



file

Protecting, Maintaining and Improving the Health of Minnesotans

April 17, 2008

Ms. Pamela Barrows, Administrator
Minnesota Veterans Home - Luverne
1300 North Kniss, P.O. Box 539
Luverne, Minnesota 56156

Re: Enclosed Reinspection Results - Project Number SL00411013

Dear Ms. Barrows:

On April 10, 2008 survey staff of the Minnesota Department of Health, Licensing and Certification Program completed a reinspection of your facility, to determine correction of orders found on the survey completed on January 22, 2008 with orders received by you on March 10, 2008. At this time these correction orders were found corrected and are listed on the attached Revisit Report Form.

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 "Mary Zabel".

Mary Zabel, Unit Supervisor
Licensing and Certification Program
Division of Compliance Monitoring
Telephone: (507)389-5557 Fax: (507)389-5563

Enclosure(s)

cc: Original - Facility
Licensing and Certification File

00411r108.rtf

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number 00411	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 4/10/2008
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Name of Facility MN VETERANS HOME - LUVERNE	Street Address, City, State, Zip Code 1300 NORTH KNISS, PO BOX 539 LUVERNE, MN 56156
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This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix 20830 Reg. # MN Rule 4658.0520 Subp. LSC	Correction Completed 04/10/2008	ID Prefix 21530 Reg. # MN Rule 4658.1310 A.B.C LSC	Correction Completed 04/10/2008	ID Prefix 21540 Reg. # MN Rule 4658.1315 Subp. LSC	Correction Completed 04/10/2008
ID Prefix 21720 Reg. # MN Rule 4658.1415 Subp. LSC	Correction Completed 04/10/2008	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By MZ/MAH	Date: 4-17-08	Signature of Surveyor: 19644	Date: 4-10-08
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: 1/22/2008

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO



00411
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Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0002 6713 7581

March 5, 2008

Ms. Pamela Barrows, Administrator
Minnesota Veterans Home - Luverne
1300 North Kniss, P.O. Box 539
Luverne, Minnesota 56156

Re: Enclosed State Nursing Home Licensing Orders - Project Number SL00411013

Dear Ms. Barrows:

The above facility was surveyed on January 14, 2008 through January 22, 2008 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health, Compliance Monitoring Division, noted one or more violations of these rules that are issued in accordance with Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 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 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 deficiency within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

The State licensing orders are delineated on the attached Minnesota Department of Health order form (attached). 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 after the statement, "This Rule is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction

Minnesota Veterans Home - Luverne

March 5, 2008

Page 2

and the Time Period For Correction.

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.

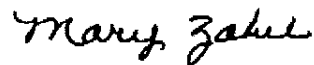
When all orders are corrected, the order form should be signed and returned to this office at Minnesota Department of Health, 410 Jackson Street #500, Mankato, Minnesota 56001. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me.

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,



Mary Zabel, Unit Supervisor
Licensing and Certification Program
Division of Compliance Monitoring
Telephone: (507)389-5557 Fax: (507)389-5563

Enclosure(s)

cc: Original - Facility
Licensing and Certification File

L00411s08.rtf

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00411	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/22/2008
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NAME OF PROVIDER OR SUPPLIER MN VETERANS HOME - LUVERNE	STREET ADDRESS, CITY, STATE, ZIP CODE 1300 NORTH KNISS, PO BOX 539 LUVERNE, MN 56156
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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
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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, January 14, 15, 16, 17, 18 and 22, 2008 surveyors of this Department's staff, visited the above provder and the following correction orders are issued. When corrections are completed, please sign and date, make a copy of these orders and return the original to the Minnesota Department of Health, Division of Compliance</p>	2 000	<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.</p>	
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Approved NW 3/25/08
 to attach to addendum

Minnesota Department of Health
Janella K. Lawrence
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE *Administrative* (X6) DATE

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MAR 18 2008

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2 000	Continued From page 1 Monitoring, Licensing and Certification Program; Complaints; 85 East Seventh Place, Suite 220; P.O. Box 64900, St. Paul, Minnesota 55164-0900.	2 000	<p>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 which are in violation of the state statute after the statement, "This Rule is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.</p>	
2 830	MN Rule 4658.0520 Subp. 1 Adequate and Proper Nursing Care; General Subpart 1. Care in general. A resident must receive nursing care and treatment, personal and custodial care, and supervision based on individual needs and preferences as identified in the comprehensive resident assessment and plan of care as described in parts 4658.0400 and 4658.0405. A nursing home resident must be out of bed as much as possible unless there is a written order from the attending physician that the	2 830		

