



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
July 15, 2021

Administrator
Mn Veterans Home Fergus Falls
1821 North Park
Fergus Falls, MN 56537

RE: CCN: 245636
Cycle Start Date: July 7, 2021

Dear Administrator:

On July 7, 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 widespread deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level F), 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:

Jen Bahr, RN, Unit Supervisor
Bemidji District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
705 5th Street NW, Suite A
Bemidji, MN 56601-2933
Email: Jennifer.bahr@state.mn.us
Office: (218) 308-2104 Mobile: (218) 368-3683

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

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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 October 7, 2021 (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 January 7, 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.

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Sincerely,

A handwritten signature in black ink, appearing to read 'Joanne Simon', with a horizontal line extending to the right.

Joanne Simon, Enforcement Specialist
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: 651-201-4161 Fax: 651-215-9697
Email: joanne.simon@state.mn.us

cc: Licensing and Certification File

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

PRINTED: 08/13/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245636	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/07/2021
NAME OF PROVIDER OR SUPPLIER MN VETERANS HOME FERGUS FALLS			STREET ADDRESS, CITY, STATE, ZIP CODE 1821 NORTH PARK FERGUS FALLS, MN 56537		
(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 7/7/21, 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 were found to be SUBSTANTIATED: H5636014C (MN74349), with a deficiency cited at (F880). 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 563 SS=F	Right to Receive/Deny Visitors CFR(s): 483.10(f)(4)(ii)-(v) §483.10(f)(4) The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident. (ii) The facility must provide immediate access to a resident by immediate family and other relatives of the resident, subject to the resident's right to deny or withdraw consent at any time; (iii) The facility must provide immediate access to	F 563		8/6/21	

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

TITLE

(X6) DATE
07/23/2021

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 563	<p>Continued From page 1</p> <p>a resident by others who are visiting with the consent of the resident, subject to reasonable clinical and safety restrictions and the resident's right to deny or withdraw consent at any time; (iv) The facility must provide reasonable access to a resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time; and (v) The facility must have written policies and procedures regarding the visitation rights of residents, including those setting forth any clinically necessary or reasonable restriction or limitation or safety restriction or limitation, when such limitations may apply consistent with the requirements of this subpart, that the facility may need to place on such rights and the reasons for the clinical or safety restriction or limitation. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review, the facility failed to provide routine indoor visitation according to the Centers for Disease Control (CDC) guidance when a facility was not in COVID-19 outbreak status for 2 of 3 residents (R1, R3) who were able to voice concerns about indoor visitation. This practice had the potential to affect all 96 residents residing in the facility.</p> <p>Findings include:</p> <p>The CDC guidance Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination dated 4/27/21, identified indoor visitation could be permitted for all residents when the county positivity rate was less than 10%, more than 70% of residents in the facility are fully vaccinated, and the facility was not in outbreak status.</p>	F 563	<p>1. Residents R1, R2, and R3 were notified of the new visitation policy on 7/23/2021. The new procedure outlines new maximum capacity for designated visiting areas as well as added three larger rooms to accommodate larger groups. The Procedure notes that one adult can accompany two children on each visit. All designated rooms have at least a maximum of 3 visitors with the largest being the multipurpose room at 10 visitors. The multipurpose room would allow for 4 adults and 6 children at maximum capacity. No cap on outdoor visitors.</p> <p>2. All residents at the Minnesota Veteran's Home-Fergus Falls have the potential to be affected by the deficiency.</p>		

