



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

May 9, 2022

Administrator

Talahi Nursing And Rehab Center
1717 University Drive Southeast
Saint Cloud, MN 56304

RE: CCN: 245438

Cycle Start Date: March 18, 2022

Dear Administrator:

On April 5, 2022, we notified you a remedy was imposed. On April 27, 2022 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 April 27, 2022.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective June 28, 2022 did not go into effect. (42 CFR 488.417 (b))

In our letter of March 31, 2022, 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 March 18, 2022 due to denial of payment for new admissions. Since your facility attained substantial compliance on April 27, 2022, 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 Therefore, the NATCEP prohibition is rescinded.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 blue ink, appearing to read 'Joanne Simon', with a horizontal line extending to the right.

Joanne Simon, Compliance Analyst
Minnesota Department of Health
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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May 9, 2022

Administrator
Talahi Nursing And Rehab Center
1717 University Drive Southeast
Saint Cloud, MN 56304

Re: Reinspection Results
Event ID: 60KG12

Dear Administrator:

On April 27, 2022 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on April 27, 2022. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

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

Joanne Simon, Compliance Analyst
Minnesota Department of Health
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

Electronically delivered
March 31, 2022

Administrator
Talahi Nursing And Rehab Center
1717 University Drive Southeast
Saint Cloud, MN 56304

RE: CCN: 245438
Cycle Start Date: March 28, 2022

Dear Administrator:

On March 28, 2022, 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" and/or an E tag), i.e., the plan of correction should be directed to:

Annette Winters, Rapid Response Unit Supervisor
Metro 1, Golden Rule Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: annette.m.winters@state.mn.us
Mobile: (651) 558-7558

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 28, 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 September 28, 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/lrc_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable 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

Talahi Nursing And Rehab Center

March 31, 2022

Page 4

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,

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: 08/01/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245438		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/28/2022	
NAME OF PROVIDER OR SUPPLIER TALAH NURSING AND REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1717 UNIVERSITY DRIVE SOUTHEAST SAINT CLOUD, MN 56304			
(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 3/28/22, a standard abbreviated survey was conducted at your facility. 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 complaints were found to be SUBSTANTIATED: H5438164C (MN00081794), with a deficiency cited at F677. AND The following complaints were found to be UNSUBSTANTIATED: H5438162C (MN00081678) H5438163C (MN00081892) H5438165C (MN00082128 and MN00082158) The facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's 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 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene;			F 677			4/22/22

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

TITLE

(X6) DATE

Electronically Signed

04/08/2022

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 677	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review, the facility failed to provide routine bathing for 2 of 2 residents (R3, R5) reviewed for activities of daily living (ADL) who were dependent on staff for cares. Findings include: R3's care plan dated 3/14/22, noted she had a self-care deficit related to cognitive impairment due to dementia and was not able to perform cares independently. The care plan further noted R3 required extensive assistance of 1 staff with showering 1-2 times per week and as necessary, in the morning but was willing to have in the afternoon as well. R3's electronic medical record (EMR) task sheet for the month of March 2022 noted R3 had a shower scheduled for Tuesday mornings though had only one whirlpool bath documented on 3/1/22. For dates 3/8/22 & 3/15/22, it was documented that the bathing activity did not occur. No further dates were noted for bathing nor was there documentation noting R3 refused bathing assistance. R3's quarterly Minimum Data Set (MDS) dated 3/21/22, noted R3 had poor cognition and is rarely understood, she required extensive assistance of two persons with bed mobility, transfers, dressing, toileting and hygiene, she is always incontinent of urine and frequently incontinent of bowel. R3's MDS noted the following diagnoses; unspecified dementia without behavioral disturbance, overactive bladder and diverticulosis of large intestine (small	F 677	F 677 It is the policy of Edenbrook of St Cloud that Residents who are unable to carry out ADLs, receive the necessary services to maintain good nutrition, grooming, oral hygiene and personal cares. The facility ADL policy and procedure was reviewed and remains appropriate. The identified residents R3 and R5 have had their bath schedule, task assignment, and care plans reviewed and updated as needed to include bathing assignment and bathing preferences. For all other residents this deficient practice could have affected, the facility bath schedule was reviewed and updated as needed. Nursing staff will be educated on the facility ADL policy, bath schedule, and the documentation requirement. The bath schedule and documentation of baths will be audited by facility leadership daily M-F for 4 weeks. The audit results will be reviewed daily in the M-F morning IDT meeting with follow up completed on any missing baths. The audit results will be reviewed at facility QAPI meetings 4/20/22 and 5/18/22. QAPI to make further recommendations as needed. The Director of Nursing will be responsible for compliance to ensure that Residents receive the necessary ADL services. Date of Compliance April 22.2022		

