



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

Electronically delivered  
December 9, 2020

Administrator  
New Richland Care Center  
312 Northeast 1st Street  
New Richland, MN 56072

RE: CCN: 245316  
Cycle Start Date: September 3, 2020

Dear Administrator:

On September 28, 2020, we notified you a remedy was imposed. On December 8, 2020 the Minnesota Department(s) of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of December 8, 2020.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective November 12, 2020 be discontinued as of December 8, 2020. (42 CFR 488.417 (b))

However, as we notified you in our letter of September 28, 2020, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from November 12, 2020. This does not apply to or affect any previously imposed NATCEP loss.

The CMS Region V Office may notify you of their determination regarding any imposed remedies.

Feel free to contact me if you have questions.

Sincerely,

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

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



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December 9, 2020

Administrator  
New Richland Care Center  
312 Northeast 1st Street  
New Richland, MN 56072

Re: Reinspection Results  
Event ID: 5KTY12

Dear Administrator:

On December 8, 2020 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on November 2, 2020. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

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

Melissa Poepping, Health Program Representative Senior  
Program Assurance | Licensing and Certification  
Minnesota Department of Health  
P.O. Box 64970  
Saint Paul, Minnesota 55164-0970  
Phone: 651-201-4117  
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*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically delivered  
November 18, 2020

Administrator  
New Richland Care Center  
312 Northeast 1st Street  
New Richland, MN 56072

RE: CCN: 245316  
Cycle Start Date: September 3, 2020

Dear Administrator:

On September 28, 2020, we informed you of imposed enforcement remedies.

On November 2, 2020, the Minnesota Department(s) of Health completed a survey and it has been determined that your facility continues to not to be in substantial compliance. The most serious deficiencies in your facility were found to be isolated deficiencies that constituted actual harm that was not immediate jeopardy (Level G), as evidenced by the electronically attached CMS-2567, whereby corrections are required.

As a result of the survey findings:

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective November 12, 2020, will remain in effect.

This Department continues to recommend that CMS impose a civil money penalty. (42 CFR 488.430 through 488.444).

You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective November 12, 2020. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective November 12, 2020.

You should notify all Medicare/Medicaid residents admitted on, or after, this date of the restriction. The remedy must remain in effect until your facility has been determined to be in substantial compliance or your provider agreement is terminated. Please note that the denial of payment for new admissions includes Medicare/Medicaid beneficiaries enrolled in managed care plans. It is your obligation to inform managed care plans contracting with your facility of this denial of payment for new admissions.

As we notified you in our letter of September 28, 2020, in accordance with Federal law, as specified in the Act at Section 1819(f)(2)(B)(iii)(l)(b) and 1919(f)(2)(B)(iii)(l)(b), your facility is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from November 12, 2020.

#### **ELECTRONIC PLAN OF CORRECTION (ePOC)**

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable plan of correction

*An equal opportunity employer.*

New Richland Care Center

November 18, 2020

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(ePOC) for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Optional denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417 (a));
- Per day civil money penalty (42 CFR 488.430 through 488.444).

## DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by a "F" tag), i.e., the plan of correction should be directed to:

Elizabeth Silkey, Unit Supervisor  
Mankato District Office  
Licensing and Certification Program  
Health Regulation Division  
Minnesota Department of Health  
12 Civic Center Plaza, Suite #2105  
Mankato, MN 56001  
Email: elizabeth.silkey@state.mn.us  
Office: (507) 344-2742 Mobile: (651) 368-3593

## 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 - Health Regulation Division 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

New Richland Care Center

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Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

#### **FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY**

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by March 3, 2021 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

#### **APPEAL RIGHTS**

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, 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**

New Richland Care Center

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

#### **INFORMAL DISPUTE RESOLUTION/ INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)**

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

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

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at:

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



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

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

PRINTED: 11/25/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245316</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/02/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>NEW RICHLAND CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>312 NORTHEAST 1ST STREET NEW RICHLAND, MN 56072</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><b>INITIAL COMMENTS</b></p> <p>On 11/2/20 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.</p> <p>The following complaint was found to be SUBSTANTIATED: H#5316023C, with a deficiency cited at F697.</p> <p>The following complaints were found to be unsubstantiated: H#5316024C H#5316026C</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's acceptance.</p> <p>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 697 SS=G	<p><b>Pain Management</b> CFR(s): 483.25(k)</p> <p>§483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice,</p>	F 697		12/4/20	