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2 830	<p>Continued From page 2</p> <p>resident must remain in bed or the resident prefers to remain in bed.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to individually assess half side rails for safety for 3 of 3 residents (#6, #8 & #10) who had half rails attached to the bed frame of the older model beds in the facility.</p> <p>Findings include: Single half rails, with spaces between the vertical bars large enough to fit a limb, were noted to be available for residents #6, #8 & #10 to use when turning & repositioning while in bed. It was observed during the initial tour on 1/14/08 at 2:00 PM that resident #10 had both half rails in the "up" position while taking an afternoon nap. It was observed on 1/15/08 from 6:40 AM until 8:40 AM that both half rails were in the "up" position while resident #6 remained in bed. Record review conducted on 1/16/08 revealed there had been no assessment conducted for side rail use for residents #6, #8 & #10, including the safety aspect of these half rails. The bed positioning questionnaire (located on the ADL/Bed Mobility assessments) failed to indicate that residents #6, #8 & #10 used half rails to assist with repositioning. Review of the ADL Safety/Restraint assessment indicated the resident was assessed at risk for falls but did not indicate that resident #8 used any half rails. The facility lacked any further assessment of whether the half rails were properly attached & the spaces within the side rails (between the vertical rails; between the rails and the mattress; and between side rails and the bed frame) were safe so that NO limbs, neck or thorax could become</p>	2 830		

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Minnesota Dept of Health
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2 830	Continued From page 3 entrapped. The total height & length of the rails were 11 inches by 28 inches. The distance noted between the top of the rail & the middle horizontal bar was 4 inches. Interview with the RN on 11/16/07 at 3:15 PM verified the half side rails identified were used by resident #8 to assist with repositioning in bed. She confirmed the individual resident safety assessment and individual bed mobility assistance assessment for the use of (half)side rails had not been completed. It was further indicated resident #8 utilized an older bed frame with half rails which contained horizontal rails. Upon interview with the director of nurses and the administrator on 1/17/08 at 11:30 AM it was confirmed the half rails had not been assessed for appropriateness of use for residents #6, #8 & #10 and further indicated the half rails utilized were not to be used for these residents as they were the "old" beds & staff must have inadvertently pulled them up for these residents. SUGGESTED METHOD FOR CORRECTION: An inservice could be conducted to re-educate staff on the appropriate use of half rails which included an appropriate assessment. The charge nurses on each wing could then follow & monitor the use of half rails to assure that staff were not utilizing half rails inappropriately. The maintenance staff could be informed to remove the half rails from the beds in which the residents were assessed to NOT use half rails. TIME PERIOD FOR CORRECTION: Twenty one (21) days.	2 830	Audit of all resident beds and use of rails done. We had 4 old electric beds and 10 manual beds that had the 1/2 side rails on the beds. All residents using the beds w/rails were assessed for appropriateness. Rails were removed from all beds except for 5. Those 5 residents that have a need for use of side rails have the appropriate assessments completed and the use of rails is part of their care plan.	02/15/08
21530	MN Rule 4658.1310 A.B.C Drug Regimen Review A. The drug regimen of each resident must be	21530		

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21530	<p>Continued From page 4</p> <p>reviewed at least monthly by a pharmacist currently licensed by the Board of Pharmacy. This review must be done in accordance with Appendix N of the State Operations Manual, Surveyor Procedures for Pharmaceutical Service Requirements in Long-Term Care, published by the Department of Health and Human Services, Health Care Financing Administration, April 1992. This standard is incorporated by reference. It is available through the Minitex interlibrary loan system. It is not subject to frequent change.</p> <p>B. The pharmacist must report any irregularities to the director of nursing services and the attending physician, and these reports must be acted upon by the time of the next physician visit, or sooner, if indicated by the pharmacist. For purposes of this part, "acted upon" means the acceptance or rejection of the report and the signing or initialing by the director of nursing services and the attending physician.</p> <p>C. If the attending physician does not concur with the pharmacist's recommendation, or does not provide adequate justification, and the pharmacist believes the resident's quality of life is being adversely affected, the pharmacist must refer the matter to the medical director for review if the medical director is not the attending physician. If the medical director determines that the attending physician does not have adequate justification for the order and if the attending physician does not change the order, the matter must be referred for review to the quality assessment and assurance committee required by part 4658.0070. If the attending physician is the medical director, the consulting pharmacist must refer the matter directly to the quality assessment and assurance committee.</p> <p>This MN Requirement is not met as evidenced</p>	21530		

