



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
December 6, 2023

Administrator
Edenbrook Of St Cloud
1717 University Drive Southeast
Saint Cloud, MN 56304

RE: CCN: 245438
Cycle Start Date: September 22, 2023

Dear Administrator:

On November 1, 2023, we notified you a remedy was imposed. On November 30, 2023 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 November 22, 2023.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective December 22, 2023 did not go into effect. (42 CFR 488.417 (b))

In our letter of November 1, 2023, 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 22, 2023 due to denial of payment for new admissions. Since your facility attained substantial compliance on November 22, 2023, 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 Therefore, the NATCEP prohibition is rescinded.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 cursive script that reads 'Sarah Lane'.

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697
Email: sarah.lane@state.mn.us



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November 1, 2023

Administrator
Edenbrook Of St Cloud
1717 University Drive Southeast
Saint Cloud, MN 56304

RE: CCN: 245438
Cycle Start Date: September 22, 2023

Dear Administrator:

On October 17, 2023, we informed you that we may impose enforcement remedies.

On October 17, 2023, the Minnesota Department(s) of Health completed a survey and it has been determined that your facility is not in substantial compliance. The most serious deficiencies in your facility were found 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.

REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy(ies) listed below to the CMS Region V Office for imposition. The CMS Region V Office concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Mandatory Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective December 22, 2023

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective December 22, 2023. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective December 22, 2023.

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

This Department is also recommending that CMS impose a civil money penalty. You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

- Civil money penalty. (42 CFR 488.430 through 488.444)

NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than \$11,995, has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

If you have not achieved substantial compliance by December 22, 2023, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, Edenbrook Of St Cloud will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from December 22, 2023. You will receive further information regarding this from the State agency. This prohibition is not subject to appeal. Further, this prohibition may be rescinded at a later date if your facility achieves substantial compliance prior to the effective date of denial of payment for new admissions. However, under Public Law 105-15, you may contact the State agency and request a waiver of this prohibition if certain criteria are met.

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. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

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

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

- An electronic acknowledgement signature and date by an official facility representative.

DEPARTMENT CONTACT

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

Susie Haben, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Midtown Square
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us
Office: (320) 223-7356 Mobile: (651) 230-2334

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health - Health Regulation Division staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for their respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

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

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

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

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by March 22, 2024 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at § 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR § 488.412 and § 488.456.

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

APPEAL RIGHTS

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at <https://dab.efile.hhs.gov> no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request shall be submitted electronically to:

Steven.Delich@cms.hhs.gov

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

**Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201
202-795-7490**

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Steven Delich, Program Representative at (312) 886-5216. Information may also be emailed to Steven.Delich@cms.hhs.gov.

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

Edenbrook Of St Cloud

November 1, 2023

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Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900

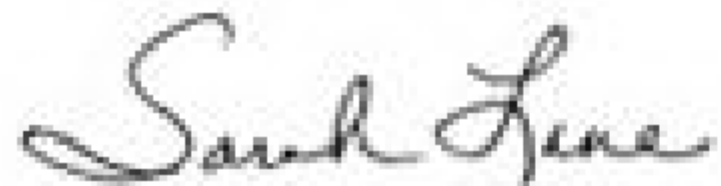
This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: https://mdhprovidercontent.web.health.state.mn.us/ltr_idr.cfm

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

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

Feel free to contact me if you have questions.

Sincerely,



Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697
Email: sarah.lane@state.mn.us

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

PRINTED: 11/27/2023
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 10/17/2023
NAME OF PROVIDER OR SUPPLIER EDENBROOK OF ST CLOUD			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 10/16/23 and 10/17/23 , a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaints were reviewed: H54386511C (MN97629 and MN97630) with deficiencies cited at F580 and F684. 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/Degrade/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			11/17/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		11/10/2023

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

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F 580	Continued From page 1 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). §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:	F 580			

