



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered via Email

January 20, 2022

Administrator
Brighton Hospice
4500 Park Glen Road Ste 475
Saint Louis Park, MN 55416

Re: Event ID: 3AES11

Dear Administrator:

A survey was completed at your agency on January 12, 2022 for the purpose of assessing compliance with Federal certification regulations. At the time of survey, the survey team from the Minnesota Department of Health, Health Regulation Division, noted one or more deficiencies. The findings from this survey are documented on the electronically delivered form CMS 2567.

Certification deficiencies are listed on the left side of the form. The right side of the form is to be completed with your written plan for corrective action. The plan must be specific, realistic, include the date certain for correction of each deficiency and be signed and dated by the administrator or other authorized official of the agency.

An acceptable plan of correction must contain the following elements:

- The plan of correcting the specific deficiency. The plan should address the processes that led to the deficiency cited;
- The procedure for implementing the acceptable plan of correction for the specific deficiency cited;
- The monitoring procedure to ensure that the plan of correction is effective and that the specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;
- The title of the person responsible for implementing the acceptable plan of correction; and,
- The date by which the correction will be completed.

Ordinarily, a provider will be expected to take the steps necessary to achieve compliance within 60 days of the exit interview. If possible, please type your plan of correction to ensure legibility.

Please return the original plan of correction to the following address within ten calendar days of your receipt of this notice. Questions regarding your plan of correction should also be directed to the below contact.

**Sarah Grebenc, Unit Supervisor
Metro A District Office
Licensing and Certification Program**

An equal opportunity employer.

Brighton Hospice
January 20, 2022
Page 2

Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: sarah.grebenc@state.mn.us
Office: (651) 238-8786 Mobile (651)238-8786

Please make a copy of your plan of correction for your records. Failure to submit an acceptable written plan of correction of Federal deficiencies within ten calendar days may result in decertification and a loss of Federal reimbursement.

Please feel free to call me with any questions related to this letter.

Sincerely,

A handwritten signature in black ink, appearing to read "Melissa Poepping". The signature is fluid and cursive, with a large initial "M" and a long, sweeping underline.

Melissa Poepping, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poepping@state.mn.us

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

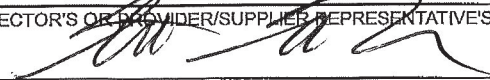
PRINTED: 01/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 241594	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/12/2022
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NAME OF PROVIDER OR SUPPLIER BRIGHTON HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 4500 PARK GLEN ROAD STE 475 SAINT LOUIS PARK, MN 55416
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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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L 000	INITIAL COMMENTS On 1/11/22 - 1/12/22 an abbreviated survey was completed at your facility to conduct a complaint investigation to determine compliance with the regulations at 42 CFR Part §418, Conditions of Participation for Hospice Services. The investigation determined that complaint H1594003C (MN79869) was substantiated with deficiency issued at L591. The investigation determined that complaints H1594004C (MN76773) and H1594007C (MN59151) were substantiated without citation. The investigation determined that complaints H1594005C (MN71411) and H1594006C (MN70846) were unsubstantiated.	000		
L 591	NURSING SERVICES CFR(s): 418.64(b)(1) (1) The hospice must provide nursing care and services by or under the supervision of a registered nurse. Nursing services must ensure that the nursing needs of the patient are met as identified in the patient's initial assessment, comprehensive assessment, and updated assessments. This STANDARD is not met as evidenced by: Based on interview and document review the facility failed to ensure timely replacement of a supra pubic catheter for 1 of 3 (P1) patients reviewed with a catheter. Findings include:	L 591	The deficiency was a scheduled visit was not made to a patient; the nurse assigned to the visit did not alert anyone to the error/missed visit. Re-education provided on 1/12/2022 to the nurses involved with the specific deficiency cited on the importance of immediate communication to the triage nurse and nursing leadership of any patient needs that have not been met as assigned. Review of education for the management and care of a supra pubic catheter as well as the Medicare requirements of CFR 418.64 (b)(1) will be provided to the nursing team by 2/28/2022. Review and education provided to the nursing team for the specific deficiency cited on the importance of immediate communication to the triage nurse and nursing leadership of any patient needs that have not been met as assigned. (continued to next page)	3/21/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 1/28/22
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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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NAME OF PROVIDER OR SUPPLIER BRIGHTON HOSPICE			STREET ADDRESS, CITY, STATE, ZIP CODE 4500 PARK GLEN ROAD STE 475 SAINT LOUIS PARK, MN 55416	
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L 591	<p>Continued From page 1</p> <p>P1's initial Patient Profile (face sheet) indicated an admission date of 10/19/21, with primary diagnosis of Alzheimer's dementia.</p> <p>P1's Hospice Plan of Care dated 10/19/21, and last reviewed 12/22/21, by the interdisciplinary team (IDT) indicated secondary diagnoses including: hematuria (blood in the urine), benign prostatic hyperplasia without lower urinary tract symptoms (enlargement of the prostate), urinary incontinence, and personal history of urinary tract infections. The plan of care also indicated P1 had a supra pubic catheter (A tube that drains urine from the bladder. It is inserted through a small hole in the lower abdomen and into the bladder.)</p> <p>P1's Care Coordination Note dated 1/1/22, (time not noted), indicated: Writer received a call from facility reporting pt (patient) has pulled out his suprapubic catheter and cut it in half. Pt is comfortable. Will need to have it replaced this morning. Staff reports "no hurry". Writer updated on-call hospice.</p> <p>Review of the print out from the Tiger Text (TT) communication system utilized by hospice on-call staff, indicated on 1/1/22, at 7:10 a.m. triage llcensed practical nurse (LPN)-A added a PDF (A file format that provides an electronic image of text or text and graphics that looks like a printed document and can be viewed, printed, and electronically transmitted.) file that indicated registered nurse (RN)-B had been assigned to replace P1's suprapubic catheter and further indicated, "Will need to be replaced this morning." The TT printout from the following morning (1/2/22) indicated a visit was needed to follow up on P1 as he had pulled out his cath yesterday</p>	L 591	<p>Triage Nursing team members will: Provide verbal shift hand-off report with outgoing and oncoming triage nurse. Oncoming triage nurse will create a list of the assigned visits and nurses and send it by encrypted company email to the nurses working that day and include Admin on-call. Start of shift check-in call on Saturday and Sunday with all Team members working for the day to review visits assigned to each nurse. This will be led by the triage nurse. If there is a need to add a visit to a nurse's schedule after the assignment schedule has been emailed, the triage nurse will call the nurse to provide patient name and address and any specific details needed for the purpose of the visit. This will be followed up with the information updated on the assignment sheet and resent to the nursing team and admin on call. (continued to next page)</p>	