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F 563	Continued From page 2 The COVID-19 Nursing Home Data for the week of 6/15/21 through 6/28/21, identified Ottertail county's positivity rate for the week was 2.5%. On 7/7/21, at 1:27 p.m. the director of nursing (DON) stated the facility was in non-outbreak status since 6/4/21, with the last COVID-19 staff case reported on 5/20/21. During interview on 7/7/21, at 2:53 p.m. the long term care ombudsman (LTCO) (a trained advocate for residents of nursing homes to resolve problems) stated she had been trying to work with R1 and countless other residents regarding concerns and complaints due to the facility's visitation policy. Prior to the week of 7/1/21, only two visitors per resident and no one under 18 were allowed even though the facility administration had assured her visitation would be determined on a case by case basis. Further, residents were just told "no", no timelines were given and no process was specified. The entire process to obtain a visitation exception was very ambiguous and not resident centered. The visitation exception request originally took five weeks for R1 because they were continually told by facility administration family could visit the resident outside the facility. However, when LTCO began working with R1's family regarding this it was snowing and then it was 100 degrees Fahrenheit (F) outside. The facility made no alternative visitation opportunities for incimate weather. Finally, an meeting was scheduled and R1 was approved for a visit with her grandchildren, but they were denied access to the building when they arrived due to more than one child present.	F 563	3. A new visitation procedure went into effect on 7/23/2021. The new procedure outlines new maximum capacity for designated visiting areas as well as added three larger rooms to accommodate larger groups. The Procedure notes that one adult can accompany two children on each visit. All designated rooms have at least a maximum of 3 visitors with the largest being the multipurpose room at 10 visitors. The multipurpose room would allow for 4 adults and 6 children at maximum capacity. No cap on outdoor visitors. All staff will be educated on the new policy on 8/06/2021. 4. The administrator or his designee will conduct audits on residents' rights and visitation. The audits will be conducted on random residents as well as R1, R2, and R3. The audits will be conducted weekly for four weeks and monthly for two months. The results of the audits will be sent to the QAPI committee by the Administrator or his designee for review and recommendation. The QAPI committee will determine if further audits need to be completed or if the audits show compliance and can be retired.		

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F 563	<p>Continued From page 3</p> <p>Additionally, the LTCO continued to receive resident complaints. Another resident, R3 was furious because he wanted to see his grandchildren and had been denied. LTCO provided information from the State Agency as well as the CDC indicating there were no restriction for children under the age of 18, but the facility administration was unwilling to update their policy due to their leadership in Minneapolis and stated they could not because "children fiddle with their masks".</p> <p>R1's annual Minimum Data Set (MDS) dated 3/18/21, indicated R1 was cognitively intact. R1's care plan dated 4/6/21, indicated R1's family was supportive and active with care, was coping with visitor restrictions and required additional emotional support and/or resources. The care plan directed staff to encourage ongoing family involvement and invite R1's family to attend special events, activities, meals, and support services.</p> <p>On 7/7/21, at 3:15 p.m. R1 stated she was not able to see her grandchildren or great-grandchildren within the facility building, but the facility was starting to open again. She told staff she was concerned, after such a long time period, her family would not want to come to visit her anymore. Further, she visited her great-grandchildren in recent weeks because they had taken her out of the facility for an outing and she had an outdoor visit. However, she was not allowed to see her great-grandchildren inside the building and she needed to see them outdoors or to go on an outing with them. "It's not ideal".</p> <p>On 7/7/21, at 3:45 p.m. family member (FM)-A</p>	F 563			

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F 563	<p>Continued From page 4</p> <p>stated she spoke with the facility staff and LTCO in hopes to resolve her concerns regarding visitation. At that time, FM-A was told visitation was a "case by case" decision and exceptions to the under age 18 restriction could be obtained. FM-A stated an exception had been approved and on 6/28/21, R1's granddaughter-in-law arrived at the facility along with R1's two great-grandchildren. They planned to walk through the facility to an inner courtyard which housed a childrens playground while being escorted by staff. However, FM-A stated they were told they were not allowed in the building because there were two children, not one. Because of this, R1 visited with her great-grandchildren but had to do so in another outdoor area of the building which prevented entry to the building. When FM-A asked why one child was alright, but not two, she was told it was the facility policy to only allow 2 visitors per resident in the building at a time.</p> <p>R3's quarterly MDS dated 4/16/21, indicated R3 was cognitively intact. R3's care plan dated 4/26/21, identified R3 and R3's family were coping with restrictions related to COVID-19 protocols and precautions and R3 was at the risk for psychosocial effects such as depression, withdrawal from social situations, and emotional strain. The care plan directed staff to encourage family to provide window visits as able, phone calls, essential caregiver visits as allowed, and video chats. Further, recreation staff and/or social services would assist with the use of a streaming device.</p> <p>On 7/7/21, at 3:26 p.m. R3 stated visits had been going fine with his wife, but he couldn't see his great-grandchildren without special permission.</p>	F 563			