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

TITLE

(X6) DATE

Electronically Signed

11/24/2020

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 697	<p>Continued From page 1</p> <p>the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and document review, the facility failed to conduct a comprehensive pain assessment for 1 of 1 resident (R1) in the sample who reported she had a fall and complained of ongoing pain. This resulted in actual harm to R1, who was transferred to a hospital emergency room (ER) nine hours later and diagnosed with a closed fracture of tibial plateau.</p> <p>Findings include:</p> <p>R1's Facesheet document printed 11/2/20, identified diagnoses including: history of falling, chronic obstructive pulmonary disease, adult failure to thrive and dementia without behavioral disturbance.</p> <p>R1's quarterly Minimum Data Set (MDS) assessment dated 9/22/20, identified R1 as having moderately impaired cognition, and requiring extensive assistance of one for activities of daily living. In addition, the MDS indicated R1 suffered occasional pain, was on scheduled pain medication regime, but denied pain over past five days. The MDS indicated R1 had experienced no falls since the prior assessment.</p> <p>R1's plan of care dated 1/20/20, indicated R1 was at a moderate risk for falls related to gait and balance problems, unaware of safety needs, self transfer attempts and incontinence of bladder. A care plan dated 8/14/20, indicated R1 was also at risk for pain related to muscle weakness and gait impairment with a goal to maintain an</p>	F 697	<p>The plan of corrective action to address the deficient practice related to tag F697 is as follows:</p> <ol style="list-style-type: none"> <li>1.) A new pain assessment will be conducted on R1 on 11/25/2020.</li> <li>2.) Subsequently a new pain assessment will be conducted on all residents in the facility by 12/04/2020.</li> <li>3.) Any residents with a pain score of 5 or higher will be reviewed by the Nurse Manager and communicated to the Primary Provider.</li> <li>4.) Any residents who receive PRN medications associated with pain management will be audited and reviewed by the facility Primary Providers. The Primary Providers will review for possible changes from PRN management to a scheduled pain medication management program.</li> <li>5.) All residents with new pain will be reassessed with a new Pain Assessment and the Primary Provider will be promptly notified of the new pain concern. We will also conduct random pain audits daily until the issue is resolved or resurvey for compliance has been completed.</li> <li>6.) The MDS Nurse will review the resident's pain at each quarterly MDS Review Date.</li> <li>7.) As part of our POC random daily audits will occur until resurvey with established compliance. In addition, the facility has created a QAPI Action Item around pain assessments and the system</li> </ol>		



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F 697	<p>Continued From page 2</p> <p>acceptable level of comfort throughout each shift with no non-verbal indicators of pain or verbal reports of pain. Interventions included: monitor/record/report to nurse any signs and symptoms of non-verbal pain, nursing assistant (NA) to report any resident complaints of pain to nurse or non-verbal signs of pain to nurse immediately, pain medication to be administered per MD/Nurse Practitioner (NP) orders, pain scale to be used by nurse to determine level of pain resident experiencing, report to nurse any change in usual activity attendance, or refusal to attend activities, related to signs and symptoms or complaints of pain or discomfort.</p> <p>A progress note dated 10/8/20 at 8:59 p.m., indicated R1 had been complaining of increased pain in her right knee that evening and had been crying off and on. The entry indicated R1 was given scheduled Tylenol and Voltaren cream as ordered as well as ice packs off and on all night, and would be offered PRN (as needed) Tylenol as well as PRN muscle rub throughout the night. The note further indicated the nurse manager was called at 8:00 p.m. and made aware of R1's pain, and staff would monitor through the night and call for further directions from the NP in the morning.</p> <p>A progress note dated 10/9/20 at 12:42 a.m., indicated R1 had been crying "from the time I got here at 10:00 p.m." The note indicated Tylenol extra strength was given at midnight, and described R1's right knee area as "swollen and unbearable to touch to examine. Waiting for doctor on call to call me back."</p> <p>A progress note dated 10/9/20 at 2:58 a.m., indicated the local medical center switch board operator had been called back after waiting 30</p>	F 697	<p>changes. This will be brought to the next QAA meeting on 12/17/2020. Ongoing monitoring occurs with all Action Items with periodic checks until deemed resolved by the QAA committee.</p> <p>8.) All Nursing Staff will be educated on the systemic changes for Pain assessment and pain control by 12/04/2020. Staff who are out of town will be mailed the educational info in order to assure 100% compliance.</p> <p>9.) The corrective action for this citation will be completed by 12/04/2020.</p> <p>10.)The staff member responsible for this POC is the Director of Nursing.</p>		

