



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

May 11, 2021

Administrator  
Maplewood Care Center  
1900 Sherren Avenue  
Maplewood, MN 55109

RE: CCN: 245276  
Cycle Start Date: May 10, 2021

Dear Administrator:

On May 10, 2021, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

A handwritten signature in black ink, appearing to read 'Melissa Poepping'.

Melissa Poepping, Health Program Representative Senior  
Program Assurance | Licensing and Certification  
Minnesota Department of Health  
P.O. Box 64970  
Saint Paul, Minnesota 55164-0970  
Phone: 651-201-4117  
Email: melissa.poepping@state.mn.us



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically delivered  
April 13, 2021

Administrator  
Maplewood Care Center  
1900 Sherren Avenue  
Maplewood, MN 55109

RE: CCN: 245276  
Cycle Start Date: April 6, 2021

Dear Administrator:

On April 6, 2021, 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.

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:

Maplewood Care Center

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

**Jamie Perell, Unit Supervisor**  
**Metro A 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 July 6, 2021 (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).

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In addition, if substantial compliance with the regulations is not verified by October 6, 2021 (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/ltr\\_idr.cfm](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 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](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,



Melissa Poepping, Health Program Representative Senior  
Program Assurance | Licensing and Certification  
Minnesota Department of Health  
P.O. Box 64970  
Saint Paul, Minnesota 55164-0970  
Phone: 651-201-4117  
Email: melissa.poepping@state.mn.us

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

PRINTED: 04/16/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245276</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/06/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>MAPLEWOOD CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1900 SHERREN AVENUE MAPLEWOOD, MN 55109</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS  On 4/6/21, a standard abbreviated survey was conducted at your facility. Your facility was found to be NOT to be in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.  The following complaints were found to be UNSUBSTANTIATED, however related deficiencies were cited.  H5276199C (MN71566), with a deficiency cited at (F609).  The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments 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 that substantial compliance with the regulations has been attained.	F 000			
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4)  §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:  §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2	F 609		4/23/21	

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

TITLE

(X6) DATE

Electronically Signed

04/14/2021

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 609	<p>Continued From page 1</p> <p>hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review, the facility failed to ensure the administrator and State agency (SA) were notified within 2 hours of allegations of abuse, for 1 of 3 resident (R1) reviewed for abuse.</p> <p>Findings include:</p> <p>R1's admission Minimum Data Set (MDS) dated 3/29/21, indicated R1 had a moderate cognitive impairment, utilized a wheelchair for mobility and required extensive assistance for her activities of daily living (ADLs).</p> <p>R1's admission record printed 4/6/21, indicated R1's diagnosis included fractures of left and right lower legs, and Parkinson's disease.</p>	F 609	<p>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 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>F609 Plan of Correction</p> <p>1. It is the policy of this nursing facility that allegations of abuse, neglect,</p>		

