Electronically delivered
January 2, 2020

Administrator
St Clare Living Community Of Mora
110 North 7th Street
Mora, MN 55051

RE: CCN: 245291
Cycle Start Date: December 11, 2019

Dear Administrator:

On December 11, 2019, 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:

- 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:

Kathleen Lucas, Unit Supervisor
St. Cloud B Survey Team
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Midtown Square
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: kathleen.lucas@state.mn.us
Phone: (320) 223-7343

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 March 11, 2020 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by June 11, 2020 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

INFORMAL DISPUTE RESOLUTION (IDR) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

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

Nursing Home Informal Dispute Process
Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at:
https://mdhprovidercontent.web.health.state.mn.us/ltc_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at:
https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

Feel free to contact me if you have questions.

Sincerely,

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245291	A. BUILDING _____ B. WING _____	C 12/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST CLARE LIVING COMMUNITY OF MORA	**110 NORTH 7TH STREET MORA, MN 55051**

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F 000	INITIAL COMMENTS On 12/10/19 and 12/11/19 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: H5291019C The following complaint was found to be unsubstantiated: H5291020C 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 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical,	F 580		1/23/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 01/12/2020

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 580	Continued From page 1	F 580		

mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);
(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or
(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).
(ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.
(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-
(A) A change in room or roommate assignment as specified in §483.10(e)(6); or
(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.
(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).

§483.10(g)(15)
Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).

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F 580	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to notify the provider of a change of condition and the family of a change of condition and medication changes for 1 of 3 residents (R1) reviewed for a change of condition Findings include: R1's quarterly Minimum Data Set (MDS) dated 9/14/19, identified moderate cognitive impairment. R1 required extensive staff assistance with bed mobility, transfers, grooming and personal hygiene. R1 had a diagnosis of congestive heart failure (CHF) and received a diuretic. R1's September 2019 Physician Order Report, identified an order initiated on 1/29/19 for Lasix 80 mg twice daily. A 10/11/19 Provider Visit Orders and Communication form: nurse practitioner (NP)-A discontinued R1's Lasix. NP-A further ordered for staff to update NP-A with R1's weight weekly and to keep the Lasix in house for a month. Directions at the bottom of the communication form, next to family notification indicated "NA" (not applicable). A 10/16/19 Progress note, by NP-A indicated R1's nutritional supplement was increased and diuretic stopped the prior week related to a ongoing weight loss trend. R1 was tolerating the discontinuation of the Lasix with no signs of edema or fluid overload. NP-A indicated R1 will need close monitoring. R1's Vital Report weights:	F 580	It is the policy of St. Clare Living Community of Mora to inform the resident, consult with the resident□s physician, and notify, consistent with his or her authority, the resident representative when there is an accident involving injury, medication/treatment changes and significant change/change in residents condition. St. Clare Living Community of Mora Change in Condition/Notification, Documentation Guidelines, and Transcription Policies reviewed and revised on 1/8/20. Licensed nursing staff and direct care staff re-educated on 1/10/20. Facility will conduct notification of changes and change in condition audits by way of review of orders written by MD/NP, resident/staff interviews and review of Licensed staff documentation in the resident□s medical record. These audits will be conducted 3 times a week for 30 days, weekly for 3 months, monthly for 3 months and randomly thereafter with results reported to the QA/QI Committee for review and further recommendation. Further system revision and staff education will be provided if audits indicated by audits. The Director of Nursing or designee will be responsible for compliance.	

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10/18/19: 129.2 pounds
10/23/19: 138 pounds
Although R1 had a 8.8 pound weight gain in 5 days, R1's record lacked NP-A or an assessment into the weight gain.

Two days later, on 10/26/19, a progress note indicated R1 sounded "gurgley and was breathing hard." No temperature and vital signs within normal limits. Lungs clear. Did have a slight cough. "No respiratory issues noted."
Lacked documentation of provider notification.

R1's Vital Report weights, identified fluctuating weights between 10/28/19 and 11/20/19
10/28/19: 134.4 pounds
10/30/19: 136 pounds
11/4/19: 140.6 pounds
11/6/19: 134 pounds
11/13/19: 140 pounds, increase of 6 pounds in 7 days.
11/20/19: 144 pounds, an additional 4 pound weight gain in 1 week

A 11/21/19 Progress Note indicated R1 had a congested cough. Lungs clear. Oxygen 94% room air. Afebrile. Will continue to monitor.

R1's medical record between the dates of 10/17/19 and 11/21/19 lacked physician notification of weekly weights as ordered. Additionally, although R1 had weight gains and documented cough and difficulty breathing on 10/26/19 and cough on 11/21/19.

A 11/22/19 Progress Note indicated R1 remained congested with cough. Lungs clear and afebrile. Heart rate low at 31 (normal for R1 in 50's). NP-A updated.

