



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

December 30, 2021

Administrator
Havenwood Care Center
1633 Delton Avenue
Bemidji, MN 56601

RE: CCN: 245397
Cycle Start Date: October 15, 2021

Dear Administrator:

On November 24, 2021, we notified you a remedy was imposed. On November 23, 2021 the Minnesota Department 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 9, 2021.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective December 9, 2021 did not go into effect. (42 CFR 488.417 (b))

In our letter of November 2, 2021, 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 was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from December 9, 2021 due to denial of payment for new admissions. Since your facility attained substantial compliance on December 9, 2021, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, 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 'Joanne Simon', with a long horizontal line extending to the right.

Joanne Simon, Enforcement Specialist
Minnesota Department of Health
Program Assurance Unit
Health Regulation Division
Telephone: 651-201-4161 Fax: 651-215-9697
Email: joanne.simon@state.mn.us
cc: Licensing and Certification File



Protecting, Maintaining and Improving the Health of All Minnesotans

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November 2, 2021

Administrator
Havenwood Care Center
1633 Delton Avenue
Bemidji, MN 56601

RE: CCN: 245397
Cycle Start Date: October 15, 2021

Dear Administrator:

On October 15, 2021, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety, to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

ELECTRONIC PLAN OF CORRECTION (ePoC)

Within **ten (10) calendar days** after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved.

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

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

Havenwood Care Center

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The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

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

- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

DEPARTMENT CONTACT

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

LeAnn Huseh, RN, Unit Supervisor
Fergus Falls District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
1505 Pebble Lake Rd., Suite 300
Fergus Falls, Mn. 56537
Email: leann.huseh@state.mn.us
Office: (218) 332-5140 Mobile: (218) 403-1100

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

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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 January 15, 2022 (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 April 15, 2022 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

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

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

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

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

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

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

Havenwood Care Center

November 2, 2021

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Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Joanne Simon', with a long horizontal line extending to the right.

Joanne Simon, Enforcement Specialist

Minnesota Department of Health

Program Assurance Unit

Health Regulation Division

Telephone: 651-201-4161 Fax: 651-215-9697

Email: joanne.simon@state.mn.us

cc: Licensing and Certification File

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

PRINTED: 11/15/2021
FORM APPROVED
OMB NO. 0938-0391

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|--|---|---|---|----------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245397 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 10/15/2021 |
| NAME OF PROVIDER OR SUPPLIER HAVENWOOD CARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1633 DELTON AVENUE BEMIDJI, MN 56601 | | |
| (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 10/14/21, to 10/15/21, a standard abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was found to be NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaint was found to be SUBSTANTIATED: H5397046C (M00077577), with a deficiency cited at F580. 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 580 SS=D | Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a | F 580 | | 11/11/21 | |

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

TITLE

(X6) DATE

Electronically Signed

11/11/2021

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

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| F 580 | <p>Continued From page 1</p> <p>deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by:</p> | F 580 | | | |

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| F 580 | <p>Continued From page 2</p> <p>Based on observation, interview and document review, the facility failed to promptly notify a physician of a change in condition for 1 of 2 residents (R1) related to on-going urinary tract infection (UTI) symptoms who required hospitalization reviewed for notification of change.</p> <p>Findings include:</p> <p>R1's annual Minimum Data Set (MDS) dated 8/25/21, identified R1 had moderate impaired cognition and had diagnoses which included: neurogenic bladder and indwelling catheter. The MDS indicated R1 required extensive assistance with bed mobility, locomotion, toilet use, and personal hygiene, total assistance with transfers and supervision (encouragement and cueing) with eating.</p> <p>R1's Care Area Assessment (CAA) dated 6/3/21, identified R1 had urinary incontinence and an indwelling catheter. The CAA indicated R1 required extensive staff assistance with toileting and was at risk for sepsis complicated by multiple sclerosis (MS), neurogenic bladder, and morbid obesity.</p> <p>R1's physician's orders dated 10/13/21, identified the following:</p> <p>-5/11/21, Indwelling catheter 18 French (Fr) with 30 milliliter (ml) balloon to straight drainage.</p> <p>-9/21/21, Catheter care to be done every shift: day, evening, and night.</p> <p>-9/21/21, Change Foley 18 Fr every 4 weeks, once a day on the 1st of every month.</p> | F 580 | <p>R1 was admitted to the hospital on 9/28/21 and treated for sepsis secondary to urinary tract infection. Resident returned to facility on 10/4/21 and has displayed no further signs or symptoms of infection. R1 continues to have a foley catheter for treatment of neurogenic bladder and receives flushes three times per week to prevent further infection. Care plan has been reviewed on 11/10/21 and is up to date with interventions to mitigate risks of the development of infection r/t use of indwelling catheter.</p> <p>Residents who are at risk for complications of delayed notification to the provider with change in condition include all residents with predisposition to infection, compromised immune systems, fragile health conditions, and those who are dependent on others for care or are unable to communicate their needs to staff. On 11/9/21, an audit was conducted of all residents related to notification of primary care provider of a change in condition resulting from an infection. No other residents have been affected by deficient practices regarding delayed notification to providers for a change in condition related to an infection.</p> <p>Infection Control policies for antibiotic stewardship have been reviewed on 11/2/21. Within the antibiotic stewardship policy there is reference to and direction to nursing staff how ongoing evaluation, documentation and assessment of residents who are being treated for infections are managed. This includes</p> | | |

