



*Protecting, Maintaining and Improving the Health of Minnesotans*

Office of Health Facility Complaints Investigative Report  
PUBLIC

Facility:

Richfield Health Center  
7727 Portland Avenue South  
Richfield, MN 55423  
Hennepin County

Report #: H5492069

Date: December 4, 2008

By: Pat FitzGibbon, R.N.

Nature of Visit:

A desk investigation was initiated on November 18, 2008, related to the following complaint:

A resident did not get her anti-seizure medication on the evening of 10/27/08 and/or 10/29/08. On the same evening, the facility was found unlocked, with the medication cart unattended, at 3:00 a.m. and the staff person on duty (Hosana) asleep in a chair. The resident had previously been sent to the hospital in October because the facility had run out of her anti-seizure medication and she had a breakthrough seizure.

Conclusion:

**Inconclusive** as it relates to the allegation of inadequate nursing care.

xc: Division of Compliance Monitoring - Licensing & Certification

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

PRINTED: 12/04/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245492</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/03/2008</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RICHFIELD HEALTH CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7727 PORTLAND AVENUE SOUTH RICHFIELD, MN 55423</b>
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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) COMPLETION DATE
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>An administrative review was conducted to investigate H5492069. No violations were noted.</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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.