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F 563	<p>Continued From page 5</p> <p>R3 did not understand why, if the doors can be open, visitors could not come whenever they wanted. R3 stated he had not seen his great-grandchildren since the beginning of the pandemic even though he and his family had been fully vaccinated. The facility staff had told him he could arrange a special appointment for his great-grandchildren to visit, but only one could come at a time, it must be set up ahead of time, and they must come through the back door. "It's not like a regular visit. I don't know. Oh my God, it's all kinds of rules. You have to say something like they're coming in two weeks. Life doesn't work like that. It's ridiculous." R3 then stated had not requested a visit because he does not know when they can come.</p> <p>On 7/7/21, at 4:54 p.m. FM-B stated she lived five hours away and had not been able to visit yet, but R2's wife had been to scheduled visits. R2's adult granddaughter brought R2's wife to the facility and they were both allowed to visit, but the visits were limited to less than ½ hour in length and needed to be scheduled ahead of time. FM-B stated she was told this was due to the all the government restrictions placed due to COVID-19.</p> <p>On 7/7/21, at 4:04 p.m. nursing assistant (NA)-A stated before COVID-19 resident visitors could come at anytime, but after the restrictions were put into place, visitors needed to schedule visits. However, NA-A could not verify who was allowed to visit or when they could visit and directed the surveyor to check with the front office.</p> <p>On 7/7/21, at 4:06 p.m. registered nurse (RN)-A stated visitors could and could not visit openly. If the visitor was willing to do an outside visit, the visit was able to happen at any time. This was</p>	F 563			

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F 563	<p>Continued From page 6</p> <p>decided by the county positivity rate and if the facility was in an COVID-19 outbreak. Visits were also scheduled Monday through Friday in designated rooms so there were not too many visitors at the facility at one time, to ensure the residents and staff were safe. RN-A then stated grandchildren visiting depended on the age. Because of this, he would need to call the DON or another director during the evening or on a weekend to determine if visitation would be allowed for a grandchild. RN-A verified he was unaware of what the current policy stated regarding children and would have to look in the policy book, but would call the DON if no other staff were aware.</p> <p>On 7/7/21, at 4:13 p.m. licensed practical nurse (LPN)-A stated residents could have visitors whenever they wanted, but due to COVID-19 visitors needed to schedule an appointment prior to coming. LPN-A stated visitors under the age of 18 were not allowed in the building and when visitor appointments were scheduled ages were confirmed prior. LPN-A stated she would direct requests to a unit director on weekends or evenings if she received a request for a child to visit. However, LPN-A stated residents were allowed to visit with children outdoors.</p> <p>During interview with the DON on 7/7/21, at 4:19 p.m. the DON indicated visitation for visitors under age 18 was by exception because the facility's medical director had stood firm regarding this topic. The DON further explained anyone under 18 who entered the building needed to be escorted by an adult companion and a staff member to the designated visiting area. Some factors that were considered were: Could the child be a vector (any living agent which carries</p>	F 563			

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F 563	<p>Continued From page 7</p> <p>and transmits an infectious pathogen into another living organism)? Could the child keep a mask on? Could the child spread COVID-19? The whole building would be in an outbreak and visitation would shut down if the facility staff could not keep the child masked.</p> <p>Children could visit as long as they were outside and did not enter the building, but again stated indoor visitation would be allowed by exception. However, stated only one child and one adult could be escorted in for a visit and one adult with two toddlers would not be allowed to visit because it did not meet the visitation policy. The DON denied being aware of any visitors having been turned away or having not been allowed to visit their loved-one, but then stated residents were always encouraged to go on outings with their families and friends. Further a resident could go on an outing with their family while unmasked, not social distance and be allowed to return to the facility unrestricted but believed this was less risky than a child that may or may not follow mask guidelines within the facility. The DON stated visitation has been a frequent topic with residents, resident council and with LTCO; however, while visitation policy and procedures remained unchanged and the residents who were most vocal were going on outings with grandchildren outside the building.</p> <p>During interview with the administrator and DON on 7/7/21, at 4:30 p.m. the administrator indicated the facility's visitation policy stated no one under the age of 18, only two visitors at a time and visits must be scheduled ahead of time due to limited space. Because they allowed only 12 visitors in the building at one time, outdoor visits were always encouraged. The administrator stated</p>	F 563			