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F 609	<p>Continued From page 2</p> <p>R1's care plan dated 3/25/21, indicated R1 was a vulnerable adult due to inability to remove self from the situation and poor cognition. The care plan directed R1 should be encouraged to report to staff if she felt threatened or bothered by others.</p> <p>R1's post incident review form dated 4/3/21, at 11:56 p.m. indicated R1 had made an allegation of physical abuse at approximately 10:35 p.m. The form further indicated the administrator, DON (Director of Nursing), and DSS (Director of Social Services) were all notified at 12:15 a.m. on 4/4/21, and indicated an immediate report was not made to the Office of Health Facility Complaints (OHFC) or state agency.</p> <p>R1's progress note authored by registered nurse (RN)-B and dated 4/4/21, at 12:58 a.m. indicated "At the end of shift, nursing assistant reported to writer, [R1], wanted to file a complaint against second evening shift aide." Nursing stated, " I heard the resident yell out as I entered the room. She was laying in the bed with no clothes on. I put a gown on her and asked him to leave because he wasn't helping the situation. I asked what happened and she said," he isn't telling me everything he's doing, and he threw me in bed so fast my back hurts, I hurt all over." Resident was very upset and asked to file a complaint against agency aide. Agency aide was asked by staff to leave facility; aide returned to pick up phone left behind. During this time, writer obtained statement from aide and initiated incident report. DON updated; skin audit planned for resident in a.m. Administrator, called; no answer. Social Services called; voice mail left. Overnight nurse administered PRN [as needed] medications for increased pain and anxiety; resident currently</p>	F 609	<p>exploitation, or mistreatment are reported immediately. The incident was reported to the Minnesota Department of Health. At that time, the facility reviewed and responded to incidents for R1 including support and follow up with R1.</p> <p>2. Under direction of the Director of Social Service and Director of Nursing, nursing notes of current residents are being reviewed for any allegations of abuse or neglect and self-reports/investigations will be completed if necessary. Care plans will be revised if necessary by members of the Interdisciplinary Team.</p> <p>3. Concerns provided by staff at the facility regarding resident safety, abuse or neglect will be investigated by the Administrator and DON. Timely reporting will occur in accordance with F609. DON and administrator both attended the abuse/neglect inservice provided by Volunteers of America National Services on April 8, 2021 . This inservice provided education on abuse/neglect compliance and timely reporting. Administrator reviewed job description pertaining to answering phone calls 24/7. Facility will conduct reeducation on abuse and neglect reporting for staff. This includes reporting potential abuse or neglect immediately to administrator and DON.</p> <p>4. Director of Social Services or designee will conduct audits of self-reports 3 times weekly for 4 weeks and weekly thereafter for 2 additional</p>		

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F 609	<p>Continued From page 3</p> <p>resting quietly and calmly. No other concerns at this time- will continue to monitor."</p> <p>R1's progress note authored by RN-A and dated 4/6/21, at 9:13 a.m. indicated "Late entry for April 3, 2021. Writer was notified that resident had a concern. Writer went to speak with resident. Resident described how she was cared for the evening before. Writer wrote down her statement for the resident. Writer then asked permission to assess resident's skin. Resident agreed. No marks or bruises were found. Resident updated. Resident was thankful." Another note was entered by RN-A at 9:20 a.m. correcting the date of this conversation: "Correction. The date of the conversation and assessment was April 4, 2021."</p> <p>When interviewed on 4/6/21, at 10:00 a.m. R1 stated on 4/3/21, around 10:00 p.m. nursing assistant (NA)-B came to assist R1 with continence care and instead of asking R1 to turn onto her side, "he threw my hurt leg over, I screamed." R1 stated NA-B had gotten her "completely naked" to change her brief which was wet and needed to be changed. R1 further stated NA-B exited her room to get supplies at which time NA-A entered R1's room and R1 reported NA-B's rough treatment to her, and when NA-B returned to complete the care, NA-A "sent him away". R1 stated the following morning, registered nurse (RN)-A came to talk to R1 and told R1 she had "made a report and he would never come back here."</p> <p>When interviewed on 4/6/21, at 10:18 a.m. RN-B verified R1's allegation and stated NA-A approached her at the end of her shift on 4/3/21, and informed her R1 reported that NA-B was "kind of rough towards her." RN-B stated RN-C</p>	F 609	<p>months to ensure timely reporting. Results will be reported at QAPI and the need for continued audits will be determined based on the audit results.</p> <p>5. Date of alleged compliance: 4/23/2021</p>		

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F 609	<p>Continued From page 4</p> <p>also approached her to discuss R1's concern, and informed RN-B that they needed to file a report. RN-B stated, "I didn't know what to do, so [RN-C] opened up the post incident review form and showed me what to do." RN-B stated, "it was late at night - early in the morning and I was unable to do the body audit, so I called the DON and she recommended that we do the body audit in the morning as R1 was sleeping." RN-B further stated the DON did not direct her to call anyone else or file any other reports.</p> <p>When interviewed on 4/6/21, at 10:27 a.m. RN-C verified R1's allegation and stated, "yes, I wrote a report [post incident review form]." RN-C stated she took report about R1's concern at about 10:30 p.m. on 4/3/21, and went into R1's room to speak to her about the concern about being "put into bed so fast it hurt her back." RN-C stated, "I went and made sure the nurse before me [RN-B] was aware of it, she was aware, and she did the post incident report." RN-C stated she and RN-B called to report the incident to the DON who "said to do a body check in the morning." RN-C further stated she believed filing a vulnerable adult report "is what the DON would do."</p> <p>When interviewed on 4/6/21, at 11:49 a.m. the DON confirmed she was made aware of R1's concern regarding NA-B from 4/3/21, at 10:30 p.m., at 1:00 a.m. on 4/4/21. DON stated she asked if NA-B was on the schedule the following day and was told he wasn't. DON verified "we didn't do anything until the following day" 4/4/21, when RN-A called her and clarified the concern. DON verified the expectation for reporting allegations of abuse "is 2 hours from when we find out" and that all staff are mandated reporters.</p>	F 609			

