



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
February 2, 2022

Administrator
Richfield A Villa Center
7727 Portland Avenue South
Richfield, MN 55423

RE: CCN: 245492
Cycle Start Date: December 22, 2021

Dear Administrator:

On January 21, 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.

Sincerely,

A handwritten signature in black ink that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us



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Electronically delivered
January 4, 2022

Administrator
Richfield A Villa Center
7727 Portland Avenue South
Richfield, MN 55423

RE: CCN: 245492
Cycle Start Date: December 22, 2021

Dear Administrator:

On December 22, 2021, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety, to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

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

ELECTRONIC PLAN OF CORRECTION (ePoC)

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

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

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

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

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

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

DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by an "F" 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 March 22, 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).

Richfield A Villa Center

January 4, 2022

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In addition, if substantial compliance with the regulations is not verified by June 22, 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/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,



Melissa Poepping, Health Program Representative Senior
Program Assurance | Licensing and Certification
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: 09/18/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245492	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/22/2021
NAME OF PROVIDER OR SUPPLIER RICHFIELD A VILLA CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 7727 PORTLAND AVENUE SOUTH RICHFIELD, MN 55423		
(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 12/21/21, through 12/22/21, 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 was found to be SUBSTANTIATED: H5492207C (MN79346), with deficiencies cited at F684. The following complaint was found to be UNSUBSTANTIATED: H5492208C (MN79474). 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.	F 684			1/18/22

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

TITLE

(X6) DATE

Electronically Signed

01/07/2022

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	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to ensure physician orders for labs and dietary changes were followed for 1 of 3 residents (R2) reviewed for physician orders. Findings include: R2's Face Sheet reviewed 12/22/21, indicated R2's diagnosis included type II diabetes, hypertension, protein-calorie malnutrition, and cerebral infarction (stroke). R2's quarterly Minimum Data Set (MDS) dated 10/12/21, indicated R2 had a moderate cognitive impairment, required extensive assistance with most activities of daily living, and was not on insulin. R2's care plan dated 5/19/19, indicated R2 had type II diabetes, and required ongoing nutritional monitoring and medications as ordered. The care plan further indicated R2 was at risk for nutritional concerns related to his diagnosis, and staff were to provide and serve diet as ordered, obtain and monitor lab/diagnostic work as ordered, report results to the physician, and follow-up as indicated. R2's Physician Visit note dated 11/30/21, directed: Please draw A1C (blood test that measures the percent of red blood cells that have glucose attached) check on 12/3/21, please place patient on carbohydrate controlled diet, please decrease Magic Cups (supplement) to 4 times a day (from 5 times a day).	F 684	1. Affected Residents – Resident R2 was not affected by this practice. R2 no longer resides at facility. Resident's missed A1C would not have detected recent high blood sugars and prevented hospitalization. Resident has documented noncompliance with ordered diets and diet change order would not have affected resident's blood sugars. 2. Residents that receive orders vis fax have the potential to be affected. TCP is the only provider group at facility that sends orders via fax. Residents who are followed by TCP have received chart review to ensure that orders from the past 30 days have been transcribed and processed. 3. Facility identified gap in internal process related to receiving physicians orders on 12/22 and process change initiated. All of TCP's faxes were being sent to main fax machine and lead to faxed orders not being received by appropriate personnel. Facility got fax machines for each nursing station on 12/23 and started education with all licensed nursing staff on receiving faxes on each floor and checking fax machines at least once per shift and entering any received orders. TCP was updated on new process and fax numbers for each floor on 12/23. 4. Audits will be conducted by DON or designee to verify that all orders are		

