MDH Minnesota Department of Health

Office of Health Facility Complaints Investigative Report
PUBLIC

Facility Name:	Report Number:	Date of Visit:
Golden Valley Rehab and CC	H5186247	August 7, 2017
Facility Address:	**Time of Visit:**	**Date Concluded:**
7505 Country Club Drive	9:00 a.m. to 4:45 p.m.	January 10, 2018
Facility City:	**Investigator's Name and Title:**	
Golden Valley	Lissa Lin, RN, Special Investigator	

State:	ZIP:	County:
Minnesota	55427	Hennepin

☒ **Nursing Home**

☒ **Complaint**

Allegation(s):
It is alleged that a resident was neglected when facility staff failed to provide adequate medical care for resident's PICC line. Resident was hospitalized for PICC line infection.

- ☒ Federal Regulations for Long Term Care Facilities (42 CFR Part 483, subpart B)
- ☒ State Licensing Rules for Nursing Homes (MN Rules Chapter 4658)
- ☒ State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557)
- ☒ State Statutes Chapters 144 and 144A

Conclusion:
Based on a preponderance of evidence neglect is substantiated. The facility failed to provide adequate medical care for the resident's peripherally inserted central catheter (PICC) line. The facility did not remove the resident's PICC line per physician's order or follow IV site and tubing care protocol. The resident developed a temperature and was sent to the hospital with an infected PICC line.

The resident had spina bifida, osteomyelitis, a colostomy, a urostomy, methicillin-resistant staphylococcus aureus (MRSA) infections, and a history of receiving IV antibiotics through an indwelling PICC line for sepsis from non-healing wounds. The PICC line is a peripherally inserted central catheter used to give intravenous medications, often antibiotics, for long-term therapy. The resident was assessed as cognitively intact, non-ambulatory, and needed the assistance of two staff for transfers and one staff for activities of daily living.

The facility assessed and implemented interventions for the resident's wounds. The resident's care plan interventions included monitoring for signs and symptoms of infection: redness, drainage, odor, pain, and temperature. The resident's care plan indicated to follow IV site and tubing care per protocol.

The resident was hospitalized and then readmitted to the facility with orders for IV antibiotics. Nursing staff assessed and documented the PICC line's patency but there was no documentation indicating the PICC line dressing was assessed, changed, or that the IV site and tubing care protocol was followed.

The resident's medication and treatment administration records did not indicate any PICC line dressing cares were ordered or performed.

The facility's nursing staff received a telephone order from the resident's infectious disease physician to remove the PICC line. There was no follow up documentation found on the resident's PICC line removal.

Five days later the resident developed a temperature. The nurse assessed the resident and contacted the on-call physician. The physician ordered labs and an x-ray for the resident. Lab services were not available until the next morning; the staff nurse contacted the on-call physician and received a telephone order to send the resident to the hospital for evaluation.

Hospital records indicated the resident presented to the emergency room (ER) with an infected PICC line. During an interview, ER staff said the resident's arm was red, swollen, and foul smelling drainage oozed out around the PICC line site. The PICC line was still in place but the dressing covering the site no longer adhered to his/her skin because it was heavily soiled with crusted flaky skin. Emergency room staff said the date on the dressing was 12 days old when the resident was hospitalized elsewhere.

The resident was admitted to the hospital for an infected PICC line.

During an interview, the facility physician said the PICC line site should have been treated like a wound and assessed daily whether in use or not. The physician said the PICC line should have been removed by facility nursing staff within 24 hours of the physician's order.

During an interview, a family member said the resident has moved to a new facility and his/her infections are resolving.