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F 563	<p>Continued From page 8</p> <p>their current county positivity rate was low, their resident vaccination rate was greater than 70%, and they were not in an outbreak status. Additionally, QSO 20-39 revised 4/27/21, directed nursing homes to not restrict visitation if the criteria above were met nor does it state children were not allowed. The administrator did state they had addressed these concerns with agency management; however, they were cautious to open visitation further and policy/procedure had remained unchanged. At that time, the DON stated "we can always be more strict not lesser".</p> <p>The facility policy Minnesota Department of Veteran Affairs Operation Procedure: FF-COVID -19 Indoor Visitation dated 3/26/21, indicated visits would be allowed for residents so long as rules and guidelines were followed to reduce the potential for the spread of COVID - 19. The procedure went on to state visits must be scheduled in advance with no "walk-ins" allowed; each visit would be scheduled for 20 minutes to allow for cleaning time before and after each visit; visits would be monitored by a facility staff member or volunteer; a maximum of two adult visitors per visit would be allowed; persons under age 18 were not allowed to visit, and visits/appointments could be canceled at any time by the facility and were at the facility's discretion.</p> <p>The Center's for Medicare and Medicaid Quality, Safety and Oversight (QSO) memo 20-39 revised 4/27/21, indicated nursing homes should allow indoor visitation at all times and for all residents (regardless of vaccination status), except for a few circumstances when visitation should be limited due to a high risk of COVID-19 transmission. These scenarios include limiting indoor visitation for:</p>	F 563			

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

PRINTED: 08/13/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245636	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/07/2021
NAME OF PROVIDER OR SUPPLIER MN VETERANS HOME FERGUS FALLS			STREET ADDRESS, CITY, STATE, ZIP CODE 1821 NORTH PARK FERGUS FALLS, MN 56537		
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F 563	Continued From page 9 -Unvaccinated residents, if the nursing home's COVID-19 county positivity rate is greater than 10% and less than 70% of residents in the facility are fully vaccinated; -Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met the criteria to discontinue Transmission-Based Precautions; or -Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine. The memo further indicated facilities shall not restrict visitation without a reasonable clinical or safety cause and must facilitate in-person visitation consistent with the applicable CMS regulations.	F 563			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
July 15, 2021

Administrator
Mn Veterans Home Fergus Falls
1821 North Park
Fergus Falls, MN 56537

Re: State Nursing Home Licensing Orders
Event ID: UYS311

Dear Administrator:

The above facility was surveyed on July 7, 2021 through July 7, 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.

Mn Veterans Home Fergus Falls

July 15, 2021

Page 2

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.

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:

**Jen Bahr, RN, Unit Supervisor
Bemidji District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
705 5th Street NW, Suite A
Bemidji, MN 56601-2933
Email: Jennifer.bahr@state.mn.us
Office: (218) 308-2104 Mobile: (218) 368-3683**

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.

Sincerely,



Joanne Simon, Enforcement Specialist
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: 651-201-4161 Fax: 651-215-9697
Email: joanne.simon@state.mn.us

cc: Licensing and Certification File

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00531	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/07/2021
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NAME OF PROVIDER OR SUPPLIER MN VETERANS HOME FERGUS FALLS	STREET ADDRESS, CITY, STATE, ZIP CODE 1821 NORTH PARK FERGUS FALLS, MN 56537
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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 7/7/21, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found not 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 be completed.</p>	2 000		

