



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

July 18, 2019

Administrator
Clarkfield Care Center
805 Fifth Street, Box 458
Clarkfield, MN 56223

RE: Project Number H5551011C

Dear Mr. Boldt:

On July 11, 2019, an abbreviated survey related to a complaint investigation 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 deficiency in your facility to be isolated deficiencies that constituted actual harm that was not immediate jeopardy (Level G). The Statement of Deficiencies (CMS-2567) is being electronically delivered. Past non-compliance does not require a plan of correction (POC).

REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department is recommending the following enforcement remedy listed below to the CMS Region V Office for imposition:

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

If the Centers for Medicare and Medicaid Services (CMS) decides to impose this recommended remedy they will send you a notice of imposition of the remedy and appeal rights.

NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than \$10,483;

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has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities. Therefore, your agency is prohibited from offering or conducting a Nurse Assistant Training-Competency Evaluation Programs or Competency Evaluation Programs for two years effective July 11, 2019. This prohibition is not subject to appeal. Under Public Law 105-15 (H.R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

DEPARTMENT CONTACT

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

Susanne Reuss, Unit Supervisor
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: susanne.reuss@state.mn.us
Phone: (651) 201-3793 Fax: (651) 215-9697

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/lrc_idr.cfm

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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 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.

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.

Feel free to contact me if you have questions.

Sincerely,



Kamala Fiske-Downing
Licensing and Certification Program
Minnesota Department of Health
P.O. Box 64900
St. Paul, MN 55164-0900
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us

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

PRINTED: 05/15/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245551	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/11/2019
NAME OF PROVIDER OR SUPPLIER CLARKFIELD CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 805 FIFTH STREET, BOX 458 CLARKFIELD, MN 56223		
(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 7/10/19 and 7/11/19, an unannounced abbreviated survey was completed at your facility to conduct a complaint investigation for H5551011C, and to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. The following complaint was found to be substantiated: H5551011C at F689 past non-compliance. Your facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of the CMS-2567 form. Although no plan of correction is required for citations at past non-compliance, it is required that you acknowledge receipt of the electronic documents.	F 000			
F 689 SS=G	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 interview and record review the facility failed to ensure residents were free from accident hazards for 1 of 3 residents (R1) when a staff used a four-wheeled walker as a transportation device. The resident fell from the four wheeled walker and sustained a head injury that resulted in harm. The facility had	F 689	Past noncompliance: no plan of correction required.	7/18/19	

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

TITLE

(X6) DATE

Electronically Signed

07/18/2019

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 implemented corrective action 7/3/19, so the deficient practice is being issued at past non-compliance.</p> <p>Findings include:</p> <p>R1's quarterly Minimum Data Set assessment dated 5/29/19, identified R1 had a diagnosis of Alzheimer's disease, was severely cognitively impaired, used a walker as a mobility device and needed staff supervision for locomotion off the nursing unit.</p> <p>A progress note dated 7/2/19, revealed while R1 was on an outing with activities, the resident had fallen and hit her head. The fall was witnessed by nursing assistant (NA)-A. R1 was transferred to the local emergency room and then transferred to the St. Cloud Hospital for assessment of a potential subarachnoid and subdural bleed (bleed in the membrane space that surrounds the brain). Family was notified.</p> <p>The local emergency room record was reviewed and identified R1 had a CT (computed tomography, a scan which allows doctors to see inside the body) with findings that showed a small amount of traumatic subarachnoid hemorrhage in the left frontal sulcus and a small area of subdural hemorrhage along the free margin of the anterior falx. R1 was then sent to the St. Cloud Hospital. The neurosurgery progress notes dated 7/2/19, revealed mild to moderate generalized cerebral atrophy, scalp soft tissue swelling, negative for acute hemorrhage or definite acute CVA (stroke). R1 was admitted overnight for observation for status post closed head injury.</p>	F 689			

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F 689	Continued From page 2 NA-A was interviewed on 7/10/19, at 2:06 p.m. NA-A said the activity outing on 7/2/19, involved a lot of walking and NA-A was with R1 who used a four wheeled walker. There were three buildings that NA-A and R1 walked to and at the third building R1 told NA-A that she was cold and wanted to go outside. NA-A and R1 went outside to a parking lot between all the buildings and R1 sat on the platform of the four wheeled walker. When it was time to go to another building for lunch, R1 told NA-A that she was tired of walking and was not going to walk and NA-A should push her on the walker. NA-A said she looked around and there was no other staff that she could get a hold of to come and assist her and R1. NA-A said she knew it was wrong to push R1 on the walker but was afraid that if she left R1 alone, to go and get assistance, R1 was confused and could have walked off or fallen. NA-A said R1 sat on the walker and faced NA-A as NA-A pushed R1 backwards on the walker, she went very slow, hit an even part of the ground, and R1 fell backward and hit her head. NA-A attempted to catch R1 but was unsuccessful. Although the facility failed to ensure R1 was free from accident hazards, and R1 sustained an injury requiring hospitalization, the facility had immediately revised policies and corrective actions as of 7/3/19. Corrective action was immediately taken with NA-A, and all other staff were also educated, regarding the safe use of a four wheeled walker, and that transportation of any resident seated on a walker was not allowed as of 7/3/19. In addition, the facility updated R1's care plan to include the proper use of her walker (not to be used to sit on push with R1 on it), and	F 689			

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F 689	Continued From page 3 all staff were informed of the revision. The activity and nursing department staff modified protocols to ensure wheelchairs were available for any upcoming outings. The facility's corrective action was verified during the onsite survey on 7/10/19 as having been in place as of 7/3/19, therefore, this deficient practice is being cited at Past Non-compliance.	F 689		



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July 18, 2019

Administrator
Clarkfield Care Center
805 Fifth Street, Box 458
Clarkfield, MN 56223

Re: Complaint Number H5551011C

Dear Administrator:

A complaint investigation H5551011C was completed on July 11, 2019. At the time of the investigation, the investigator also assessed compliance with Minnesota Department of Health Nursing Home Rules. The investigator from the Minnesota Department of Health, Office of Health Facility Complaints, found no violations of these rules promulgated under Minnesota Statute section 144.653 and/or Minnesota Statute section 144A.10.

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. Enclosed is the Minnesota Department of Health order form stating that no violations were noted at the time of this investigation.

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.

Sincerely,

A handwritten signature in cursive script that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing
Licensing and Certification Program
Minnesota Department of Health
P.O. Box 64900
St. Paul, MN 55164-0900
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00842	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/11/2019
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NAME OF PROVIDER OR SUPPLIER CLARKFIELD CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 805 FIFTH STREET, BOX 458 CLARKFIELD, MN 56223
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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 July 10 and 11, 2019, an abbreviated survey was conducted to determine compliance with state licensure. Your facility was found to be in compliance with the MN state licensure.</p> <p>The following complaint was found to be</p>	2 000		
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 07/18/19
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00842	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/11/2019
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2 000	Continued From page 1 substantiated at past non-compliance so no orders are issued: H5551011C. 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		