



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

Electronically Delivered  
June 7, 2022

Administrator  
Episcopal Church Home Of Minnesota  
1879 Feronia Avenue  
Saint Paul, MN 55104

RE: CCN: 245452  
Cycle Start Date: April 20, 2022

Dear Administrator:

On June 1, 2022, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

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

Melissa Poepping, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64900  
Saint Paul, Minnesota 55164-0970  
Phone: 651-201-4117  
Email: melissa.poepping@state.mn.us



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Electronically delivered  
April 27, 2022

Administrator  
Episcopal Church Home Of Minnesota  
1879 Feronia Avenue  
Saint Paul, MN 55104

RE: CCN: 245452  
Cycle Start Date: April 20, 2022

Dear Administrator:

On April 20, 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:

Sarah Grebenc, Unit Supervisor  
Metro A District 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: sarah.grebenc@state.mn.us  
Office: (651) 238-8786 Mobile (651) 238-8786

#### 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 20, 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 October 20, 2022 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

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

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

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

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

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at:  
[https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\\_8.html](https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html)

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

Feel free to contact me if you have questions.

Sincerely,



Melissa Poepping, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64900  
Saint Paul, Minnesota 55164-0970  
Phone: 651-201-4117  
Email: melissa.poepping@state.mn.us



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

PRINTED: 05/04/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245452</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/20/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>EPISCOPAL CHURCH HOME OF MINNESOTA</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1879 FERONIA AVENUE</b> <b>SAINT PAUL, MN 55104</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS  On 4/18/22 to 4/20/22, 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: H5452081C (MN82688)/(MN82681), with deficiencies cited at F684.  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 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:	F 684			5/28/22

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

TITLE

(X6) DATE

Electronically Signed

05/04/2022

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 684	<p>Continued From page 1</p> <p>Based on observation, interview, and document review, the facility failed report a change in a residents weight bearing status which resulted increased stress and pain for 1 of 3 residents (R1) reviewed for quality of care.</p> <p>R1's face sheet (undated) indicated diagnoses which included Parkinson's disease, Alzheimer's disease with late onset, vascular dementia without behavioral disturbance, and unspecified abnormalities of gait and mobility.</p> <p>R1's quarterly Minimum Data Set (MDS) dated 3/16/22, indicated R1 had intact cognition, and required extensive assistance of two staff with transfers and toileting.</p> <p>R1's care plan last revised on 3/22/22, indicated "I have an activities of daily living (ADL) self-care performance deficit related to deconditioning, unsteady gait, abnormalities of gait and mobility" with interventions of "I require extensive assist by 1-2 staff for toileting, I require assist of 2 to transfer to the toilet with the stand lift, and I require extensive assist of 2 staff with mechanical lift Stand lift to move between surfaces."</p> <p>R1's physical therapy (PT) discharge summary dated 3/25/22, indicated "bilateral upper extremities (BUE)/shoulder pain continues to be limiting factor for patient's progress and has not improved since initial evaluation. Transfers mechanical stand lift Ax2 (assist of two), same as initial evaluation. Sit &lt; &gt; stand at hallway railing maximum assistance, same as initial evaluation. This is not functional, not safe to complete with staff and causes too much bilateral shoulder pain for resident. Patient (Pt) is not motivated to complete due to bilateral shoulder pain.</p>	F 684	<p>Plan of correction for residents cited with this survey: A referral was made to physical therapy on 4/19/22. R1 was picked up by physical therapy and assessed for transferring. R1's plan of care was updated on 4/20/22 and again on 4/27 based on updated therapy recommendations and an interactive care planning discussion with R1.</p> <p>Plan to address/prevent this deficiency for other residents: The facility policy on mechanical lift use was reviewed and updated by the QA&amp;A committee. Facility policy on change in condition was reviewed and found to be appropriate.</p> <p>Measures put in place to prevent reoccurrence: Education on facility mechanical lift use and resident change in condition policy will be completed with all facility direct care staff.</p> <p>Plan to monitor: Audits of resident mechanical stand lift transfers will be competed 2x weekly for 4 weeks. Audit results will be reviewed monthly by the QA committee and will continue as needed until the QA committee determines the plan of correction is successful.</p> <p>Responsible for maintaining compliance: Director of Nursing</p>		