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F 677	Continued From page 2 inflamed pockets or bulges). R5's care plan dated 2/25/22, noted R5 had a self-care deficit due to neuromuscular impairment and decreased strength. The care plan noted R5 required the assistance of one person for bathing. R5's EMR task sheet for the month of March noted R5 did not receive a shower or a bed bath, it was documented that the activity did not occur on the following dates: 3/1/22, 3/7/22, 3/14/22, 3/21/22 and 3/28/22. On 3/1/22, it was noted that R5 refused bathing. There was no documentation of further refusals. R5's admission MDS dated 3/4/22, noted R5 had moderately impaired cognition and required extensive assistance of 2 people for bed mobility, transfers, dressing and toileting. The MDS noted R5 was frequently incontinent of urine and bowel and had diagnoses that included: hemiplegia (weakness or paralysis on one side) affecting her left side, dysphagia (difficulty swallowing), and unsteadiness on her feet. When interviewed on 3/29/22, at 10:07 a.m. nursing assistant (NA)-E stated resident showers were typically weekly or twice weekly unless the resident refuses, the shower schedule has some residents to receive showers on the day shift and some on the evening shift to split it up. When interviewed on 3/28/22, at 11:00 a.m. NA-A noted that the day shift usually is unable to complete showers and they will be pushed to the evening shift staff to complete. NA-A stated there were two showers scheduled today that they have not been able to complete due to the staffing level on day shift and the complexity of the memory	F 677			

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F 677	Continued From page 3 care unit with several residents that require supervision. NA-A noted that the day shift is staffed for one nurse and two nursing assistants. When interviewed on 3/28/22, at 11:10 a.m. family member (FM)-B stated her mother has resided at the facility for six and a half years and noted the care had declined significantly beginning in January of 2021 when she was allowed back to the facility following COVID visitation restrictions. FM-B stated she began bringing her concerns to management in November of 2021 due to the lack of bathing among other care related concerns. FM-B stated she assisted staff to give her mother had a shower last on 3/18/22, it had been 18 days since she had showered and that she believed the only reason she was showered that day is because she filed a grievance. At the time of interview, it had been another 11 days without a shower. FM-B stated she had just assisted her mother to change her soiled shirt and that she smelled horrible. When interviewed on 3/28/22, at 11:50 a.m. licensed practical nurse (LPN)-A states she was aware that showers were not completed this day and that they will ask evening shift to provide. LPN-A stated she was not aware who was scheduled to have a shower this day but could look it up. When interviewed on 3/28/22, at 2:35 p.m. NA-B stated he was not aware that the day shift did not complete the scheduled showers, he was not aware which residents would need showers this evening. NA-B stated if they were not able to complete a shower they would perform a bed bath and would document it.	F 677			

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F 677	Continued From page 4 When interviewed on 3/28/22 at 2:55 p.m. registered nurse (RN)-A stated the day shift nurse did report that they were unable to complete showers but did not know which residents needed showers completed. RN-A stated the staff that worked last evening were also unable to provide the scheduled showers and she completed a bed bath on that resident instead. When interviewed on 3/28/22, at 3:11 p.m. NA-C stated he did not know that day shift was unable to complete scheduled showers, he was unaware of who needed showers completed on his shift. When interviewed on 3/28/22, at 3:19 p.m. NA-D stated she was not notified that day shift did not complete scheduled showers and did not know which residents would need a shower that shift. NA-D stated if there is not enough time to complete a shower then a bed bath would be completed and would be documented. When interviewed on 3/28/22, at 4:48 p.m. the director of nursing (DON) stated she was not aware that staff were not completing showers until R3's daughter completed a complaint form on 3/18/22. The DON confirmed that R5 did not have a documented shower, bed bath or refusal for the month of March. The DON stated she expected staff to provide showers as care planned unless residents refuse and if a shower is not provided then the staff would perform a bed bath and document. The DON further stated that if a scheduled shower or bed bath was not performed, staff could ask the evening shift to provide, and it is expected that information along with resident names to be passed on in verbal report between shifts.	F 677			

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F 677	Continued From page 5 A facility policy titled Activities of Daily Living (ADL) dated 3/15/22, identified that based on a comprehensive assessment and consistent with the residents needs and choices the facility must provide necessary care and services. The policy further noted that the facility will provide care and services per the residents individual plan of care and if a resident refuses care it should be reported to the nurse and resident reapproached; documentation of refusal recorded in the EMR.	F 677			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
March 31, 2022

Administrator
Talahi Nursing And Rehab Center
1717 University Drive Southeast
Saint Cloud, MN 56304

Re: State Nursing Home Licensing Orders
Event ID: 60KG11

Dear Administrator:

The above facility was surveyed on March 28, 2022 through March 28, 2022 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.

