



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

Electronically delivered  
February 19, 2020

Administrator  
Centennial Gardens For Nursing & Rehabilitation  
3245 Vera Cruz Avenue North  
Crystal, MN 55422

RE: CCN 245289  
Cycle Start Date: October 18, 2019

Dear Administrator:

On January 13, 2020, 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 January 6, 2020, will remain in effect.

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 February 5, 2020, the Minnesota Department of Health completed a survey and have determined that your facility is not in substantial compliance. The most serious deficiencies in your facility were found to be isolated deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy (Level D), as evidenced by the attached CMS-2567, whereby corrections are required.

As a result of the revisit findings:

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), January 6, 2020, 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 and appeal rights.

As we notified you in our letter of November 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 January 6, 2020.

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.

### **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:

- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417 (a));
- 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:

**Susanne Reuss, Unit Supervisor  
Metro C Survey Team  
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](mailto:susanne.reuss@state.mn.us)  
Phone: (651) 201-3793**

## **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 April 18, 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**

Centennial Gardens For Nursing & Rehabilitation

February 19, 2020

Page 4

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](mailto: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](mailto: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:

Centennial Gardens For Nursing & Rehabilitation

February 19, 2020

Page 5

[https://mdhprovidercontent.web.health.state.mn.us/ltc\\_idr.cfm](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 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.



Alison Helm, Enforcement Specialist

Licensing and Certification

Minnesota Department of Health

P.O. Box 64970

Saint Paul, Minnesota 55164-0970

Phone: 651-201-4206

Email: [alison.helm@state.mn.us](mailto:alison.helm@state.mn.us)

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

PRINTED: 02/26/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245289</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/05/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>CENTENNIAL GARDENS FOR NURSING &amp; REHABILITATION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3245 VERA CRUZ AVENUE NORTH</b> <b>CRYSTAL, MN 55422</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	<p>INITIAL COMMENTS</p> <p>On 2/5/20, an abbreviated survey was completed at your facility by surveyors from the Minnesota Department of Health (MDH) to conduct complaint investigation(s). The facility was found not to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.</p> <p>The following complaints were found to be substantiated:</p> <p>H5289101C and H5289103C with deficiencies cited at F689.</p> <p>The following complaints were found to be unsubstantiated:</p> <p>H5289102C</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance.</p> <p>Upon receipt of an acceptable electronic POC, an on-site revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.</p>	F 000			
F 689 SS=D	<p>Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)</p> <p>§483.25(d) Accidents. The facility must ensure that -</p>	F 689		2/26/20	

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

TITLE

(X6) DATE

Electronically Signed

02/25/2020

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

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F 689	<p>Continued From page 1</p> <p>§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and document review, the facility failed to investigate thoroughly a mechanical lift incident for 1 of 4 residents (R2). In addition, failed to follow manufacturers sling size recommendations for 3 of 4 residents (R2, R4, R5) reviewed for accidents.</p> <p>Findings include:</p> <p>R2's quarterly Minimum Data Set (MDS) dated 12/3/19, indicated he had intact cognition, required extensive assistance from two staff for transfers, and bed mobility. In addition, the MDS indicated R2 did not exhibit any behaviors and had impairment on both lower extremities.</p> <p>R2's Lift Mobility Status assessment dated 1/27/20, indicated R2 was to use the Hoyer HPL-700 or Invacare Reliant 600 due to weight being between 501 to 600 pounds. The assessment however did not identify the sling/transfer sheet size to be used for R2.</p> <p>R2's care plan dated 12/16/19, identified R1 had a self care deficit and directed staff to assist with transfers using a mechanical lift.</p> <p>On 2/5/20, at 1:44 p.m. when asked about the incident on 1/15/20, when the mechanical lift had tipped to one side causing the staff to use the</p>	F 689	<p>R2 had a mechanical lift incident created and thoroughly investigated.</p> <p>R2, R4, R5 have been reevaluated by the physical therapy department and all have the correct sling lift in use. In addition, R2, R4 and R5 care plans were updated to reflect transfer status and sling pad color. Current residents that utilize Hoyer lift slings were evaluated and their care plan and transfer status was reviewed and updated as needed.</p> <p>Future residents that require lift slings will have their weight reviewed prior to admission and the sling color will be identified prior to admission.</p> <p>Director of maintenance has inspected each mechanical lift for proper safe functioning and will continue quarterly and as needed</p> <p>Nurse aide group sheets have been updated to reflect current resident sling color.</p> <p>Extra slings will be available on the unit for staff use.</p> <p>Unit managers will maintain a current list of residents that utilize mechanical lift with corresponding sling color codes and will update this list as needed. Unit managers, during daily rounds, will</p>		

