



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
January 5, 2024

Administrator
Hilltop Healthcare Rehabilitation and Skilled Nursing
2501 Rice Lake Road
Duluth, MN 55811

RE: CCN: 245366
Cycle Start Date: November 22, 2023

Dear Administrator:

On December 28, 2023, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us



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Electronically delivered

January 5, 2024

Administrator
Hilltop Healthcare Rehabilitation And Skilled Nursing
2501 Rice Lake Road
Duluth, MN 55811

Re: Reinspection Results
Event ID: C9RY12

Dear Administrator:

On December 28, 2023 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 22, 2023. 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 that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us



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December 6, 2023

Administrator
Hilltop Healthcare Rehabilitation And Skilled Nursing
2501 Rice Lake Road
Duluth, MN 55811

RE: CCN: 245366
Cycle Start Date: November 22, 2023

Dear Administrator:

On November 22, 2023, a survey was completed at your facility by the Minnesota Department of Health 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" and/or an "E" tag), i.e., the plan of correction should be directed to:

Terri Ament, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Duluth Technology Village
11 East Superior Street, Suite 290
Duluth, Minnesota 55802-2007
Email: teresa.ament@state.mn.us
Office: (218) 302-6151 Mobile: (218) 766-2720

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 February 22, 2024 (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 May 22, 2024 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

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

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

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

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

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.

Hilltop Healthcare Rehabilitation And Skilled Nurs

December 6, 2023

Page 4

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink that reads "Kamala Fiske-Downing". The signature is written in a cursive style with a large, stylized 'K' and 'F'.

Kamala Fiske-Downing

Minnesota Department of Health

Health Regulation Division

Telephone: (651) 201-4112

Email: Kamala.Fiske-Downing@state.mn.us

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

PRINTED: 01/11/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245366	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/22/2023
NAME OF PROVIDER OR SUPPLIER HILLTOP HEALTHCARE REHABILITATION AND SKILLED NURS			STREET ADDRESS, CITY, STATE, ZIP CODE 2501 RICE LAKE ROAD DULUTH, MN 55811		
(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 From 11/21/23 through 11/22/23, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaint was reviewed: H53667213C (MN00098600) with a deficiency cited at F622. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	F 000			
F 622 SS=D	Transfer and Discharge Requirements CFR(s): 483.15(c)(1)(i)(ii)(2)(i)-(iii) §483.15(c) Transfer and discharge- §483.15(c)(1) Facility requirements- (i) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless- (A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility; (B) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the	F 622			12/27/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		12/27/2023

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 622	Continued From page 1 services provided by the facility; (C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident; (D) The health of individuals in the facility would otherwise be endangered; (E) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or (F) The facility ceases to operate. (ii) The facility may not transfer or discharge the resident while the appeal is pending, pursuant to § 431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose. §483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care			F 622			

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F 622	Continued From page 2 institution or provider. (i) Documentation in the resident's medical record must include: (A) The basis for the transfer per paragraph (c)(1)(i) of this section. (B) In the case of paragraph (c)(1)(i)(A) of this section, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s). (ii) The documentation required by paragraph (c)(2)(i) of this section must be made by- (A) The resident's physician when transfer or discharge is necessary under paragraph (c) (1)(A) or (B) of this section; and (B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of this section. (iii) Information provided to the receiving provider must include a minimum of the following: (A) Contact information of the practitioner responsible for the care of the resident. (B) Resident representative information including contact information (C) Advance Directive information (D) All special instructions or precautions for ongoing care, as appropriate. (E) Comprehensive care plan goals; (F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to notify the local hospital of Carbapenem-resistant Acinetobacter baumannii (CRAB)-positive status for 1 of 4 residents (R1)	F 622	F622: Transfer and Discharge Requirements Immediate Corrective action:		

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

PRINTED: 01/11/2024
FORM APPROVED
OMB NO. 0938-0391

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F 622	Continued From page 3 reviewed for infection control. Findings include: CRAB is a pathogen which can cause a variety of different infections and does not respond to most or all available antibiotics. CRAB can cause large outbreaks in healthcare facilities and is spread through direct and indirect contact with patients infected or colonized with CRAB, as well as contaminated environmental surfaces and equipment. When caring for patients with CRAB, staff should complete hand hygiene and wear a gown and gloves to prevent the spread to other patients or staff. On 11/21/23 at 12:25 p.m. the facility provided documentation R1 had a known CRAB infection in his urine. R1's care plan dated 9/20/23 identified R1 had a known CRAB infection in his urine, and required enhanced transmission-based precautions (TBP, gown and gloves). R1's diagnoses list lacked indication of CRAB colonization. On 11/2/23 R1's progress notes indicated R1 was transported to the local hospital. The progress notes lacked indication if emergency medical services (EMS) or the hospital was informed of R1's CRAB status. On 11/21/23 at 1:20 p.m., license practical nurse (LPN)-A confirmed there was no indication of CRAB in the diagnoses list for R1. On 11/21/23 at 3:38 p.m., the infection prevention	F 622	Residents affected by F622 diagnosis were updated with Z22.340 Carrier of Carbapenem-Resistant Acinetobacter Baumannii. Identification of other residents: All residents could be affected by F622 Corrective Action: IDT team has been educated on the Transfer and Discharge Requirements Team leads have been educated on the Transfer and Discharge Requirements A structured/prompted note was created for Transferring out of facility IDT has been educated on the structure progress note Team Leads have been educated on the structured progress note Transfer and Discharge policy was revised on 12/27/2023 IDT team was educated on Transfer and Discharge Policy Residents affected in F622 care plans were updated to reflect current medical diagnosis. Monitoring/Audits: DON/Designee shall audit new admissions diagnosis and care plan on every admission X 1 month. DON/Designee shall audit 5 residents diagnosis and care plan daily X 1 week, then 5 residents twice a week X 4 weeks. Audit results will be discussed in QAPI. Alleged compliance: 12/27/2023		