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F 684	<p>Continued From page 2</p> <p>Discharge instruction include transfer Ax2 with mechanical stand lift. R1's physical therapy discharge summary further indicated his current level of functional deficits regarding transfers, was dependent-helper does ALL of the effort. Resident does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity."</p> <p>During an observation on 4/18/22, at 11:39 a.m. two nursing assistants (NA)-A and NA-B transferred R1 from his wheelchair to the toilet using the EZ stand lift. NA-A and NA-B put on gloves and NA-B removed the foot pedals on R1's wheelchair. NA-A pushed R1 in his wheelchair from his room to the bathroom door. NA-A opened the base of the lift (Medcare) and pushed it up to R1's wheelchair. NA-B removed the pillow from behind R1's back, asked him to lean forward and put the sling behind his back. NA-B lifted up R1's right arm to fix the straps and R1's stated in a loud voice "Ouch, you know my shoulders are hurting!" NA-A and NA-B attached the sling to the lift and R1 grabbed onto the handles. NA-A used the remote on the lift to raise R1 out of the wheelchair. R1 was moaning while being raised up in the lift and stated "My shoulders hurt so bad." R1's knees were bent, he was not standing up straight, and he had facial grimacing. NA-A and NA-B pushed the lift into the bathroom and NA-B pulled down his pants and depends. NA-A used the remote to lower him onto the toilet, instructed R1 to use the call light when he was finished, pulled the privacy curtain shut, and waited outside the curtain. At 11:47 a.m. R1 stated he was finished using the bathroom. NA-A and NA-B went into the bathroom and NA-A used the remote to raise R1 off of the toilet. NA-B assisted to clean R1. R1</p>	F 684			

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F 684	<p>Continued From page 3</p> <p>kept stating " I cant take it", was moaning, and had facial grimacing. NA-A and NA-B pushed the lift out of the bathroom, hitting R1's right elbow on the door frame. R1 stated in a loud voice "Ow!" NA-A and NA-B continued to push the lift into his room and over to R1's recliner. R1 kept repeating "I can't hold myself up" and "It makes me want to scream it hurts so bad". R1's knees were bent, and he was not standing up straight. NA-A used the remote on the lift to lower him down into the recliner. NA-A and NA-B did not cue/remind R1 what he should be doing during the transfer.</p> <p>During an observation on 4/20/22, at 10:10 a.m. NA-A and NA-C transferred R1 from his wheelchair to the toilet using the EZ stand lift. NA-A pushed R1 in his wheelchair to the bathroom. NA-C went and got the EZ stand lift and pushed it up to the front of R1's wheelchair. NA-A and NA-B put the sling around R1's back. PT came to R1's room with a different sling and stated the new sling will be "pulling at the hips instead of the shoulders." NA-A and NA-B removed the sling and PT explained how to apply the new sling and attach it to the lift. NA-A used the remote to raise R1 up out of the wheelchair and NA-A and NA-B pushed the lift into the bathroom, unhooked the sling, pulled down R1's pants and brief, and lowered him down onto the toilet. NA-B told R1 to use his call light when he was finished, pulled the privacy curtain, and waited outside the door. When R1 was finished, NA-A and NA-B, along with PT went back into the bathroom. NA-A used the remote to raise R1 up off the toilet. PT cued R1 to push through his legs, which he did, but was unable to maintain it for any amount of time (less then 5 seconds). NA-B cleaned him up. R1 stated "I'm to the point now, I can't feel my legs." PT stated "your legs</p>	F 684			



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F 684	<p>Continued From page 4</p> <p>are firing better today then yesterday." R1's knees were bent and he had facial grimacing. NA-B pulled up R1's brief and pants. NA-A and NA-C pushed the lift out of the bathroom and over to R1's recliner and lowered him into it. Following the transfer, PT-A stated R1 should be using the Hoyer lift for everything except toileting. She also stated R1 should be using the EZ stand for toileting using the bedside commode because it was a shorter distance, therefore shorter time for him to be in the EZ stand.</p> <p>During an interview on 4/18/22, at 11:11 a.m. R1 stated "The stand lift is the only thing that really tears me apart, I dread it everyday, if I could invent something else, that's what it would be." R1 further stated he's not able to bear weight on his legs and he's "hanging on the lift."</p> <p>During an interview on 4/18/22, at 11:19 a.m. family member (FM)-A stated on 4/12/22, NA-D transferred R1 to the toilet using the stand lift. FM-A heard R1 yell, so she went into the bathroom and found R1 "in the lifted position, hanging by his shoulders" and NA-D was applying R1's brief. NA-D left R1 "hanging there" and went to get the nurse. R1 "wasn't able to support any of his weight and 246 pounds was resting on his shoulders."</p> <p>During an interview on 4/18/22, at 11:58 a.m. NA-A stated the transfer the surveyor observed was a typical transfer and R1 "can't hold himself up." NA-A stated she was supposed to tell the nurse if a transfer didn't go well or the resident wasn't able to tolerate it. In a follow up interview on 4/20/22, at 11:57 a.m. NA-A stated she preferred transferring R1 with the Hoyer (full body lift) because "it works better" and she had</p>	F 684			

