



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
January 15, 2020

Administrator
St Williams Living Center
212 West Soo Street, Box 30
Parkers Prairie, MN 56361

RE: CCN: 245588
Cycle Start Date: December 27, 2019

Dear Administrator:

On December 27, 2019, 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 a pattern of deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level E), 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.

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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" tag), i.e., the plan of correction should be directed to:

**Kathleen Lucas, Unit Supervisor
St. Cloud B Survey Team
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Midtown Square
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: kathleen.lucas@state.mn.us
Phone: (320) 223-7343**

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

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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 27, 2020 (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 June 27, 2020 (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

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.

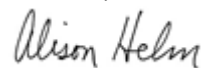
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Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in cursive script that reads "Alison Helm".

Alison Helm, Enforcement Specialist

Licensing and Certification

Minnesota Department of Health

P.O. Box 64970

Saint Paul, Minnesota 55164-0970

Phone: 651-201-4206

Email: alison.helm@state.mn.us

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|--|--|---|---|----------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245588 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 12/27/2019 |
| NAME OF PROVIDER OR SUPPLIER ST WILLIAMS LIVING CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 212 WEST SOO STREET, BOX 30 PARKERS PRAIRIE, MN 56361 | | |
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| F 689 | <p>Continued From page 1</p> <p>an EZ Way Stand Aide (a devise used to transfer residents). This had the potential to affect 7 of 7 residents (R1, R2, R3, R4, R5, R6, R7) using the EZ Way stand.</p> <p>Findings include:</p> <p>R1's quarterly Minimum Data Set (MDS) dated 11/16/2019 indicated R1 needed extensive assistance with most activities of daily living (ADL's). R1 was significantly cognitively impaired. R1 was hospitalized for pneumonia (an infection that inflames the air sacs in one or both lungs), returned to the facility on 12/2/2019, and required occupational and physical therapy. R1's long term goal for therapy was to consistently transfer with stand aid and reduce the level of assistance from staff.</p> <p>During interview on 12/27/2019, at 9:00 a.m. (FM)-A stated on 12/21/2019, nursing aide (NA)-A was taking R1 into the bathroom and did not put down the split seats during the transfer. The split seats when lowered provide a complete seat for R1 to lower himself in a sitting position during transfer, if needed. FM-A further stated she has seen 2 staff members assist R1 into the bathroom and the split seat was always in a lowered position. Additionally, FM-A stated R1 is on Coumadin (a medication to slow down blood clotting time) and if R1 fell he would fall straight back and hit his head, which could potentially cause death. Further, FM-A stated she did not report the concerns with R1's transfer at the time as "they might get upset with R1".</p> <p>During interview on 12/27/2019, at 9:50 a.m. licensed practical nurse (LPN)-A stated and demonstrated the resident would have a transfer</p> | F 689 | <p>updated to include that both seat pads MUST be lowered for ALL transfers with stand aid.</p> <p>*Audit of all residents was completed and all residents who had using stand aid for transfers care planned had their care plans and kardex updated to include that both seat pads MUST be lowered for ALL transfers with stand aid.</p> <p>*EZ Way Stand Aide Policy was updated on 12-28-19 with the following sentence: Both of the split seat units MUST ALWAYS be in down position when transferring a resident. Education was given to all nursing staff that both split seat pads were to be used for ALL resident transfers with stand aid. Competency was updated to ensure staff verbalized knowledge that both seat pads MUST be lowered for ALL transfers with stand aid.</p> <p>*Director of Nursing or RN managers will do weekly audits for two months, then monthly audits thereafter to ensure stand aid is being used per facility policy. Results of audits will be reviewed at Quality Assurance and Performance Improvement committee meetings quarterly to ensure compliance.</p> <p>All above interventions will be completed by 1-23-2020</p> | | |

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

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OMB NO. 0938-0391

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| F 689 | <p>Continued From page 2</p> <p>belt on, the legs to the stand aid would be opened and positioned on either side of where the resident is seated, the wheels would be locked. Further LPN-A stated she would not always lower the split seat, it would depend on the resident and how far the resident needed to move. LPN-A stated there was an inservice on the use of the stand aid about a year and a half ago. Additionally LPN-A stated the nursing aides use the stand aide and she rarely uses it.</p> <p>During interview on 12/27/2019, at 9:58 a.m. nursing assistant (NA)-B stated she always uses a transfer belt, always lowers the split seat for safety. NA-B further stated the instruction on transfers using the stand aid are on the kardex located on the inside of the resident's closet and the kardex would indicate how many staff the resident would need during a transfer. NA-B stated the kardex does not indicate whether the split seats should be up or in a lowered position.</p> <p>During interview on 12/27/2019, at 11:00 a.m. with physical therapist (PT)A stated PT-A had been working with R1 on transfers over several visits. PT-A stated R1 is now able to be transferred with an assist of 1 staff member as of 12/4/2019. Further PT-A stated the residents can use the stand aid with the split seats up or lowered depending on the resident and stated R1 can stand during transfers. PT-A stated he always uses the stand aid with the split seats lowered for safety. PT-A stated they do some training on the stand aid during new hire orientation when the director of nursing (DON) requests training.</p> <p>During interview and observation on 12/27/2019, at 11:34 a.m. NA-B stated the nursing staff</p> | F 689 | | | |