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F 689	<p>Continued From page 2</p> <p>emergent button to release R2 to the wheelchair, R2 stated "It's happened twice and that is too many times. I just want to be safe when they get me up." R2 stated since the most recent incident he would not allow the staff to transfer him unless there was a man present during the transfer. During the conversation an extra large (XL) transfer sheet with blue trim was observed on top of the wheelchair as R2 laid in bed, with his name on it.</p> <p>On 2/5/20, at 2:07 p.m. the physical therapy assistant (PTA), nursing assistant (NA)-B and NA-C approached R2's bed and stated they were going to assist PTA to transfer R2 to the wheelchair. PTA stated he had applied the XL solid fabric transfer lift sheet with blue accent under R2. PTA then told the NA's to position the wheelchair at an angle then asked them to hook R2 to the Hoyer (mechanical lift) using the green loop at the shoulders and purple at the knees. NA's then cued R2 they were going to lift him off the bed into the wheelchair. NA-B was observed to pull R2 off the bed with the mechanical lift legs closed as NA-C stood by R2's legs and as the PTA stood behind the wheelchair. NA-B turned the mechanical lift to the right and as she did the legs of the mechanical lift were caught underneath the wheelchair. The PTA then was observed to lift the back of the wheelchair and then cued NA-B to open wide the legs of the mechanical lift. NA-B was then able to push the mechanical lift under the wheelchair as PTA grabbed the sides of the transfer sheet to guide R2's body to the back of the wheelchair. As R2 was being lowered to the wheelchair he indicated he did not feel he was back enough and requested the staff to get him off the wheelchair</p>	F 689	<p>randomly verify residents are utilizing the correct color-coded pad/sling.</p> <p>Audits for transfer status and proper lift sling weekly X 4 weeks then monthly thereafter for 3 months. Results of the audit will be reported to QAPI committee for review and recommendations as scheduled.</p> <p>The administrator will monitor compliance of plan of correction.</p> <p>Correction: 2/26/2020</p>		

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F 689	<p>Continued From page 3 and try again.</p> <p>-At 2:12 p.m. PTA cued the NA's to get R2 up then was observed to pull R2 in the back of the wheelchair again. While NA-B used the remote to lower R2, NA-C pushed on R2's legs and in the process R2's right leg hit the mechanical lift and R2 called out for staff to watch out. During the observation the staff had to move R2's bed towards the window to create space, all the staff were observed squeezing in the small space to maneuver the lift and the large wheelchair to complete the transfer. In addition, the staff were observed running into R1's roommate when turning the mechanical lift to lower R2 into the wheelchair. When asked about the small space, the NA's acknowledged the space was small which made it difficult to maneuver the mechanical lift as there was two bariatric beds in the room.</p> <p>-At 2:23 p.m. when asked about how the transfer went R2 stated "I will not do it if there is no man in the room. One thing they do they will bang my legs and look I have injuries from it."</p> <p>On 2/5/20, at 3:05 p.m. registered nurse (RN)-A stated from her understanding of the incident on 1/15/20, from both the NA's and R2, there were three NA's present at the time and as they were maneuvering the mechanical lift to get R2 to the wheelchair, the "Hoyer" began to tip and at this point one of the NA's pushed the red emergent button to drop R2 to the wheelchair because the remote was not working or was not releasing him quick enough.</p> <p>When asked if the NA's present at the time of the incident were asked how they were using the mechanical lift including opening the legs up, RN-A responded, "I never asked the aides if they</p>	F 689			

