



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

Electronically Delivered  
June 7, 2021

Administrator  
St John Lutheran Home  
201 South County Road 5  
Springfield, MN 56087

RE: CCN: 245407  
Cycle Start Date: March 30, 2021

Dear Administrator:

On June 4, 2021, 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.

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

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



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

Electronically delivered  
April 20, 2021

Administrator  
St John Lutheran Home  
201 South County Road 5  
Springfield, MN 56087

RE: CCN: 245407  
Cycle Start Date: March 30, 2021

Dear Administrator:

On March 30, 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.

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:

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

#### **PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE**

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, 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 June 30, 2021 (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).

St John Lutheran Home

April 20, 2021

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In addition, if substantial compliance with the regulations is not verified by September 30, 2021 (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](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](https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html)

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

Feel free to contact me if you have questions.

Sincerely,



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

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

PRINTED: 05/03/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245407</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/30/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>ST JOHN LUTHERAN HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 SOUTH COUNTY ROAD 5</b> <b>SPRINGFIELD, MN 56087</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	<p>INITIAL COMMENTS</p> <p>On 3/30/21, a standard abbreviated survey was conducted at your facility to conduct a complaint investigation. Your facility was found to be NOT in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.</p> <p>The following complaint was found to be SUBSTANTIATED: H5407022C (MN70873), NO deficiencies were cited due to actions implemented by the facility prior to survey. However, related deficiencies were cited at F609.</p> <p>The following complaint was found to be UNSUBSTANTIATED, however related deficiencies were cited. H5407023C (MN70762), with deficiency cited at F609.</p> <p>The following complaints was found to be UNSUBSTANTIATED: H5407024C (MN 62612)</p> <p>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.</p> <p>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</p>	F 000			
F 609 SS=D	<p>Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4)</p> <p>§483.12(c) In response to allegations of abuse,</p>	F 609		5/28/21	

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

TITLE

(X6) DATE

Electronically Signed

04/29/2021

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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NAME OF PROVIDER OR SUPPLIER  <b>ST JOHN LUTHERAN HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 SOUTH COUNTY ROAD 5</b> <b>SPRINGFIELD, MN 56087</b>		
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F 609	<p>Continued From page 1</p> <p>neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review, the facility failed to ensure allegations of abuse/neglect were reported to the State Agency (SA) timely, in accordance with established policies and procedures, for 1 of 3 residents (R1) reviewed for allegations of abuse.</p> <p>Findings include:</p> <p>R1's face sheet dated 3/30/21 indicated diagnosis</p>	F 609	<p>It is the policy of St John Lutheran Home that allegations of abuse will be electronically reported immediately but not later than 2 hours after the allegation is made. Vulnerable Adult reports were filed for affected residents. All residents are vulnerable adults and could be affected by the alleged deficient practice. All future vulnerable adult reports will be filed in the two hour time frame requirement with</p>		