3/3/22

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L 591	<p>Continued From page 2 and a visit was assigned and missed yesterday.</p> <p>P1's PRN (as needed) Progress Note dated 1/2/22, at 10:30 a.m. by RN-C indicated: Writer notified by on-call triage, Pt removed catheter and needing replacement of suprapubic cath (catheter). Writer consulted with facility RN who reports cath was removed 01/01/2022. Writer consulted with physician, given length of time without cath. physician advised to cautiously attempt insertion but if resistance found Pt will need to seek medical care. Writer arrived to Pt's apartment to find Pt lying on right side. Pt appeared comfortable with no nonverbal indications of pain or distress evident. Abdomen slightly distended, soft and nontender with palpation. Writer introduced self and explained purpose of visit. Catheter insertion attempted with resistance at approx (approximately) 0.5 cm (centimeters). Writer phoned Clinical Supervisor who advised revocation (the withdrawal or cancellation of something) and to seek medical care. Writer instructed facility aide to call for EMT (emergency medical technician) transport. EMT arrived and Pt was taken to the hospital.</p> <p>On 1/11/22, at 2:26 p.m. RN-A confirmed having worked as the triage nurse on 12/31/21, starting at 8:00 p.m. until 8:00 a.m. on 1/1/22. RN-A stated the call related to P1 removing his catheter came in on 1/1/22, at approximately 6:30 a.m. RN-A further stated she put a message on the TT thread right afterwards (around 7:00 a.m.) as the day shift on-call staff would be starting their day at 8:00 a.m. RN-A confirmed she had indicated the catheter would need to be replaced the same day. RN-A further confirmed that all hospice on-call staff working that day (1/1/22) had access to the TT communication system and were</p>	L 591	<p>All visits will be logged into an excel spreadsheet. This will be reviewed by the team member direct leader and any discrepancies will be identified and notes entered on how it was rectified. This will be an ongoing audit to ensure 100% compliance with needed triage visits. These audits will be reviewed by the QAPI team as well as the Governing Board. The State Director of Clinical Services is responsible for the implementation, delegation and management of this correctional plan. The plan will be completed with a minimum of 100% accuracy by March 31, 2022.</p>	<p style="text-align: right;">2/31/22</p>