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A 11/22/19 Progress Note, by NP-A indicated dx of diastolic heart failure, bradycardia (slow heart rate) and chronic bronchitis. Seen for an acute cough. Afebrile. Lungs clear. Harsh cough for 1-2 days. R1 denies distressed by cough. History of massive lower extremity lymphedema which resolved over the past 1-2 years and no lower extremity edema for several months. Diuretic stopped on 10/11/19 to address weight loss. Weights indicate a steady weight gain from stable weight of 129-130 in October [2019] to current weight on 11/22/19 of 144 pounds. Heart rate 40 beats per minute (BPM), feet and lower legs soft puffy non-pitting edema. Signs of exacerbation of CHF. Cough while flat in bed. Daily weights til stable. Out of bed only over meals and legs are in dependent position less than an hour twice daily. Due to fragile skin compression hose pose greater risk for skin tears than for potential benefit for edema management.

A 11/22/19 Provider Visit Orders and Communication identified an order to continue Lasix 40 mg daily, daily weights, and to update nurse practitioner on 11/25/19. R1's record lacked notification to NP-A of R1's change of condition and restart of Lasix.

A 11/26/19 Progress Note, by NP-A indicated R1's heart rate 30-32. Has history of bradycardia and family has declined referral for cardiology consult or pacemaker on multiple occasions in the past. R1 was historically on diuretics for management of chronic lymphedema. Lasix stopped on October related to significant weight loss of 130 pounds and question of dehydration. Had no edema in legs for several months prior to stopping the Lasix. Today R1 has new onset of

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F 580	Continued From page 5	F 580		

crackles over all lung fields and worsened lower extremity edema. Family updated and sent to hospital.

A 12/2/19 hospital Discharge Summary indicated family initially declined consideration of pacemaker placement, however, when did not respond to Lasix infusion treatment pacemaker was placed. Discharged on 40 mg of lasix daily. R1's weight 127 pounds.

During an interview on 12/11/19, at 9:08 a.m. and 1:53 p.m. NP-A stated R1 had a long history of lymphedema. NP-A stated R1's weights began dropping in July 2019 and when examined on 10/11/19, R1 looked dehydrated. NP-A stated R1 had not had edema for months and discontinued R1's Lasix. NP-A stated she ordered staff to notify her weekly of R1's weights as she wanted to keep a close eye out for heart failure. NP-A stated she had the staff keep R1's Lasix in house although it was discontinued, in case it the Lasix needed to be restarted. NP-A stated additionally, she would have wanted staff to inform her of any weight gains of 5 pounds or more above her normal weight of 130 pounds or if developed edema. NP-A stated staff did not notify her of her weekly weights, or weight increases, or any concerns until 11/22/19, when a nurse asked for antibiotics for a cough. NP-A stated upon exam, R1 had a cough when laying flat in bed, a symptom of CHF. R1 also had lower extremity edema to the ankle which was soft, puffy and non-pitting "football size". NP-A stated staff should have contacted her of the weight changes so treatment could be resumed. NP-A stated she did not contact family of the Lasix changes, as facility staff notify the family.

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F 580	Continued From page 6	F 580		

During an interview on 12/11/19, at 10:35 a.m. registered nurse manager (RN)-B reviewed R1's medical record and stated NP-A was not updated weekly with R1's weights as ordered. RN-B stated monitoring for CHF/fluid overload was documented. RN-B stated additionally, staff should have notified NP-A when R1 had gurgling lung sounds and R1's chart did not identify NP-A was notified. RN-B stated staff are to notify family with medication changes and after reviewing R1's record, RN-B stated this did not occur.

During an interview on 12/11/19 at 11:09 a.m. the director of nursing (DON) stated staff are to follow the physician's orders. The DON reviewed R1's weights and stated staff should have updated the provider regarding R1's weight gains. The DON stated staff are to notify family of changes of medication and change of condition.

During an interview on 12/10/19, at 3:05 p.m. family member (FM)-A stated R1's Lasix has been discontinued several times in the past, with R1 Lasix always needing to be restarted. FM-A stated family was not informed of the Lasix discontinuation, and found out about it from hospital staff after R1 was hospitalized. FM-A stated he would have requested to discuss the discontinuation of the Lasix with the provider due to R1's history of poor response when discontinued. FM-A stated family was not notified of any changes in condition until called on 11/26/19 and family requested to send to the hospital.