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F 689	<p>Continued From page 4</p> <p>were doing anything different."</p> <p>-At 3:19 p.m. RN-A verified the transfer/sling sheet under R2 was an XL. When asked if this was an appropriate size according to the manufacturer with R2's weight of 505 pounds she stated "Yes."</p> <p>On 2/5/20, at 4:10 p.m. the director of nursing (DON) stated after the incident of R2's mechanical lift tipping during a transfer she had asked the NA's, however, she had not asked them to demonstrate or state what they were doing leading up to the the lift tipping. When asked for documentation the DON stated "I did but did not document it." When asked if staff had been re-educated or asked to demonstrate proper use of the mechanical lift when transferring R2, the DON acknowledged there was no documentation.</p> <p>On 2/5/20, at 11:44 a.m. family member (FM)-A stated from what she was told by the staff the mechanical lift had tipped over and after the accident R2 was complaining of pain. FM-A stated "I want him to be safe and yesterday they did not have a man on and they did not have him up. They told us after the fall they would provide a man from another floor to help with the transfers and he would not allow them to transfer him without a man being around. The first incident I know they were using too small of a sling to transfer him when it tipped." FM-A further stated there was concern of the staff not using the proper transfer sheets and the appropriate weight mechanical lift not just for R2 but other residents who required mechanical lift transfers.</p> <p>During a review of an undated document</p>	F 689			

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F 689	<p>Continued From page 5</p> <p>provided by the facility titled Full Body Sling it was revealed, R2 was supposed to use a mesh sling with a yellow accent color, the sling was supposed to be XXL in size and was intended for use for individuals weighing 290-600 pounds. The facility failed to follow the full body sling recommendation and staff used a XL sling intended for use for individuals weighing 200-400 pounds.</p> <p>R5's admission MDS dated 11/12/19, indicated she had intact cognition, required extensive assistance from two staff for transfers and was occasionally incontinent of bowel and bladder.</p> <p>A Lift Mobility Status assessment dated 1/28/20, indicated R5 was non-weight bearing and indicated use of a mechanical lift with a small sling.</p> <p>R5's care plan dated 1/30/20, identified a self care deficit and directed staff to assist with transfers using a mechanical lift.</p> <p>A document titled Remedy Therapy Services therapy to nursing communication dated 2/5/2020, indicated R5 "needs small sized sling."</p> <p>During observation on 2/5/20, at 12:13 p.m. NA-A and licensed practical nurse (LPN)-A assisted R5 from her wheel chair to the bed using a mechanical lift. The lift sling was blue with green edging identifying the sling size as large. R5's head was not visible over the top of the sling.</p> <p>At 12:20 p.m. NA-A stated the sling used for R4 was not hers. NA-A stated R5's sling was soiled the previous day. NA-A was asked what size</p>	F 689			