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

Electronically Signed

TITLE

(X6) DATE
07/23/21

Minnesota Department of Health

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2 000	<p>Continued From page 1</p> <p>The following complaint was found to be SUBSTANTIATED: H5636014C (MN74439) with a licensing order issued at MN Rule 4658.0200 subp. 1</p> <p>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.</p> <p>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/ib14_1.html 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</p>	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		
2 375	<p>MN Rule 4658.0200 Subp. 1 Policies Concerning Residents;Visitors</p> <p>Subpart 1. Visitors. A nursing home must provide access to a resident by relatives and guardians, and to any entity or individual that provides health, social, legal, advocacy, or religious services to the resident, subject to the resident's right to deny or withdraw consent at any time. A nursing home must also provide access to others who are visiting the resident with the resident's consent. A nursing home may restrict visits when the visits pose a health or safety risk to a resident or otherwise violate a resident's rights.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to provide routine indoor visitation according to the Centers for Disease Control (CDC) guidance when a facility was not in COVID-19 outbreak status for 2 of 3 residents (R1, R3) who were able to voice concerns about indoor visitation. This practice had the potential to affect all 96 residents residing in the facility.</p> <p>Findings include: The CDC guidance Updated Healthcare Infection</p>	2 375	CORRECTED	8/2/21

Minnesota Department of Health

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2 375	<p>Continued From page 3</p> <p>Prevention and Control Recommendations in Response to COVID-19 Vaccination dated 4/27/21, identified indoor visitation could be permitted for all residents when the county positivity rate was less than 10%, more than 70% of residents in the facility are fully vaccinated, and the facility was not in outbreak status.</p> <p>The COVID-19 Nursing Home Data for the week of 6/15/21 through 6/28/21, identified Ottertail county's positivity rate for the week was 2.5%.</p> <p>On 7/7/21, at 1:27 p.m. the director of nursing (DON) stated the facility was in non-outbreak status since 6/4/21, with the last COVID-19 staff case reported on 5/20/21.</p> <p>During interview on 7/7/21, at 2:53 p.m. the long term care ombudsman (LTCO) (a trained advocate for residents of nursing homes to resolve problems) stated she had been trying to work with R1 and countless other residents regarding concerns and complaints due to the facility's visitation policy. Prior to the week of 7/1/21, only two visitors per resident and no one under 18 were allowed even though the facility administration had assured her visitation would be determined on a case by case basis. Further, residents were just told "no", no timelines were given and no process was specified. The entire process to obtain a visitation exception was very ambiguous and not resident centered. The visitation exception request originally took five weeks for R1 because they were continually told by facility administration family could visit the resident outside the facility. However, when LTCO began working with R1's family regarding this it was snowing and then it was 100 degrees Fahrenheit (F) outside. The facility made no alternative visitation opportunities for incimate</p>	2 375		

Minnesota Department of Health

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2 375	<p>Continued From page 4</p> <p>weather.</p> <p>Finally, an meeting was scheduled and R1 was approved for a visit with her grandchildren, but they were denied access to the building when they arrived due to more than one child present. Additionally, the LTCO continued to receive resident complaints. Another resident, R3 was furious because he wanted to see his grandchildren and had been denied. LTCO provided information from the State Agency as well as the CDC indicating there were no restriction for children under the age of 18, but the facility administration was unwilling to update their policy due to their leadership in Minneapolis and stated they could not because "children fiddle with their masks".</p> <p>R1's annual Minimum Data Set (MDS) dated 3/18/21, indicated R1 was cognitively intact. R1's care plan dated 4/6/21, indicated R1's family was supportive and active with care, was coping with visitor restrictions and required additional emotional support and/or resources. The care plan directed staff to encourage ongoing family involvement and invite R1's family to attend special events, activities, meals, and support services.</p> <p>On 7/7/21, at 3:15 p.m. R1 stated she was not able to see her grandchildren or great-grandchildren within the facility building, but the facility was starting to open again. She told staff she was concerned, after such a long time period, her family would not want to come to visit her anymore. Further, she visited her great-grandchildren in recent weeks because they had taken her out of the facility for an outing and she had an outdoor visit. However, she was not allowed to see her great-grandchildren inside</p>	2 375		