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NAME OF PROVIDER OR SUPPLIER  <b>ST JOHN LUTHERAN HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 SOUTH COUNTY ROAD 5 SPRINGFIELD, MN 56087</b>		
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F 609	<p>Continued From page 2</p> <p>of anxiety, insomnia, and dementia. R1's annual Minimum Data Set (MDS) dated 2/18/21 indicated the resident's Brief Interview for Mental Status. (BIMS) score of 4, which indicated severely impaired cognition. The care plan dated 2/26/20 included cognition alternation in thought process related to dementia with behaviors, anxiety disorder, impaired decisions making and the interventions included: provide cues and reminders for the resident to make appropriate activities of daily living (ADLS) decisions.</p> <p>Review of a vulnerable adult (VA) report submitted to the SA on 3/11/21, at 11:46 a.m. indicated a nursing assistant (NA)-A self-reported to the charge nurse, licensed practical nurse (LPN)-A that she had called R1 a "pig" after R1 had urinated on the floor. The VA report indicated NA-A was immediately suspended and sent home pending facility investigation. The VA report indicated LPN-A went to R1's room to check on R1 and he did not appear upset and did not remember the incident.</p> <p>Interview on 3/30/21, at 11:41 a.m. with director of nursing (DON) confirmed the above allegation of abuse was reported on 3/11/21 at 6:30 a.m.. DON stated she received a text message from LPN-A that stated NA-A had called R1 a "pig" and LPN-A sent NA-A home. The DON stated when she arrived to the facility at 8:00 a.m. on 3/11/21, the social worker (SS) and herself interviewed R1, LPN-A, and NA-A. The DON discussed the SS reported the abuse allegation to the SA and on 3/11/21 and did not know the time the incident was reported.</p> <p>Interview on 3/30/21, at 12:06 p.m. SS confirmed the above allegation of abuse was reported</p>	F 609	<p>re-education of staff on Vulnerable Adult policy and reporting time requirements. Reviewed and updated Vulnerable Adult Policy and Procedure. Re-education of Vulnerable Adult Policy/Procedure and reporting time frame requirements completed at all staff meetings on 4-27-21 and 4-28-21. Will review procedure with Licensed Nurses for online reporting to OHFC.</p> <p>Audits will be completed of vulnerable adult reports to ensure facility is in compliance with reporting time frame x 3 months.</p> <p>Will review results of audits at monthly QAPI meetings and will review at next QA&amp;A meeting on 7/23/21.</p> <p>Social Worker/DON/Designee will monitor overall compliance.</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 609	<p>Continued From page 3</p> <p>immediately by LPN-A to the DON. SS stated prior to her arrival at the facility on 3/11/21 at 8:00 a.m..the DON made her aware of the allegation. SS stated when she arrived at the facility at 8:00 a.m. the DON and herself interviewed R1, LPN-A, and NA-A prior to reporting the alleged abuse to the the SA. The social worker confirmed the SA report was not made until 3/11/21 at 11:46 a.m. and confirmed the policy stated allegations of abuse are submitted to the SA, immediately or within two hours.</p> <p>Review of the facility's policy titled Vulnerable Adult Policy, dated 12/2020, indicated the DON, LSW, or house change nurse will electronically report the incident to the MN department of health immediately. The definition of immediately means as soon as possible in the absence of a shorter state time frame requirement, but not later than 2 hours after the allegation is made. if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury.</p>	F 609			





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Electronically delivered  
April 20, 2021

Administrator  
St John Lutheran Home  
201 South County Road 5  
Springfield, MN 56087

Re: State Nursing Home Licensing Orders  
Event ID: USDZ11

Dear Administrator:

The above facility was surveyed on March 30, 2021 through March 30, 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.htm](https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.htm). 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.

St John Lutheran Home

April 20, 2021

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THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

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

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

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

Please feel free to call me with any questions.



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

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00045</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/30/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ST JOHN LUTHERAN HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 SOUTH COUNTY ROAD 5 SPRINGFIELD, MN 56087</b>
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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 3/30/21, 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		
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>04/29/21</b>
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00045</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/30/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ST JOHN LUTHERAN HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 SOUTH COUNTY ROAD 5</b> <b>SPRINGFIELD, MN 56087</b>
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2 000	<p>Continued From page 1</p> <p>The following complaint was found to be SUBSTANTIATED: H5407022C (MN70873) with a related licensing order issued at MN State Statue 626.557 Subd. 3.</p> <p>The following complaint was found to be UNSUBSTANTIATED: H5407023C (MN70762) however, a related licensing order was issued at MN State Statue 626.557 Subd. 3.</p> <p>The following complaint was found to be UNSUBSTANTIATED: H5407024C (MN62612 ).</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 surveyors 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 <a href="http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm">http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm</a>. 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</p>	2 000		

Minnesota Department of Health

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2 000	Continued From page 2  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.  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		
21980	MN St. Statute 626.557 Subd. 3 Reporting - Maltreatment of Vulnerable Adults  Subd. 3. Timing of report. (a) A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately report the information to the common entry point. If an individual is a vulnerable adult solely because the individual is admitted to a facility, a mandated reporter is not required to report suspected maltreatment of the individual that occurred prior to admission, unless:  (1) the individual was admitted to the facility from another facility and the reporter has reason to believe the vulnerable adult was maltreated in the previous facility; or (2) the reporter knows or has reason to believe that the individual is a vulnerable adult as defined in section 626.5572, subdivision 21, clause (4).	21980		5/28/21