Talahi Nursing And Rehab Center

March 31, 2022

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:

Annette Winters, Rapid Response Unit Supervisor
Metro 1, Golden Rule Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: annette.m.winters@state.mn.us
Mobile: (651) 558-7558

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

Please feel free to call me with any questions.

Sincerely,



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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00614	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/28/2022
NAME OF PROVIDER OR SUPPLIER TALAH NURSING AND REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1717 UNIVERSITY DRIVE SOUTHEAST SAINT CLOUD, MN 56304		
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2 000	Initial Comments *****ATTENTION***** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 3/28/22, 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.	2 000		

Minnesota Department of Health

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

TITLE

(X6) DATE

Electronically Signed

04/08/22

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00614	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/28/2022
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2 000	Continued From page 1 The following complaint was found to be SUBSTANTIATED: H5438164C (MN00081794) with a licensing order issued at tag identification 0840. The following complaint was found to be UNSUBSTANTIATED: H5438162C (MN00081678), H5438163C (MN00081892) & H5438165C (MN00082128 and MN00082158). Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor's findings are the Suggested Method of Correction and Time Period for Correction. You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the	2 000		

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2 000	Continued From page 2 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		
2 840	MN Rule 4658.0520 Subp. 2 B Adequate and Proper Nursing Care; Clean skin Subp. 2. Criteria for determining adequate and proper care. The criteria for determining adequate and proper care include: B. Clean skin and freedom from offensive odors. A bathing plan must be part of each resident's plan of care. A resident whose condition requires that the resident remain in bed must be given a complete bath at least every other day and more often as indicated. An incontinent resident must be checked at least every two hours, and must receive perineal care following each episode of incontinence. [144A.04 Subd. 11. Incontinent residents. Notwithstanding Minnesota Rules, part 4658.0520, an incontinent resident must be checked according to a specific time interval written in the resident's care plan. The resident's attending physician must authorize in writing any interval longer than two hours unless the resident, if competent, or a family member or legally	2 840		4/22/22

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2 840	Continued From page 3 appointed conservator, guardian, or health care agent of a resident who is not competent, agrees in writing to waive physician involvement in determining this interval, and this waiver is documented in the resident's care plan.] Clean linens or clothing must be provided promptly each time the bed or clothing is soiled. Perineal care includes the washing and drying of the perineal area. Pads or diapers must be used to keep the bed dry and for the resident's comfort. Special attention must be given to the skin to prevent irritation. Rubber, plastic, or other types of protectors must be kept clean, be completely covered, and not come in direct contact with the resident. Soiled linen and clothing must be removed immediately from resident areas to prevent odors. This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to provide routine bathing for 2 of 2 residents (R3, R5) reviewed for activities of daily living (ADL) who were dependent on staff for cares. Findings include: R3's care plan dated 3/14/22, noted she had a self-care deficit related to cognitive impairment due to dementia and was not able to perform cares independently. The care plan further noted R3 required extensive assistance of 1 staff with showering 1-2 times per week and as necessary, in the morning but was willing to have in the afternoon as well.	2 840	Corrected		

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2 840	Continued From page 4 R3's electronic medical record (EMR) task sheet for the month of March 2022 noted R3 had a shower scheduled for Tuesday mornings though had only one whirlpool bath documented on 3/1/22. For dates 3/8/22 & 3/15/22, it was documented that the bathing activity did not occur. No further dates were noted for bathing nor was there documentation noting R3 refused bathing assistance. R3's quarterly Minimum Data Set (MDS) dated 3/21/22, noted R3 had poor cognition and is rarely understood, she required extensive assistance of two persons with bed mobility, transfers, dressing, toileting and hygiene, she is always incontinent of urine and frequently incontinent of bowel. R3's MDS noted the following diagnoses; unspecified dementia without behavioral disturbance, overactive bladder and diverticulosis of large intestine (small inflamed pockets or bulges). R5's care plan dated 2/25/22, noted R5 had a self-care deficit due to neuromuscular impairment and decreased strength. The care plan noted R5 required the assistance of one person for bathing. R5's EMR task sheet for the month of March noted R5 did not receive a shower or a bed bath, it was documented that the activity did not occur on the following dates: 3/1/22, 3/7/22, 3/14/22, 3/21/22 and 3/28/22. On 3/1/22, it was noted that R5 refused bathing. There was no documentation of further refusals. R5's admission MDS dated 3/4/22, noted R5 had moderately impaired cognition and required extensive assistance of 2 people for bed mobility, transfers, dressing and toileting. The MDS noted R5 was frequently incontinent of urine and bowel	2 840		