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

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F 697	<p>Continued From page 3</p> <p>minutes with no return call from the physician on call. The note indicated the switch board operator had paged the physician again. After one hour and fifteen minutes, the supervisor from medical center had called the facility back to see if the doctor on call had responded yet, the physician had not. The progress note indicated the switch board supervisor had provided the number for a neighboring community's medical center RN supervisor but she was unable to assist in paging the doctor. The note further indicated the facility had called the local medical center again, and were given the number for the RN supervisor in another neighboring community who had their ER physician give a verbal order to send the resident to a hospital ER for evaluation. The facility nurse also documented she had called and left a message for the director of nursing and nurse manager, and had received a return call. At the close of the progress note, the nurse documented, "911 was called at 2:55 a.m. to transport resident to ER."</p> <p>A progress note dated 10/9/20 at 3:26 a.m., included: "ambulance here and will be transporting resident to ER."</p> <p>A progress note dated 10/9/20 at 4:44 a.m., indicated nobody witnessed a fall, but R1 had stated she'd fallen onto her knees and that's why her knees hurt.</p> <p>During observation and interview on 11/2/20 at 10:17 a.m., R1 was lying in bed with her right leg elevated on a pillow, and a removable splint present from her mid thigh to ankle. R1 stated she didn't really remember what happened except she'd fallen down and hit her knee. R1 denied pain when lying but indicated it hurt when she got</p>	F 697			

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F 697	<p>Continued From page 4</p> <p>up in her wheelchair and when they moved her in bed. R1 stated, "They are controlling the pain now with medications."</p> <p>During an interview on 11/2/20 at 10:30 a.m., licensed practical nurse (LPN)-A indicated her shift started at 10:30 p.m. on 10/8/20, and during report could hear R1 crying out and swearing. LPN-A stated, "I could tell she had definite pain while in report." LPN-A stated the evening nurse, LPN-B, had reported to her that R1 had complained of pain all shift. LPN-A said LPN-B had told her the resident had not fallen to her knowledge, and had thought it was R1's worsening arthritic pain. LPN-A stated she'd gone to assess R1 after report and had attempted to assess the right leg but R1 had screamed out in pain when she just touched the knee. LPN-A stated it wasn't the normal pain R1 experienced. LPN-A further stated at approximately 12:20 a.m., she'd paged the on-call provider for an order to send R1 to the emergency room for further assessment and treatment and when she hadn't received a call back, she'd contacted two other hospitals before she finally received an order to transfer R 1 to the ER approximately 3 hours later.</p> <p>During interview on 11/2/20 at 11:41 a.m., LPN-B stated R1 had started complaining of pain later in the evening on 10/8/20, towards supper time. LPN-B stated R1 didn't start crying until the change of shift. LPN-B stated R1 did not fall to her knowledge and has arthritic knees, she said she'd notified the nurse manager, gave Tylenol for pain and placed ice on the knee. LPN-B stated she was told to monitor R1 and follow-up in the morning with the NP. LPN-B said at approximately 7:30 p.m., R1 had self transferred</p>	F 697			