Minnesota Vulnerable Adults Act (Minnesota Statutes, section 626.557)

Under the Minnesota Vulnerable Adults Act (Minnesota Statutes, section 626.557):

☐ Abuse ☒ Neglect ☐ Financial Exploitation

☒ Substantiated ☐ Not Substantiated ☐ Inconclusive based on the following information:

Mitigating Factors:

The "mitigating factors" in Minnesota Statutes, section 626.557, subdivision 9c (c) were considered and it was determined that the ☐ Individual(s) and/or ☒ Facility is responsible for the

☐ Abuse ☒ Neglect ☐ Financial Exploitation. This determination was based on the following:

The responsible party will be notified of their right to appeal the maltreatment finding. If the maltreatment is substantiated against an identified employee, this report will be submitted to the nurse aide registry for

possible inclusion of the finding on the abuse registry and/or to the Minnesota Department of Human Services for possible disqualification in accordance with the provisions of the background study requirements under Minnesota 245C.

Compliance:

State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557) – Compliance Met
The facility was found to be in compliance with State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557. No state licensing orders were issued.

Federal Regulations for Long Term Care Facilities (42 CFR, Part 483, subpart B) - Compliance Not Met
The requirements under the Federal Regulations for Long Term Care Facilities (42 CFR, Part 483, subpart B), were not met.

Deficiencies are issued on form 2567: ☒ Yes ☐ No

(The 2567 will be available on the MDH website.)

State Licensing Rules for Nursing Homes (MN Rules Chapter 4658) - Compliance Not Met
The requirements under State Licensing Rules for Nursing Homes (MN Rules Chapter 4658) were not met.

State licensing orders were issued: ☒ Yes ☐ No

(State licensing orders will be available on the MDH website.)

State Statutes Chapters 144 & 144A – Compliance Not Met - Compliance Not Met
The requirements under State Statues for Chapters 144 &144A were not met.

State licensing orders were issued: ☒ Yes ☐ No

(State licensing orders will be available on the MDH website.)

Compliance Notes:

Facility Corrective Action:

The facility took the following corrective action(s):

Definitions:

Minnesota Statutes, section 626.5572, subdivision 17 - Neglect

"Neglect" means:

(a) The failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to, food, clothing, shelter, health care, or supervision which is:

(1) reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult; and

(2) which is not the result of an accident or therapeutic conduct.

(b) The absence or likelihood of absence of care or services, including but not limited to, food, clothing, shelter, health care, or supervision necessary to maintain the physical and mental health of the vulnerable adult which a reasonable person would deem essential to obtain or maintain the vulnerable adult's health, safety, or comfort considering the physical or mental capacity or dysfunction of the vulnerable adult.

Minnesota Statutes, section 626.5572, subdivision 19 - Substantiated

"Substantiated" means a preponderance of the evidence shows that an act that meets the definition of maltreatment occurred.

The Investigation included the following:

Document Review: The following records were reviewed during the investigation:

- [x] Medical Records
- [x] Care Guide
- [x] Medication Administration Records
- [x] Weight Records
- [x] Nurses Notes
- [x] Assessments
- [x] Physician Orders
- [x] Treatment Sheets
- [x] Physician Progress Notes
- [x] Care Plan Records
- [x] Social Service Notes
- [x] Skin Assessments
- [x] Facility Incident Reports
- [x] Activities Reports
- [x] Laboratory and X-ray Reports
- [x] Therapy and/or Ancillary Services Records

☒ ADL (Activities of Daily Living) Flow Sheets

Other pertinent medical records:

☒ Hospital Records

Additional facility records:

☒ Staff Time Sheets, Schedules, etc.

☒ Personnel Records/Background Check, etc.

☒ Facility Policies and Procedures

Number of additional resident(s) reviewed: Two

Were residents selected based on the allegation(s)? ◉ Yes ○ No ○ N/A

Specify: _____

Were resident(s) identified in the allegation(s) present in the facility at the time of the investigation?