The facility's policy Change in condition, dated 9/15/08, indicated a change of condition is a) A change in the resident's physical, mental or psychosocial status. b) a need to alter treatment

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F 580	Continued From page 7 significantly. c) A decision to transfer or discharge the resident from the facility. Physician notification includes signs and symptoms of respiratory infection and variation in vital signs; however does not address weights and fluid overload and edema. Family notification when there is a change in status and document in the medical record.	F 580		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 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 observation, interview, and document review, the facilty failed to ensure symptoms of congestive heart failure were assessed and monitored after a residents diuretic was discontinued for 1 of 3 residents (R1) reviewed for change of condition. Findings include: R1's quarterly Minimum Data Set (MDS) dated 6/7/19, identified moderate cognitive impairment. R1 required extensive staff assistance with bed mobility, transfers, grooming and personal hygiene. R1 had a diagnosis of congestive heart failure (CHF) and received a diuretic (medication to reduce water in body by increased urine). R1	F 684	It is the policy of St. Clare Living Community of Mora to deliver quality care to all residents. St. Clare Living Community of Mora Weight, and Resident Care policies reviewed and revised on 1/9/20. Licensed nursing staff and direct care staff re-educated on 1/10/20. For other like residents who may be affected by this, care plans, diagnoses, and medication regimen have been reviewed and updated as needed. Facility will conduct weight audits for weight loss/gain, signs/symptoms related to fluid overload, appropriate notification/documentation, and interventions implemented. These audits will be conducted 3 times a week	1/23/20

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F 684	Continued From page 8 weighed 140 pounds and had a significant weight loss. R1's September 2019 Physician Order Report, identified an order initiated on 1/29/19 for Lasix 80 mg twice daily. R1's Vitals Report weights for August and September 2019 8/7/19: 131.4 pounds 8/14/19: 133 pounds 8/21/19: 133.8 pounds 8/28/19: 134.6 pounds 9/4/19: 132 pounds 9/11/19: 130 pounds 9/18/19: 129 pounds 9/25/19: 130 pounds No significant weight loss or gains in August and September. A 10/11/19 Provider Visit Orders and Communication form: nurse practitioner (NP)-A discontinued R1's Lasix. NP-A further ordered for staff to update NP-A with R1's weight weekly and to keep the Lasix in house for a month. A 10/15/19 Vital Report weight identified a weight of 130.8 pounds, no weight loss of gain since weight on 9/25/19 of 130 pounds. A 10/16/19 Progress note, by NP-A indicated R1's nutritional supplement was increased and diuretic stopped the prior week related to a ongoing weight loss trend. R1 was tolerating the discontinuation of the Lasix with no signs of edema or fluid overload. NP-A indicated R1 will need close monitoring. R1's Vital Report weights:	F 684	for 30 days, weekly for 3 months, monthly for 3 months and randomly thereafter with results reported to the QA/QI Committee for review and further recommendation. Further system revision and staff education will be provided if audits indicated by audits. The Director of Nursing or designee will be responsible for compliance.	

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F 684	Continued From page 9 10/18/19: 129.2 pounds 10/23/19: 138 pounds Although R1 had a 8.8 pound weight gain in 5 days, R1's record lacked NP-A notification or an assessment into the weight gain. Two days later, on 10/26/19, a progress note indicated R1 sounded "gurgley and was breathing hard." No temperature and vital signs within normal limits. Lungs clear. Did have a slight cough. "No respiratory issues noted." The note lacked notification of the provider. R1's Vital Report weights, identified fluctuating weights between 10/28/19 and 11/20/19 10/28/19: 134.4 pounds 10/30/19: 136 pounds 11/4/19: 140.6 pounds 11/6/19: 134 pounds 11/13/19: 140 pounds, increase of 6 pounds in 7 days. 11/20/19: 144 pounds, an additional 4 pound weight gain in 1 week A 11/21/19 Progress Note indicated R1 had a congested cough. Lungs clear. Oxygen 94% room air. Afebrile. Will continue to monitor. R1's medical record between the dates of 10/17/19 and 11/21/19 lacked physician notification of weekly weights as ordered. Additionally, although R1 had weight gains and documented cough and difficulty breathing on 10/26/19 and cough on 11/21/19, R1's record lacked assessments and monitoring for CHF/fluid overload. A 11/22/19 Progress Note indicated R1 remained congested with cough. Lungs clear and afebrile.	F 684		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245291	A. BUILDING _____ B. WING _____	C 12/11/2019

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F 684	Continued From page 10	F 684		

Heart rate low at 31 (normal for R1 in 50's). NP-A updated.

A 11/22/19 Progress Note, by NP-A indicated dx of diastolic heart failure, bradycardia (slow heart rate) and chronic bronchitis. Seen for an acute cough. Afebrile. Lungs clear. Harsh cough for 1-2 days. R1 denies distressed by cough. History of massive lower extremity lymphedema which resolved over the past 1-2 years and no lower extremity edema for several months. Diuretic stopped on 10/11/19 to address weight loss. Weights indicate a steady weight gain from stable weight of 129-130 in October [2019] to current weight on 11/22/19 of 144 pounds. Heart rate 40 beats per minute (BPM), feet and lower legs soft puffy non-pitting edema. Signs of exacerbation of CHF. Cough while flat in bed. Daily weights til stable. Out of bed only over meals and legs are in dependent position less than an hour twice daily. Due to fragile skin compression hose pose greater risk for skin tears than for potential benefit for edema management.