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21530	<p>Continued From page 5</p> <p>by: Based on record review and staff interview the facility failed to assure the drug regimen of each resident is reviewed monthly for irregularities by the pharmacist for 1 of 1 resident in the sample (#11) who had a hypnotic for sleep.</p> <p>Findings include: The monthly review by the pharmacist failed to report the lack of monitoring for the effectiveness of a sleep hypnotic (Restoril) for resident #11. Resident #11 had a physician order for an increase in the dose of Restoril without data collected to assess the resident response following the dose increase. It was noted that resident #11 had a physician order for Restoril 7.5 milligrams daily at bedtime for sleep since 7/22/07. A physician progress noted dated 10/23/07 revealed the following Subjective note: "tends to fall asleep okay with use of Restoril, but does wake up around midnight to 2 a.m. and cannot get back to sleep. He has been using Ativan 0.5 mg prn at this time" and subsequently the following Plan: " I am going to increase his Restoril to 10 milligrams at nighttime and plan to see if we can get by without using as much of the Ativan. Next check-up should be in 60 days." (Note: A physician order for Restoril 15 milligrams had been received on 10/24/07 due to unavailability of 10 milligrams of Restoril as noted in the record). The progress note by the physician dated 12/24/07 (60 days later) lacked any mention of the hypnotic Restoril. An annual comprehensive assessment dated 1/8/08 had the following RAP summary under the problem area "psychotropic drug use"-- "Has prn order for Ativan 0.5 milligrams. Only takes prn during the NOC (night) hours when he can't sleep Usually takes 3-5 times per week. No side effects noted from medication use. Reports sleeping well after having it". Documentation was lacking to indicate</p>	21530		

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21530	<p>Continued From page 6</p> <p>whether the dose of Restoril 15 milligrams had improved the sleep pattern of resident #11 and/or whether the amount of prn Ativan requested by the resident had changed. Upon interview with the director of nurses on 1/17/08 at 11:00 AM it was verified that data was unavailable in the record to evaluate resident #11's response to the increase in the Restoril dosage. The summary note by the RN dated 1/8/08 failed to indicate whether 3-5 times/week of prn Ativan use had remained the same, increased and/or decreased. Record review of the monthly pharmacy recommendations dated 10/29/07, 11/28/07 & 12/17/07 failed to indicate the pharmacist had reviewed and/or assured the effectiveness of the increase in Restoril dosage had been monitored, but only "no new suggestions" were noted on each monthly pharmacy review.</p> <p>SUGGESTED METHOD FOR CORRECTION: The director of nurses' could inservice staff on the importance of monitoring and documenting sleep patterns in relationship to medication usage so the effectiveness of the hypnotic could be monitored. A system could be developed so the pharmacist & physician could be informed on effectiveness of medication usage based on quantitative data. A quality assurance audit, which included the monthly pharmacy reviews, could be conducted to assure the program had been implemented.</p> <p>TIME PERIOD FOR CORRECTION: Twenty one (21) days.</p>	21530	Consultant pharmacist notified of missed monitoring.	02/20/08
21540	<p>MN Rule 4658.1315 Subp. 2 Unnecessary Drug Usage; Monitoring</p> <p>Subp. 2. Monitoring. A nursing home must monitor each resident's drug regimen for</p>	21540		

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21540	<p>Continued From page 7</p> <p>unnecessary drug usage, based on the nursing home's policies and procedures, and the pharmacist must report any irregularity to the resident's attending physician. If the attending physician does not concur with the nursing home's recommendation, or does not provide adequate justification, and the pharmacist believes the resident's quality of life is being adversely affected, the pharmacist must refer the matter to the medical director for review if the medical director is not the attending physician. If the medical director determines that the attending physician does not have adequate justification for the order and if the attending physician does not change the order, the matter must be referred for review to the Quality Assurance and Assessment (QAA) committee required by part 4658.0070. If the attending physician is the medical director, the consulting pharmacist shall refer the matter directly to the QAA.</p> <p>- This MN Requirement is not met as evidenced by: Based on record review and staff interview the facility failed to assure that each resident's drug regimen is monitored for unnecessary drug usage for 1 of 1 resident (#11) in the sample who received a hypnotic for sleep.</p> <p>Findings include: Resident #11 had a physician order for an increase in the dosage of a sleep hypnotic (Restoril) without data collected to assess resident response to the dose increase. It was noted that resident #11 had a physician order for Restoril 7.5 milligrams daily at bedtime for sleep since 7/22/07. A physician progress noted dated 10/23/07 revealed the following Subjective note: "tends to fall asleep okay with use of Restoril, but does wake up around</p>	21540		