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F 697	<p>Continued From page 5</p> <p>herself from her bed to the other bed in her room without staff knowledge. LPN-B stated R1 was found sitting on the end of the other bed by a nursing assistant who then transferred her back to her own bed. LPN-B stated she never asked R1 if she had fallen or if she had injured her knee somehow. LPN-B stated she had not noticed any swelling or redness when she'd placed ice on R1's knee and did not attempt range of motion because she would never do that on an arthritic knee.</p> <p>During interview 11/2/20 at 12:01 p.m., nurse manager (NM)-A stated she had received a phone call 10/8/20, from LPN-B regarding R1 crying in pain from her right knee pain. NM-A said, "I asked her if [R1 ] had fallen and she said 'no' but did say she had self-transferred herself to the edge of the other bed in the room." NM-A stated she never asked for a physical assessment of the knee but had told LPN-A if the pain did not improve she could notify the on-call provider, and if not, she would address the pain management plan with the nurse practitioner in the morning.</p> <p>During interview on 11/2/20 at 12:10 p.m., the director of nursing (DON) stated LPN-B was aware of a potential fall for R1 at 4:00 p.m. on 10/8/20 per interview with other staff members.</p> <p>R2's Face Sheet printed 11/2/20, included a diagnosis of multiple sclerosis, and the annual MDS assessment dated 8/25/20, indicated R2 had intact cognition.</p> <p>During interview on 11/2/20 at 1:55 p.m., R2 stated, "[R1] screams out a lot, but on [10/8/20] the screaming was much worse than normal.</p>	F 697			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245316</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/02/2020</b>
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F 697	<p>Continued From page 6</p> <p>She kept saying her knee hurt." R2 stated more attention should have been paid to what R1 was saying because it was obvious she was more uncomfortable than her normal. R2 also stated the hollering and crying was off and on throughout the whole evening, and didn't get any worse or better as the evening passed. R2 stated "the evening nurse gave [R1] a glance as she passed by, but did not take it serious because of [R1's] past behavior."</p> <p>During interview on 11/2/20 at 2:30 p.m., NA-A stated R1 had increased pain in her knees throughout the shift. NA-A indicated he was transferring R1 into her wheelchair while LPN-B was present in the room, and R1 was crying out in pain and was not able to bear any weight on her right leg. NA-A stated, "This was not [R1's] normal pain. I thought it was obvious something was seriously wrong, but [LPN-B] just said it was arthritic pain."</p> <p>During interview on 11/2/20 at 2:56 p.m., NA-B stated she was walking by R1's room at approximately 4:00 p.m. on 10/8/20, when R1 told her she had fallen. NA-B said had she looked at R1's knee and R1 screamed. NA-B stated she had notified LPN-B that R1 had reported she'd fallen and hurt her knee, and that R1 had screamed out when NA-B touched her knee. NA-B said she was unsure what LPN-B did after she'd reported to her about R1's pain.</p> <p>During interview on 11/2/20 at 3:10 p.m., NP-A stated she would expect staff to notify her in a situation where the pain is different than normal for a resident. NP-A said based on the notes in R1's record, this pain was a change from her normal. NP-A also stated it wasn't normal to wait</p>	F 697			

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

PRINTED: 11/25/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245316</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/02/2020</b>
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F 697	<p>Continued From page 7</p> <p>over 3 hours to transfer a resident to the emergency department. NP-A stated R1 should have been sent out emergently.</p> <p>During interview on 11/2/20 at 3:20 p.m., social services (SS)-A stated during the investigation process, there was no proof or disproof that the resident fell. SS-A also stated since they knew R1 had arthritis, and that she self-transfers herself, they could not determine the cause of the fracture.</p> <p>During interview on 11/2/20 at 3:30 p.m., DON verified R1 should have been assessed sooner than she was. The DON further stated LPN-B was complacent when she jumped to the conclusion it was arthritic pain without assessing the knee at all.</p> <p>The facility's Pain Protocol dated 3/2018, included: "Nursing staff will assess each individual for pain...when there is onset of new pain or worsening of existing pain."</p> <p>The facility's Pain Assessment and Management policy dated 3/2020, included: "The purposes of this procedure is to help the staff identify pain in the resident, and to develop interventions that are consistent with the resident's goals and needs and that address the underlying causes of pain. The pain management program is based on a facility-wide commitment to appropriate assessment and treatment of pain, based on professional standards of practice, the comprehensive care plan, and the resident's choices related to pain management. Pain management is defined as the process of alleviating the resident's pain based on his or her clinical condition and established treatment goals.</p>	F 697			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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F 697	Continued From page 8 Acute pain (or significant worsening of chronic pain) should be assessed every 30 to 60 minutes after the onset and reassessed as indicated until relief is obtained."	F 697			



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

Electronically delivered  
November 18, 2020

Administrator  
New Richland Care Center  
312 Northeast 1st Street  
New Richland, MN 56072

Re: State Nursing Home Licensing Orders  
Event ID: 5KTY11

Dear Administrator:

The above facility was surveyed on November 2, 2020 through November 2, 2020 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a "suggested method of correction" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the order within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at [https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\\_8.html](https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html). The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

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

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



New Richland Care Center

November 18, 2020

Page 2

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:

**Elizabeth Silkey, Unit Supervisor**  
**Mankato District Office**  
**Licensing and Certification Program**  
**Health Regulation Division**  
**Minnesota Department of Health**  
**12 Civic Center Plaza, Suite #2105**  
**Mankato, MN 56001**  
**Email: [elizabeth.silkey@state.mn.us](mailto:elizabeth.silkey@state.mn.us)**  
**Office: (507) 344-2742 Mobile: (651) 368-3593**

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

Please note it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call me with any questions.