A 11/22/19 Provider Visit Orders and Communication identified an order to continue Lasix 40 mg daily, daily weights, and to update nurse practitioner on 11/25/19.

Vital Report for weights:
11/23/19: 145 pounds
11/24/19: 146.6 pounds
11/25/19 149 pounds

R1's physician orders, indicated staff notified NP-A on 11/25/19 as directed. NP-A increased R1's Lasix to 80 mg daily.

A 11/26/19 Progress Note, by NP-A indicated R1's

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F 684	Continued From page 11	F 684		

heart rate 30-32. Has history of bradycardia and family has declined referral for cardiology consult or pacemaker on multiple occasions in the past. R1 was historically on diuretics for management of chronic lymphedema. Lasix stopped on October related to significant weight loss of 130 pounds and question of dehydration. Had no edema in legs for several months prior to stopping the Lasix. Today R1 has new onset of crackles over all lung fields and worsened lower extremity edema. Family updated and sent to hospital.

A 12/2/19 hospital Discharge Summary indicated family initially declined consideration of pacemaker placement, however, when did not respond to Lasix infusion treatment pacemaker was placed. Discharged on 40 mg of lasix daily. R1's weight 127 pounds.

R1's 12/2/19 physician orders included Lasix 40 mg daily. Daily weights, and to call physician if weight increases by 2 pounds in 24 hours or 5 pounds in 7 days.

R1's Vitals Report for weights obtained as ordered with no significant weight increases.

During observations on 12/10/19, at 2:59 p.m. R1 in bed sleeping. Air mattress on. No edema or shortness of breath observed.

During observations on 12/11/19, at 1:04 p.m., R1 was awake, laying in bed. R1 stated she recently had swelling in her feet which was not painful. R1 did not recall being short of breath or having a cough. No edema observed.

During an interview on 12/11/19, at 9:08 a.m. and

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F 684	Continued From page 12	F 684		

1:53 p.m. NP-A stated R1 had a long history of lymphedema. NP-A stated R1's weights began dropping in July 2019 and when examined on 10/11/19, R1 looked dehydrated. NP-A stated R1 had not had edema for months and discontinued R1's Lasix. NP-A stated in hind-sight, R1's Lasix should have been reduced versus discontinued. NP-A stated she ordered staff to notify her weekly of R1's weights as she wanted to keep a close eye out for heart failure. NP-A stated she had the staff keep R1's Lasix in house although it was discontinued, in case it the Lasix needed to be restarted. NP-A stated additionally, she would have wanted staff to inform her of any weight gains of 5 pounds or more above her normal weight of 130 pounds or if developed edema. NP-A stated staff did not notify her of her weekly weights, or weight increases, or any concerns until 11/22/19, when a nurse asked for antibiotics for a cough. NP-A stated upon exam, R1 had a cough when laying flat in bed, a symptom of CHF. R1 also had lower extremity edema to the ankle which was soft, puffy and non-pitting "football size". NP-A stated she ordered daily weights and restarted R1's Lasix at 40 mg daily with orders to notify her on 11/25/19. NP-A stated staff did notify her on 11/25/19 and R1's continued to gain weight. NP-A stated she increased R1's Lasix. The next day, 11/26/19, she examined R1. NP-A stated R1 had new lung crackles. NP-A stated R1's heart rate was normally in the 50's, and now heart rate was in the 30's. NP-A stated family had previously declined a pacemaker. NP-A stated she updated the family, who requested R1 transfer to the hospital.

During an interview on 12/11/19, at 10:35 a.m. registered nurse manager (RN)-B reviewed R1's medical record and stated NP-A was not updated

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F 684	Continued From page 13 weekly with R1's weights as ordered. RN-B stated monitoring for CHF/fluid overload was documented. RN-B stated additionally, staff should have notified NP-A when R1 had gurgling lung sounds and R1's chart did not identify NP-A was notified. During an interview on 12/11/19 at 11:09 a.m. the director of nursing (DON) stated staff are to follow the physician's orders. The DON reviewed R1's weights and stated staff should have updated the provider regarding R1's weight gains. The DON stated staff are to monitor lung sounds and monitor for edema and notify the NP of any changes. A facility policy related to weight and symptom monitoring for CHF/fluid overload was requested but not provided.	F 684		

Electronically delivered
January 2, 2020

Administrator
St Clare Living Community Of Mora
110 North 7th Street
Mora, MN 55051

Re: State Nursing Home Licensing Orders
Event ID: XKGP11

Dear Administrator:

The above facility was surveyed on December 10, 2019 through December 11, 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.