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| F 580 | <p>Continued From page 3</p> <p>R1's care plan dated 8/30/21, identified R1 had an indwelling urinary catheter related to MS, urinary retention, and neurogenic bladder and was at risk for UTIs. R1's infection prevention interventions included: urine output record urine , monitored for changes in behavior, lethargy, confusion, agitation, respiratory changes and medical provider (MD) updated as needed (PRN). R1's baseline temperature identified at 97.3 Fahrenheit (F).</p> <p>R1's documentation of temperatures report from 9/21/21, to 9/28/21, identified the following:</p> <p>Temperature: 97.9 °F 9/21/2021 11:46 a.m. Temperature: 98.4 °F 9/22/2021 12:48 a.m. Temperature: 98.0 °F 9/22/2021 11:57 p.m. Temperature: 100.2 °F 9/28/2021 12:47 a.m. Temperature: 99.4 °F 9/28/2021 3:35 p.m.</p> <p>R1's urine output report from 9/16/21, through 10/4/21, identified the following:</p> <p>9/16/21 total 24 hour output documented as none. 9/17/21 total 24 hour output documented as none. 9/18/21 total 24 hour output documented 350 ml. 9/20/21 total 24 hour output documented 450 ml. 9/21/21 total 24 hour output documented 500 ml. 9/25/21 total 24 hour output documented as none. 9/26/21 total 24 hour output documented as none. 9/27/21 total 24 hour output documented as none. 9/28/21 total 24 hour output documented 250 ml. 9/28/21 through 10/4/21 hospitalized.</p> | F 580 | <p>notification to the provider if current antibiotics are effective in treating the intended infection, if the current orders remain appropriate and directs staff to notify a resident's primary care provider should it be discovered that an antibiotic is no longer appropriate, if a resident's condition is not improving or if the order needs to be reviewed. The Antibiotic Stewardship Policy directs staff on when to update a provider on stalled or ineffective treatments for infections.</p> <p>Education to the licensed staff on Antibiotic Stewardship Policy will be completed by 11/19/21. Additionally, a line list tracker was initiated on 11/4/21 to monitor residents' symptoms of infection in real time to ensure staff awareness of both potential and active infections, that proper interventions are in place and that appropriate notification to the provider has occurred. Infection Preventionist or designee will monitor facility performance to make sure appropriate actions are being taken when a resident is displaying signs or symptoms of infection or is being treated for an infection including notification if improvement in symptoms has not occurred with the treatment that has been ordered. Audits on residents being treated for infections and appropriate monitoring and follow up including notification to the PCP should treatment become ineffective will occur 5x/week for 2 weeks, 3x/week for 2 weeks, and 1x/week for 2 weeks. Immediate education by the IP or designee will be provided to nursing staff</p> | | |

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| F 580 | <p>Continued From page 4</p> <p>R1's 7 day average urine output report document from 9/15/21, through 9/28//21, identified the following:</p> <p>9/15/21 through 9/21/21 7 day average output 482 ml. 9/22/21 through 9/28/21 7 day average output 550 ml. 9/29/21 through 10/4/21 hospitalized.</p> <p>R1's oral intake report from 9/5/21, through 10/15/21, identified the following:</p> <p>9/5/21, through 10/8/21, no oral intake documented. 10/9/21, 240 ml oral intake. 10/10/21, through 10/15/21, no oral intake documented.</p> <p>R1's progress notes from 9/13/21, through 9/28/21, identified:</p> <p>-9/13/21, at 1:24 p.m. call placed to urology nurse practioner (NP) to follow up on R1's bladder irrigation orders.</p> <p>-9/15/21, at 8:16 p.m. R1's urine very thick with yellow sediment and had foul odor present.</p> <p>-9/16/21, at 10:35 p.m. R1's urine dark, cloudy, and had a foul odor. Urine collected for a urinalysis and urine culture.</p> <p>-9/20/21, at 10:35 a.m. orders received for R1 to be started on antibiotic, Macrobid 100 milligrams (mg) by mouth (po) 4 times a daily times 5 days for UTI.</p> <p>-9/20/21, at 3:37 p.m. writer left message with</p> | F 580 | <p>should it be found that improvement in status has stalled during course of treatment and PCP has not been notified.</p> <p>The results of the monitoring completed under this Plan of Correction will be submitted to the QAPI Committee for review and further follow-up at next QAPI meeting.</p> | | |