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F 689	<p>Continued From page 6</p> <p>sling staff should have been using for R5. NA-A did not know, but stated "not this big one." Further, NA-A was unable to state where she would go to find out the proper sling size. NA-A stated sometimes staff had to go to the linen storage and get a new sling.</p> <p>At 2:08 p.m. the DON stated the facility tried to make sure each resident had their own sling and stated if the sling needed to be laundered staff tried to "keep up with the size." The DON stated staff should be able to look and recognize if the sling didn't fit.</p> <p>An undated document provided by the facility titled Full Body Sling indicated a solid sling with green accent color was a large sling and intended for use for individuals weighing 150-300 pounds.</p> <p>R4's face sheet indicated diagnoses of Alzheimer's disease, dementia with behavioral disturbance, thoracolumbar and lumbosacral intervertebral disc disorder.</p> <p>R4's current nursing assistant care sheet (undated) indicated R4 was non-ambulatory, uses a Hoyer lift for transfers, and needs an assist of two with activities of daily living (ADL) and transfers.</p> <p>R4's Lift Mobility Status Assessment dated 1/24/16 indicated R4 should use a facility lift. There was no indication of sling size.</p> <p>During observation on 2/5/20, at 8:33 a.m. R4 was observed being transferred by two NA-B and NA-D, using a mechanical lift. R4 had a blue</p>	F 689			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245289</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/05/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>CENTENNIAL GARDENS FOR NURSING &amp; REHABILITATION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3245 VERA CRUZ AVENUE NORTH CRYSTAL, MN 55422</b>		
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F 689	<p>Continued From page 7</p> <p>sling with black trim underneath her. The top of the sling was approximately 3 inches above R4's head and the bottom of the sling was bunched up behind her knees. R4 was leaning way over to the right side. NA-D said "I think the sling is too big for her." There was no size indicated on the sling.</p> <p>During observation on 2/5/20, at 12:49 p.m. the DON observed R4 being transferred from her chair to her bed using a mechanical lift. As R4 was being raised above the bed the DON said "I don't even need to see what size the sling is, I can already tell that it's too big for her. I will get her a new sling today, I will order it."</p> <p>During an interview on 2/5/20, at 8:30 a.m. NA-E said the slings are marked with a black marker on lower right side indicating the size of the sling. NA-E was unable to find the size of R4's sling.</p> <p>During an interview on 2/5/20, at 8:42 a.m. NA-D said R4 "is small, so we do not use too big of a sling." She also said the size of the sling is usually on the tag. NA-D was unable to say how she knows which size sling to use on R4.</p> <p>During an interview on 2/5/20, at 11:20 a.m. RN-A said that each resident has their own sling and if the sling was not in the residents room she would expect the NA to ask her or another nurse what size sling to use. RN-A was unable to find the sling size in R4's medical record and said maybe therapy would know. RN-A was also unable to identify what size sling R4 was using.</p> <p>During an interview on 2/5/20, at 11:30 a.m. PTA-B said he determined the size of the sling a</p>	F 689			

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F 689	<p>Continued From page 8</p> <p>resident uses by the size of the resident and certain weight limits the sling can hold. He also said some slings cross between the legs and if he used that type of sling, he would make sure the resident had good range of motion. PTA-B also said that each resident is assessed for the appropriate sling size. PTA-B was unable to find an assessment for resident R4.</p> <p>During an interview on 2/5/20, at 11:34 a.m. Physical Therapist (PT-D) said "I would say it's kind of a guess and check depending on the resident, we want to make sure we aren't using a sling that is too small or too big." PT-D also said "We don't have a big selection of sling sizes." PT-D said that the top of the sling should lay at the shoulders of the resident and the bottom shouldn't go past the back of the knees. I asked PT-D if each resident is assessed for the appropriate sling size. PT-D said the resident would receive an assessment if they were receiving therapy. PT-D was unable to determine what size sling R4 was using.</p> <p>During an interview on 2/5/20, at 12:25 p.m. the DON was unable to provide the manufacturer's guidelines for R4's sling. The DON was also unable to determine what type of sling R4 was using or the size. She said "I would assume it would be a small since she doesn't weigh very much." She also said "Isn't it written in her care plan anywhere?"</p>	F 689			



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

Electronically delivered  
February 26, 2020

Please disregard the letter dated February 19, 2020 regarding Event ID 2IBM11.

Administrator  
Centennial Gardens For Nursing & Rehabilitation  
3245 Vera Cruz Avenue North  
Crystal, MN 55422

Re: Event ID: 2IBM11

Dear Administrator:

The above facility survey was completed on February 5, 2020 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

Electronically posted is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in cursive script that reads 'Alison Helm'.

Alison Helm, Enforcement Specialist  
Licensing and Certification  
Minnesota Department of Health  
P.O. Box 64970  
Saint Paul, Minnesota 55164-0970  
Phone: 651-201-4206  
Email: alison.helm@state.mn.us

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00255</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/05/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CENTENNIAL GARDENS FOR NURSING &amp; RE+</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3245 VERA CRUZ AVENUE NORTH CRYSTAL, MN 55422</b>
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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 2/5/20, an abbreviated survey was conducted to determine compliance of state licensure. No licensing orders were issued.</p> <p>The following complaints were investigated: H5289101C H5289103C</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  02/25/20
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00255</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/05/2020</b>
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2 000	Continued From page 1 H5289102C  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		