◉ Yes ○ No ○ N/A

Specify: _____

Interviews: The following interviews were conducted during the investigation:

Interview with complainant(s) ◉ Yes ◉ No ○ N/A

Specify: _____

If unable to contact complainant, attempts were made on:

Date:	Time:	Date:	Time:	Date:	Time:

Interview with family: ◉ Yes ○ No ○ N/A Specify: _____

Did you interview the resident(s) identified in allegation:

○ Yes ◉ No ○ N/A Specify: Moved to another facility

Did you interview additional residents? ◉ Yes ○ No

Total number of resident interviews: Four

Interview with staff: ◉ Yes ○ No ○ N/A Specify: _____

Tennessen Warnings

Tennessen Warning given as required: ◉ Yes ○ No

Total number of staff interviews: Nine

Physician Interviewed: ◉ Yes ○ No

Nurse Practitioner Interviewed: ○ Yes ◉ No

Physician Assistant Interviewed: ○ Yes ◉ No

Interview with Alleged Perpetrator(s): ◯ Yes ◯ No ◉ N/A Specify: _____

Attempts to contact:

Date:	Time:	Date:	Time:	Date:	Time:
_____	_____	_____	_____	_____	_____

If unable to contact was subpoena issued: ◯ Yes, date subpoena was issued _____ ◉ No

Were contacts made with any of the following:

☒ Emergency Personnel ☐ Police Officers ☐ Medical Examiner ☐ Other: Specify _____

Observations were conducted related to:

☒ Wound Care
☒ Personal Care
☒ Nursing Services
☒ Call Light
☒ Infection Control
☒ Use of Equipment
☒ Medication Pass
☒ Cleanliness
☒ Dignity/Privacy Issues
☒ Safety Issues
☒ Restorative Care
☒ Transfers
☒ Meals
☒ Injury
☒ Incontinence

Was any involved equipment inspected: ◯ Yes ◯ No ◉ N/A

Was equipment being operated in safe manner: ◯ Yes ◯ No ◉ N/A

Were photographs taken: ◯ Yes ◉ No Specify: _____

cc:

Health Regulation Division - Licensing & Certification

Minnesota Board of Examiners for Nursing Home Administrators

The Office of Ombudsman for Long-Term Care

Hennepin County Attorney

Golden Valley Police Department

Golden Valley City Attorney

Electronically delivered

November 22, 2017

Ms. Catherine Scoville, Administrator
Golden Valley Rehabilitation and Care Center
7505 Country Club Drive
Golden Valley, MN 55427

RE: Project Numbers: S5186032, H5186226, H5186228, H5186233
H5186240, H5186243 and H5186247

Dear Ms. Scoville:

On July 28, 2017 and October 18, 2017, as authorized by the CMS Region V Office, we informed you that the following enforcement remedies were being imposed:

- State Monitoring effective August 2, 2017. (42 CFR 488.422)

- Mandatory denial of payment for new Medicare and Medicaid admissions effective September 15, 2017. (42 CFR 488.417 (b))

Also, we notified you in our letters of July 28, 2017 and October 18, 2017, in accordance with Federal law, as specified in the Act at Section 1819(f)(2)(B)(iii)(I)(b) and 1919(f)(2)(B)(iii)(I)(b), your facility is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from September 15, 2017.

This was based on the deficiencies cited by this Department's Office of Health Facility Complaints for an abbreviated standard survey completed on June 15, 2017, an abbreviated standard survey completed on July 10, 2017 and lack of verification of compliance with deficiencies issued pursuant to the June 15, 2017 and July 10, 2017 abbreviated standard surveys, at the time of our July 28, 2017 notice. The most serious deficiency was found to be a widespread deficiency that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level F), whereby corrections were required.

On October 4, 2017, an abbreviated standard survey was completed at your facility by the Minnesota Department of Health, Office of Health Facility Complaints to determine if your facility was in compliance with Federal participation requirements for skilled nursing facility and/or nursing facilities participating in the Medicare and/or Medicaid Programs. The most serious deficiency was found to be isolated deficiencies that constituted actual harm that was not immediate jeopardy (Level G), whereby corrections were required.

The CMS Region V Office will notify your fiscal intermediary that the denial of payment for new Medicare admissions, effective September 15, 2017, is to be discontinued, effective November 13, 2017. They will also notify the State Medicaid Agency that the denial of payment for all Medicaid admissions, effective September 15, 2017, is to be discontinued, effective November 13, 2017.

