



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
May 16, 2023

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

RE: CCN: 245438
Cycle Start Date: April 5, 2023

Dear Administrator:

On May 12, 2023, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in 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



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
April 24, 2023

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

RE: CCN: 245438
Cycle Start Date: April 5, 2023

Dear Administrator:

On April 5, 2023, a survey was completed at your facility by the Minnesota Department of Health, to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

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

ELECTRONIC PLAN OF CORRECTION (ePoC)

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

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

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

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting

the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

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

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

DEPARTMENT CONTACT

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

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

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

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

VERIFICATION OF SUBSTANTIAL COMPLIANCE

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

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

occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

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

If substantial compliance with the regulations is not verified by July 5, 2023 (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 October 5, 2023 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

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

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

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

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

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

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

Edenbrook Of St Cloud

April 24, 2023

Page 4

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in purple ink, consisting of a stylized 'J' and 'S' followed by a horizontal line.

Joanne Simon, Compliance Analyst

Minnesota Department of Health

Health Regulation Division

Telephone: 651-201-4161

Email: joanne.simon@state.mn.us

cc: Licensing and Certification File

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 04/05/2023
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 4/4/23, through 4/5/23, 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: H54389926C (MN92313, MN92344) with a deficiency issued at 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 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 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 reassess 1 of 2 residents (R1)	F 684	1). What corrective actions will be accomplished for those residents found to		5/4/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		04/25/2023

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.

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

PRINTED: 05/16/2023
FORM APPROVED
OMB NO. 0938-0391

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F 684	Continued From page 1 who had suprapubic catheter which fell out, was not replaced as ordered, was not reinserted at the hospital, and was not assessed upon her return by the facility. Findings include: R1's Admission Record dated 3/16/23, indicated R1's diagnoses included of neurogenic bladder, and Stage II chronic kidney disease (CKD) with a suprapubic catheter (a urinary catheter inserted directly into the bladder). R1's admission Minimum Data Set (MDS) dated 3/27/23, indicated R1 was diagnosed with neurogenic bladder, required limited assistance with activities of daily living (ADLs), and had minimal cognitive impairment. R1's care plan dated 3/28/23 indicated R1 had chronic renal failure with a suprapubic catheter. Staff intervention included irrigated catheter with 60 milliliters (ml) of sterile water three times daily for urine debris as ordered by the physician and follow facility catheter care policy. Monitor change in mental status, monitor signs and symptoms of infection, urinary tract infection (UTI), and report to the medical team. R1's physician orders dated 3/17/23 included: Ciprofloxacin (antibiotic) 500 milligrams (mg) oral tablet every 12 hours Acetic acid 0.25% 50 ml solution for irrigation of the suprapubic catheter daily, plus two times a day as needed. Doxycycline (antibiotic) 50 mg capsule oral, every 12 hours. Patient to irrigate catheter with 60 ml of sterile water three times daily for urine debris.	F 684	be affected? R1's had a foley catheter placed at the emergency room on 3-28-23 and remained in place after her urology appointment on 3-31-23. 2.) How will the facility identify other residents? All residents with a suprapubic catheter could be affected. Facility reviewed current resident list and determined there are no current residents in house with a suprapubic catheter. 3.) What measures will be put into place to ensure the practice does not recur? Nursing staff was educated on replacing a suprapubic catheter timely, the risks of not replacing timely, the need to verify a resident sent to the ER to have a suprapubic catheter replaced returns to the facility with a functioning suprapubic catheter or ER documentation indicating why no catheter was placed. The Director of Nursing/ designee will complete audits of all emergency room returns with suprapubic catheters. The results will be reviewed in stand up to assure compliance. 4.) How will the corrective actions be monitored? Audits will be conducted by the Director of Nursing/designee on all residents sent to the emergency room due to a suprapubic catheter concern to ensure proper follow up occurred. Audits will be completed weekly x 1 month, twice a month x 1 month, and monthly x 1 month. The results of these audits will be		

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F 684	Continued From page 2 Oxybutynin (used to treat overactive bladder) 15 mg tablet oral, daily in morning. R1's progress note dated 3/26/23, at 7:00 a.m. indicated R1 had no urinary output all night, and the on-call nurse practitioner gave the order to change the suprapubic catheter, which was unsuccessful. R1's progress note dated 3/26/23, at 12:14 p.m. indicated R1's suprapubic catheter fell out completely as R1 was sitting at the side of the bed. The on-call nurse advised the nurses to change the catheter; however, they were not comfortable changing the catheter due to no training on how to insert a suprapubic catheter. R1's progress note dated 3/26/23, at 8:56 p.m. indicated R1's catheter was still out, but she had an output of 100 ml of urine. R1 denied having pain with urination. R1's progress note dated 3/27/23, at 3:31 p.m. indicated the staff nurse and the nurse practitioner (NP)-A attempted to change R1's suprapubic catheter with no result. R1 was sent to the emergency department for further evaluation. R1's progress note dated 3/27/23, at 8:03 p.m. indicated R1 returned from the hospital without any follow-up paperwork. On 3/28/23, at 5:26 p.m. a progress note indicated R1 returned from another visit at the ED to the facility with an indwelling Foley catheter instead of suprapubic catheter. R1's Patient Discharge Orders from the hospital	F 684	reviewed in Quality Assurance Performance Improvement Meeting to determine ongoing need and frequency. DON is responsible for compliance.		