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F 580	Continued From page 2 Based on interview and document review, the facility failed to notify resident representative and physician timely following resident change of condition for 1 of 1 residents (R1) who had dehydration and was eventually was hospitalized. Findings include: R1's admission Minimum Data Set (MDS) dated 9/25/23, indicated R1 was severely cognitively impaired and had hip fracture, diabetes mellitus and Alzheimer's disease. MDS also identified R1 required assist of two with activities of daily living (ADL)'s and had no swallowing disorder and no weight loss or gain. The MDS indicated R1 weighed 171 pounds. R1's Care Plan dated 10/09/23, indicated to provide set up with eating, encourage resident to follow diet order, and notify MD/NP per order with significant changes. R1's Registered Dietitian-Nutrition Assessment dated 9/25/23, indicated R1 was on a heart healthy regular cardiac diet. The assessment indicated estimated fluid requirements at 1800 milliliters (ml) and her intake was less than 1200 ml. The assessment indicated she had no symptoms of dehydration, although was at risk for dehydration. R1's intake monitoring identified between 9/27/23 through 10/9/23 identified R1 was below the dietary nutritional assessment and not evident 24-hour total intakes were continuously assessed. The intake report identified on 10/5/23-through 10/9/23 fluid intakes substantially decreased to an average of 250 cc that was documented.			F 580	How corrective action will be accomplished for those residents found to have been affected by the deficiency. R1 has discharged from the facility. How the facility will identify other residents having the potential to be affected by the same deficient practice. Any resident with a change of condition could be affected by this deficient practice. What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur. Nurses were re-educated on facility policy for change in condition and the need to update resident provider and family. Nurses and CNA's were re-educated on changes of condition and what to do when a change is noted. Any nursing staff not educated by the compliance date will complete the education before their next scheduled shift. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur. The facility will conduct audit interviews of nursing to ensure they understand the expectations and have retained the education. Facility will audit progress notes for changes in condition and review in morning IDT. Audits will also be		

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F 580	Continued From page 3 R1's food intake recorded also identified starting on 10/5/23 through 10/9/23, R1 had only eaten 0-25% of her meals. R1's medical record indicated her weight upon admission to the facility was 171 pounds (lbs) and on 10/09/23, her weight was 146 lbs. R1's Provider Orders for Life-Sustaining Treatment (POLST) dated 9/20/23, indicated DNR/DNI with comfort focused treatment. R1's progress note on 10/9/23 at 1:10 p.m. resident was sent to the emergency room (ER) per family request due to decreased responsiveness and unable to swallow food and drinks. R1's History and Physical (H&P) dated 10/09/23, indicated R1 had sodium level of 184 (normal range 135 to 145), was brought to emergency room secondary to generalized weakness and a diagnosis of failure to thrive and acute kidney injury. The H&P further indicated dehydration could be secondary to poor oral intake and patient to be admitted to the hospital. During interview on 10/16/23 at 9:00 a.m., family member (FM)-A stated she was the legal guardian for R1 and on 10/05/23, a Care Conference was held at the facility, no concerns were mentioned pertaining to her nutritional status. FM-A stated she was not informed of any concerns or changes and on 10/09/23, she stated one of the nurses informed her R1 had been eating, drinking or taking her medication all weekend. In addition, FM-A stated she was unresponsive, and told the facility to send her to	F 580	completed weekly x4 weeks, then every other week x 1 month, and monthly x 1 month. Audit review and analysis will be brought to QUAPI to determine ongoing frequency and duration of audits. Date of compliance:11/17/2023		

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F 580	Continued From page 4 the emergency department. FM-A stated she was admitted with severe dehydration and acute kidney injury and now they don't think she will make it through this and would be having a palliative care meeting today to discuss R1's care. During interview on 10/17/23 at 11:08 a.m. LPN-B stated she worked on 10/07/23 and 10/08/23 and she attributed the decrease intake and fatigue due to R1's roommate being up at night and was tired. LPN-B stated it wasn't until 10/9/23 she notified the physician and family she wasn't taking her medications. During interview on 10/17/23 at 12:00 p.m. R1's primary physician stated after the review of the record he would have expected to be notified of R1's change of intake on 10/7/23 or, at the latest, 10/8/23 to see what the family would have wanted to do and probably would have sent R1 to the ER for evaluation. Policy & Procedure Change in Condition revised 7/06/21 indicated to ensure prompt notification of the resident, the attending physician, and Durable Power of Attorney/Responsible Party of changes in the resident's physical, psychosocial and/or mental condition and/or status.	F 580			
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in	F 684			11/22/23