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21540	<p>Continued From page 8</p> <p>midnight to 2 a.m. and cannot get back to sleep. He has been using Ativan 0.5 mg prn at this time" and subsequently the following Plan: " I am going to increase his Restoril to 10 milligrams at nighttime and plan to see if we can get by without using as much of the Ativan. Next check-up should be in 60 days." (Note: A physician order for Restoril 15 milligrams had been received on 10/24/07 due to unavailability of 10 milligrams of Restoril as noted in the record). The progress note by the physician dated 12/24/07 (60 days later) lacked any mention of the hypnotic Restoril. An annual comprehensive assessment dated 1/8/08 had the following RAP summary under the problem area "psychotropic drug use"-- "Has prn order for Ativan 0.5 milligrams. Only takes prn during the NOC (night) hours when he can't sleep Usually takes 3-5 times per week. No side effects noted from medication use. Reports sleeping well after having it". The summary note by the RN dated 1/8/08 failed to indicate whether 3-5 times/week of prn Ativan use had remained the same, increased and/or decreased. Documentation was lacking to indicate whether the dose of Restoril 15 milligrams had improved the sleep pattern of resident #11 and/or whether the amount of prn Ativan requested by the resident had changed. Upon interview with the director of nurses on 1/17/08 at 11:00 AM it was confirmed that data was unavailable in the record to evaluate resident #11's response and/or it's effectiveness as related to the increase in the Restoril dosage and the number of prn (as needed) Ativan doses requested for sleep by this resident.</p> <p>SUGGESTED METHOD FOR CORRECTION: The director of nurses' could staff on the importance of monitoring and documenting sleep patterns in relationship to medication usage so</p>	21540	<p>60-day reviews by nursing done for medication changes.</p> <p>Reviews scheduled according to physician rounds. Recheck occurs on physician rounds. Staff education done via e-mail, 1:1 consultation and at staff meeting. Documentation of medication use and effectiveness completed.</p>	02/25/08

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MAR 18 2008

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00411	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/22/2008
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NAME OF PROVIDER OR SUPPLIER MN VETERANS HOME - LUVERNE	STREET ADDRESS, CITY, STATE, ZIP CODE 1300 NORTH KNISS, PO BOX 539 LUVERNE, MN 56156
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21540	Continued From page 9 the effectiveness of the hypnotic could be monitored. A system could be developed so the pharmacist & physician could be informed on effectiveness of medication usage based on quantitative data. A quality assurance audit could be conducted to assure the program had been implemented. TIME PERIOD FOR CORRECTION: Twenty one (21) days.	21540		
21720	MN Rule 4658.1415 Subp. 9 Plant Housekeeping, Operation, & Maintenance Subp. 9. Storage of supplies. Supplies must be stored above the floor to facilitate cleaning of the storage area. Supplies must be identified. Toxic substances must be clearly identified and stored in a locked enclosure. Sterile supplies must be stored to maintain sterility and integrity in packaging. All substances, such as cleaning agents, bleaches, detergents, disinfectants, pesticides, paints, and flammable liquids, must be stored separately from all food and drugs. This MN Requirement is not met as evidenced by: Based on observation and staff interview the facility failed to ensure that toxic chemicals were stored in a locked enclosure when not in use in 1 of 4 central resident bathing areas. Findings include: During an environmental tour on 1/22/08 at 9:30 AM toxic chemicals were observed to be unlocked in the central bathing room (#138) located on the green wing. The unlocked upper cupboard in room 138 contained a spray bottle of "Quat" disinfectant and the unlocked lower cupboard contained 3 gallons of	21720		

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Minnesota Dept of Health
Mankato

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00411	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/22/2008
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NAME OF PROVIDER OR SUPPLIER MN VETERANS HOME - LUVERNE	STREET ADDRESS, CITY, STATE, ZIP CODE 1300 NORTH KNISS, PO BOX 539 LUVERNE, MN 56156
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21720	<p>Continued From page 10</p> <p>"Cid-A-L II" disinfectant/detergent. Interview with the administrator at 10:05 AM on 1/22/08 confirmed the chemicals should have been properly stored in a locked cupboard per facility policy. The cupboard remained unlocked yet at 10:05 AM when the surveyor and administrator checked the central bathing room for these items.</p> <p>SUGGESTED METHOD FOR CORRECTION: The administrator and the director of nurses could review with all the involved staff the importance of locking toxic chemicals when not in use so as to provide a safe environment for residents as it relates to potentially hazardous chemicals. The charge nurse could periodically monitor the bathing areas to assure that chemicals are locked upon completion of bathing tasks.</p> <p>TIME PERIOD FOR CORRECTION: Twenty one (21) days.</p>	21720	<p>Random audits have been done by nursing administration. Staff education done at monthly meetings. Will be evaluated using key pad locks instead of a keyed lock.</p>	02/20/08
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MAR 18 2008



STATE OF MINNESOTA
DEPARTMENT OF VETERANS AFFAIRS
MINNESOTA VETERANS HOME - LUVERNE
P.O. Box 539
LUVERNE, MINNESOTA 56156
(507) 283-1100

Addendum to plan of correction:

Unnecessary Drugs Usage: Monitoring *new system established to*

Plan - Monitor effectiveness of medication changes. Document patterns noted and if change of medication affected PRN dosed medications. Notify physician of the results of monitoring the medication change and PRN medication usage. Staff education on completing the monitoring and documentation at nursing meetings, e-mail and 1:1 instructions..

Sandy Klingenberg-DON
Minnesota Veterans Home - Luverne