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

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00748</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/02/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW RICHLAND CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>312 NORTHEAST 1ST STREET NEW RICHLAND, MN 56072</b>
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2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p><b>NH LICENSING CORRECTION ORDER</b></p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p><b>INITIAL COMMENTS:</b> On 11/2/20, an abbreviated survey was conducted to determine compliance with State Licensure. Your facility was found to be NOT in compliance with the MN State Licensure. Please indicate in your electronic plan of correction that you have reviewed these orders, and identify the date when they will be completed.</p>	2 000		

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

Electronically Signed

TITLE

(X6) DATE  
11/24/20

Minnesota Department of Health

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2 000	Continued From page 1  The following complaint was found to be SUBSTANTIATED: H#5316023C with a licensing order issued at 4658.0520 Subp. 1 The following complaints were found to be unsubstantiated: H#5316024C H#5316026C The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form.	2 000		
2 830	MN Rule 4658.0520 Subp. 1 Adequate and Proper Nursing Care; General  Subpart 1. Care in general. A resident must receive nursing care and treatment, personal and custodial care, and supervision based on individual needs and preferences as identified in the comprehensive resident assessment and plan of care as described in parts 4658.0400 and 4658.0405. A nursing home resident must be out of bed as much as possible unless there is a written order from the attending physician that the resident must remain in bed or the resident prefers to remain in bed.  This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to conduct a comprehensive pain assessment for 1 of 1 resident (R1) in the sample who reported she had a fall and complained of ongoing pain. This resulted in actual harm to R1, who was transferred to a hospital emergency room (ER) nine hours later and diagnosed with a closed	2 830	The plan of corrective action to address the deficient practice related to tag F697 will be to conduct a new pain assessment on the affected resident. Subsequently a new pain assessment will be conducted on all residents in the facility. Any residents who receive PRN medications associated with pain management will be	12/4/20

Minnesota Department of Health

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2 830	<p>Continued From page 2</p> <p>fracture of tibial plateau.</p> <p>Findings include:</p> <p>R1's Facesheet document printed 11/2/20, identified diagnoses including: history of falling, chronic obstructive pulmonary disease, adult failure to thrive and dementia without behavioral disturbance.</p> <p>R1's quarterly Minimum Data Set (MDS) assessment dated 9/22/20, identified R1 as having moderately impaired cognition, and requiring extensive assistance of one for activities of daily living. In addition, the MDS indicated R1 suffered occasional pain, was on scheduled pain medication regime, but denied pain over past five days. The MDS indicated R1 had experienced no falls since the prior assessment.</p> <p>R1's plan of care dated 1/20/20, indicated R1 was at a moderate risk for falls related to gait and balance problems, unaware of safety needs, self transfer attempts and incontinence of bladder. A care plan dated 8/14/20, indicated R1 was also at risk for pain related to muscle weakness and gait impairment with a goal to maintain an acceptable level of comfort throughout each shift with no non-verbal indicators of pain or verbal reports of pain. Interventions included: monitor/record/report to nurse any signs and symptoms of non-verbal pain, nursing assistant (NA) to report any resident complaints of pain to nurse or non-verbal signs of pain to nurse immediately, pain medication to be administered per MD/Nurse Practitioner (NP) orders, pain scale to be used by nurse to determine level of pain resident experiencing, report to nurse any change in usual activity attendance, or refusal to attend activities, related to signs and symptoms or</p>	2 830	<p>audited and reviewed by the facility Primary Providers. The Primary Providers will review for possible changes from PRN management to a scheduled pain medication management program. All residents with new pain will be reassessed with a new Pain Assessment and the Primary Provider will be promptly notified of the new pain concern. We will also conduct random pain audits daily until the issue is resolved or resurvey for compliance has been completed.</p>	