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F 684	Continued From page 5 accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on interview and document review the facility failed to ensure timely identification, evaluation and treatment for R1 who was assessed to be at risk for dehydration and had a change in condition affecting her fluid and nutritional intake and medication administration. Findings include: R1's admission Minimum Data Set (MDS) dated 9/25/23, indicated R1 was severely cognitively impaired and had hip fracture, diabetes mellitus and Alzheimer's disease. MDS also identified R1 required assist of two with activities of daily living (ADL)'s and had no swallowing disorder and no weight loss or gain. The MDS indicated R1 weighed 171 pounds. R1's Registered Dietitian-Nutrition Assessment dated 9/25/23, indicated she was on a heart healthy regular cardiac diet. The assessment indicated estimated fluid requirements at 1800 milliliters (ml) and her intake was less than 1200 ml. The assessment indicated she had no symptoms of dehydration, although was at risk for dehydration. R1's malnutrition risk assessment dated 10/2/23, identified R1 was at risk for malnutrition. R1's Care Plan dated 10/09/23, indicated to provide set up with eating, encourage resident to follow diet order, and notify MD/NP per order with significant changes. In addition, R1's care plan	F 684	How corrective action will be accomplished for those residents found to have been affected by the deficiency. R1 has been discharged from the facility. How the facility will identify other residents having the potential to be affected by the same deficient practice. All residents who have a change in condition could 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. Nursing staff was re-educated on the recognizing dehydration and the facility policy for Change in Condition. Any nursing staff not educated by the compliance date will complete the education before their next scheduled shift. All residents have fluid intake monitoring from meals. Nurse management will review progress notes daily. When a change in condition noted r/t intake,		

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F 684	Continued From page 6 indicated she was admitted due to displaced fracture of the left femur. R1's intake monitoring identified between 9/27/23 through 10/9/23 identified R1 was below the dietary nutritional assessment and no evident 24-hour total intakes were continuously assessed. The intake report identified on 10/5/23-through 10/9/23 fluid intakes substantially decreased to an average of 250 cc that was documented. R1's record identified R1 was incontinent daily however did not identify the amount and/or urine integrity that would identify symptoms of dehydration. R1's food intake recorded also identified starting on 10/5/23 through 10/9/23, R1 had only eaten 0-25% of her meals. R1's medical record indicated her weight upon admission to the facility was 171 pounds (lbs) and on 10/09/23, her weight was 146 lbs. (25lbs weight loss in 14 days) R1's Provider Orders for Life-Sustaining Treatment (POLST) dated 9/20/23, indicated DNR/DNI with comfort focused treatment. R1's Progress Note (PN) on 9/29/23 at 11:26 a.m., indicated R1 had been noted to be pocketing food, was admitted with orders for level 6 soft diet and thin liquids. The PN further indicated R1's diet was downgraded to level 5 minced and moist provider updated and orders requested for speech therapy to eval and treat. No coughing during meals.	F 684	managers will initiate 24 hour intake reviews on the Electronic administration record to assist in determining if a patient has an overall decrease in fluid intake. Patients on 24 intake monitoring will be reviewed in the clinical interdisciplinary meeting to ensure appropriate interventions are in place and to monitor for progress or decline. How the facility will monitor its corrective actions to ensure the deficient practice is being corrected and will not recur. The facility will conduct audit interviews of nursing to ensure they understand the expectations and have retained the education. Audits will also be completed 3 nurses weekly x4 weeks, then 3 nurses every other week x 1 month, and 3 nurses monthly x 1 month. Audit review and analysis will be brought to QAPI to determine ongoing frequency and duration of audits. The facility will audit progress notes daily to identify potential decline in fluid intake. Date of Compliance: 11/22/2023 Person responsible: Administration and/or DON		