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F 622	Continued From page 4 specialist (IP)-A from receiving hospital stated the hospital should be informed of a patient's CRAB status. IP-A stated a patient with a positive test for CRAB would be placed on precautions upon admission to the hospital. IP-A stated R1 was not placed on precautions during his hospital stay the beginning of November 2023. IP-A stated without notification, the hospital would not take the proper precautions which could lead to an outbreak. On 11/22/23 at 8:33 a.m., the director of nursing (DON) stated EMS and the receiving hospital should always be notified if a resident is on precautions. The DON verified there was no written documentation provided to EMS or the hospital regarding R1's CRAB status. The DON stated she utilized the CRAB information sheet for facilities from the Centers for Disease Control (CDC) for guidance on how to control the spread of CRAB. On 11/22/23 at 9:58 a.m., registered nurse (RN)-A stated she was the nurse who sent R1 to the hospital. RN-A stated she sent R1's Face Sheet which included the diagnoses list, resuscitation status and provider order summary. RN-A confirmed she verbally told EMS about R1's precautions because "that's something they always ask," but could not remember if she told the nurse at the hospital. RN-A confirmed the progress note dated 11/2/23 lacked information regarding notification of R1's CRAB status to EMS and the hospital. On 11/22/23 at 10:39 a.m., LPN-B stated when the facility sends residents who tested positive for CRAB, they print the care plan, medication list, diagnosis list and other forms from the electronic health record system to send with EMS to the			F 622			

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NAME OF PROVIDER OR SUPPLIER HILLTOP HEALTHCARE REHABILITATION AND SKILLED NURS			STREET ADDRESS, CITY, STATE, ZIP CODE 2501 RICE LAKE ROAD DULUTH, MN 55811		
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F 622	Continued From page 5 hospital. LPN-B stated staff would notify EMS and call the hospital to verbally communicate a CRAB diagnosis. LPN-B stated the verbal communication would be documented in a progress note. The facility policy Transferring a Resident to Another Facility or Hospital revised 06/08/22 directed information pertinent to the situation should be printed. The CDC handout CRAB, An Urgent Public Health Threat. Information for Facilities indicated when transferring a patient colonized or infection with CRAB, notify accepting facilities and units of the patient's CRAB history.	F 622			



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Electronically delivered
December 6, 2023

Administrator
Hilltop Healthcare Rehabilitation And Skilled Nursing
2501 Rice Lake Road
Duluth, MN 55811

Re: State Nursing Home Licensing Orders
Event ID: C9RY11

Dear Administrator:

The above facility was surveyed on November 21, 2023 through November 22, 2023 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:

Terri Ament, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Duluth Technology Village
11 East Superior Street, Suite 290
Duluth, Minnesota 55802-2007
Email: teresa.ament@state.mn.us
Office: (218) 302-6151 Mobile: (218) 766-2720

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 feel free to call me with any questions.

Sincerely,



Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00598	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/22/2023
NAME OF PROVIDER OR SUPPLIER HILLTOP HEALTHCARE REHABILITATION AND			STREET ADDRESS, CITY, STATE, ZIP CODE 2501 RICE LAKE ROAD DULUTH, MN 55811		
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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: From 11/21/23 through 11/22/23, a standard abbreviated survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing order was issued. Please indicate in your electronic plan of correction you	2 000			