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| F 580 | <p>Continued From page 5</p> <p>urology to consider restarting catheter flushes due to her new UTI and increased odor and discoloration of urine since stopping on 9/13/21.</p> <p>-9/21/21, at 11:23 a.m. spoke with urology today regarding urine and sediment. She was currently on an antibiotic for UTI and will continue to monitor.</p> <p>-9/22/21, at 1:24 p.m. R1's urine remained very dark, yellow sediment noted in tubing, and had a foul odor.</p> <p>-9/24/21, at 1:37 p.m. R1's urine was tea colored with sediment and had a very foul smell. R1 reported two ghosts remained in her room. "They are under my bed and keep me awake. I found out that my husband brought them here, and now they will not leave."</p> <p>-9/25/21, at 6:31 p.m. R1 completed antibiotic for UTI. R1's urine dark amber/thick sediment, and had a foul smell.</p> <p>-9/26/21, through 9/27/21, no documentation noted in R1's medical record progress notes regarding her condition.</p> <p>-9/28/21, at 10:01 a.m. low grade temperature 100.0 F. R1 more tired than normal, and had upset stomach.</p> <p>-9/28/21, at 6:20 p.m. Staff concerned about R1's current condition. R1 pale in color and complained of being cold. R1's temperature had been 99.4 F. R1 encouraged to drink more water due to history of UTIs and refused supper. Staff placed nursing order to document output in electronic record.</p> | F 580 | | | |

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| F 580 | Continued From page 6 -9/28/21, at 7:48 p.m. R1 transferred to emergency room (ER) for evaluation per primary physician related to UTI and possible sepsis by ambulance. R1's urine smelled like feces, brown in color with sediment. R1 continued to show signs and symptoms of UTI: lethargic, fever, cool/pale/clammy, confusion, poor appetitive/oral intake, decreased in urine output despite staff encouraged fluids. -9/28/21, at 10:41 p.m. R1 had been admitted to local medical center, treated with intravenous (IV) antibiotics for UTI, and questioned a possible fistula. Review of R1's Emergency room (ER) visit documentation dated 9/28/21, at 7:54 p.m. emergency medicine physician (EMP) identified the indwelling Foley catheter from the nursing home had not been draining and verified there was particulate matter in the tube consistent with feculent material. The existing tube was removed after the computed tomography (CT) scan had been completed. EMP placed a new indwelling catheter and immediate drainage of opaque brown, turbid fluid flowed into the urinary collection bag and a sample had been sent sent to lab. The EMP indicated there was marked irregular thickening of the urinary bladder wall with multiple bladder diverticuli (out pouching from the bladder wall caused by urinary retention and/or UTIs) seen. Additionally, there was surrounding inflammatory changes noted in the pelvis. EMP identified the appearance of the urinary bladder may have been related to chronic outflow obstruction and/or chronic cystitis (inflammation of the bladder). | F 580 | | | |

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| F 580 | <p>Continued From page 7</p> <p>Review of R1's ER lab values dated 9/28/21, identified the following:</p> <ul style="list-style-type: none"> - Procalcitonin - abnormal 0.21 micrograms per liter (normal range 0 to 0.05 and low risk for sepsis less than 0.5) (identified a bacterial infection). -White blood count (WBC) - abnormal 14.3 ml (normal range 5,000 - 10,000/ml) (identified infection). -Urinalysis (UA) - abnormal color of urine: brown Clarity of urine: Turbid (milky/cloudy), Blood in urine: large +3, leukocytes (blood cells that detect infection) large +3, bacteria many, and squamous epithelial cells (detect UTI/infection). <p>Review of R1's hospital admission document dated 9/28/21, at 10:53 p.m. hospitalist (AH) identified R1 had a complicated UTI that included: acute cystitis with hematuria (blood in the urine) associated with a chronic foley catheter. R1's catheter had thick, foul smelling, light brown colored urine, and urinary irritation.</p> <p>Review of R1's hospital discharge summary dated 10/4/21, at 10:36 a.m. internal medicine physician (IMP) identified R1 had been admitted with a complicated UTI and acute and chronic cystitis. R1's computed tomography (CT) scan showed moderate bilateral hydronephrosis (both kidneys swelled up due to a build up of urine from blockage or obstruction).</p> <p>Review of R1's NP hospital follow-up visit dated 10/11/21, at 11:24 a.m. identified R1's urinary indwelling catheter flushes three times a week had decreased the frequency of the UTIs and</p> | F 580 | | | |