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00045</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/30/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>ST JOHN LUTHERAN HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 SOUTH COUNTY ROAD 5</b> <b>SPRINGFIELD, MN 56087</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
21980	<p>Continued From page 3</p> <p>(b) A person not required to report under the provisions of this section may voluntarily report as described above.</p> <p>(c) Nothing in this section requires a report of known or suspected maltreatment, if the reporter knows or has reason to know that a report has been made to the common entry point.</p> <p>(d) Nothing in this section shall preclude a reporter from also reporting to a law enforcement agency.</p> <p>(e) A mandated reporter who knows or has reason to believe that an error under section 626.5572, subdivision 17, paragraph (c), clause (5), occurred must make a report under this subdivision. If the reporter or a facility, at any time believes that an investigation by a lead agency will determine or should determine that the reported error was not neglect according to the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5), the reporter or facility may provide to the common entry point or directly to the lead agency information explaining how the event meets the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5). The lead agency shall consider this information when making an initial disposition of the report under subdivision 9c.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure allegations of abuse/neglect were reported to the State Agency (SA) timely, in accordance with established policies and procedures, for 1 of 3 residents (R1) reviewed for allegations of abuse.</p> <p>Findings include:</p>	21980	Corrected	

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER  <b>ST JOHN LUTHERAN HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 SOUTH COUNTY ROAD 5 SPRINGFIELD, MN 56087</b>
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21980	<p>Continued From page 4</p> <p>R1's face sheet dated 3/30/21 indicated diagnosis of anxiety, insomnia, and dementia. R1's annual Minimum Data Set (MDS) dated 2/18/21 indicated the resident's Brief Interview for Mental Status. (BIMS) score of 4, which indicated severely impaired cognition. The care plan dated 2/26/20 included cognition alternation in thought process related to dementia with behaviors, anxiety disorder, impaired decisions making and the interventions included: provide cues and reminders for the resident to make appropriate activities of daily living (ADLS) decisions.</p> <p>Review of a vulnerable adult (VA) report submitted to the SA on 3/11/21, at 11:46 a.m. indicated a nursing assistant (NA)-A self-reported to the charge nurse, licensed practical nurse (LPN)-A that she had called R1 a "pig" after R1 had urinated on the floor. The VA report indicated NA-A was immediately suspended and sent home pending facility investigation. The VA report indicated LPN-A went to R1's room to check on R1 and he did not appear upset and did not remember the incident.</p> <p>Interview on 3/30/21, at 11:41 a.m. with director of nursing (DON) confirmed the above allegation of abuse was reported on 3/11/21 at 6:30 a.m.. DON stated she received a text message from LPN-A that stated NA-A had called R1 a "pig" and LPN-A sent NA-A home. The DON stated when she arrived to the facility at 8:00 a.m. on 3/11/21, the social worker (SS) and herself interviewed R1, LPN-A, and NA-A. The DON discussed the SS reported the abuse allegation to the SA and on 3/11/21 and did not know the time the incident was reported.</p> <p>Interview on 3/30/21, at 12:06 p.m. SS confirmed the above allegation of abuse was reported</p>	21980		
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21980	<p>Continued From page 5</p> <p>immediately by LPN-A to the DON. SS stated prior to her arrival at the facility on 3/11/21 at 8:00 a.m..the DON made her aware of the allegation. SS stated when she arrived at the facility at 8:00 a.m. the DON and herself interviewed R1, LPN-A, and NA-A prior to reporting the alleged abuse to the the SA. The social worker confirmed the SA report was not made until 3/11/21 at 11:46 a.m. and confirmed the policy stated allegations of abuse are submitted to the SA, immediately or within two hours.</p> <p>Review of the facility's policy titled Vulnerable Adult Policy, dated 12/2020, indicated the DON, LSW, or house change nurse will electronically report the incident to the MN department of health immediately. The definition of immediately means as soon as possible in the absence of a shorter state time frame requirement, but not later than 2 hours after the allegation is made. if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury.</p> <p>SUGGESTED METHOD OF CORRECTION: The administrator, director of nursing (DON), or designee could review and/or revise policies and procedures related to the timely reporting of allegations of abuse. The administrator, DON or designee could educate staff, and conduct audits to ensure compliance. The results of the audits could be reviewed at the Quality Assurance meetings.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days.</p>	21980		