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:

Kathleen Lucas, Unit Supervisor
St. Cloud B Survey Team
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Midtown Square
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: kathleen.lucas@state.mn.us
Phone: (320) 223-7343

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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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2 000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 12/10/19 to 12/11/19 surveyors of this Department's staff visited the above provider for complaint investigations to investigate complaint H5291019C and H5291020C. As a result of the investigation, the following correction order was issued.	2 000		

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2 000	Continued From page 1 The facility is enrolled in the electronic Plan of Correction (ePoC) and therefore a signature is not required at the bottom of the first page of the State form. Although no plan of correction is required, it is required that you acknowledge receipt of the electronic documents	2 000		
2 265	MN Rule 4658.0085 Notification of Chg in Resident Health Status A nursing home must develop and implement policies to guide staff decisions to consult physicians, physician assistants, and nurse practitioners, and if known, notify the resident's legal representative or an interested family member of a resident's acute illness, serious accident, or death. At a minimum, the director of nursing services, and the medical director or an attending physician must be involved in the development of these policies. The policies must have criteria which address at least the appropriate notification times for: A. an accident involving the resident which results in injury and has the potential for requiring physician intervention; B. a significant change in the resident's physical, mental, or psychosocial status, for example, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications; C. a need to alter treatment significantly, for example, a need to discontinue an existing form of treatment due to adverse consequences, or to begin a new form of treatment; D. a decision to transfer or discharge the	2 265		1/23/20

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2 265	Continued From page 2 resident from the nursing home; or E. expected and unexpected resident deaths. This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to notify the provider of a change of condition and the family of a change of condition and medication changes for 1 of 3 residents (R1) reviewed for a change of condition Findings include: R1's quarterly Minimum Data Set (MDS) dated 9/14/19, identified moderate cognitive impairment. R1 required extensive staff assistance with bed mobility, transfers, grooming and personal hygiene. R1 had a diagnosis of congestive heart failure (CHF) and received a diuretic. R1's September 2019 Physician Order Report, identified an order initiated on 1/29/19 for Lasix 80 mg twice daily. A 10/11/19 Provider Visit Orders and Communication form: nurse practitioner (NP)-A discontinued R1's Lasix. NP-A further ordered for staff to update NP-A with R1's weight weekly and to keep the Lasix in house for a month. Directions at the bottom of the communication form, next to family notification indicated "NA" (not applicable). A 10/16/19 Progress note, by NP-A indicated R1's nutritional supplement was increased and diuretic stopped the prior week related to a ongoing weight loss trend. R1 was tolerating the discontinuation of the Lasix with no signs of	2 265	It is the policy of St. Clare Living Community of Mora to inform the resident, consult with the resident□s physician, and notify, consistent with his or her authority, the resident representative when there is an accident involving injury, medication/treatment changes and significant change/change in residents condition. St. Clare Living Community of Mora Change in Condition/Notification, Documentation Guidelines, and Transcription Policies reviewed and revised on 1/8/20. Licensed nursing staff and direct care staff re-educated on 1/10/20. Facility will conduct notification of changes and change in condition audits by way of review of orders written by MD/NP, resident/staff interviews and review of Licensed staff documentation in the resident□s medical record. These audits will be conducted 3 times a week for 30 days, weekly for 3 months, monthly for 3 months and randomly thereafter with results reported to the QA/QI Committee for review and further recommendation. Further system revision and staff education will be provided if audits indicated by audits. The Director of Nursing or designee will be responsible for compliance.	

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2 265	Continued From page 3	2 265		

edema or fluid overload. NP-A indicated R1 will need close monitoring.

R1's Vital Report weights:
10/18/19: 129.2 pounds
10/23/19: 138 pounds
Although R1 had a 8.8 pound weight gain in 5 days, R1's record lacked NP-A or an assessment into the weight gain.

Two days later, on 10/26/19, a progress note indicated R1 sounded "gurgley and was breathing hard." No temperature and vital signs within normal limits. Lungs clear. Did have a slight cough. "No respiratory issues noted."
Lacked documentation of provider notification.

R1's Vital Report weights, identified fluctuating weights between 10/28/19 and 11/20/19
10/28/19: 134.4 pounds
10/30/19: 136 pounds
11/4/19: 140.6 pounds
11/6/19: 134 pounds
11/13/19: 140 pounds, increase of 6 pounds in 7 days.
11/20/19: 144 pounds, an additional 4 pound weight gain in 1 week

A 11/21/19 Progress Note indicated R1 had a congested cough. Lungs clear. Oxygen 94% room air. Afebrile. Will continue to monitor.

R1's medical record between the dates of 10/17/19 and 11/21/19 lacked physician notification of weekly weights as ordered. Additionally, although R1 had weight gains and documented cough and difficulty breathing on 10/26/19 and cough on 11/21/19.

A 11/22/19 Progress Note indicated R1 remained

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2 265	Continued From page 4	2 265		

congested with cough. Lungs clear and afebrile. Heart rate low at 31 (normal for R1 in 50's). NP-A updated.