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2 840	Continued From page 5 and had diagnoses that included: hemiplegia (weakness or paralysis on one side) affecting her left side, dysphagia (difficulty swallowing), and unsteadiness on her feet. When interviewed on 3/29/22, at 10:07 a.m. nursing assistant (NA)-E stated resident showers were typically weekly or twice weekly unless the resident refuses, the shower schedule has some residents to receive showers on the day shift and some on the evening shift to split it up. When interviewed on 3/28/22, at 11:00 a.m. NA-A noted that the day shift usually is unable to complete showers and they will be pushed to the evening shift staff to complete. NA-A stated there were two showers scheduled today that they have not been able to complete due to the staffing level on day shift and the complexity of the memory care unit with several residents that require supervision. NA-A noted that the day shift is staffed for one nurse and two nursing assistants. When interviewed on 3/28/22, at 11:10 a.m. family member (FM)-B stated her mother has resided at the facility for six and a half years and noted the care had declined significantly beginning in January of 2021 when she was allowed back to the facility following COVID visitation restrictions. FM-B stated she began bringing her concerns to management in November of 2021 due to the lack of bathing among other care related concerns. FM-B stated she assisted staff to give her mother had a shower last on 3/18/22, it had been 18 days since she had showered and that she believed the only reason she was showered that day is because she filed a grievance. At the time of interview, it had been another 11 days without a shower. FM-B stated she had just assisted her mother to	2 840		

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2 840	Continued From page 6 change her soiled shirt and that she smelled horrible. When interviewed on 3/28/22, at 11:50 a.m. licensed practical nurse (LPN)-A states she was aware that showers were not completed this day and that they will ask evening shift to provide. LPN-A stated she was not aware who was scheduled to have a shower this day but could look it up. When interviewed on 3/28/22, at 2:35 p.m. NA-B stated he was not aware that the day shift did not complete the scheduled showers, he was not aware which residents would need showers this evening. NA-B stated if they were not able to complete a shower they would perform a bed bath and would document it. When interviewed on 3/28/22 at 2:55 p.m. registered nurse (RN)-A stated the day shift nurse did report that they were unable to complete showers but did not know which residents needed showers completed. RN-A stated the staff that worked last evening were also unable to provide the scheduled showers and she completed a bed bath on that resident instead. When interviewed on 3/28/22, at 3:11 p.m. NA-C stated he did not know that day shift was unable to complete scheduled showers, he was unaware of who needed showers completed on his shift. When interviewed on 3/28/22, at 3:19 p.m. NA-D stated she was not notified that day shift did not complete scheduled showers and did not know which residents would need a shower that shift. NA-D stated if there is not enough time to complete a shower then a bed bath would be completed and would be documented.	2 840			

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2 840	Continued From page 7 When interviewed on 3/28/22, at 4:48 p.m. the director of nursing (DON) stated she was not aware that staff were not completing showers until R3's daughter completed a complaint form on 3/18/22. The DON confirmed that R5 did not have a documented shower, bed bath or refusal for the month of March. The DON stated she expected staff to provide showers as care planned unless residents refuse and if a shower is not provided then the staff would perform a bed bath and document. The DON further stated that if a scheduled shower or bed bath was not performed, staff could ask the evening shift to provide, and it is expected that information along with resident names to be passed on in verbal report between shifts. A facility policy titled Activities of Daily Living (ADL) dated 3/15/22, identified that based on a comprehensive assessment and consistent with the residents needs and choices the facility must provide necessary care and services. The policy further noted that the facility will provide care and services per the residents individual plan of care and if a resident refuses care it should be reported to the nurse and resident reapproached; documentation of refusal recorded in the EMR. SUGGESTED METHOD OF CORRECTION: The Director of Nursing or designated person to determine how the deficiency occurred, review policies and procedures, revise as necessary, educated staff on revisions, and monitor to ensure compliance. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	2 840			