Minnesota Department of Health

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

Electronically Signed

TITLE

(X6) DATE

12/27/23

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00598	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/22/2023
NAME OF PROVIDER OR SUPPLIER HILLTOP HEALTHCARE REHABILITATION AND			STREET ADDRESS, CITY, STATE, ZIP CODE 2501 RICE LAKE ROAD DULUTH, MN 55811		
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2 000	Continued From page 1 have reviewed these orders and identify the date when they will be completed. The following complaint was reviewed: H53667213C (MN00098600) with a licensing order issued at 4658.0465 Subp. 3 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 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 which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction. 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/ib14_1.html > The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. 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. 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			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00598	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/22/2023
NAME OF PROVIDER OR SUPPLIER HILLTOP HEALTHCARE REHABILITATION AND			STREET ADDRESS, CITY, STATE, ZIP CODE 2501 RICE LAKE ROAD DULUTH, MN 55811		
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2 000	Continued From page 2 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.	2 000			
2 690	MN Rule 4658.0465 Subp. 3 Transfer, Discharge, and Death Subp. 3. Transfer or discharge to another facility. When a resident is transferred or discharged to another health care facility or program, the nursing home must send the discharge summary compiled according to subpart 2, and pertinent information about the resident's immediate care and sufficient information to ensure continuity of care prior to or at the time of the transfer or discharge to the other health care facility or program. Additional information not necessary for the resident's immediate care may be sent to the new health care facility or program at the time of or after the transfer or discharge. This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to notify the local hospital of Carbapenem-resistant Acinetobacter baumannii (CRAB)-positive status for 1 of 4 residents (R1) reviewed for infection control. Findings include: CRAB is a pathogen which can cause a variety of different infections and does not respond to most or all available antibiotics. CRAB can cause large outbreaks in healthcare facilities and is spread through direct and indirect contact with patients infected or colonized with CRAB, as well as	2 690	F622: Transfer and Discharge Requirements Immediate Corrective action: Residents affected by F622 diagnosis were updated with Z22.340 Carrier of Carbapenem-Resistant Acinetobacter Baumannii. Identification of other residents: All residents could be affected by F622 Corrective Action: IDT team has been educated on the		12/27/23

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2 690	Continued From page 3 contaminated environmental surfaces and equipment. When caring for patients with CRAB, staff should complete hand hygiene and wear a gown and gloves to prevent the spread to other patients or staff. On 11/21/23 at 12:25 p.m. the facility provided documentation R1 had a known CRAB infection in his urine. R1's care plan dated 9/20/23 identified R1 had a known CRAB infection in his urine, and required enhanced transmission-based precautions (TBP, gown and gloves). R1's diagnoses list lacked indication of CRAB colonization. On 11/2/23 R1's progress notes indicated R1 was transported to the local hospital. The progress notes lacked indication if emergency medical services (EMS) or the hospital was informed of R1's CRAB status. On 11/21/23 at 1:20 p.m., license practical nurse (LPN)-A confirmed there was no indication of CRAB in the diagnoses list for R1. On 11/21/23 at 3:38 p.m., the infection prevention specialist (IP)-A from receiving hospital stated the hospital should be informed of a patient's CRAB status. IP-A stated a patient with a positive test for CRAB would be placed on precautions upon admission to the hospital. IP-A stated R1 was not placed on precautions during his hospital stay the beginning of November 2023. IP-A stated without notification, the hospital would not take the proper precautions which could lead to an outbreak. On 11/22/23 at 8:33 a.m., the director of nursing	2 690	Transfer and Discharge Requirements Team leads have been educated on the Transfer and Discharge Requirements A structured/prompted note was created for Transferring out of facility IDT has been educated on the structure progress note Team Leads have been educated on the structured progress note Transfer and Discharge policy was revised on 12/27/2023 IDT team was educated on Transfer and Discharge Policy Residents affected in F622 care plans were updated to reflect current medical diagnosis. Monitoring/Audits: DON/Designee shall audit new admissions diagnosis and care plan on every admission X 1 month. DON/Designee shall audit 5 residents diagnosis and care plan daily X 1 week, then 5 residents twice a week X 4 weeks. Audit results will be discussed in QAPI. Alleged compliance: 12/27/2023	

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2 690	Continued From page 4 (DON) stated EMS and the receiving hospital should always be notified if a resident is on precautions. The DON verified there was no written documentation provided to EMS or the hospital regarding R1's CRAB status. The DON stated she utilized the CRAB information sheet for facilities from the Centers for Disease Control (CDC) for guidance on how to control the spread of CRAB. On 11/22/23 at 9:58 a.m., registered nurse (RN)-A stated she was the nurse who sent R1 to the hospital. RN-A stated she sent R1's Face Sheet which included the diagnoses list, resuscitation status and provider order summary. RN-A confirmed she verbally told EMS about R1's precautions because "that's something they always ask," but could not remember if she told the nurse at the hospital. RN-A confirmed the progress note dated 11/2/23 lacked information regarding notification of R1's CRAB status to EMS and the hospital. On 11/22/23 at 10:39 a.m., LPN-B stated when the facility sends residents who tested positive for CRAB, they print the care plan, medication list, diagnosis list and other forms from the electronic health record system to send with EMS to the hospital. LPN-B stated staff would notify EMS and call the hospital to verbally communicate a CRAB diagnosis. LPN-B stated the verbal communication would be documented in a progress note. The facility policy Transferring a Resident to Another Facility or Hospital revised 06/08/22 directed information pertinent to the situation should be printed. The CDC handout CRAB, An Urgent Public	2 690			

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2 690	Continued From page 5 Health Threat. Information for Facilities indicated when transferring a patient colonized or infection with CRAB, notify accepting facilities and units of the patient's CRAB history. SUGGESTED METHOD OF CORRECTION: The administrator, director of nursing (DON), or designee could review and/or develop policy and procedures for hospitalization transfers including a transfer form and the information required to be documented in the medical record. The facility could educate staff on these policies and perform audits. The results of these audits will be reviewed by the quality assessment committee to ensure compliance. TIME PERIOD FOR CORRECTION: Twenty One (21) days	2 690			