A 11/22/19 Progress Note, by NP-A indicated dx of diastolic heart failure, bradycardia (slow heart rate) and chronic bronchitis. Seen for an acute cough. Afebrile. Lungs clear. Harsh cough for 1-2 days. R1 denies distressed by cough. History of massive lower extremity lymphedema which resolved over the past 1-2 years and no lower extremity edema for several months. Diuretic stopped on 10/11/19 to address weight loss. Weights indicate a steady weight gain from stable weight of 129-130 in October [2019] to current weight on 11/22/19 of 144 pounds. Heart rate 40 beats per minute (BPM), feet and lower legs soft puffy non-pitting edema. Signs of exacerbation of CHF. Cough while flat in bed. Daily weights til stable. Out of bed only over meals and legs are in dependent position less than an hour twice daily. Due to fragile skin compression hose pose greater risk for skin tears than for potential benefit for edema management.

A 11/22/19 Provider Visit Orders and Communication identified an order to continue Lasix 40 mg daily, daily weights, and to update nurse practitioner on 11/25/19. R1's record lacked notification to NP-A of R1's change of condition and restart of Lasix.

A 11/26/19 Progress Note, by NP-A indicated R1's heart rate 30-32. Has history of bradycardia and family has declined referral for cardiology consult or pacemaker on multiple occasions in the past. R1 was historically on diuretics for management of chronic lymphedema. Lasix stopped on October related to significant weight loss of 130 pounds and question of dehydration. Had no

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2 265	Continued From page 5	2 265		

edema in legs for several months prior to stopping the Lasix. Today R1 has new onset of crackles over all lung fields and worsened lower extremity edema. Family updated and sent to hospital.

A 12/2/19 hospital Discharge Summary indicated family initially declined consideration of pacemaker placement, however, when did not respond to Lasix infusion treatment pacemaker was placed. Discharged on 40 mg of lasix daily. R1's weight 127 pounds.

During an interview on 12/11/19, at 9:08 a.m. and 1:53 p.m. NP-A stated R1 had a long history of lymphedema. NP-A stated R1's weights began dropping in July 2019 and when examined on 10/11/19, R1 looked dehydrated. NP-A stated R1 had not had edema for months and discontinued R1's Lasix. NP-A stated she ordered staff to notify her weekly of R1's weights as she wanted to keep a close eye out for heart failure. NP-A stated she had the staff keep R1's Lasix in house although it was discontinued, in case it the Lasix needed to be restarted. NP-A stated additionally, she would have wanted staff to inform her of any weight gains of 5 pounds or more above her normal weight of 130 pounds or if developed edema. NP-A stated staff did not notify her of her weekly weights, or weight increases, or any concerns until 11/22/19, when a nurse asked for antibiotics for a cough. NP-A stated upon exam, R1 had a cough when laying flat in bed, a symptom of CHF. R1 also had lower extremity edema to the ankle which was soft, puffy and non-pitting "football size". NP-A stated staff should have contacted her of the weight changes so treatment could be resumed. NP-A stated she did not contact family of the Lasix changes, as facility staff notify the family.

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2 265	Continued From page 6 During an interview on 12/11/19, at 10:35 a.m. registered nurse manager (RN)-B reviewed R1's medical record and stated NP-A was not updated weekly with R1's weights as ordered. RN-B stated monitoring for CHF/fluid overload was documented. RN-B stated additionally, staff should have notified NP-A when R1 had gurgling lung sounds and R1's chart did not identify NP-A was notified. RN-B stated staff are to notify family with medication changes and after reviewing R1's record, RN-B stated this did not occur. During an interview on 12/11/19 at 11:09 a.m. the director of nursing (DON) stated staff are to follow the physician's orders. The DON reviewed R1's weights and stated staff should have updated the provider regarding R1's weight gains. The DON stated staff are to notify family of changes of medication and change of condition. During an interview on 12/10/19, at 3:05 p.m. family member (FM)-A stated R1's Lasix has been discontinued several times in the past, with R1 Lasix always needing to be restarted. FM-A stated family was not informed of the Lasix discontinuation, and found out about it from hospital staff after R1 was hospitalized. FM-A stated he would have requested to discuss the discontinuation of the Lasix with the provider due to R1's history of poor response when discontinued. FM-A stated family was not notified of any changes in condition until called on 11/26/19 and family requested to send to the hospital. The facility's policy Change in condition, dated 9/15/08, indicated a change of condition is a) A change in the resident's physical, mental or psychosocial status. b) a need to alter treatment	2 265		

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2 265	Continued From page 7 significantly. c) A decision to transfer or discharge the resident from the facility. Physician notification includes signs and symptoms of respiratory infection and variation in vital signs; however does not address weights and fluid overload and edema. Family notification when there is a change in status and document in the medical record. SUGGESTED METHOD OF CORRECTION: The director of nursing and/or their designee could develop /revise policies related to notification of physician and family with changes and educate all facility staff on those policies. The DON and/or designee could conduct resident interviews and complete audits to ensure physicians and families are being notified to ensure compliance. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	2 265		
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.	2 830		1/23/20