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

PRINTED: 11/27/2023
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 10/17/2023
NAME OF PROVIDER OR SUPPLIER EDENBROOK OF ST CLOUD			STREET ADDRESS, CITY, STATE, ZIP CODE 1717 UNIVERSITY DRIVE SOUTHEAST SAINT CLOUD, MN 56304		
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F 684	Continued From page 7 A speech therapy order dated 10/02/23, indicated diet order changed to level 4 pureed diet with mildly thick (nectar) liquids. A physician signed Malnutrition/Risk of Malnutrition dated 10/02/23, indicated according to R1's Mini Nutritional Assessment (MNA) score indicated was at risk for malnutrition. R1's PN on 10/9/23 at 1:10 p.m. resident was sent to the emergency room (ER) by family request due to decreased responsiveness and unable to swallow food and drinks. R1's medical record between 10/5/23 and 10/9/23 identified a decrease in fluid intake and food; it was not evident a comprehensive assessment and/or monitoring for dehydration was completed. Additionally, no evidence of physician notification when R1 had significant decreased of fluid intake. R1's History and Physical (H&P) dated 10/09/23, indicated R1 had sodium level of 184 (normal range 135 to 145), was brought to emergency room secondary to generalized weakness and a diagnosis of failure to thrive and acute kidney injury. The H&P further indicated dehydration could be secondary to poor oral intake and patient to be admitted to the hospital. During interview on 10/16/23 at 9:00 a.m., family member (FM)-A stated she was the legal guardian for R1 and on 10/05/23, a care conference was held at the facility, no concerns were mentioned pertaining to her nutritional status. FM-A stated she was not informed of any concerns or changes and on 10/09/23, she stated one of the nurses informed her R1 had not been eating, drinking or taking her medication all	F 684			

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F 684	Continued From page 8 weekend. In addition, FM-A stated she was unresponsive, and told the facility to send her to the emergency department. FM-A stated she was admitted with severe dehydration and acute kidney injury and now they don't think she will make it through this and would be having a palliative care meeting today to discuss R1's care. During interview on 10/16/23 at 1:00 p.m., licensed practical nurse (LPN)-A stated they did not have a physician order to monitor 24-hour intake. LPN-A stated she did not think R1 was at risk for dehydration and they don't monitor urinary output. LPN-A stated LPN-B should have notified the physician on 10/7/23 at the latest on 10/8/23. During interview on 10/17/23 at 11:08 a.m., LPN-B stated she worked on 10/07/23 and 10/08/23 and she attributed the decrease intake and fatigue to R1's roommate being up at night and R1 being tired. LPN-B stated it wasn't until 10/9/23 that she notified the physician because R1 wasn't taking her medications. During interview on 10/17/23 at 12:00 p.m. R1's primary physician stated after the review of the record he would have expected to be notified of R1's change of intake on 10/7/23 or at the latest 10/8/23 to see what the family would have wanted to do and probably would have sent R1 to the ER for evaluation. Facilities Hydration Policy undated indicated if a resident is at elevated risk of dehydration or symptoms of fluid deficit/dehydration are present, resident will be immediately referred to the interdisciplinary team and /or MD for further review and assessment.	F 684			

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Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

November 1, 2023

Administrator
Edenbrook Of St Cloud
1717 University Drive Southeast
Saint Cloud, MN 56304

Re: Event ID: SNQR11

Dear Administrator:

The above facility survey was completed on October 17, 2023 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

Electronically posted is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in cursive script that reads 'Sarah Lane'.

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697
Email: sarah.lane@state.mn.us

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 10/17/2023
NAME OF PROVIDER OR SUPPLIER EDENBROOK OF ST CLOUD			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 10/16/23 and 10/17/23, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was in compliance with the MN State Licensure. The following complaints were reviewed		2 000		

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

Electronically Signed

TITLE

(X6) DATE

11/10/23

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 10/17/2023
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2 000	Continued From page 1 H54386511C MN97629 and MN97630 with no licensing order issued. Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.	2 000			