

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 05/13/2025  
Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245253	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/08/2024
NAME OF PROVIDER OR SUPPLIER  Paynesville Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  200 First Street West Paynesville, MN 56362	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0578  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20794</b></p> <p>Based on interview and document review, the facility failed to ensure Physicians Orders for Life Sustaining Treatment (POLST - Code Status) were clarified for 1 of 1 residents (R34), who was readmitted from the hospital with orders in conflict with their signed POLST and Advance Directives.</p> <p>Findings include:</p> <p>R34's significant change Minimum Data Set (MDS) dated [DATE], indicated cognitively intact and required partial to moderate assistance for activities of daily living (ADLs).</p> <p>R34's Face Page printed [DATE], indicated resident's code status as DNR-intubation on case-by-case basis but no chest compressions.</p> <p>R34's Health Care Directive (HCD) signed [DATE], indicated I do not want CPR attempted if my heart or breathing stops. I want to allow a natural death. R34's HCD further directed: Keep me comfortable. No extraordinary measures.</p> <p>R34's most recent POLST (signed [DATE] upon admission to the facility), directed if R34 was not breathing or had no pulse as, DNR/DO NOT ATTEMPT RESUSCITATION (Allow Natural Death). R34's POLST further documented resident wished not be intubated (insertion of a tube into a patient's body, especially that of an artificial ventilation tube into the trachea), no artificial nutrition by tube. However indicated the use if antibiotics, IV fluids and cardiac monitor as indicated.</p> <p>R34 was admitted to the hospital, from [DATE] through [DATE], where resident was treated for pneumonia. R34's hospital discharge orders documented R34's Code Status as: Intubation on case-by-case basis but no chest compressions. Limited code - no cardiac resuscitation.</p> <p>During interview on [DATE] at 8:20 a.m., R34 stated if she was found not breathing and heart had stopped, I don't want anything done. When clarified with R34, this included no breathing or feeding tubes. However she was open to having comfort measures such as antibiotics and IV fluids.</p> <p>(continued on next page)</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  245253	Facility ID:  245253  If continuation sheet Page 1 of 3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245253	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/08/2024
NAME OF PROVIDER OR SUPPLIER  Paynesville Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  200 First Street West Paynesville, MN 56362	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0578  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>In and interview on [DATE] at 9:30 a.m., registered nurse (CM)-B verified R34's HCD and POLST both indicated resident's expressed decision was to be DNR and did not wish to have extraordinary means to be implemented. In review of R34's Point Click Care records (electronic medical records), where it documented Intubation on case-by-case basis but no chest compressions. Limited code - no cardiac resuscitation, and the [DATE] hospital discharge orders, CM-B stated R34's orders should have been clarified with the physician before being transcribed.</p> <p>In review of the facility's policy, entitled: No Not Resuscitate Order (effective date ,d+[DATE]), indicated the following:</p> <p>5. Do not resuscitate (DNR) orders will remain in effect until the resident (or legal surrogate) provide the facility with a signed and dated request to end the DNR order.</p> <p>a. Verbal orders to cease the DNR will be permitted when two (2) staff members witness such request.</p> <p>b. Both witnesses must have heard the request and both individuals must document such information on the physician's order sheet.</p> <p>In review of the facility's policy, entitled: Transcription Processing Provider Orders - Long Term Care (effective ,d+[DATE]), lacked evidence of what the facility staff person who transcribed orders should do when they have received conflicting orders. In this case, changing R23's end of life choices without consent.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245253	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/08/2024
NAME OF PROVIDER OR SUPPLIER  Paynesville Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  200 First Street West Paynesville, MN 56362	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40938</p> <p>Based on interview and document review, the facility failed to ensure 2 of the 5 residents (R9 and R23) reviewed for immunizations were offered and/or provided the pneumococcal vaccination series as recommended by the Centers for Disease Control (CDC) to help reduce the risk of associated infection(s).</p> <p>Findings include:</p> <p>A CDC Pneumococcal Vaccine Timing for Adults feature, dated 3/15/2023, identified various tables when each (or all) of the pneumococcal vaccinations should be obtained. This identified when an adult over [AGE] years old had received the complete series (i.e., PPSV23 and PCV13; see below) then the patient and provider may choose to administer Pneumococcal 20-valent Conjugate Vaccine (PCV20) for patients who had received Pneumococcal 13-valent Conjugate Vaccine (PCV13) at any age and Pneumococcal Polysaccharide Vaccine 23 (PPSV23) at or after [AGE] years old.</p> <p>R9's face sheet, dated 2/8/24, indicated she was [AGE] years old. The immunization record, undated, indicated she received a PPSV23 on 4/29/08 followed by the PCV13 on 11/2/16. The record lacked evidence of shared clinical decision making with the physician for PCV20 at least 5 years after the last pneumococcal dose. The record lacked evidence that R9 was offered or received PCV20.</p> <p>R23's face sheet, dated 2/8/24, indicated she was [AGE] years old. The immunization record, undated, indicated she received a PPSV23 on 7/18/15 followed by the PCV13 on 6/23/17. The record lacked evidence of shared clinical decision making with the physician for PCV20 at least 5 years after the last pneumococcal dose. The record lacked evidence that R23 was offered or received PCV20.</p> <p>During an interview with care manager (CM)-A on 2/7/24 at 7:50 a.m., the CM indicated immunizations were verified upon admission through MIIC (Minnesota Immunization Information Connection). IP stated IP would ask residents and/or their families and consents were obtained if immunizations were needed. CM verified R9 and R23's pneumococcal immunizations as listed above. CM verified they had not been offered or provided education on PCV20.</p> <p>During interview with director of nursing (DON) on 2/8/24 at 11:25 a.m., DON stated immunization reports through MIIC, recommended immunizations were discussed during the admission process but R9 and R23 were missed.</p> <p>A facility policy titled Pneumococcal Immunization, Long Term Care with an effective date of 6/2023 was provided. Policy indicated: Residents will be offered the pneumococcal vaccinations and administered, according to the MDH and CDC recommended interval for the vaccines, unless contraindicated, already immunized, or the resident and/or the resident representative declines the vaccine.</p>		