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2 830	Continued From page 8 This MN Requirement is not met as evidenced by: Based on observation, interview, and document review, the facilty failed to ensure symptoms of congestive heart failure were assessed and monitored after a residents diuretic was discontinued for 1 of 3 residents (R1) reviewed for change of condition. Findings include: R1's quarterly Minimum Data Set (MDS) dated 6/7/19, identified moderate cognitive impairment. R1 required extensive staff assistance with bed mobility, transfers, grooming and personal hygiene. R1 had a diagnosis of congestive heart failure (CHF) and received a diuretic (medication to reduce water in body by increased urine). R1 weighed 140 pounds and had a significant weight loss. R1's September 2019 Physician Order Report, identified an order initiated on 1/29/19 for Lasix 80 mg twice daily. R1's Vitals Report weights for August and September 2019 8/7/19: 131.4 pounds 8/14/19: 133 pounds 8/21/19: 133.8 pounds 8/28/19: 134.6 pounds 9/4/19: 132 pounds 9/11/19: 130 pounds 9/18/19: 129 pounds 9/25/19: 130 pounds No significant weight loss or gains in August and September.	2 830	It is the policy of St. Clare Living Community of Mora to deliver quality care to all residents. St. Clare Living Community of Mora Weight, and Resident Care policies reviewed and revised on 1/9/20. Licensed nursing staff and direct care staff re-educated on 1/10/20. For other like residents who may be affected by this, care plans, diagnoses, and medication regimen have been reviewed and updated as needed. Facility will conduct weight audits for weight loss/gain, signs/symptoms related to fluid overload, appropriate notification/documentation, and interventions implemented. These audits will be conducted 3 times a week for 30 days, weekly for 3 months, monthly for 3 months and randomly thereafter with results reported to the QA/QI Committee for review and further recommendation. Further system revision and staff education will be provided if audits indicated by audits. The Director of Nursing or designee will be responsible for compliance.	

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2 830	Continued From page 9 A 10/11/19 Provider Visit Orders and Communication form: nurse practitioner (NP)-A discontinued R1's Lasix. NP-A further ordered for staff to update NP-A with R1's weight weekly and to keep the Lasix in house for a month. A 10/15/19 Vital Report weight identified a weight of 130.8 pounds, no weight loss of gain since weight on 9/25/19 of 130 pounds. A 10/16/19 Progress note, by NP-A indicated R1's nutritional supplement was increased and diuretic stopped the prior week related to a ongoing weight loss trend. R1 was tolerating the discontinuation of the Lasix with no signs of edema or fluid overload. NP-A indicated R1 will need close monitoring. R1's Vital Report weights: 10/18/19: 129.2 pounds 10/23/19: 138 pounds Although R1 had a 8.8 pound weight gain in 5 days, R1's record lacked NP-A notification or an assessment into the weight gain. Two days later, on 10/26/19, a progress note indicated R1 sounded "gurgley and was breathing hard." No temperature and vital signs within normal limits. Lungs clear. Did have a slight cough. "No respiratory issues noted." The note lacked notification of the provider. R1's Vital Report weights, identified fluctuating weights between 10/28/19 and 11/20/19 10/28/19: 134.4 pounds 10/30/19: 136 pounds 11/4/19: 140.6 pounds 11/6/19: 134 pounds 11/13/19: 140 pounds, increase of 6 pounds in 7	2 830		

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2 830	Continued From page 10 days. 11/20/19: 144 pounds, an additional 4 pound weight gain in 1 week A 11/21/19 Progress Note indicated R1 had a congested cough. Lungs clear. Oxygen 94% room air. Afebrile. Will continue to monitor. R1's medical record between the dates of 10/17/19 and 11/21/19 lacked physician notification of weekly weights as ordered. Additionally, although R1 had weight gains and documented cough and difficulty breathing on 10/26/19 and cough on 11/21/19, R1's record lacked assessments and monitoring for CHF/fluid overload. A 11/22/19 Progress Note indicated R1 remained congested with cough. Lungs clear and afebrile. Heart rate low at 31 (normal for R1 in 50's). NP-A updated. A 11/22/19 Progress Note, by NP-A indicated dx of diastolic heart failure, bradycardia (slow heart rate) and chronic bronchitis. Seen for an acute cough. Afebrile. Lungs clear. Harsh cough for 1-2 days. R1 denies distressed by cough. History of massive lower extremity lymphedema which resolved over the past 1-2 years and no lower extremity edema for several months. Diuretic stopped on 10/11/19 to address weight loss. Weights indicate a steady weight gain from stable weight of 129-130 in October [2019] to current weight on 11/22/19 of 144 pounds. Heart rate 40 beats per minute (BPM), feet and lower legs soft puffy non-pitting edema. Signs of exacerbation of CHF. Cough while flat in bed. Daily weights til stable. Out of bed only over meals and legs are in dependent position less than an hour twice daily. Due to fragile skin compression hose pose	2 830		