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

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| F 580 | <p>Continued From page 8</p> <p>occlusion of the tubing. The flushes had been discontinued on 9/11/21, per R1's request. On 9/20/21, R1 had a UTI and had been treated with antibiotics, symptoms worsened, R1 became febrile, and transferred to the ER on 9/28/21. The NP had not been notified the foley flushes had been discontinued.</p> <p>During an interview on 10/14/21, at 11:40 a.m. R1 stated she has had many UTIs.</p> <p>During an interview on 10/14/21, at 1:24 p.m. licensed practical nurse (LPN)-A stated R1 had been considered a high risk for a UTI. LPN-A verified a doctor had not been notified between 9/21/21, and 9/28/21, about continued concerns of R1's urine being dark, foul smelling, and concentrated. LPN-A identified staff were expected to contact a doctor right away regarding R1's ongoing urinary symptoms and should have requested a follow up UA/UC. LPN-A verified R1's urine had been brown with thick sediment; she had been sent to the ER, and her catheter had been plugged. LPN-A stated on 9/28/21, the day nurse never reported R1 had no urine output for that day.</p> <p>During a follow up interview on 10/15/21, at 9:15 a.m. LPN-A verified there had been no documentation of R1's urine output from 9/25/21, through 9/27/21. LPN-A stated staff were expected to document the output every shift even if the catheter had been leaking so the output could have been monitored.</p> <p>During an interview on 10/14/21, at 1:52 p.m. nursing assistant (NA)-A stated R1's urine color had been a dark tea color on 9/28/21. NA-A stated staff were expected to document the urine</p> | F 580 | | | |

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| F 580 | <p>Continued From page 9</p> <p>output each shift after the collection bag had been emptied. NA-A indicated staff were expected to inform the nurse about R1's changes in status. NA-A indicated R1's behaviors had changed with noted increased confusion, and hallucinations of seeing ghosts.</p> <p>During an interview on 10/14/21, at 2:12 p.m. NA-B stated R1's urine had been dark in color with a strong odor noted on the evening of 9/27/21. NA-B indicated R1 had been very groggy and not her usual self when she spoke. Additionally, NA-B stated R1 had been confused and had hallucinations of seeing ghosts on 9/28/21. NA-B indicated she had updated the nurse regarding those changes.</p> <p>During an interview on 10/14/21, at 3:45 p.m. LPN-B stated R1's urine output should have been documented at the end of each shift. LPN-B verified staff would have been expected to contact a doctor right away when R1 had continued urinary tract symptoms which included low urinary output.</p> <p>During a phone interview on 10/15/21, at 9:13 a.m. primary provider (PP) stated a provider should have been contacted sooner regarding R1's ongoing urinary tract infection symptoms and change in condition. PP indicated R1's CT scan identified inflammatory changes consistent with cystitis as well as dilated ureters (a tube that carries urine from the kidney to the urinary bladder) concerning for ascending (caused by bacteria and starts in the bladder) infection and could have been from the back up of urine due to a plugged urinary catheter. PP indicated the facility nurses would have been able to identify the urinary catheter had been plugged sooner if</p> | F 580 | | | |

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| F 580 | <p>Continued From page 10</p> <p>R1's condition had been monitored closer.</p> <p>During an interview on 10/15/21, at 10:49 a.m. assistant director of nursing (ADON) stated there had been a continued concern regarding R1's condition and her decreased urinary output. ADON indicated staff were expected to have addressed the concerns much sooner than 9/28/21, and should have contacted a primary physician or the on call after hours physician. ADON verified R1 did not have any urine output documented for 9/25/21, 9/26/21, or 9/27/21. ADON stated staff were expected to monitor and document R1's urinary output on every shift. ADON stated R1's indwelling catheter flushes had been stopped, the catheter became plugged, had to be removed and replaced in the emergency room on 9/28/21, and R1 had subsequently been admitted to the hospital.</p> <p>Facility policy titled Catheter Care for Nursing Assistants reviewed 4/2015, identified the nursing assistant's responsibility in catheter care was to help prevent infection. The nursing assistant should help to prevent infection in the residents with catheters by checking to make sure the catheter was draining properly and recording output in the proper manner. Additionally, they were expected to empty the drainage bag from the spigot on the bottom of the bag at the end of each shift and record the output.</p> <p>Facility policy titled Intake and Output reviewed 4/2015, identified staff were to keep an accurate measure of fluids taken in and put out in a 24 hour period. The procedure indicated each certified nursing assistant (CNA) would keep a running record of intake and output on their shift on a paper in their pockets on those residents</p> | F 580 | | | |

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| F 580 | Continued From page 11 designated to be on intake (I) and output (O). When a resident was given fluids at mealtime the intake amount would be recorded on the intake sheet in the dining room. If a resident had a Foley it was to be emptied at the end of the shift, measured and recorded on the CNA's treatment sheets. | F 580 | | | |



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

November 2, 2021

Administrator
Havenwood Care Center
1633 Delton Avenue
Bemidji, MN 56601

Re: State Nursing Home Licensing Orders
Event ID: 4PEP11

Dear Administrator:

The above facility was surveyed on October 14, 2021 through October 15, 2021 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.