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F 609	<p>Continued From page 5</p> <p>When interviewed on 4/6/21, at 11:55 a.m. the DSS verified all staff were mandated reporters and stated, "we train the staff that they report to a supervisor or administrator immediately."</p> <p>When interviewed on 4/6/21, at 1:03 p.m. RN-A stated she was notified of R1's abuse allegation at about 9:30 a.m. on 4/4/21, by the DON who said "the concern had to do with the aid that worked the night before." RN-A stated she went to interview R1 who again verbalized NA-B had been rude and forcefully turned her. RN-A stated, "I told R1 I would take care of it and he wasn't coming back." RN-A verified if there was a concern about abuse or neglect during the overnight shift, staff are supposed to call the DON, administrator, or DSS.</p> <p>When interviewed on 4/6/21, at 2:48 p.m. NA-A verified R1's allegation and stated during shift report, she and the on-coming aid approached R1's room and heard R1 yelling "God damn-it" and crying. R1 was lying in the bed naked. R1 told NA-A that NA-B had been "tossing and turning her in the bed" and expressed pain. NA-A stated she apologized to R1 for this experience, completed R1's cares and reported the allegation to RN-B and RN-C.</p> <p>Facility policy titled Resident/Client/Participant Protection/Freedom from Abuse, Neglect and Misappropriation Policy and Procedure, revised 3/2021, indicated employees / mandated reporters must always report alleged abuse/neglect to the State Reporting Agency immediately, not later than 2 hours if the alleged violation involves abuse or results in serious bodily injury.</p>	F 609			



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically delivered  
April 13, 2021

Administrator  
Maplewood Care Center  
1900 Sherren Avenue  
Maplewood, MN 55109

Re: State Nursing Home Licensing Orders  
Event ID: BLMU11

Dear Administrator:

The above facility was surveyed on April 6, 2021 through April 6, 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](https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html). The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

*An equal opportunity employer.*

Maplewood Care Center

April 13, 2021

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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:

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

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.



Melissa Poepping, Health Program Representative Senior  
Program Assurance | Licensing and Certification  
Minnesota Department of Health  
P.O. Box 64970  
Saint Paul, Minnesota 55164-0970  
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00520</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/06/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MAPLEWOOD CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1900 SHERREN AVENUE MAPLEWOOD, MN 55109</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p><b>NH LICENSING CORRECTION ORDER</b></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 4/6/21, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found NOT to be in compliance with the MN State Licensure.</p> <p>The following complaint was found to be</p>	2 000		
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Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
Electronically Signed

TITLE

(X6) DATE  
04/14/21

Minnesota Department of Health

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2 000	Continued From page 1  UNSUBSTANTIATED: H5276199C (MN71566) however a licensing order was issued at 1980.  Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software.  The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.	2 000		
21980	MN St. Statute 626.557 Subd. 3 Reporting - Maltreatment of Vulnerable Adults  Subd. 3. Timing of report. (a) A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately report the information to the common entry point. If an individual is a vulnerable adult solely because the individual is admitted to a facility, a mandated reporter is not required to report suspected maltreatment of the individual that occurred prior to admission, unless:  (1) the individual was admitted to the facility from another facility and the reporter has reason to believe the vulnerable adult was maltreated in the previous facility; or (2) the reporter knows or has reason to believe that the individual is a vulnerable adult as defined in section 626.5572, subdivision 21, clause (4). (b) A person not required to report under the provisions of this section may voluntarily report	21980		4/23/21