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F 684	<p>Continued From page 5</p> <p>reported to the nurse 4-5 days ago regarding R1's inability to hold himself up. NA-A also stated she reported it to a male nurse but didn't know his name or the exact date or time she reported it.</p> <p>During an interview on 4/18/22, at 12:08 p.m. NA-B stated the transfer the surveyor observed was a typical transfer. NA-B further stated R1 frequently complained of pain in his knees and legs and his knees were always bent when she transferred him. NA-B stated she had reported R1's complaints of pain and inability to hold himself up to the nurse but was unable to remember the name of the nurse or the exact date and time she reported it.</p> <p>During an interview on 4/18/22, at 2:03 p.m. NA-D stated R1 used the EZ stand for transfers. NA-D further stated R1 was always tired and unable to hold himself up during transfers.</p> <p>During an interview on 4/18/22, at 11:20 a.m. licensed practical nurse (LPN)-A stated if the residents were having difficulty transferring (holding themselves up), the nursing assistants were supposed to report it to the nurse. LPN-A further stated none of the staff have ever reported difficulty transferring R1 using the EZ stand lift or that he was having pain in his shoulders while being transferred.</p> <p>During an interview on 4/20/22, at 11:29 a.m. registered nurse (RN)-A stated the nursing assistants should report to the nurse if a resident was having difficulty transferring. RN-A further stated none of the staff had reported any difficulty transferring R1.</p> <p>During an interview on 4/18/22, at 1:25 p.m. the</p>	F 684			

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F 684	<p>Continued From page 6</p> <p>director of rehab stated R1 was receiving physical therapy from January 7th through March 25th of 2022 and was discharged because he had reached a plateau. The director of rehab further stated R1 was assessed on 3/25/22, and was approved to use the EZ stand lift with an assist of two with transfers. She stated "assessments are a moment in time and the aids are supposed to let the nurse or nurse manager, know if there is a change in the residents ability to transfer". She also stated therapy does training with the aides on safe transfers and to let us know if a transfer isn't going well. The director of rehab verified R1's knees being bent during transferring using the EZ stand lift was an indication that he was not bearing weight and in order to safely use the EZ stand lift, the resident can't have any weight bearing restrictions. She further stated therapy screens residents quarterly and as needed on lifts.</p> <p>During an interview on 4/20/22, at 10:45 a.m. PT stated on 4/19/22, she was asked to re-evaluate whether it was appropriate for R1 to be transferred using the EZ stand lift. PT-A further stated after having observed the transfer on 4/19/22, she would recommend R1 be transferred using the Hoyer (full body lift). PT stated R1 was able to take stress on his legs when he's sitting, which should carry over to when he's standing. In R1's case that wasn't happening, which was common in resident's with Parkinson's disease. PT-A stated R1 was able to push through his legs, but he is unable to sustain it. She also stated she had R1 as a patient when he was in the transitional care unit (TCU) and "seeing what he used to be able to do compared to now, he's declining."</p>	F 684			

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OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER  <b>EPISCOPAL CHURCH HOME OF MINNESOTA</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1879 FERONIA AVENUE</b> <b>SAINT PAUL, MN 55104</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 684	<p>Continued From page 7</p> <p>During an interview on 4/20/22, at 11:50 a.m. the director of nursing stated the nursing assistants should immediately report any changes in a resident's ability to transfer to the nurse.</p> <p>Medcare 450006 Care Stand Plus 440 (EZ stand lift) operation manual last revised 10/6/16, included "the Medcare Stand was designed specifically for assisting your patients to a standing position. Because the stand is an assistive device, it should only be used with patients that can bear the requisite amount of weight as determined by your facility. It also requires that patients possess more advanced motor and cognitive skills than for the Medcare Lift. It is important to first determine the appropriateness of this piece of equipment for a particular patient. It further included (in a highlighted black box) IMPORTANT: Patient must be somewhat weight bearing to use Medcare Stand. The Medcare lift operation manual also comes with a Care Stand Competency Checklist and the first step indicates "ensure patient can bear the requisite amount of weight when using this device."</p> <p>The facilities policy titled Mechanical Lift Use dated 9/1/15, indicated the purpose of it's policy is to provide instruction and guidance to caregivers transferring elders using mechanical devices, ensure safety and comfort, and to ensure that elders are transferred using the device most appropriate for them. It further indicated lifts will be utilized per lift manufacturer recommendations and all lift use will be completed with two staff members present.</p>	F 684			





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

Electronically delivered  
April 27, 2022

Administrator  
Episcopal Church Home Of Minnesota  
1879 Feronia Avenue  
Saint Paul, MN 55104

Re: Event ID: K75D11

Dear Administrator:

The above facility survey was completed on April 20, 2022 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 'M. Poepping'.

Melissa Poepping, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64900  
Saint Paul, Minnesota 55164-0970  
Phone: 651-201-4117  
Email: melissa.poepping@state.mn.us

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00486</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/20/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>EPISCOPAL CHURCH HOME OF MINNESOTA</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1879 FERONIA AVENUE SAINT PAUL, MN 55104</b>		
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2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 4/18/22 to 4/20/22, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found to be 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</p>	2 000		

Minnesota Department of Health

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

TITLE

(X6) DATE

Electronically Signed

05/04/22

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00486</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/20/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>EPISCOPAL CHURCH HOME OF MINNESOTA</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1879 FERONIA AVENUE SAINT PAUL, MN 55104</b>		
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2 000	Continued From page 1  be completed.  The following complaint was found to be SUBSTANTIATED: H5452081C (MN82688)/(MN82681), however NO licensing orders were issued. 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 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 < <a href="https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html">https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html</a> > The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of	2 000		

Minnesota Department of Health

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2 000	Continued From page 2  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		