



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
October 17, 2019

Administrator
Maplewood Care Center
1900 Sherren Avenue
Maplewood, MN 55109

RE: **CCN: 245276**
Cycle Start Date: September 17, 2019

Dear Administrator:

On October 4, 2019, we informed you that the following enforcement remedy was being imposed:

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective December 8, 2019.

This Department also recommended that CMS impose a civil money penalty. You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

- Civil money penalty. (42 CFR 488.430 through 488.444)

On October 1, 2019, the Minnesota Department of Health completed an abbreviated standard survey 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. The most serious deficiencies in your facility were found 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.

As a result of the findings:

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective December 8, 2019, will remain in effect.

In addition, this Department recommended to the CMS Region V Office the following actions:

- Civil money penalty. (42 CFR 488.430 through 488.444)

The CMS Region V Office will notify you of their determination regarding the imposed remedies, Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) prohibition, and appeal

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rights.

As we notified you in our letter of October 4, 2019, 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 December 8, 2019.

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:

**Karen Aldinger, Unit Supervisor
Metro A Survey Team
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health**

Maplewood Care Center

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85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: karen.aldinger@state.mn.us
Phone: (651) 201-3794
Fax: (651) 215-9697

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 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 March 19, 2020 (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,

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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/ltr/idr.cfm>

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day

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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,

A handwritten signature in black ink that reads "Kamala Fiske-Downing". The signature is written in a cursive style with a loop at the end of the last name.

Kamala Fiske-Downing

Licensing and Certification Program

Minnesota Department of Health

P.O. Box 64900

St. Paul, MN 55164-0900

Telephone: (651) 201-4112 Fax: (651) 215-9697

Email: Kamala.Fiske-Downing@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

December 4, 2019

Administrator
Maplewood Care Center
1900 Sherren Avenue
Maplewood, MN 55109

Re: Reinspection Results
HUS412

Dear Administrator:

On November 12, 2019 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 October 1, 2019. At this time these correction orders were found corrected.

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,

A handwritten signature in black ink that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing
Licensing and Certification Program
Minnesota Department of Health
P.O. Box 64900
St. Paul, MN 55164-0900
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

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October 17, 2019

Administrator
Maplewood Care Center
1900 Sherren Avenue
Maplewood, MN 55109

Re: Event Id: HUS411

Dear Administrator:

The above facility was surveyed on October 1, 2019 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.

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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:

Susanne Reuss, Unit Supervisor
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: susanne.reuss@state.mn.us
Phone: (651) 201-3793 Fax: (651) 215-9697

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
Licensing and Certification Program
Minnesota Department of Health
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: 10/28/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245276	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/01/2019
NAME OF PROVIDER OR SUPPLIER MAPLEWOOD CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 SHERREN AVENUE MAPLEWOOD, MN 55109		
(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 10/1/19, 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: H5276122C The facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an on-site revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.	F 000			
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on interview and document review the facility failed to provide bathing assistance for 1 of 3 dependent residents (R1) reviewed for bathing. Findings include:	F 677	F000 It is the policy of Maplewood Care Center to follow all Federal, State, and local guidelines, laws, regulations and statutes. This plan of correction is not to be construed as an admission of deficient	11/8/19	