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| F 689 | <p>Continued From page 3</p> <p>determine the level of assistance a resident needs, either 1 or 2. NA-B then demonstrated a transfer with R1. NA-B used a transfer belt and R1 pulled himself up to a standing position on the platform of the stand aid. NA-B then lowered the split seats. R1 remained upright with a steady stance and did not use the lowered split seats during the transfer. During the transfer R1 stood for 45 seconds and was moved 5 feet to a chair in R1's room, then lowered into a sitting position on a chair. NA-B then performed the same steps to position R1 on the stand aide, lowered the split seats and moved R1 5 feet back to R1's wheelchair (WC). R1 then stood for over 2 minutes in an upright position with a steady stance and did not use the lowered split seat. NA-B instructed R1 to lower himself in R1's WC. NA-B stated "R1 loves to stand".</p> <p>During interview on 12/27/2019, at 11:45 a.m. with nurse manager (NM)-C and Registered nurse (RN)-A, NM-C stated the physical therapists are highly involved in the residents transition to the stand aid. NM-A further stated the stand aid allows residents to be as independent as possible. Additionally, NM-A stated physical therapy generally determines, on admission if a resident can use the stand aid. RN-A stated if a resident is doing well on the EZ Stand (a mechanical lift that raises the resident into a standing position for residents who cannot pull themselves up to a standing position) the facility will involve physical therapy to determine if a resident is safe to use the stand aid. NM-A and RN-A further stated there have been no falls in the facility while using the stand aid.</p> <p>During interview on 12/27/2019, at 12:17 p.m. NA-C stated the determination on using the split</p> | F 689 | | | |

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| F 689 | <p>Continued From page 4</p> <p>seats in a lowered position would depend on if the resident appeared weak or if the resident knees are buckling. Further NA-C stated NA-C could then quickly put down the split seats in a lowered position "you can flop it down quick". NA-C also stated physical therapy informed the staff they did not need to always lower the split seats.</p> <p>During interview on 12/27/2019, at 12:40 p.m. with PT-A and DON, the DON stated an EZ Way representative trained staff at the facility this year. Further, the DON stated if facility staff did not attend the in service there was an e-learning module on Heath Care Academy. The DON further stated the training indicated the facility policy drives the use of the split seats in a lowered position and that physical therapy does not specify whether the split seats should be up or lowered. Further the DON stated the use of the spit seats either up or lowered depends on the resident and stated "you can tell if someone is weak or tired". PT-A stated that if a resident can pull themselves up and stand for 45 seconds determines if a resident can safely use the stand aid. Additionally, PT-A stated physical therapy determines if a resident can use the stand aid. The DON reviewed a policy which indicated the split seats should be lowered. Further, the DON stated she contacted the EZ Way representative who indicated the use of the split seats in a lowered position depended on the facility policy.</p> <p>The facility provided a list of residents who used the stand aide to include the following residents (R2, R3,R4,R5,R6,R7)</p> <p>R2's face sheet with a print date of 12/27/2019 indicated R2 had a diagnosis of femur fracture.</p> | F 689 | | | |

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| F 689 | Continued From page 5 R3's face sheet with a print date of 12/27/2019 indicated R3 had a diagnosis of heart disease. R4's face sheet with a print date of 12/27/2019 indicated R4 had a diagnosis of amnesia, muscle weakness, dementia and depression. R5's face sheet with a print date of 12/27/2019 indicated R5 had a diagnoses of high blood pressure, depression and knee pain, R6's face sheet with a print date of 12/27/2019 indicated R6 had a diagnoses of dementia, chronic pain and epilepsy R7's face sheet with a print date of 12/27/2019 indicated R7 had a diagnosis of femur fracture. A policy titled " EZ Way Stand Aide (with or without moveable legs) dated 11/13/2019 indicates the split seats should be in a lowered position. A document titled " EZ Way Stand Aid Competency Checklist" undated indicated the staff must demonstrate how to direct the patient to raise themselves high enough so that the seat pads can be swung into place below the patient's buttocks. A document titled "EZ Way Stand Aid with Moveable Legs 450 pound Capacity Operator's instructions" dated 11/07/2019 indicated the seats must be lowered down to form a complete two-sided seat. | F 689 | | | |