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L 591	<p>Continued From page 3 expected to review the communication.</p> <p>On 1/11/22, at 2:36 p.m. RN-B confirmed the visit to replace P1's catheter had been added to her schedule the morning of 1/1/22, though RN-B didn't realize it had been added until after her shift ended at 4:00 p.m. RN-B stated rather than private texting her the addition to her schedule, the addition was in a file sent that had to be opened. RN-B further stated, "I'm not gonna open up all of those messages unless they personally message me and let me know." RN-B stated around 5:00 p.m. on 1/1/22, another nurse resent the same file that had been sent earlier and at that point RN-B opened the file and realized P1's visit had been assigned to her. RN-B confirmed she did not notify the hospice triage nurse or any of the on-call staff that P1's visit had been missed.</p> <p>On 1/12/22, at 9:37 a.m. LPN-A confirmed working triage from 8:00 a.m. on 1/1/22, until 8:00 a.m. on 1/2/22. LPN-A stated RN-A had reported off to her the morning of 1/1/22, that P1 had removed his catheter, was doing ok, but would need to have his catheter replaced that morning. LPN-A confirmed having started her day prior to 8:00 a.m. on 1/1/22, so she could get the assignment sheet sent out before 8:00 a.m. as that was when the on-call nurses started their day. LPN-A further confirmed sending out the assignment sheet on 1/1/22, prior to 8:00 a.m. and thought she had sent the updated file around 7:45 a.m. LPN-A confirmed it was the on-call nurses responsibility to review the thread to look for updates. LPN-A further confirmed if a nurse couldn't get to a patient they were to notify staff via TT that they couldn't make it and see if anyone else could go on the visit. LPN-A stated</p>	L 591		

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L 591	<p>Continued From page 4</p> <p>RN-B had not informed her or any of the other on-call staff that she had missed the visit for P1 on 1/1/22. LPN-A stated she hadn't realized P1 had not been seen or had his catheter replaced until 6:00 a.m. on 1/2/22, after reviewing the visit summaries and not seeing one for P1 from 1/1/22. LPN-A confirmed that RN-C provided a visit to P1 the morning of 1/2/22.</p> <p>On 1/11/22, at 3:16 p.m. family member (FM)-A confirmed P1 had removed and cut his catheter in half, requiring hospice staff to replace the catheter. FM-A stated RN-C had let her know right away on Sunday (1/2/22) that P1 had removed the catheter. FM-A wasn't sure RN-C had told her when P1 had pulled the catheter out; just that he had, and they were having trouble getting it back in and would need to have it replaced in the hospital. FM-A stated being ill at the time so couldn't meet P1 at the emergency room, though approved for P1 to be discharged from hospice so he could be sent to the hospital to have the catheter replaced. FM-A confirmed P1's supra pubic catheter placement was relatively new.</p> <p>On 1/11/22 at 3:26 a.m. RN-C confirmed seeing the notice on the TT thread on 1/1/22, that P1 had removed his catheter and needed it replaced, though thought it had been taken care of. RN-C stated it wasn't until the morning of 1/2/22, he noticed the assignment had been given to him as the visit had been missed the day before. RN-C stated his initial concern was that the abdominal site might be closing up and called the medical director (MD) prior to attempting replacement of the catheter. RN-C confirmed being advised by the medical director to not push it if meeting resistance and transfer P1 to the emergency</p>	L 591			

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L 591	Continued From page 5 department (ED). RN-C stated when trying to replace P1's catheter he was only able to insert approximately 0.5 cm then met resistance. RN-C then made the decision to transfer P1 to the ED for replacement of the catheter. Policies related to Tiger Text and on-call nursing responsibilities was requested but not received.	L 591			



Protecting, Maintaining and Improving the Health of All Minnesotans

January 20, 2022

Administrator
Brighton Hospice
4500 Park Glen Road Ste 475
Saint Louis Park, MN 55416

Re: Event ID: 3AES11

Dear Administrator:

On January 12, 2022, a survey was completed at your agency for the purpose of assessing compliance with State licensing regulations. At the time of survey, the survey team from the Minnesota Department of Health, Health Regulation Division, noted no violations of the requirements under MN Rule 4664.

Attached is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Melissa Poepping'.

Melissa Poepping, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poepping@state.mn.us

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 29960	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/12/2022
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NAME OF PROVIDER OR SUPPLIER BRIGHTON HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 4500 PARK GLEN ROAD STE 475 SAINT LOUIS PARK, MN 55416
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4 000	<p>Initial Comments</p> <p>An abbreviated hospice survey was conducted as part of a complaint investigation on 1/11/22 - 1/12/22, by the surveyors from the Minnesota Department of Health (MDH) to determine compliance with MN State Licensing Chapter Rule at 4664, for Hospice Services.</p> <p>The investigation determined that complaints H1594003C (MN79869), H1594004C (MN76773) and H1594007C (MN59151) were substantiated with no state licensing orders issued.</p> <p>The investigation determined that complaints H1594005C (MN71411) and H1594006C (MN70846) were unsubstantiated.</p>	4 000		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____