/19, at 3:39 p.m. RN-A confirmed she was called to the unit when R1 fell. RN-A said R1 was not responding, had weakness in his arm and was "slurring" his speech. RN-A stated they proceeded to care for R1 until emergency services arrived. Further, RN-A indicated she asked NA-A and LPN-A what level of assistance R1 required and both indicated R1 was assist of one. RN-A stated she'd gathered information and everything was turned over to the director of nursing (DON) to complete the investigation. RN-A stated she was not aware at the time that R1 was an assist of two.

Hospital documentation, dated 10/28/19, at 5:02 p.m. stated patient presents with Code Stroke. He presents with left-sided weakness of the upper and lower extremities. Findings consistent with a thin subdural hematoma overlying the right cerebral convexity measuring up to 7 mm in size. Subarachnoid hemorrhage is also identified within the right cerebral hemisphere.

During an interview on 11/12/19, at 3:03 p.m. DON stated she was made aware of the fall and proceeded with her investigation. DON interviewed NA-A. "She was attempting to walk [R1], so not following the care plan. She [NA-A] knew he was a two assist but screwed up." DON stated staff were also informed in "huddles" to make sure the care plan was followed and provided a signature log with 13 signatures dated 10/30/19 & 10/31/19. Documentation of a huddle held on 11/6/19 & 11/7/19 stated "check Kardex

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F 689	Continued From page 4	F 689		

for when transferring resident" showed an additional 11 staff signatures. DON stated all staff were notified by e-mail, dated November 7, 2019 to check resident Kardex when providing care, DON stated "we haven't hit everyone." Further, DON had printed all resident Kardex and placed in pink binder on each wing prior to the on-site investigation.

During an interview on 11/13/19, at 8:53 a.m. NA-B stated he was taught to look at the Kardex during orientation 5 years ago, but recently he had received and email reminding staff to look at the Kardex before providing cares.

During an interview on 11/13/19, at 9:03 a.m. NA-C stated there was annual training to look at the Kardex in POC (point of care), in the resident's closet or in the pink binder at nursing station. NA-C stated there had been emails sent out to everyone and all staff have computer and email access.

During an interview on 11/13/19, at 9:07 a.m. NA-D stated she tries to look at the Kardex in the morning and recently had received an email about the Kardex being updated for residents.

An email sent by DON on 11/7/19, at 4:08 p.m. stated, "I just wanted to remind you that the Kardex in PCC is the best resource for you to see how to care for our residents. I have also on each wing also put in a bright pink binder that says My Story each residents Kardex. So you now will have in PCC in the Kardex, in the pink binder and in the door of each residents closet the most up to date Kardex. Please review these and make sure you know how to correctly care for the residents. If you see changes that are needed

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F 689	Continued From page 5	F 689		

please let the nurse and/or charge nurse know so we can update the Kardex. I cannot stress how important it is that you follow what is on the care plan/Kardex for caring for the residents."

During an interview on 11/13/19, at 3:28 p.m. R1's daughter stated the staff were always very kind but had a concern that at the time of the fall, her father was not being assisted correctly. R1's daughter stated "the death certificate says the cause of death was a subdural hematoma caused by blunt force injury from standing height.

A facility policy on Comprehensive Care Plans, last approved 1/2019, indicated the facility must develop and implement a comprehensive person-centered care plan for each resident. Further, the services provided must be provided by a qualified person in accordance with each resident's written plan of care.

Although the facility failed to ensure R1 was free from accidents, and R1 sustained an injury leading to his death, the faciltiy had revised policies and corrective actions as of 11/7/19. Corrective action was taken with NA-A, and all other staff were also educated regarding the use of the Kardex. In addition, the facility printed all residents' Kardex and placed in a binder at the nurses station as another resource for staff to look when assisting residents.

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Electronically delivered
December 4, 2019

Administrator
Centracare Health System - Long Prairie
20 Ninth Street Southeast
Long Prairie, MN 56347

Re: Event ID: TYI411

Dear Administrator:

The above facility survey was completed on November 13, 2019 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 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,

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

cc: Licensing and Certification File

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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 Novemeber 12, and 13, 2019, an abbreviated survey was conducted to determine compliance with state licensure. Your facility was found to be in compliance with the MN state licensure. The following complaint was found to be	2 000		

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2 000	Continued From page 1 substantiated at past non-compliance so no orders are issued: H5244011C 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		