



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
May 21, 2019

Administrator
Hopkins Health Services
725 Second Avenue South
Hopkins, MN 55343

RE: Project Number H5293074C, H5293071C, S5293030

Dear Administrator:

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

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective June 9, 2019.

This Department is 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)

This was based on the deficiencies cited by this Department for a standard survey completed on March 21, 2019 that included an investigation of complaint number H5293071C. The most serious deficiencies were found to be isolated deficiencies that constituted actual harm that was not immediate jeopardy (Level G) whereby corrections were required.

On April 22, 2019, the Minnesota Department of Health completed an abbreviated standard survey to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs. This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted actual harm that was not immediate jeopardy (Level G), as evidenced by the electronically delivered CMS 2567.

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), effective June 9, 2019, will remain in effect.

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

- Civil money penalty be imposed. (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 April 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), if you have not achieved substantial compliance by June 9, 2019, your facility will be prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from June 9, 2019.

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.

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
Phone: (651) 201-3793
Fax: (651) 215-9697

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

APPEAL RIGHTS

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

Tamika.Brown@cms.hhs.gov

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

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

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Tamika Brown, Principal Program Representative by phone at (312) 353-1502 or by e-mail at Tamika.Brown@cms.hhs.gov.

INFORMAL DISPUTE RESOLUTION/ INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

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

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

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: http://www.health.state.mn.us/divs/fpc/profinfo/ltc/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:

<http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm>

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.

Hopkins Health Services

May 21, 2019

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Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Douglas Larson". The signature is stylized with a large initial "D" and a long horizontal flourish extending to the right.

Douglas Larson, Enforcement Specialist

Minnesota Department of Health

Licensing and Certification Program

Program Assurance Unit

Health Regulation Division

Telephone: 651-201-4118 Fax: 651-215-9697

Email: doug.larson@state.mn.us

cc: Licensing and Certification File

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

PRINTED: 05/27/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245293	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/22/2019
NAME OF PROVIDER OR SUPPLIER HOPKINS HEALTH SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 725 SECOND AVENUE SOUTH HOPKINS, MN 55343		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS On 4/22/19, an unannounced abbreviated survey was completed at your facility to conduct a complaint investigation for H5293074C. Your facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. HOWEVER: The complaint investigated was cited at Past Noncompliance: H5293074C was issued at F684. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of the CMS-2567 form. Although no plan of correction is required, it is required that you acknowledge receipt of the electronic documents.	F 000			
F 684 SS=G	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 interview and document review, the facility failed to adequately assess and intervene in an ongoing change of condition resulting in hospitalization and requiring mechanical ventilation for 1 of 3 residents (R1), reviewed for emergency transfer hospitalization and quality of care. Although noncompliance was present at the	F 684	Past noncompliance: no plan of correction required.	5/22/19	

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

TITLE

(X6) DATE

Electronically Signed

05/22/2019

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

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F 684	<p>Continued From page 1</p> <p>time of the event, the facility had implemented appropriate corrective action prior to the survey, resulting in a finding of past-noncompliance harm for R1.</p> <p>Findings include:</p> <p>R1's medical record was reviewed on 4/22/19 and identified that on 4/2/19, R1 was noted as sleepy all shift. There were no vital signs recorded and no further assessment completed. On 4/3/19, the nurse practitioner (NP) conducted a routine visit and noted, "Unable to fully arouse for exam." The NP further noted R1's weight was up 14 pounds since admission and indicated, "Considered adjusting anti-psychotics." On 4/4/19, vital signs were completed, however, lacked pulse oxygen saturation (P oxy) (the level of oxygen in the blood, usually measured at the fingertips). On 4/5/19, medication adjustments were made, and R1 was seen by a physician's assistant (PA) from Associated Clinic of Psychology (ACP). Vital signs were within normal limits. R1 remained "lethargic," vital signs were done on 4/6/19, that showed mildly elevated temperature and respiratory rate, however, lacked a pulse oxy. On 4/7/19, a pulse, temperature and respiratory rate were done, but lacked blood pressure and/or P oxy. On 4/8/19, laboratory test showed an elevated AST (liver enzyme test that may indicate the level of liver damage.) Vital signs lacked P oxy. R1 was admitted on 12/18/18 with baseline vital signs of blood pressure (BP) 122/60, pulse (P) 62, temperature (T) 96.6, respiratory rate (R)16-18, pulse oxygen saturation (P oxy) 95%.</p> <p>On 4/8 vital signs were elevated from baseline</p>	F 684			

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F 684	<p>Continued From page 2</p> <p>vital signs. BP 138/83, P 88, T 99.1 respiratory rate 20 Medications were again adjusted, however, there was no assessment to determine the cause of the lethargy or cause of the elevated AST level. No vital signs were completed on 4/9/18, despite the continued lethargy and declining intake of food and fluids. R1's diet was downgraded to honey thickened liquids due to coughing while eating. A voicemail was left for the son, regarding possible hospice consult. On 4/10/19, at 8:53 a.m., R1's respiratory rate and pulse were very elevated; P 107, RR 36, Blood sugar 368. R1 was not able to be aroused. P oxy was not completed. Chest x-ray showed possible pneumonia. A onetime antibiotic was ordered but not provided. According to licensed practical nurse (LPN)-A staff did not have time to give the antibiotic. R1 continued to deteriorate and was eventually transported to the Veterans Hospital Emergency Room, where he was placed on a mechanical ventilator [to breath for him] due to very low blood oxygen level. R1 sustained harm related to the low blood oxygen level, pneumonia, sepsis, encephalopathy (brain damage), was ventilated for 6 days, then placed on hospice and expired on 4/17/19.</p> <p>Although the facility failed to immediately assess and ensure treatment was initiated for R1 beginning 4/2/19, they had developed and implemented a systemic plan to correct this failure by 4/29/19, which included: education provided for the staff with a focus on using SBAR communication [situation, background, assessment, response]; and were able to demonstrate they had initiated effective nurse manager audits daily for identifying changes in residents' conditions; and daily stand up</p>	F 684			

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F 684	Continued From page 3 meetings to discuss any ongoing resident health issues as an interdisciplinary team. The facility corrective action was verified during the onsite survey 4/22/19. Therefore, this deficient practice is being cited at Past Noncompliance.	F 684			