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21980	<p>Continued From page 2</p> <p>as described above.</p> <p>(c) Nothing in this section requires a report of known or suspected maltreatment, if the reporter knows or has reason to know that a report has been made to the common entry point.</p> <p>(d) Nothing in this section shall preclude a reporter from also reporting to a law enforcement agency.</p> <p>(e) A mandated reporter who knows or has reason to believe that an error under section 626.5572, subdivision 17, paragraph (c), clause (5), occurred must make a report under this subdivision. If the reporter or a facility, at any time believes that an investigation by a lead agency will determine or should determine that the reported error was not neglect according to the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5), the reporter or facility may provide to the common entry point or directly to the lead agency information explaining how the event meets the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5). The lead agency shall consider this information when making an initial disposition of the report under subdivision 9c.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure the State agency (SA) was notified within 2 hours of allegations of abuse, for 1 of 3 resident (R1) reviewed for abuse.</p> <p>Findings include:</p> <p>R1's admission Minimum Data Set (MDS) dated 3/29/21, indicated R1 had a moderate cognitive impairment, utilized a wheelchair for mobility and required extensive assistance for her activities of</p>	21980	Corrected	

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21980	<p>Continued From page 3</p> <p>daily living (ADLs).</p> <p>R1's admission record printed 4/6/21, indicated R1's diagnosis included fractures of left and right lower legs, and Parkinson's disease.</p> <p>R1's care plan dated 3/25/21, indicated R1 was a vulnerable adult due to inability to remove self from the situation and poor cognition. The care plan directed R1 should be encouraged to report to staff if she felt threatened or bothered by others.</p> <p>R1's post incident review form dated 4/3/21, at 11:56 p.m. indicated R1 had made an allegation of physical abuse at approximately 10:35 p.m. The form further indicated the administrator, DON (Director of Nursing), and DSS (Director of Social Services) were all notified at 12:15 a.m. on 4/4/21, and indicated an immediate report was not made to the Office of Health Facility Complaints (OHFC) or state agency.</p> <p>R1's progress note authored by registered nurse (RN)-B and dated 4/4/21, at 12:58 a.m. indicated "At the end of shift, nursing assistant reported to writer, [R1], wanted to file a complaint against second evening shift aide." Nursing stated, " I heard the resident yell out as I entered the room. She was laying in the bed with no clothes on. I put a gown on her and asked him to leave because he wasn't helping the situation. I asked what happened and she said," he isn't telling me everything he's doing, and he threw me in bed so fast my back hurts, I hurt all over." Resident was very upset and asked to file a complaint against agency aide. Agency aide was asked by staff to leave facility; aide returned to pick up phone left behind. During this time, writer obtained statement from aide and initiated incident report.</p>	21980		

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21980	<p>Continued From page 4</p> <p>DON updated; skin audit planned for resident in a.m. Administrator, called; no answer. Social Services called; voice mail left. Overnight nurse administered PRN [as needed] medications for increased pain and anxiety; resident currently resting quietly and calmly. No other concerns at this time- will continue to monitor."</p> <p>R1's progress note authored by RN-A and dated 4/6/21, at 9:13 a.m. indicated "Late entry for April 3, 2021. Writer was notified that resident had a concern. Writer went to speak with resident. Resident described how she was cared for the evening before. Writer wrote down her statement for the resident. Writer then asked permission to assess resident's skin. Resident agreed. No marks or bruises were found. Resident updated. Resident was thankful." Another note was entered by RN-A at 9:20 a.m. correcting the date of this conversation: "Correction. The date of the conversation and assessment was April 4, 2021."</p> <p>When interviewed on 4/6/21, at 10:00 a.m. R1 stated on 4/3/21, around 10:00 p.m. nursing assistant (NA)-B came to assist R1 with continence care and instead of asking R1 to turn onto her side, "he threw my hurt leg over, I screamed." R1 stated NA-B had gotten her "completely naked" to change her brief which was wet and needed to be changed. R1 further stated NA-B exited her room to get supplies at which time NA-A entered R1's room and R1 reported NA-B's rough treatment to her, and when NA-B returned to complete the care, NA-A "sent him away". R1 stated the following morning, registered nurse (RN)-A came to talk to R1 and told R1 she had "made a report and he would never come back here."</p> <p>When interviewed on 4/6/21, at 10:18 a.m. RN-B</p>	21980		