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

TITLE

(X6) DATE

Electronically Signed

10/25/2019

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 677	<p>Continued From page 1</p> <p>R1's 30 day Minimum Data set (MDS) dated 9/3/19, identified memory impairment and indicated a need for extensive assistance from two staff for bed mobility, transfers, dressing and toileting. The MDS indicated bathing did not occur during the assessment period. R1's care plan dated 8/6/19, indicated a self care deficit and directed staff to provide two person assist for toileting and transfers and physical help to transfer into the bath or shower.</p> <p>During interview on 10/1/19, at 2:16 p.m. R1's family member (FM)-A stated she had concerns R1 had not been receiving baths at the facility. She stated staff said they bathed R1 but stated they couldn't have because he always had the same sock on. FM-A stated R1 wore a green sock on his right foot and when it was removed one day his foot was dry and cracked. FM-A stated she asked one of the nursing assistant about his baths and was told R1 refused, but no one had ever told her that. FM-A stated she had asked one of the staff, "wow is that how you would treat your dad?"</p> <p>Review of R1's Task List Report dated 10/1/19, indicated he received a bath on 8/6/19 and 20 days later on 8/26/19.</p> <p>During interview on 10/1/19, at 3:22 p.m. the director of nursing (DON) reviewed R1's tasks for the previous two weeks and confirmed the task was documented as not applicable. The DON confirmed there was no further documentation indicating R1 was receiving baths nor was there documentation to indicate he refused.</p>	F 677	<p>practice by the facility administrator, employees, agents, or other individuals. The response to the alleged deficient practice cited in this statement of deficiencies does not constitute agreement with citations. The preparation, submission and implementation of this plan of correction will serve as our credible allegation of compliance.</p> <p>F677 It is the policy of Maplewood Care Center to provide activities of daily living for residents to maintain good nutrition, grooming, and person and oral hygiene. Resident R1 has discharged. All residents' care plans were reviewed and updated with resident's preferred bathing preference and frequency. Bathing was added to the eTAR. A root cause analysis was completed and based on the results, a process change was implemented. When a shower/bath/bed bath was provided, the aide reports to the nurse who documents the type of bath in the eTAR. The ADL policy related to bathing was reviewed. Training provided to nurse managers on proper procedure and bathing preference care planning. Staff to be trained on these procedures, resident bathing preferences and ensuring documentation of bath provided or refused and proper follow up. To ensure compliance, daily audits of 2 on each floor are conducted that bathing was completed and documented on the eTAR. Resident bathing preferences are reviewed quarterly at care conferences or</p>		

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F 677	Continued From page 2	F 677	changes made per resident wishes. Audit results will be reported to the QAPI Committee monthly and the Committee's recommendations for further action will be followed. The Director of Nursing is responsible for compliance. Date of compliance: November 8, 2019		
F 684 SS=D	<p>Quality of Care CFR(s): 483.25</p> <p>§ 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 thoroughly assess a surgical wound for 1 of 3 residents (R1) reviewed for non-pressure related skin concerns.</p> <p>Findings include: R1's 30 day Minimum Data Set (MDS) dated 9/3/19, identified memory impairment and indicated he required extensive assistance from two staff for bed mobility, transfers, dressing and toileting. The MDS further identified a surgical wound. R1's care plan dated 8/6/19, identified an alteration in skin integrity related to a surgical incision secondary to amputation of toes. The care plan directed staff to notify the physician with</p>	F 684	<p>It is the policy of Maplewood Care Center to ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. R1 has discharged. All residents had a skin assessment completed. Residents with wounds had a wound assessment completed. Weekly wound assessments are completed on residents with wounds.</p> <p>A root cause analysis was conducted and based on the results, the policy and procedure for Prevention and Treatment</p>	11/8/19	

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F 684	<p>Continued From page 3</p> <p>changes/deterioration of incision or need for change in treatment and to complete weekly wound rounds.</p> <p>Review of R1's Nurses Weekly Wound Documentation and Care Center Referral Forms indicated the following:</p> <p>8/7/19, Surgical incision, left toes. Resident was admitted on 8/6/19, after left lower left extremity (LLE) toe amputation. Currently surgical dressing on and an order to keep the dressing dry and intact until follow up. The writer assessed the dressing only, it had some old drainage, moderate amount.</p> <p>A Maplewood Care Center Referral Form indicated R1 saw the foot and ankle physician on 9/14/19. The form indicated the physician noted sutures intact and ordered daily dressing changes.</p> <p>8/23/18, Surgical incision, left toes. The leg has two incisions, one on the top of the foot and one on the bottom of the foot. The bottom one is 13 centimeters (cm) in length, sutures, no signs of infection, edges intact, no pain, no drainage, no odor or redness seen. The top incision is 11 cm in length, most of the incision is closed and well healing except small area (the missing 4th toe area) where the wound edges are separated from each other and the skin around is white in color, wound base covered with granulation tissue. Small amount of serous drainage, no odor, redness or pain present. The assessment lacked assessment of the tissue surrounding the surgical incision.</p> <p>A Maplewood Care Center Referral Form</p>	F 684	<p>of Skin Breakdown, Braden Scale and Comprehensive Skin Risk Data Collection, Body Audit, Refusal of Skin Care Interventions, Turning and Repositioning (Tissue Tolerance) Observation, Weekly Wound Documentation Policy and Procedure was reviewed and education plan created for nurses.</p> <p>Training for nurses began on October 21, 2019. Nurses have received re-education on completing wound assessments. Nursing Assistants were re-educated on preventative measure for skin integrity starting October 21, 2019.</p> <p>To ensure compliance, the Weekly Skin Assessments are audited daily, 2 on each floor and if needed, any corrective action immediately takes place.</p> <p>Audit results will be reported to the QAPI Committee monthly and the Committee's recommendations for further action will be followed.</p> <p>The Director of Nursing is responsible for compliance.</p> <p>Date of compliance: November 8, 2019</p>		