Minnesota Department of Health

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2 375	<p>Continued From page 5</p> <p>the building and she needed to see them outdoors or to go on an outing with them. "It's not ideal".</p> <p>On 7/7/21, at 3:45 p.m. family member (FM)-A stated she spoke with the facility staff and LTCO in hopes to resolve her concerns regarding visitation. At that time, FM-A was told visitation was a "case by case" decision and exceptions to the under age 18 restriction could be obtained. FM-A stated an exception had been approved and on 6/28/21, R1's granddaughter-in-law arrived at the facility along with R1's two great-grandchildren. They planned to walk through the facility to an inner courtyard which housed a childrens playground while being escorted by staff. However, FM-A stated they were told they were not allowed in the building because there were two children, not one. Because of this, R1 visited with her great-grandchildren but had to do so in another outdoor area of the building which prevented entry to the building. When FM-A asked why one child was alright, but not two, she was told it was the facility policy to only allow 2 visitors per resident in the building at a time.</p> <p>R3's quarterly MDS dated 4/16/21, indicated R3 was cognitively intact. R3's care plan dated 4/26/21, identified R3 and R3's family were coping with restrictions related to COVID-19 protocols and precautions and R3 was at the risk for psychosocial effects such as depression, withdrawal from social situations, and emotional strain. The care plan directed staff to encourage family to provide window visits as able, phone calls, essential caregiver visits as allowed, and video chats. Further, recreation staff and/or social services would assist with the use of a streaming device.</p>	2 375		

Minnesota Department of Health

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2 375	<p>Continued From page 6</p> <p>On 7/7/21, at 3:26 p.m. R3 stated visits had been going fine with his wife, but he couldn't see his great-grandchildren without special permission. R3 did not understand why, if the doors can be open, visitors could not come whenever they wanted. R3 stated he had not seen his great-grandchildren since the beginning of the pandemic even though he and his family had been fully vaccinated. The facility staff had told him he could arrange a special appointment for his great-grandchildren to visit, but only one could come at a time, it must be set up ahead of time, and they must come through the back door. "It's not like a regular visit. I don't know. Oh my God, it's all kinds of rules. You have to say something like they're coming in two weeks. Life doesn't work like that. It's ridiculous." R3 then stated had not requested a visit because he does not know when they can come.</p> <p>On 7/7/21, at 4:54 p.m. FM-B stated she lived five hours away and had not been able to visit yet, but R2's wife had been to scheduled visits. R2's adult granddaughter brought R2's wife to the facility and they were both allowed to visit, but the visits were limited to less than 1/2 hour in length and needed to be scheduled ahead of time. FM-B stated she was told this was due to the all the government restrictions placed due to COVID-19.</p> <p>On 7/7/21, at 4:04 p.m. nursing assistant (NA)-A stated before COVID-19 resident visitors could come at anytime, but after the restrictions were put into place, visitors needed to schedule visits. However, NA-A could not verify who was allowed to visit or when they could visit and directed the surveyor to check with the front office.</p> <p>On 7/7/21, at 4:06 p.m. registered nurse (RN)-A</p>	2 375		

Minnesota Department of Health

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2 375	<p>Continued From page 7</p> <p>stated visitors could and could not visit openly. If the visitor was willing to do an outside visit, the visit was able to happen at any time. This was decided by the county positivity rate and if the facility was in an COVID-19 outbreak. Visits were also scheduled Monday through Friday in designated rooms so there were not too many visitors at the facility at one time, to ensure the residents and staff were safe. RN-A then stated grandchildren visiting depended on the age. Because of this, he would need to call the DON or another director during the evening or on a weekend to determine if visitation would be allowed for a grandchild. RN-A verified he was unaware of what the current policy stated regarding children and would have to look in the policy book, but would call the DON if no other staff were aware.</p> <p>On 7/7/21, at 4:13 p.m. licensed practical nurse (LPN)-A stated residents could have visitors whenever they wanted, but due to COVID-19 visitors needed to schedule an appointment prior to coming. LPN-A stated visitors under the age of 18 were not allowed in the building and when visitor appointments were scheduled ages were confirmed prior. LPN-A stated she would direct requests to a unit director on weekends or evenings if she received a request for a child to visit. However, LPN-A stated residents were allowed to visit with children outdoors.</p> <p>During interview with the DON on 7/7/21, at 4:19 p.m. the DON indicated visitation for visitors under age 18 was by exception because the facility's medical director had stood firm regarding this topic. The DON further explained anyone under 18 who entered the building needed to be escorted by an adult companion and a staff member to the designated visiting area. Some</p>	2 375		