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21980	<p>Continued From page 5</p> <p>verified R1's allegation and stated NA-A approached her at the end of her shift on 4/3/21, and informed her R1 reported that NA-B was "kind of rough towards her." RN-B stated RN-C also approached her to discuss R1's concern, and informed RN-B that they needed to file a report. RN-B stated, "I didn't know what to do, so [RN-C] opened up the post incident review form and showed me what to do." RN-B stated, "it was late at night - early in the morning and I was unable to do the body audit, so I called the DON and she recommended that we do the body audit in the morning as R1 was sleeping." RN-B further stated the DON did not direct her to call anyone else or file any other reports.</p> <p>When interviewed on 4/6/21, at 10:27 a.m. RN-C verified R1's allegation and stated, "yes, I wrote a report [post incident review form]." RN-C stated she took report about R1's concern at about 10:30 p.m. on 4/3/21, and went into R1's room to speak to her about the concern about being "put into bed so fast it hurt her back." RN-C stated, "I went and made sure the nurse before me [RN-B] was aware of it, she was aware, and she did the post incident report." RN-C stated she and RN-B called to report the incident to the DON who "said to do a body check in the morning." RN-C further stated she believed filing a vulnerable adult report "is what the DON would do."</p> <p>When interviewed on 4/6/21, at 11:49 a.m. the DON confirmed she was made aware of R1's concern regarding NA-B from 4/3/21, at 10:30 p.m., at 1:00 a.m. on 4/4/21. DON stated she asked if NA-B was on the schedule the following day and was told he wasn't. DON verified "we didn't do anything until the following day" 4/4/21, when RN-A called her and clarified the concern. DON verified the expectation for reporting</p>	21980		

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21980	<p>Continued From page 6</p> <p>allegations of abuse "is 2 hours from when we find out" and that all staff are mandated reporters.</p> <p>When interviewed on 4/6/21, at 11:55 a.m. the DSS verified all staff were mandated reporters and stated, "we train the staff that they report to a supervisor or administrator immediately."</p> <p>When interviewed on 4/6/21, at 1:03 p.m. RN-A stated she was notified of R1's abuse allegation at about 9:30 a.m. on 4/4/21, by the DON who said "the concern had to do with the aid that worked the night before." RN-A stated she went to interview R1 who again verbalized NA-B had been rude and forcefully turned her. RN-A stated, "I told R1 I would take care of it and he wasn't coming back." RN-A verified if there was a concern about abuse or neglect during the overnight shift, staff are supposed to call the DON, administrator, or DSS.</p> <p>When interviewed on 4/6/21, at 2:48 p.m. NA-A verified R1's allegation and stated during shift report, she and the on-coming aid approached R1's room and heard R1 yelling "God damn-it" and crying. R1 was lying in the bed naked. R1 told NA-A that NA-B had been "tossing and turning her in the bed" and expressed pain. NA-A stated she apologized to R1 for this experience, completed R1's cares and reported the allegation to RN-B and RN-C.</p> <p>Facility policy titled Resident/Client/Participant Protection/Freedom from Abuse, Neglect and Misappropriation Policy and Procedure, revised 3/2021, indicated employees / mandated reporters must always report alleged abuse/neglect to the State Reporting Agency immediately, not later than 2 hours if the alleged violation involves abuse or results in serious</p>	21980		

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21980	Continued From page 7  bodily injury.  SUGGESTED METHOD OF CORRECTION: The administrator or designee could develop/revise policies or procedures to ensure timely reporting of all allegations of abuse or neglect are within appropriate timeframes for reporting. The facility should re-educate staff identified in the citation to policies and procedures, and audit all complaints of alleged abuse or neglect for a set determined time. The results of those audits should be taken to the Quality Assurance Performance Improvement (QAPI) committee to determine the need for further monitoring or compliance.  TIME PERIOD FOR CORRECTION: 21 DAYS	21980		