Havenwood Care Center

November 2, 2021

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.

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:

LeAnn Huseh, RN, Unit Supervisor
Fergus Falls District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
1505 Pebble Lake Rd., Suite 300
Fergus Falls, Mn. 56537
Email: leann.huseh@state.mn.us
Office: (218) 332-5140 Mobile: (218) 403-1100

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.

Sincerely,



Joanne Simon, Enforcement Specialist
Minnesota Department of Health
Program Assurance Unit
Health Regulation Division
Telephone: 651-201-4161 Fax: 651-215-9697
Email: joanne.simon@state.mn.us

cc: Licensing and Certification File

Minnesota Department of Health

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| 2 000 | <p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 10/14/21, to 10/15/21, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found NOT in compliance with the MN State Licensure. Please indicate in your electronic plan of correction 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
11/11/21

Minnesota Department of Health

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| 2 000 | <p>Continued From page 1</p> <p>The following complaints were found to be SUBSTANTIATED: H5397046C (MN00077577), with licensing order issued at 0265.</p> <p>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.</p> <p>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.</p> <p>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</p> | 2 000 | | |

Minnesota Department of Health

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| 2 000 | Continued From page 2 ePOC and therefore a signature is not required at the bottom of the first page of state form. 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 | | |
| 2 265 | MN Rule 4658.0085 Notification of Chg in Resident Health Status A nursing home must develop and implement policies to guide staff decisions to consult physicians, physician assistants, and nurse practitioners, and if known, notify the resident's legal representative or an interested family member of a resident's acute illness, serious accident, or death. At a minimum, the director of nursing services, and the medical director or an attending physician must be involved in the development of these policies. The policies must have criteria which address at least the appropriate notification times for: A. an accident involving the resident which results in injury and has the potential for requiring physician intervention; B. a significant change in the resident's physical, mental, or psychosocial status, for example, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications; C. a need to alter treatment significantly, for example, a need to discontinue an existing form of treatment due to adverse consequences, or to begin a new form of treatment; | 2 265 | | 11/11/21 |

Minnesota Department of Health

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| 2 265 | <p>Continued From page 3</p> <p>D. a decision to transfer or discharge the resident from the nursing home; or</p> <p>E. expected and unexpected resident deaths.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to promptly notify a physician of a change in condition for 1 of 2 residents (R1) related to on-going urinary tract infection (UTI) symptoms who required hospitalization reviewed for notification of change.</p> <p>Findings include:</p> <p>R1's annual Minimum Data Set (MDS) dated 8/25/21, identified R1 had moderate impaired cognition and had diagnoses which included: neurogenic bladder and indwelling catheter. The MDS indicated R1 required extensive assistance with bed mobility, locomotion, toilet use, and personal hygiene, total assistance with transfers and supervision (encouragement and cueing) with eating.</p> <p>R1's Care Area Assessment (CAA) dated 6/3/21, identified R1 had urinary incontinence and an indwelling catheter. The CAA indicated R1 required extensive staff assistance with toileting and was at risk for sepsis complicated by multiple sclerosis (MS), neurogenic bladder, and morbid obesity.</p> <p>R1's physician's orders dated 10/13/21, identified the following:</p> <p>-5/11/21, Indwelling catheter 18 French (Fr) with</p> | 2 265 | <p>R1 was admitted to the hospital on 9/28/21 and treated for sepsis secondary to urinary tract infection. Resident returned to facility on 10/4/21 and has displayed no further signs or symptoms of infection. R1 continues to have a foley catheter for treatment of neurogenic bladder and receives flushes three times per week to prevent further infection. Care plan has been reviewed on 11/10/21 and is up to date with interventions to mitigate risks of the development of infection r/t use of indwelling catheter.</p> <p>Residents who are at risk for complications of delayed notification to the provider with change in condition include all residents with predisposition to infection, compromised immune systems, fragile health conditions, and those who are dependent on others for care or are unable to communicate their needs to staff. On 11/9/21, an audit was conducted of all residents related to notification of primary care provider of a change in condition resulting from an infection. No other residents have been affected by deficient practices regarding delayed notification to providers for a change in condition related to an infection.</p> | |