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2 830	Continued From page 11 greater risk for skin tears than for potential benefit for edema management. A 11/22/19 Provider Visit Orders and Communication identified an order to continue Lasix 40 mg daily, daily weights, and to update nurse practitioner on 11/25/19. Vital Report for weights: 11/23/19: 145 pounds 11/24/19: 146.6 pounds 11/25/19 149 pounds R1's physician orders, indicated staff notified NP-A on 11/25/19 as directed. NP-A increased R1's Lasix to 80 mg daily. A 11/26/19 Progress Note, by NP-A indicated R1's heart rate 30-32. Has history of bradycardia and family has declined referral for cardiology consult or pacemaker on multiple occasions in the past. R1 was historically on diuretics for management of chronic lymphedema. Lasix stopped on October related to significant weight loss of 130 pounds and question of dehydration. Had no edema in legs for several months prior to stopping the Lasix. Today R1 has new onset of crackles over all lung fields and worsened lower extremity edema. Family updated and sent to hospital. A 12/2/19 hospital Discharge Summary indicated family initially declined consideration of pacemaker placement, however, when did not respond to Lasix infusion treatment pacemaker was placed. Discharged on 40 mg of lasix daily. R1's weight 127 pounds. R1's 12/2/19 physician orders included Lasix 40 mg daily. Daily weights, and to call physician if	2 830		

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2 830	Continued From page 12 weight increases by 2 pounds in 24 hours or 5 pounds in 7 days. R1's Vitals Report for weights obtained as ordered with no significant weight increases. During observations on 12/10/19, at 2:59 p.m. R1 in bed sleeping. Air mattress on. No edema or shortness of breath observed. During observations on 12/11/19, at 1:04 p.m., R1 was awake, laying in bed. R1 stated she recently had swelling in her feet which was not painful. R1 did not recall being short of breath or having a cough. No edema observed. During an interview on 12/11/19, at 9:08 a.m. and 1:53 p.m. NP-A stated R1 had a long history of lymphedema. NP-A stated R1's weights began dropping in July 2019 and when examined on 10/11/19, R1 looked dehydrated. NP-A stated R1 had not had edema for months and discontinued R1's Lasix. NP-A stated in hind-sight, R1's Lasix should have been reduced versus discontinued. NP-A stated she ordered staff to notify her weekly of R1's weights as she wanted to keep a close eye out for heart failure. NP-A stated she had the staff keep R1's Lasix in house although it was discontinued, in case it the Lasix needed to be restarted. NP-A stated additionally, she would have wanted staff to inform her of any weight gains of 5 pounds or more above her normal weight of 130 pounds or if developed edema. NP-A stated staff did not notify her of her weekly weights, or weight increases, or any concerns until 11/22/19, when a nurse asked for antibiotics for a cough. NP-A stated upon exam, R1 had a cough when laying flat in bed, a symptom of CHF. R1 also had lower extremity edema to the ankle which was soft, puffy and non-pitting "football	2 830		

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2 830	Continued From page 13 size". NP-A stated she ordered daily weights and restarted R1's Lasix at 40 mg daily with orders to notify her on 11/25/19. NP-A stated staff did notify her on 11/25/19 and R1's continued to gain weight. NP-A stated she increased R1's Lasix. The next day, 11/26/19, she examined R1. NP-A stated R1 had new lung crackles. NP-A stated R1's heart rate was normally in the 50's, and now heart rate was in the 30's. NP-A stated family had previously declined a pacemaker. NP-A stated she updated the family, who requested R1 transfer to the hospital. During an interview on 12/11/19, at 10:35 a.m. registered nurse manager (RN)-B reviewed R1's medical record and stated NP-A was not updated weekly with R1's weights as ordered. RN-B stated monitoring for CHF/fluid overload was documented. RN-B stated additionally, staff should have notified NP-A when R1 had gurgling lung sounds and R1's chart did not identify NP-A was notified. During an interview on 12/11/19 at 11:09 a.m. the director of nursing (DON) stated staff are to follow the physician's orders. The DON reviewed R1's weights and stated staff should have updated the provider regarding R1's weight gains. The DON stated staff are to monitor lung sounds and monitor for edema and notify the NP of any changes. A facility policy related to weight and symptom monitoring for CHF/fluid overload was requested but not provided. SUGGESTED METHOD OF CORRECTION:	2 830		

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2 830	Continued From page 14 The Directior of Nursing or designee could review policies and procedures, train staff, and implement measures to ensure changes in residents weights and signs of fluid overload are assessed, interventions implemented and monitored. The director of nursing or designee, could conduct random audits to ensure appropriate care and services are provided. TIMEFRAME FOR CORRECTION: Twenty-One (21) days.	2 830		