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F 684	<p>Continued From page 4</p> <p>indicated R1 saw the foot and ankle physician on 8/28/19. The physician indicated several stitches were removed from the distal incision site. Evidence of healing and adequate profusion, but slow progression.</p> <p>8/30/19, Resident was admitted on 08/06/19, after LLE toes amputation. Upon last assessment: The leg has two incision one on the top of the foot and one on the bottom of the foot. The bottom one is 13 cm in length, sutures, no signs of infection, edges intact, no pain, no drainage, no odor or redness seen. The top incision is 11 cm in length, most of the incision is closed and well healing except small area (the missing 4th toe area) where the wound edges are separated from each other and the skin around is white in color, wound base covered with granulation tissue. Small amount of serous drainage, no odor, redness or pain present. The assessment lacked assessment of the skin around the incision.</p> <p>9/5/19, Resident was admitted on 8/6/19, after LLE toes amputation. Upon last assessment on 9/5/19 the writer observed: The leg has two incision one on the top of the foot and one on the bottom. The bottom one is 13 cm in length, sutures, no signs of infection, edges intact, no pain, no drainage, no odor or redness seen. The top incision is 11 cm in length, scabbed over and dry. No odor, redness or pain present. Resident had foot and ankle appointment on 8/28/19, where few sutures were removed. Next appointment on 9/11/19. Wound Progress stable. Wound edges were described as black and dry. Last physician and family updated 8/28/19.</p> <p>A Maplewood Care Center Referral Form dated</p>	F 684			

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F 684	<p>Continued From page 5</p> <p>9/11/19, indicated R1 was seen by the foot and ankle physician. The physician indicated "foot looks more necrotic today," but no signs of infection.</p> <p>9/11/19, Resident was admitted on 8/6/19, after LLE toes amputation. Upon last assessment on 9/11/19, the writer observed: The leg has two incision one on the top of the foot and one on the bottom. The bottom one is 13 cm in length, edges intact, no signs of infection, no pain, no drainage, no odor or redness seen. The top incision is 11 cm in length, scabbed over and dry, the skin and the area around the wound look necrotic, no odor, redness or pain present. Resident had foot and ankle appointment the same day of the assessment.</p> <p>During interview on 10/1/19, at 1:51 p.m. family member (FM)-A stated she was at the facility almost every day and went with R1 to all of his appointments. FM-A stated when she accompanied R1 on his wound appointment she noticed his dressings were stained and the soiled spots were getting bigger and stated one day when she came in the dressing was dried to R1's foot. FM-A said the last time she saw the dressing removed R1's foot was "really bad" and said she asked the nurse if they could have said something. FM-A stated, "I'm pretty sure it didn't go black that fast." FM-A said nobody said anything and by the time R1 went to his next appointment the underside of his foot was already turning black. She said the physician told her he thought the foot had been healing well and had good blood flow the first few weeks, then at the last visit he said, "this is drastic." FM-A stated R1 was going to lose his foot and was scheduling a below the knee amputation.</p>	F 684			