Minnesota Department of Health

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| 2 265 | <p>Continued From page 4</p> <p>30 milliliter (ml) balloon to straight drainage.</p> <p>-9/21/21, Catheter care to be done every shift: day, evening, and night.</p> <p>-9/21/21, Change Foley 18 Fr every 4 weeks, once a day on the 1st of every month.</p> <p>R1's care plan dated 8/30/21, identified R1 had an indwelling urinary catheter related to MS, urinary retention, and neurogenic bladder and was at risk for UTIs. R1's infection prevention interventions included: urine output record urine, monitored for changes in behavior, lethargy, confusion, agitation, respiratory changes and medical provider (MD) updated as needed (PRN). R1's baseline temperature identified at 97.3 Fahrenheit (F).</p> <p>R1's documentation of temperatures report from 9/21/21, to 9/28/21, identified the following:</p> <p>Temperature: 97.9 °F 9/21/2021 11:46 a.m. Temperature: 98.4 °F 9/22/2021 12:48 a.m. Temperature: 98.0 °F 9/22/2021 11:57 p.m. Temperature: 100.2 °F 9/28/2021 12:47 a.m. Temperature: 99.4 °F 9/28/2021 3:35 p.m.</p> <p>R1's urine output report from 9/16/21, through 10/4/21, identified the following:</p> <p>9/16/21 total 24 hour output documented as none. 9/17/21 total 24 hour output documented as none. 9/18/21 total 24 hour output documented 350 ml. 9/20/21 total 24 hour output documented 450 ml. 9/21/21 total 24 hour output documented 500 ml. 9/25/21 total 24 hour output documented as none.</p> | 2 265 | <p>Infection Control policies for antibiotic stewardship have been reviewed on 11/2/21. Within the antibiotic stewardship policy there is reference to and direction to nursing staff how ongoing evaluation, documentation and assessment of residents who are being treated for infections are managed. This includes notification to the provider if current antibiotics are effective in treating the intended infection, if the current orders remain appropriate and directs staff to notify a resident's primary care provider should it be discovered that an antibiotic is no longer appropriate, if a resident's condition is not improving or if the order needs to be reviewed. The Antibiotic Stewardship Policy directs staff on when to update a provider on stalled or ineffective treatments for infections.</p> <p>Education to the licensed staff on Antibiotic Stewardship Policy will be completed by 11/19/21. Additionally, a line list tracker was initiated on 11/4/21 to monitor residents' symptoms of infection in real time to ensure staff awareness of both potential and active infections, that proper interventions are in place and that appropriate notification to the provider has occurred. Infection Preventionist or designee will monitor facility performance to make sure appropriate actions are being taken when a resident is displaying signs or symptoms of infection or is being treated for an infection including notification if improvement in symptoms has not occurred with the treatment that has been ordered. Audits on residents being treated for infections and</p> | |

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| 2 265 | <p>Continued From page 5</p> <p>9/26/21 total 24 hour output documented as none.</p> <p>9/27/21 total 24 hour output documented as none.</p> <p>9/28/21 total 24 hour output documented 250 ml.</p> <p>9/28/21 through 10/4/21 hospitalized.</p> <p>R1's 7 day average urine output report document from 9/15/21, through 9/28//21, identified the following:</p> <p>9/15/21 through 9/21/21 7 day average output 482 ml.</p> <p>9/22/21 through 9/28/21 7 day average output 550 ml.</p> <p>9/29/21 through 10/4/21 hospitalized.</p> <p>R1's oral intake report from 9/5/21, through 10/15/21, identified the following:</p> <p>9/5/21, through 10/8/21, no oral intake documented.</p> <p>10/9/21, 240 ml oral intake.</p> <p>10/10/21, through 10/15/21, no oral intake documented.</p> <p>R1's progress notes from 9/13/21, through 9/28/21, identified:</p> <p>-9/13/21, at 1:24 p.m. call placed to urology nurse practioner (NP) to follow up on R1's bladder irrigation orders.</p> <p>-9/15/21, at 8:16 p.m. R1's urine very thick with yellow sediment and had foul odor present.</p> <p>-9/16/21, at 10:35 p.m. R1's urine dark, cloudy, and had a foul odor. Urine collected for a urinalysis and urine culture.</p> | 2 265 | <p>appropriate monitoring and follow up including notification to the PCP should treatment become ineffective will occur 5x/week for 2 weeks, 3x/week for 2 weeks, and 1x/week for 2 weeks. Immediate education by the IP or designee will be provided to nursing staff should it be found that improvement in status has stalled during course of treatment and PCP has not been notified.</p> <p>The results of the monitoring completed under this Plan of Correction will be submitted to the QAPI Committee for review and further follow-up at next QAPI meeting.</p> | |