Minnesota Department of Health

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2 830	<p>Continued From page 3</p> <p>complaints of pain or discomfort.</p> <p>A progress note dated 10/8/20 at 8:59 p.m., indicated R1 had been complaining of increased pain in her right knee that evening and had been crying off and on. The entry indicated R1 was given scheduled Tylenol and Voltaren cream as ordered as well as ice packs off and on all night, and would be offered PRN (as needed) Tylenol as well as PRN muscle rub throughout the night. The note further indicated the nurse manager was called at 8:00 p.m. and made aware of R1's pain, and staff would monitor through the night and call for further directions from the NP in the morning.</p> <p>A progress note dated 10/9/20 at 12:42 a.m., indicated R1 had been crying "from the time I got here at 10:00 p.m." The note indicated Tylenol extra strength was given at midnight, and described R1's right knee area as "swollen and unbearable to touch to examine. Waiting for doctor on call to call me back."</p> <p>A progress note dated 10/9/20 at 2:58 a.m., indicated the local medical center switch board operator had been called back after waiting 30 minutes with no return call from the physician on call. The note indicated the switch board operator had paged the physician again. After one hour and fifteen minutes, the supervisor from medical center had called the facility back to see if the doctor on call had responded yet, the physician had not. The progress note indicated the switch board supervisor had provided the number for a neighboring community's medical center RN supervisor but she was unable to assist in paging the doctor. The note further indicated the facility had called the local medical center again, and were given the number for the RN supervisor in another neighboring community who had their ER</p>	2 830		

Minnesota Department of Health

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2 830	<p>Continued From page 4</p> <p>physician give a verbal order to send the resident to a hospital ER for evaluation. The facility nurse also documented she had called and left a message for the director of nursing and nurse manager, and had received a return call. At the close of the progress note, the nurse documented, "911 was called at 2:55 a.m. to transport resident to ER."</p> <p>A progress note dated 10/9/20 at 3:26 a.m., included: "ambulance here and will be transporting resident to ER."</p> <p>A progress note dated 10/9/20 at 4:44 a.m., indicated nobody witnessed a fall, but R1 had stated she'd fallen onto her knees and that's why her knees hurt.</p> <p>During observation and interview on 11/2/20 at 10:17 a.m., R1 was lying in bed with her right leg elevated on a pillow, and a removable splint present from her mid thigh to ankle. R1 stated she didn't really remember what happened except she'd fallen down and hit her knee. R1 denied pain when lying but indicated it hurt when she got up in her wheelchair and when they moved her in bed. R1 stated, "They are controlling the pain now with medications."</p> <p>During an interview on 11/2/20 at 10:30 a.m., licensed practical nurse (LPN)-A indicated her shift started at 10:30 p.m. on 10/8/20, and during report could hear R1 crying out and swearing. LPN-A stated, "I could tell she had definite pain while in report." LPN-A stated the evening nurse, LPN-B, had reported to her that R1 had complained of pain all shift. LPN-A said LPN-B had told her the resident had not fallen to her knowledge, and had thought it was R1's worsening arthritic pain. LPN-A stated she'd</p>	2 830		

Minnesota Department of Health

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2 830	<p>Continued From page 5</p> <p>gone to assess R1 after report and had attempted to assess the right leg but R1 had screamed out in pain when she just touched the knee. LPN-A stated it wasn't the normal pain R1 experienced. LPN-A further stated at approximately 12:20 a.m., she'd paged the on-call provider for an order to send R1 to the emergency room for further assessment and treatment and when she hadn't received a call back, she'd contacted two other hospitals before she finally received an order to transfer R 1 to the ER approximately 3 hours later.</p> <p>During interview on 11/2/20 at 11:41 a.m., LPN-B stated R1 had started complaining of pain later in the evening on 10/8/20, towards supper time. LPN-B stated R1 didn't start crying until the change of shift. LPN-B stated R1 did not fall to her knowledge and has arthritic knees, she said she'd notified the nurse manager, gave Tylenol for pain and placed ice on the knee. LPN-B stated she was told to monitor R1 and follow-up in the morning with the NP. LPN-B said at approximately 7:30 p.m., R1 had self transferred herself from her bed to the other bed in her room without staff knowledge. LPN-B stated R1 was found sitting on the end of the other bed by a nursing assistant who then transferred her back to her own bed. LPN-B stated she never asked R1 if she had fallen or if she had injured her knee somehow. LPN-B stated she had not noticed any swelling or redness when she'd placed ice on R1's knee and did not attempt range of motion because she would never do that on an arthritic knee.</p> <p>During interview 11/2/20 at 12:01 p.m., nurse manager (NM)-A stated she had received a phone call 10/8/20, from LPN-B regarding R1 crying in pain from her right knee pain. NM-A</p>	2 830		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00748</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/02/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW RICHLAND CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>312 NORTHEAST 1ST STREET NEW RICHLAND, MN 56072</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 830	<p>Continued From page 6</p> <p>said, "I asked her if [R1 ] had fallen and she said 'no' but did say she had self-transferred herself to the edge of the other bed in the room." NM-A stated she never asked for a physical assessment of the knee but had told LPN-A if the pain did not improve she could notify the on-call provider, and if not, she would address the pain management plan with the nurse practitioner in the morning.</p> <p>During interview on 11/2/20, at 12:10 p.m., the director of nursing stated LPN-B was aware of a potential fall for R1 at 4:00 p.m. on 10/8/20 per interview with other staff members.</p> <p>R2's Face Sheet printed 11/2/20, included a diagnosis of multiple sclerosis, and the annual MDS assessment dated 8/25/20, indicated R2 had intact cognition.</p> <p>During interview on 11/2/20 at 1:55 p.m., R2 stated, "[R1] screams out a lot, but on [10/8/20] the screaming was much worse than normal. She kept saying her knee hurt." R2 stated more attention should have been paid to what R1 was saying because it was obvious she was more uncomfortable than her normal. R2 also stated the hollering and crying was off and on throughout the whole evening, and didn't get any worse or better as the evening passed. R2 stated "the evening nurse gave [R1] a glance as she passed by, but did not take it serious because of [R1's] past behavior."</p> <p>During interview on 11/2/20 at 2:30 p.m., NA-A stated R1 had increased pain in her knees throughout the shift. NA-A indicated he was transferring R1 into her wheelchair while LPN-B was present in the room, and R1 was crying out in pain and was not able to bear any weight on</p>	2 830		



Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER  <b>NEW RICHLAND CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>312 NORTHEAST 1ST STREET NEW RICHLAND, MN 56072</b>
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2 830	<p>Continued From page 7</p> <p>her right leg. NA-A stated, "This was not [R1's] normal pain. I thought it was obvious something was seriously wrong, but [LPN-B] just said it was arthritic pain."</p> <p>During interview on 11/2/20 at 2:56 p.m., NA-B stated she was walking by R1's room at approximately 4:00 p.m. on 10/8/20, when R1 told her she had fallen. NA-B said had she looked at R1's knee and R1 screamed. NA-B stated she had notified LPN-B that R1 had reported she'd fallen and hurt her knee, and that R1 had screamed out when NA-B touched her knee. NA-B said she was unsure what LPN-B did after she'd reported to her about R1's pain.</p> <p>During interview on 11/2/20 at 3:10 p.m., NP-A stated she would expect staff to notify her in a situation where the pain is different than normal for a resident. NP-A said based on the notes in R1's record, this pain was a change from her normal. NP-A also stated it wasn't normal to wait over 3 hours to transfer a resident to the emergency department. NP-A stated R1 should have been sent out emergently.</p> <p>During interview on 11/2/20 at 3:20 p.m., social services (SS)-A stated during the investigation process, there was no proof or disproof that the resident fell. SS-A also stated since they knew R1 had arthritis, and that she self-transfers herself, they could not determine the cause of the fracture.</p> <p>During interview on 11/2/20 at 3:30 p.m., the DON verified R1 should have been assessed sooner than she was. The DON further stated LPN-B was complacent when she jumped to the conclusion it was arthritic pain without assessing the knee at all.</p>	2 830		

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2 830	<p>Continued From page 8</p> <p>The facility's Pain Protocol dated 3/2018, included: Nursing staff will assess each individual for pain...when there is onset of new pain or worsening of existing pain</p> <p>The facility's Pain Assessment and Management policy dated 3/2020, included: The purposes of this procedure is to help the staff identify pain in the resident, and to develop interventions that are consistent with the resident's goals and needs and that address the underlying causes of pain. The pain management program is based on a facility-wide commitment to appropriate assessment and treatment of pain, based on professional standards of practice, the comprehensive care plan, and the resident's choices related to pain management. Pain management is defined as the process of alleviating the resident's pain based on his or her clinical condition and established treatment goals. Acute pain (or significant worsening of chronic pain) should be assessed every 30 to 60 minutes after the onset and reassessed as indicated until relief is obtained.</p> <p>Suggested Method of Correction: The Director of Nursing or designee could review policies and procedures, train staff, and implement measures to assure residents are receiving the necessary services to prevent or improve pain. The director of nursing or designee, could conduct random audits of the delivery of care; to ensure appropriate care and services are implemented; to better ensure implementation of treatment.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	2 830		