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

PRINTED: 10/28/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245276	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/01/2019
NAME OF PROVIDER OR SUPPLIER MAPLEWOOD CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 SHERRIN AVENUE MAPLEWOOD, MN 55109		
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F 684	<p>Continued From page 6</p> <p>At 3:12 p.m. registered nurse (RN)-A stated R1 was admitted with a surgical wound on his left lower extremity after amputation. RN-A stated R1 had two incisions, one on the top of his foot and one on the bottom. She stated R1 was going to the foot and ankle doctor every two weeks. RN-A stated during the weekly wound assessments she assessed the whole leg. She said with the use of the betadine it was hard to determine if redness was present on the foot. RN-A said at one point she saw R1's skin was getting darker on the top of his foot but with the betadine she was unable to determine if it was his normal skin color or a change in the wound. RN-A stated most likely the surrounding tissue was normal since she did not describe it in the notes but said she was focused on the incision site.</p> <p>At 3:22 p.m. the director of nursing stated there really wasn't a place to document on the surrounding tissue on the assessment form. The DON stated if there was a change in the wound the nurses needed to complete an assessment and notify the physician right away.</p> <p>At 3:30 p.m. the foot and ankle clinic RN stated R1 saw the physician on 8/28/19, and received orders to continue weight bearing as tolerated. The RN said on 9/11/19, R1 returned to the clinic and the physician had an extensive conversation with R1's FM-A regarding the sudden decline and talked about keeping the wound free from infection. At a follow up visit on 9/18/19, the physician discussed palliative wound care verses further amputation.</p> <p>A facility policy titled Notification of Changes dated 12/2016, indicated when there is a need to</p>	F 684			

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F 684	Continued From page 7 alter treatment significantly immediate notification of the resident will occur. There will also be consultation with the resident's physician and the representative. Immediate notification is to be done in the following situations: A significant change in the resident's status including clinical complications. A facility policy related to non-pressure related skin assessment was requested but not received.	F 684			

Minnesota Department of Health

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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 10/1/19, surveyors of this Department visited the above provider and the the facility was found NOT IN COMPLIANCE. A complaint investigation was conducted to investigate complaint H5276122C. As a result the following correction orders are issued.</p>	2 000		

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

Electronically Signed

TITLE

(X6) DATE
10/25/19

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00520	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/01/2019
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2 000	Continued From page 1 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 .	2 000		
2 830	MN Rule 4658.0520 Subp. 1 Adequate and Proper Nursing Care; General Subpart 1. Care in general. A resident must receive nursing care and treatment, personal and custodial care, and supervision based on individual needs and preferences as identified in the comprehensive resident assessment and plan of care as described in parts 4658.0400 and 4658.0405. A nursing home resident must be out of bed as much as possible unless there is a written order from the attending physician that the resident must remain in bed or the resident prefers to remain in bed. This MN Requirement is not met as evidenced by: Based on interview and document review the facility failed to thoroughly assess a surgical wound for 1 of 3 residents (R1) reviewed for non-pressure related skin concerns. Findings include: R1's 30 day Minimum Data Set (MDS) dated 9/3/19, identified memory impairment and indicated he required extensive assistance from two staff for bed mobility, transfers, dressing and toileting. The MDS further identified a surgical	2 830	Corrected	11/8/19

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2 830	<p>Continued From page 2</p> <p>wound. R1's care plan dated 8/6/19, identified an alteration in skin integrity related to a surgical incision secondary to amputation of toes. The care plan directed staff to notify the physician with changes/deterioration of incision or need for change in treatment and to complete weekly wound rounds.</p> <p>Review of R1's Nurses Weekly Wound Documentation and Care Center Referral Forms indicated the following:</p> <p>8/7/19, Surgical incision, left toes. Resident was admitted on 8/6/19, after left lower left extremity (LLE) toe amputation. Currently surgical dressing on and an order to keep the dressing dry and intact until follow up. The writer assessed the dressing only, it had some old drainage, moderate amount.</p> <p>A Maplewood Care Center Referral Form indicated R1 saw the foot and ankle physician on 9/14/19. The form indicated the physician noted sutures intact and ordered daily dressing changes.</p> <p>8/23/18, Surgical incision, left toes. The leg has two incisions, one on the top of the foot and one on the bottom of the foot. The bottom one is 13 centimeters (cm) in length, sutures, no signs of infection, edges intact, no pain, no drainage, no odor or redness seen. The top incision is 11 cm in length, most of the incision is closed and well healing except small area (the missing 4th toe area) where the wound edges are separated from each other and the skin around is white in color, wound base covered with granulation tissue. Small amount of serous drainage, no odor, redness or pain present. The assessment lacked assessment of the tissue</p>	2 830		