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

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F 684	Continued From page 3 dated 3/28/23, at 3:38 p.m. indicated R1's suprapubic catheter site was unremarkable, and the catheter was not replaced as urology had other plans at this time. Instead, a urethral Foley catheter was inserted. The orders further indicated R1 was treated for urinary tract infection (UTI) and was placed on ciprofloxacin 500 mg every 12 hours. R1's urology visit summary dated 3/31/23, indicated R1's suprapubic had been discontinued without ability to replace by her nursing home. The note further indicated R1 had a significant decrease in her quality of life requiring catheter exchanges sometimes every 10 days based upon the clogging of her catheter. On 4/4/23, at 11:57 a.m. R1 was interviewed and stated, "I don't remember" about her hospital visit, and added, "They were trying to fix my catheter." On 4/4/23, at 12:33 p.m. R1's family member (FM)-A stated R1 called him from the hospital on 3/27/23, not knowing why she was there. FM-A stated he was not notified R1 was sent to the hospital. FM-A stated he transported R1 back to the facility. On 4/4/23, at 1:16 p.m. registered nurse (RN)-A was interviewed and stated she was the assistant director of nursing (ADON). RN-A stated she was made aware R1's catheter fell out on 3/27/23. RN-A stated she tried to reinsert the suprapubic catheter which was unsuccessful. RN-A stated she notified NP-A who was in the facility, and NP-A ordered to send R1 to the hospital. When asked about R1's hospital return, RN-A stated a physical assessment, including vital signs, should have been completed. RN-A stated on 3/28/23,	F 684			

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F 684	Continued From page 4 she was made aware R1 left the hospital AMA, and without the suprapubic catheter being replaced. RN-A stated she updated NP-A who ordered R1 be sent back to the hospital for suprapubic catheter placement. RN-A stated R1 came back from the hospital this time with an indwelling Foley catheter in place of the suprapubic catheter. On 4/4/23, at 2:49 p.m. licensed practical nurse (LPN)-C stated she was aware R1 went to the hospital on 3/27/23, for a catheter issue, and came back with FM-A. LPN-C stated there was no hospital discharge paperwork sent with. LPN-C stated she notified RN-A. LPN-C stated she forgot to do R1's skin assessment and a progress note upon her return. LPN-C stated she told an overnight nurse R1 came back from the hospital for a suprapubic catheter replacement. LPN-C stated she was not aware R1 returned without the suprapubic catheter. On 4/5/23, at 9:06 a.m. NP-A was interviewed and stated R1 was sent to the hospital for a suprapubic catheter replacement while she was in the facility. NP-A stated she was made aware R1 returned from hospital without the catheter on 3/28/23, so she gave the order to resend R1 back to the hospital for suprapubic catheter placement. NP-A stated she would have expected the facility conduct an assessment on R1 when she returned from the hospital on 3/27/23. NP-A stated with R1 not having a catheter for that time period, she was at risk for urinary retention and kidney impairment. On 4/5/23, at 11:35 a.m. the director of nursing (DON) was interviewed. The DON stated on 3/26/23, at 7:00 a.m. RN-E went to irrigate R1's	F 684			

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F 684	Continued From page 5 suprapubic catheter, and was unable to get any return. R1's medical provider was notified and gave an order to replace the suprapubic catheter. The DON stated it wasn't until 3/27/23, that she was made aware R1's suprapubic catheter had not been replaced, and she asked the ADON to replace the it. The DON stated this attempt was unsuccessful, and NA-A ordered R1 be sent to the hospital to have it replaced. The DON stated on 3/28/23, she found out R1 left the hospital AMA, and the suprapubic catheter had not been replaced. The DON stated it wasn't until 3/28/23, when R1 was sent back to the hospital and returned with a Foley catheter. The DON stated the facility failed to fully assess R1 when she came back from the hospital on 3/27/23. The DON stated this could potentially cause R1 to develop a UTI , sepsis, or pain. The DON stated she sat down with LPN-C to discuss the incident. On 4/5/23, at 12:51 p.m. the reporter stated she was notified R1 left the hospital without staff knowledge and, without signing. She stated R1 asked another person at the waiting room at the hospital to call her husband who came to bring R1 back to the facility without suprapubic catheter replacement. The reporter stated she called the nursing station at the facility and talked to a nurse who confirmed R1 left the hospital AMA without catheter. The reporter further stated R1 was neglected in the facility, they were not providing a good care to R1, and she was looking for another nursing home for R1. On 4/5/23, at 2:01 p.m. LPN-B stated when she got a report R1 suprapubic catheter just came off on 3/26/23, she called on-call provider who gave order to monitor R1. LPN-B stated the only orientation she received was to pass medication	F 684			

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F 684	Continued From page 6 and added LPN's in the facility had no training to replace suprapubic catheter. On 4/5/23, at 3:38 p.m. the administrator stated she was made aware of R1's suprapubic catheter not in place during the nursing standup meeting on 3/28/23. The administrator stated staff should have notified R1's provider immediately when R1 returned to the facility (after leaving the hospital AMA). The facility policy Initial and On-going Nursing Assessment of Residents dated 3/21/23, directed nursing assessments are completed by a registered nurse based upon the required assessment schedule, and as needed based upon resident condition.	F 684			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

April 24, 2023

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

Re: Event ID: F1XV11

Dear Administrator:

The above facility survey was completed on April 5, 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 black 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
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 04/05/2023
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 4/4/23, through 4/5/23, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found IN compliance with the MN State Licensure. The following complaints were reviewed: H54389926C (MN92313, MN92344)	2 000			

Minnesota Department of Health

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

Electronically Signed

TITLE

(X6) DATE

04/25/23

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 C 04/05/2023
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) COMPLETE DATE
2 000	Continued From page 1 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			