



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
June 1, 2020

Administrator
Mala Strana Care & Rehabilitation Center
1001 Columbus Avenue North
New Prague, MN 56071

RE: CCN: 245514
Cycle Start Date: April 23, 2020

Dear Administrator:

On May 29, 2020, the Minnesota Department(s) 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, appearing to read 'Douglas Larson'.

Douglas Larson, Enforcement Specialist
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: 651-201-4118 Fax: 651-215-9697
Email: doug.larson@state.mn.us

cc: Licensing and Certification File



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
May 5, 2020

Administrator
Mala Strana Care & Rehabilitation Center
1001 Columbus Avenue North
New Prague, MN 56071

SUBJECT: SURVEY RESULTS
CCN: 245514
Cycle Start Date: April 23, 2020

Dear Administrator:

SUSPENSION OF SURVEY AND ENFORCEMENT ACTIVITIES

The Centers for Medicare & Medicaid Services (CMS) is committed to taking critical steps to ensure America's health care facilities are prepared to respond to the threat of disease caused by the 2019 Novel Coronavirus (COVID-19). In accordance with Memorandum QSO-20-20-All, CMS is suspending certain Federal and State Survey Agency surveys, and delaying revisit surveys, for all certified provider and supplier types.

During this time, CMS is prioritizing and conducting only the following surveys: focused infection control surveys, investigations of complaints and facility-reported incidents that are triaged at the Immediate Jeopardy (IJ) level, and revisit surveys for unremoved IJ level deficiencies. With the exception of unremoved IJs, CMS will also be exercising enforcement discretion during the suspension period. For additional information on the prioritization of survey activities please visit <https://www.cms.gov/files/document/qso-20-20-allpdf.pdf-0>.

SURVEY RESULTS

On April 23, 2020, the Minnesota Department of Health completed a complaint investigation at Mala Strana Care & Rehabilitation Center to determine if your facility was in compliance with Federal requirements related to the complaint. The survey revealed that your facility was not in substantial compliance. The findings from this survey are documented on the electronically delivered CMS 2567.

PLAN OF CORRECTION

You must submit an acceptable plan of correction (POC) for the enclosed deficiencies that were cited during the April 23, 2020 survey. Mala Strana Care & Rehabilitation Center may choose to delay submission of a POC until after the survey and enforcement suspensions have been lifted. The provider will have ten days from the date the suspensions are lifted to submit a POC. An acceptable POC will serve as your allegation of compliance. Upon receipt of an acceptable POC, we will authorize

a revisit to your facility to determine if substantial compliance has been achieved. Please note that if an onsite revisit is required, the revisit will be delayed until after survey and enforcement suspensions are lifted. The failure to submit an acceptable POC can lead to termination of your Medicare and Medicaid participation.

To be acceptable, a provider's POC 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; and
- The date that each deficiency will be corrected.

The POC must be signed and dated by an official facility representative. Please send your POC by fax or email to:

Sarah Grebenc, Unit Supervisor
Fax: (651) 215-9697
Email: sarah.grebenc@state.mn.us

INFORMAL DISPUTE RESOLUTION

You have one opportunity to dispute the deficiencies cited on the April 23, 2020 survey through Informal Dispute Resolution (IDR) in accordance with 42 CFR § 488.331. To receive an IDR, send (1) your written request, (2) the specific deficiencies being disputed, (3) an explanation of why you are disputing those deficiencies, and (4) supporting documentation by fax or email to:

Sarah Grebenc, Unit Supervisor
Fax: (651) 215-9697
Email: sarah.grebenc@state.mn.us

An IDR may not be used to challenge any aspect of the survey process, including the following:

- Scope and Severity assessments of deficiencies, except for the deficiencies constituting immediate jeopardy and substandard quality of care;
- Remedies imposed;
- Alleged failure of the surveyor to comply with a requirement of the survey process;
- Alleged inconsistency of the surveyor in citing deficiencies among facilities; and
- Alleged inadequacy or inaccuracy of the IDR process.

We will advise you in writing of the outcome of the IDR. Should the IDR result in a change to the Statement of Deficiencies, we will send you a revised CMS-2567 reflecting the changes.