Minnesota Department of Health

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2 375	<p>Continued From page 8</p> <p>factors that were considered were: Could the child be a vector (any living agent which carries and transmits an infectious pathogen into another living organism)? Could the child keep a mask on? Could the child spread COVID-19? The whole building would be in an outbreak and visitation would shut down if the facility staff could not keep the child masked.</p> <p>Children could visit as long as they were outside and did not enter the building, but again stated indoor visitation would be allowed by exception. However, stated only one child and one adult could be escorted in for a visit and one adult with two toddlers would not be allowed to visit because it did not meet the visitation policy. The DON denied being aware of any visitors having been turned away or having not been allowed to visit their loved-one, but then stated residents were always encouraged to go on outings with their families and friends. Further a resident could go on an outing with their family while unmasked, not social distance and be allowed to return to the facility unrestricted but believed this was less risky than a child that may or may not follow mask guidelines within the facility. The DON stated visitation has been a frequent topic with residents, resident council and with LTCO; however, while visitation policy and procedures remained unchanged and the residents who were most vocal were going on outings with grandchildren outside the building.</p> <p>During interview with the administrator and DON on 7/7/21, at 4:30 p.m. the administrator indicated the facility's visitation policy stated no one under the age of 18, only two visitors at a time and visits must be scheduled ahead of time due to limited space. Because they allowed only 12 visitors in the building at one time, outdoor visits were</p>	2 375		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00531	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/07/2021
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NAME OF PROVIDER OR SUPPLIER MN VETERANS HOME FERGUS FALLS	STREET ADDRESS, CITY, STATE, ZIP CODE 1821 NORTH PARK FERGUS FALLS, MN 56537
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(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) COMPLETE DATE
2 375	<p>Continued From page 9</p> <p>always encouraged. The administrator stated their current county positivity rate was low, their resident vaccination rate was greater than 70%, and they were not in an outbreak status. Additionally, QSO 20-39 revised 4/27/21, directed nursing homes to not restrict visitation if the criteria above were met nor does it state children were not allowed. The administrator did state they had addressed these concerns with agency management; however, they were cautious to open visitation further and policy/procedure had remained unchanged. At that time, the DON stated "we can always be more strict not lesser".</p> <p>The facility policy Minnesota Department of Veteran Affairs Operation Procedure: FF-COVID -19 Indoor Visitation dated 3/26/21, indicated visits would be allowed for residents so long as rules and guidelines were followed to reduce the potential for the spread of COVID - 19. The procedure went on to state visits must be scheduled in advance with no "walk-ins" allowed; each visit would be scheduled for 20 minutes to allow for cleaning time before and after each visit; visits would be monitored by a facility staff member or volunteer; a maximum of two adult visitors per visit would be allowed; persons under age 18 were not allowed to visit, and visits/appointments could be canceled at any time by the facility and were at the facility's discretion.</p> <p>The Center's for Medicare and Medicaid Quality, Safety and Oversight (QSO) memo 20-39 revised 4/27/21, indicated nursing homes should allow indoor visitation at all times and for all residents (regardless of vaccination status), except for a few circumstances when visitation should be limited due to a high risk of COVID-19 transmission. These scenarios include limiting indoor visitation for:</p>	2 375		

Minnesota Department of Health

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2 375	<p>Continued From page 10</p> <ul style="list-style-type: none"> -Unvaccinated residents, if the nursing home's COVID-19 county positivity rate is greater than 10% and less than 70% of residents in the facility are fully vaccinated; -Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met the criteria to discontinue Transmission-Based Precautions; or -Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine. <p>The memo further indicated facilities shall not restrict visitation without a reasonable clinical or safety cause and must facilitate in-person visitation consistent with the applicable CMS regulations.</p> <p>SUGGESTED METHOD OF CORRECTION: The facility administrator or designee could review, and/or revise policies and procedures to ensure residents' rights to visitation is upheld. The administrator or designee could educate all appropriate staff on the policies and procedures. The administrator or designee could develop monitoring systems to ensure ongoing compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	2 375		