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2 830	<p>Continued From page 3</p> <p>surrounding the surgical incision.</p> <p>A Maplewood Care Center Referral Form indicated R1 saw the foot and ankle physician on 8/28/19. The physician indicated several stitches were removed from the distal incision site. Evidence of healing and adequate profusion, but slow progression.</p> <p>8/30/19, Resident was admitted on 08/06/19, after LLE toes amputation. Upon last assessment: The leg has two incision one on the top of the foot and one on the bottom of the foot. The bottom one is 13 cm in length, sutures, no signs of infection, edges intact, no pain, no drainage, no odor or redness seen. The top incision is 11 cm in length, most of the incision is closed and well healing except small area (the missing 4th toe area) where the wound edges are separated from each other and the skin around is white in color, wound base covered with granulation tissue. Small amount of serous drainage, no odor, redness or pain present. The assessment lacked assessment of the skin around the incision.</p> <p>9/5/19, Resident was admitted on 8/6/19, after LLE toes amputation. Upon last assessment on 9/5/19 the writer observed: The leg has two incision one on the top of the foot and one on the bottom. The bottom one is 13 cm in length, sutures, no signs of infection, edges intact, no pain, no drainage, no odor or redness seen. The top incision is 11 cm in length, scabbed over and dry. No odor, redness or pain present. Resident had foot and ankle appointment on 8/28/19, where few sutures were removed. Next appointment on 9/11/19. Wound Progress stable. Wound edges were described as black and dry. Last physician and family updated 8/28/19.</p>	2 830		

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2 830	<p>Continued From page 4</p> <p>A Maplewood Care Center Referral Form dated 9/11/19, indicated R1 was seen by the foot and ankle physician. The physician indicated "foot looks more necrotic today," but no signs of infection.</p> <p>9/11/19, Resident was admitted on 8/6/19, after LLE toes amputation. Upon last assessment on 9/11/19, the writer observed: The leg has two incision one on the top of the foot and one on the bottom. The bottom one is 13 cm in length, edges intact, no signs of infection, no pain, no drainage, no odor or redness seen. The top incision is 11 cm in length, scabbed over and dry, the skin and the area around the wound look necrotic, no odor, redness or pain present. Resident had foot and ankle appointment the same day of the assessment.</p> <p>During interview on 10/1/19, at 1:51 p.m. family member (FM)-A stated she was at the facility almost every day and went with R1 to all of his appointments. FM-A stated when she accompanied R1 on his wound appointment she noticed his dressings were stained and the soiled spots were getting bigger and stated one day when she came in the dressing was dried to R1's foot. FM-A said the last time she saw the dressing removed R1's foot was "really bad" and said she asked the nurse if they could have said something. FM-A stated, "I'm pretty sure it didn't go black that fast." FM-A said nobody said anything and by the time R1 went to his next appointment the underside of his foot was already turning black. She said the physician told her he thought the foot had been healing well and had good blood flow the first few weeks, then at the last visit he said, "this is drastic." FM-A stated R1 was going to lose his foot and was scheduling a</p>	2 830		