Mala Strana Care & Rehabilitation Center

May 5, 2020

Page 3

An IDR, including any face-to-face meetings, constitutes an informal administrative process that in no way is to be construed as a formal evidentiary hearing. If you wish to be accompanied by counsel for your IDR, then you must indicate that in your written request for informal dispute resolution.

Mala Strana Care & Rehabilitation Center may choose to delay a request for an IDR until after the survey and enforcement suspensions have been lifted. The provider will have ten days from the date the suspensions are lifted to submit a request for an IDR in accordance with the instructions above.

QUALITY IMPROVEMENT ORGANIZATION (QIO) RESOURCES

The Quality Improvement Organization (QIO) Program is committed to supporting healthcare facilities in the fight to prevent and treat COVID-19 as it spreads throughout the United States. QIO resources regarding COVID-19 and infection control strategies can be found at <https://qioprogram.org/>. This page will continue to be updated as more information is made available. QIOs will be reaching out to Nursing Homes to provide virtual technical assistance related to infection control. QIOs per state can be found at <https://qioprogram.org/locate-your-qio>.

Sincerely,

A handwritten signature in black ink, appearing to read "Melissa Poepping". The signature is fluid and cursive, with a large initial "M" and a long, sweeping underline.

Melissa Poepping, Health Program Representative Senior

Program Assurance | Licensing and Certification

Minnesota Department of Health

P.O. Box 64970

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: 05/27/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245514	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/23/2020
NAME OF PROVIDER OR SUPPLIER MALA STRANA CARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1001 COLUMBUS AVENUE NORTH NEW PRAGUE, MN 56071		
(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 4/23/20, an abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was found not to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. The following complaint(s) (was/were) found to be substantiated: H5514035C. 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 on-site revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.	F 000			
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review the facility failed to follow care planned	F 689	R2's care plan was reviewed and updated to reflect current interventions to	5/15/20	

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

TITLE

(X6) DATE

Electronically Signed

05/15/2020

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 689	<p>Continued From page 1 interventions to reduce the risk for falls for 1 of 3 residents (R2) reviewed for falls.</p> <p>Findings include:</p> <p>R2's significant change Minimum Data Set (MDS) dated 3/12/20, indicated R2 was severely cognitively impaired and required assistance of one staff member for bed mobility transfers, dressing and toileting. R2's MDS indicated R2 did not walk in her room, and had not fallen since the previous MDS dated 2/24/20.</p> <p>R2's care plan with reviewed date 3/23/20, indicated R2 was at risk for falls, had a history of self transfers and had fallen 2/9/20, 4/7/20, 4/9/20, 4/13/20 and 4/17/20. The care plan directed staff to, "Follow resident specific fall prevention plan: call light and personal items within reach; ensure proper footwear; keep living area free from clutter; stop sign on bedroom wall and bathroom door; pillows along wall when in bed; bed at chair height with w/c beside with brakes locked while in use. "R2's care plan also indicated staff were to place a soft touch call light by R2's hip when in bed., and to line up pillows along the wall side of the bed.</p> <p>R2's undated, untitled, nursing assistant care sheet indicated R2 frequently self transferred and bed was to be at wheelchair height.</p> <p>On 4/23/20, at 7:45 a.m., a dietary staff member called licensed practical nurse (LPN)-A to R2's room. R2 was laid diagonally across the bed with her legs between the bed and the wall. There were two pillows at the top of bed. The call light was not on the top of the bed , but rather on the</p>	F 689	<p>reduce the risk of falls.</p> <p>All current resident who have been identified for being at risk for falls have had their care plans reviewed and updated to reflect current interventions. Appropriate staff will be re-educated on resident care plans and intervention to reduce the risk for falls.</p> <p>Random audits of care plans will be reviewed to current intervention to reduce the risk for falls are in place. Director of Nursing or Designee will audit care plans weekly for 4 weeks, monthly for 2 months and provide education PRN to staff. Audit results will be reviewed by QA&A Committee for further recommendations.</p>		