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F 684	Continued From page 2 R2's Order Summary dated 12/21/21, indicated R2 remained on a regular mechanical soft diet, received five Magic Cups per day, and did not reflect the order for A1C draw placed 11/30/21. On 12/14/21, at 1:24 a.m. an Emergency Department (ED) note indicated R2 had a blood glucose level of 930 (normal is 70-140) and A1C of 13.3 (normal A1C is below 5.7) in the ED, and indicated his diabetes was not being managed at the facility. On 12/14/21, at 3:16 a.m. a progress note indicated the hospital called and said R2 was admitted for high blood glucose levels and urinary tract infection (UTI). On 12/21/21, at 1:03 p.m. nurse practitioner (NP)-A was interviewed and stated R2 had experienced significant weight loss in 2020, Magic Cups were ordered, and Metformin (diabetic medication) was discontinued 5/21. R2's goal was an A1C of less than 7.5% and was well controlled at that time. NP-A stated at the end of April, R2 had 6.1% A1C, at the end of July R2's A1C was 7.7%. NP-A stated another A1C level was ordered on 11/30/21, to check the A1C on 12/3/21. NP-A stated she did not have results for that lab and was unsure if it was completed. NP-A stated she had decreased R2's Magic Cups and started R2 on a carbohydrate controlled diet. NP-A stated she would expect the facility to complete the orders as written. On 12/21/21, at 1:46 p.m. medical record staff (MR)-A was interviewed and stated they did not have a completed lab request form for R2, which was needed to order lab draws for residents. MR-A did not recall a recent A1C for R2, and	F 684	entered. Providers will provide DON with list of residents they have written orders for. DON will audit list of residents to ensure that orders have been received and transcribed. Audits will be done on provider's scheduled days each week at facility. Audits will be continued for 4 weeks or until compliance is met. Audits will be brought to QAPI by administrator or designee for quality assurance.		

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F 684	Continued From page 3 stated it was possible it had been missed. On 12/21/21, at 1:43 p.m. registered nurse (RN)-A was interviewed and stated she did not recall an order for A1C lab draw for R2 in December. RN-A reviewed R2's orders in the paper chart, and verified orders were present for A1C draw, Magic Cup, and carbohydrate controlled diet. RN-A stated, "No one has signed the orders" from 11/30/21, and stated when new orders come in, the nurse on shift is supposed to sign and process the orders, initiate the lab request form, and fax it to the lab. RN-A reviewed R2's electronic medical record and verified R2 had not been changed to a carbohydrate controlled diet. RN-A called the lab, who verified the A1C was not drawn as ordered on 11/30/21, and R2 had not had an A1C lab drawn since July. On 12/22/21, at 9:40 a.m. the nutritional services director (NSD)-A was interviewed and stated R2 was on a regular diet with mechanical soft texture and honey thickened liquids. NSD-A stated she was not aware R2 had diabetes, or an order had been placed on 11/30/21 for a carbohydrate controlled diet. NSD-A stated nursing staff were responsible to inform dietary services of changes in diet orders, and update the electronic medical record. On 12/22/21, at 10:00 a.m. the director of nursing (DON) and director of clinical operations (DCO) were interviewed. The DON stated they identified RN-B had worked on 11/30/21, when R2's orders were written. RN-B stated the fax did not come through during his shift, he was not able to indicate when the orders came into the fax machine, and stated he never saw the orders. The DON stated the expectation was to sign and	F 684			

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F 684	Continued From page 4 process physician orders as soon as they are received, as written. The facility policy Order Entry by Dieticians dated 3/12/18, directed daily, at clinical start up, the Interdisciplinary Team will review all orders within the prior 24 hours and will be responsible to ensure the order entry process is followed. A policy on physician orders was requested, but not provided.	F 684			



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January 4, 2022

Administrator
Richfield A Villa Center
7727 Portland Avenue South
Richfield, MN 55423

Re: State Nursing Home Licensing Orders
Event ID: JO8611

Dear Administrator:

The above facility was surveyed on December 21, 2021 through December 22, 2021 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a "suggested method of correction" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the order within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html. The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

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.

Richfield A Villa Center

January 4, 2022

Page 2

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

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

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

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

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

Please feel free to call me with any questions.



Melissa Poepping, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poepping@state.mn.us