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| 2 265 | <p>Continued From page 6</p> <p>-9/20/21, at 10:35 a.m. orders received for R1 to be started on antibiotic, Macrobid 100 milligrams (mg) by mouth (po) 4 times a daily times 5 days for UTI.</p> <p>-9/20/21, at 3:37 p.m. writer left message with urology to consider restarting catheter flushes due to her new UTI and increased odor and discoloration of urine since stopping on 9/13/21.</p> <p>-9/21/21, at 11:23 a.m. spoke with urology today regarding urine and sediment. She was currently on an antibiotic for UTI and will continue to monitor.</p> <p>-9/22/21, at 1:24 p.m. R1's urine remained very dark, yellow sediment noted in tubing, and had a foul odor.</p> <p>-9/24/21, at 1:37 p.m. R1's urine was tea colored with sediment and had a very foul smell. R1 reported two ghosts remained in her room. "They are under my bed and keep me awake. I found out that my husband brought them here, and now they will not leave."</p> <p>-9/25/21, at 6:31 p.m. R1 completed antibiotic for UTI. R1's urine dark amber/thick sediment, and had a foul smell.</p> <p>-9/26/21, through 9/27/21, no documentation noted in R1's medical record progress notes regarding her condition.</p> <p>-9/28/21, at 10:01 a.m. low grade temperature 100.0 F. R1 more tired than normal, and had upset stomach.</p> <p>-9/28/21, at 6:20 p.m. Staff concerned about R1's current condition. R1 pale in color and</p> | 2 265 | | |

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| 2 265 | <p>Continued From page 7</p> <p>complained of being cold. R1's temperature had been 99.4 F. R1 encouraged to drink more water due to history of UTIs and refused supper. Staff placed nursing order to document output in electronic record.</p> <p>-9/28/21, at 7:48 p.m. R1 transferred to emergency room (ER) for evaluation per primary physician related to UTI and possible sepsis by ambulance. R1's urine smelled like feces, brown in color with sediment. R1 continued to show signs and symptoms of UTI: lethargic, fever, cool/pale/clammy, confusion, poor appetitive/oral intake, decreased in urine output despite staff encouraged fluids.</p> <p>-9/28/21, at 10:41 p.m. R1 had been admitted to local medical center, treated with intravenous (IV) antibiotics for UTI, and questioned a possible fistula.</p> <p>Review of R1's Emergency room (ER) visit documentation dated 9/28/21, at 7:54 p.m. emergency medicine physician (EMP) identified the indwelling Foley catheter from the nursing home had not been draining and verified there was particulate matter in the tube consistent with feculent material. The existing tube was removed after the computed tomography (CT) scan had been completed. EMP placed a new indwelling catheter and immediate drainage of opaque brown, turbid fluid flowed into the urinary collection bag and a sample had been sent sent to lab. The EMP indicated there was marked irregular thickening of the urinary bladder wall with multiple bladder diverticuli (out pouching from the bladder wall caused by urinary retention and/or UTIs) seen. Additionally, there was surrounding inflammatory changes noted in the pelvis. EMP identified the appearance of the</p> | 2 265 | | |

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| 2 265 | <p>Continued From page 8</p> <p>urinary bladder may have been related to chronic outflow obstruction and/or chronic cystitis (inflammation of the bladder).</p> <p>Review of R1's ER lab values dated 9/28/21, identified the following:</p> <ul style="list-style-type: none"> - Procalcitonin - abnormal 0.21 micrograms per liter (normal range 0 to 0.05 and low risk for sepsis less than 0.5) (identified a bacterial infection). -White blood count (WBC) - abnormal 14.3 ml (normal range 5,000 - 10,000/ml) (identified infection). -Urinalysis (UA) - abnormal color of urine: brown Clarity of urine: Turbid (milky/cloudy), Blood in urine: large +3, leukocytes (blood cells that detect infection) large +3, bacteria many, and squamous epithelial cells (detect UTI/infection). <p>Review of R1's hospital admission document dated 9/28/21, at 10:53 p.m. hospitalist (AH) identified R1 had a complicated UTI that included: acute cystitis with hematuria (blood in the urine) associated with a chronic foley catheter. R1's catheter had thick, foul smelling, light brown colored urine, and urinary irritation.</p> <p>Review of R1's hospital discharge summary dated 10/4/21, at 10:36 a.m. internal medicine physician (IMP) identified R1 had been admitted with a complicated UTI and acute and chronic cystitis. R1's computed tomography (CT) scan showed moderate bilateral hydronephrosis (both kidneys swelled up due to a build up of urine from blockage or obstruction).</p> <p>Review of R1's NP hospital follow-up visit dated</p> | 2 265 | | |