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F 689	<p>Continued From page 2</p> <p>right side of the bed partially covered by the top sheet. LPN-A moved R2's roommate's recliner out of the way and pulled R2's bed diagonally away from the wall. R2 stood part way up. LPN-A assisted R2 back into bed and pushed the bed back to the wall. LPN-A adjusted the pillows under R2's head. LPN-A asked R2 how she was doing. R2 responded, not very good, and asked to go to the bathroom. LPN-A stated she would get a nursing assistant (NA) to take R2 to the bathroom. LPN-A called a NA and stayed with R2 until the NA arrived.</p> <p>On 4/23/20, at 8:26 a.m. R2 sat in a wheelchair, in front of the bed. R2's bed was several inches lower than it was earlier in the morning. The top of mattress was approximately two inches below the top of R2's knees. R2's call light was attached to bottom sheet, and hung approximately two inches past the bottom of the bed frame with part of the flat surface of the call light below the frame.</p> <p>On 4/23/20, at 10:05 a.m., LPN-B verified R2's call light was not within R2's reach and moved it to R2's chair with R2's permission. LPN-B verified R2's bed was not at wheel chair height.</p> <p>On 4/23/20, at 10:06 a.m., NA-B made R2's bed and adjusted the height of the bed so that the top of the mattress was at the height of R2's wheelchair seat.</p> <p>On 4/23/20, 10:19 a.m. NA-A stated R2 was not able to walk safely by herself. NA-A stated, "We have to help her transfer and we catch her when we can." NA-A stated when R2 was in bed she would lower the bed as close to the floor as it</p>	F 689			

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

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F 689	<p>Continued From page 3</p> <p>would go. NA-A stated when R2 was in her wheelchair the bed was to be right at wheelchair level. NA-A stated she did not know of R2 tried to get out of bed on the left side when R2 was found earlier that morning. NA-A stated R2 liked to sleep on her left side. NA-A stated R2 only has two pillows and they were at the top of the bed when she entered the room when LPN-A asked for help. NA-A stated R2 was lying on them. NA-A stated she was not aware the pillows were to be placed along side the wall.</p> <p>On 4/23/20, at 10:22 a.m. NA-B said R2's call light should be on her chair when she is up or next to her in the bed. NA-B stated R2's bed was to be at wheelchair height. She explained that meant the top of the mattress was at the height of the seat of R2's wheel chair. NA-B stated this was when R2 was in bed or in her chair. NA-B stated R2's wheelchair was to be next to the bed so if R2 decided to get up it was right there. NA-B stated R2's bed was too low when she made it so she put it in the right position.</p> <p>On 4/ 23/20, at 12:57 p.m. The director of nurses (DON) verified the care plan and care sheets did not say when the bed was to be at wheelchair height. The DON verified care plan was to be followed for all fall interventions.</p> <p>Facility care Planning Policy dated 6/2019, indicated, "The goal of the person centered, individualized care plan is to identify problem areas and their causes, and develop interventions that are targeted and meaningful to the resident."</p>	F 689			



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Electronically delivered

May 5, 2020

Administrator

Mala Strana Care & Rehabilitation Center

1001 Columbus Avenue North

New Prague, MN 56071

Re: Event ID: 937G11

Dear Administrator:

The above facility survey was completed on April 23, 2020 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 'Melissa Poepping'.

Melissa Poepping, Health Program Representative Senior

Program Assurance | Licensing and Certification

Minnesota Department of Health

P.O. Box 64970

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: 00811	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/23/2020
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NAME OF PROVIDER OR SUPPLIER MALA STRANA CARE & REHABILITATION CEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 COLUMBUS AVENUE NORTH NEW PRAGUE, MN 56071
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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 4/23/20, surveyors of this Department's staff visited the above provider for an abbreviated survey complaint investigation to investigate complaint: H5514035C</p> <p>No correction orders were issued.</p>	2 000		

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

Electronically Signed

TITLE

(X6) DATE
05/15/20

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00811	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/23/2020
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NAME OF PROVIDER OR SUPPLIER MALA STRANA CARE & REHABILITATION CEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 COLUMBUS AVENUE NORTH NEW PRAGUE, MN 56071
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2 000	Continued From page 1 The facility is enrolled in the electronic Plan of Correction (ePOC) and therefore a signature is not required at the bottom of the first page of the State form. Although no plan of correction is required, it is required that you acknowledge receipt of the electronic documents.	2 000		