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2 830	<p>Continued From page 5</p> <p>below the knee amputation.</p> <p>At 3:12 p.m. registered nurse (RN)-A stated R1 was admitted with a surgical wound on his left lower extremity after amputation. RN-A stated R1 had two incisions, one on the top of his foot and one on the bottom. She stated R1 was going to the foot and ankle doctor every two weeks. RN-A stated during the weekly wound assessments she assessed the whole leg. She said with the use of the betadine it was hard to determine if redness was present on the foot. RN-A said at one point she saw R1's skin was getting darker on the top of his foot but with the betadine she was unable to determine if it was his normal skin color or a change in the wound. RN-A stated most likely the surrounding tissue was normal since she did not describe it in the notes but said she was focused on the incision site.</p> <p>At 3:22 p.m. the director of nursing stated there really wasn't a place to document on the surrounding tissue on the assessment form. The DON stated if there was a change in the wound the nurses needed to complete an assessment and notify the physician right away.</p> <p>At 3:30 p.m. the foot and ankle clinic RN stated R1 saw the physician on 8/28/19, and received orders to continue weight bearing as tolerated. The RN said on 9/11/19, R1 returned to the clinic and the physician had an extensive conversation with R1's FM-A regarding the sudden decline and talked about keeping the wound free from infection. At a follow up visit on 9/18/19, the physician discussed palliative wound care verses further amputation.</p> <p>A facility policy titled Notification of Changes dated 12/2016, indicated when there is a need to</p>	2 830		

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2 830	Continued From page 6 alter treatment significantly immediate notification of the resident will occur. There will also be consultation with the resident's physician and the representative. Immediate notification is to be done in the following situations: A significant change in the resident's status including clinical complications. A facility policy related to non-pressure related skin assessment was requested but not received. SUGGESTED METHOD OF CORRECTION: The director of nursing or designee, could review all residents at risk for wound deterioration to assure they are receiving the necessary treatment/services to prevent worsening and to promote healing. The director of nursing or designee, could conduct random audits of the delivery of care; to ensure appropriate care and services are implemented. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	2 830		
2 915	MN Rule 4658.0525 Subp. 6 A Rehab - ADLs Subp. 6. Activities of daily living. Based on the comprehensive resident assessment, a nursing home must ensure that: A. a resident is given the appropriate treatments and services to maintain or improve abilities in activities of daily living unless deterioration is a normal or characteristic part of the resident's condition. For purposes of this part, activities of daily living includes the resident's ability to: (1) bathe, dress, and groom; (2) transfer and ambulate;	2 915		11/8/19

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2 915	<p>Continued From page 7</p> <p>(3) use the toilet; (4) eat; and (5) use speech, language, or other functional communication systems; and</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review the facility failed to provide bathing assistance for 1 of 3 dependent residents (R1) reviewed for bathing.</p> <p>Findings include:</p> <p>R1's 30 day Minimum Data set (MDS) dated 9/3/19, identified memory impairment and indicated a need for extensive assistance from two staff for bed mobility, transfers, dressing and toileting. The MDS indicated bathing did not occur during the assessment period. R1's care plan dated 8/6/19, indicated a self care deficit and directed staff to provide two person assist for toileting and transfers and physical help to transfer into the bath or shower.</p> <p>During interview on 10/1/19, at 2:16 p.m. R1's family member (FM)-A stated she had concerns R1 had not been receiving baths at the facility. She stated staff said they bathed R1 but stated they couldn't have because he always had the same sock on. FM-A stated R1 wore a green sock on his right foot and when it was removed one day his foot was dry and cracked. FM-A stated she asked one of the nursing assistant about his baths and was told R1 refused, but no one had ever told her that. FM-A stated she had asked one of the staff, "wow is that how you</p>	2 915	Corrected	

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2 915	<p>Continued From page 8</p> <p>would treat your dad?"</p> <p>Review of R1's Task List Report dated 10/1/19, indicated he received a bath on 8/6/19 and 20 days later on 8/26/19.</p> <p>During interview on 10/1/19, at 3:22 p.m. the director of nursing (DON) reviewed R1's tasks for the previous two weeks and confirmed the task was documented as not applicable. The DON confirmed there was no further documentation indicating R1 was receiving baths nor was there documentation to indicate he refused.</p> <p>SUGGESTED METHOD OF CORRECTION: The director of nursing and/or designee could educate responsible staff to provide care to residents' dependant on facility staff, based on residents' comprehensively assessed needs. The DON or designee could conduct audits of dependent resident cares to ensure their personal hygiene needs are met consistently.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	2 915		