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| 2 265 | <p>Continued From page 9</p> <p>10/11/21, at 11:24 a.m. identified R1's urinary indwelling catheter flushes three times a week had decreased the frequency of the UTIs and occlusion of the tubing. The flushes had been discontinued on 9/11/21, per R1's request. On 9/20/21, R1 had a UTI and had been treated with antibiotics, symptoms worsened, R1 became febrile, and transferred to the ER on 9/28/21. The NP had not been notified the foley flushes had been discontinued.</p> <p>During an interview on 10/14/21, at 11:40 a.m. R1 stated she has had many UTIs.</p> <p>During an interview on 10/14/21, at 1:24 p.m. licensed practical nurse (LPN)-A stated R1 had been considered a high risk for a UTI. LPN-A verified a doctor had not been notified between 9/21/21, and 9/28/21, about continued concerns of R1's urine being dark, foul smelling, and concentrated. LPN-A identified staff were expected to contact a doctor right away regarding R1's ongoing urinary symptoms and should have requested a follow up UA/UC. LPN-A verified R1's urine had been brown with thick sediment; she had been sent to the ER, and her catheter had been plugged. LPN-A stated on 9/28/21, the day nurse never reported R1 had no urine output for that day.</p> <p>During a follow up interview on 10/15/21, at 9:15 a.m. LPN-A verified there had been no documentation of R1's urine output from 9/25/21, through 9/27/21. LPN-A stated staff were expected to document the output every shift even if the catheter had been leaking so the output could have been monitored.</p> <p>During an interview on 10/14/21, at 1:52 p.m. nursing assistant (NA)-A stated R1's urine color</p> | 2 265 | | |

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| 2 265 | <p>Continued From page 10</p> <p>had been a dark tea color on 9/28/21. NA-A stated staff were expected to document the urine output each shift after the collection bag had been emptied. NA-A indicated staff were expected to inform the nurse about R1's changes in status. NA-A indicated R1's behaviors had changed with noted increased confusion, and hallucinations of seeing ghosts.</p> <p>During an interview on 10/14/21, at 2:12 p.m. NA-B stated R1's urine had been dark in color with a strong odor noted on the evening of 9/27/21. NA-B indicated R1 had been very groggy and not her usual self when she spoke. Additionally, NA-B stated R1 had been confused and had hallucinations of seeing ghosts on 9/28/21. NA-B indicated she had updated the nurse regarding those changes.</p> <p>During an interview on 10/14/21, at 3:45 p.m. LPN-B stated R1's urine output should have been documented at the end of each shift. LPN-B verified staff would have been expected to contact a doctor right away when R1 had continued urinary tract symptoms which included low urinary output.</p> <p>During a phone interview on 10/15/21, at 9:13 a.m. primary provider (PP) stated a provider should have been contacted sooner regarding R1's ongoing urinary tract infection symptoms and change in condition. PP indicated R1's CT scan identified inflammatory changes consistent with cystitis as well as dilated ureters (a tube that carries urine from the kidney to the urinary bladder) concerning for ascending (caused by bacteria and starts in the bladder) infection and could have been from the back up of urine due to a plugged urinary catheter. PP indicated the facility nurses would have been able to identify</p> | 2 265 | | |

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| 2 265 | <p>Continued From page 11</p> <p>the urinary catheter had been plugged sooner if R1's condition had been monitored closer.</p> <p>During an interview on 10/15/21, at 10:49 a.m. assistant director of nursing (ADON) stated there had been a continued concern regarding R1's condition and her decreased urinary output. ADON indicated staff were expected to have addressed the concerns much sooner than 9/28/21, and should have contacted a primary physician or the on call after hours physician. ADON verified R1 did not have any urine output documented for 9/25/21, 9/26/21, or 9/27/21. ADON stated staff were expected to monitor and document R1's urinary output on every shift. ADON stated R1's indwelling catheter flushes had been stopped, the catheter became plugged, had to be removed and replaced in the emergency room on 9/28/21, and R1 had subsequently been admitted to the hospital.</p> <p>Facility policy titled Catheter Care for Nursing Assistants reviewed 4/2015, identified the nursing assistant's responsibility in catheter care was to help prevent infection. The nursing assistant should help to prevent infection in the residents with catheters by checking to make sure the catheter was draining properly and recording output in the proper manner. Additionally, they were expected to empty the drainage bag from the spigot on the bottom of the bag at the end of each shift and record the output.</p> <p>Facility policy titled Intake and Output reviewed 4/2015, identified staff were to keep an accurate measure of fluids taken in and put out in a 24 hour period. The procedure indicated each certified nursing assistant (CNA) would keep a running record of intake and output on their shift on a paper in their pockets on those residents</p> | 2 265 | | |

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| 2 265 | <p>Continued From page 12</p> <p>designated to be on intake (I) and output (O). When a resident was given fluids at mealtime the intake amount would be recorded on the intake sheet in the dining room. If a resident had a Foley it was to be emptied at the end of the shift, measured and recorded on the CNA's treatment sheets.</p> <p>SUGGESTED METHOD OF CORRECTION: The administrator or designee could develop/revise and implement policies and procedures to assure the resident's physician is notified of significant change in a resident's condition and/or the need to alter treatment, and educate staff on these requirements. The quality assessment and assurance committee could perform random audits to ensure compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty One (21) days</p> | 2 265 | | |