Further, this Department recommended to the CMS Region V Office the following actions related to the remedies outlined in our letter of October 18, 2017:

- Civil Money Penalty for the deficiency cited at F309, be imposed. (42 CFR 488.430 through 488.444)
- Civil Money Penalty for the deficiency cited at F373, be imposed. (42 CFR 488.430 through 488.444

The CMS Region V Office will notify you of their determination regarding the recommended remedies, Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) prohibition and appeal rights.

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.

Feel free to contact me if you have questions.

Sincerely,

Kate JohnsTon, Program Specialist
Program Assurance Unit
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
kate.johnston@state.mn.us
Telephone: (651) 201-3992 Fax: (651) 215-9697

cc: Licensing and Certification File
Office of Health Facility Complaints File

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00112	A. BUILDING: _____ B. WING _____	R-C 11/15/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN VALLEY OPCO LLC	7505 COUNTRY CLUB DRIVE GOLDEN VALLEY, MN 55427

(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
{2 000}	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER 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. 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. 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. INITIAL COMMENTS: A licensing order follow-up was completed to follow up on correction orders issued related to complaint H5186247. Golden Valley Rehabilation and Care Center was found in compliance with state regulations. The facility is enrolled in ePOC and therefore a	{2 000}		

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{2 000}	Continued From page 1 signature is not required at the bottom of the first page of the State form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.	{2 000}		

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	245186	A. BUILDING _____ B. WING _____	R-C 11/15/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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{F 000}	INITIAL COMMENTS A Post Certification revisit was conducted on November 14, 2017, to follow up on deficiencies issued relate to complaint H5186247. Golden Valley Rehabilitaion and Care Center is in compliance with 42 CFR Part 483, subpart B, requirements for Long Term Care Facilities. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of the CMS-2567 form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.	{F 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		11/27/2017

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245186	A. BUILDING _____ B. WING _____	C 10/04/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN VALLEY REHABILITATION AND CARE CENTER	7505 COUNTRY CLUB DRIVE GOLDEN VALLEY, MN 55427

(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 An abbreviated standard survey was conducted to investigate case #H5186245, #H5186246, and #H5186247. As a result, the following deficiency is issued related to case #H5186247. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of the CMS-2567 form. Electronic submission of the POC will be used as verification of compliance.	F 000		
F 309 SS=G	483.24, 483.25(k)(l) PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 483.24 Quality of life Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care. 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices, including but not limited to the following: (k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan,	F 309		

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.

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F 309	Continued From page 1 and the residents' goals and preferences. (l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure staff followed the physician order to remove a peripherally inserted central catheter (PICC) for one of three residents, (R1), reviewed. R1's PICC was not removed and staff did not assess or change the PICC site dressing. R1 had an increase in temperature, was sent to the hospital, and was diagnosed with a PICC line infection. Findings include: R1's medical record was reviewed. R1 had spina bifida, osteomyelitis, chronic pressure ulcers, paraplegia, neurogenic bladder and bowel, a colostomy, a urostomy and a peripherally inserted central catheter (PICC) line placed in a forearm to administer medications for extended periods. R1's Brief Interview of Mental Status dated 1/27/17, with a score of 13-15, indicated no or mild cognitive impairment. R1's care plan dated 1/27/17 indicated R1 was non-ambulatory and required the assistance of two staff for transfers and the assistance of one staff for activities of daily living (ADLs). R1's care plan dated 5/16/17 indicated R1 had a rash to arms and legs due to a secondary intravenous (IV) antibiotic allergy. R1 had a history of receiving IV antibiotics through a PICC line for sepsis from non-healing wounds.	F 309		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 309	Continued From page 2 R1's nursing note dated 6/22/17 indicated R1 was readmitted to the facility from the hospital with an order to receive IV antibiotic vancomyocin beginning 6/23/17 at 8:00 a.m. R1's skin assessment form dated 6/22/17 indicated a left side two lumen PICC line in R1's forearm. A physician's order dated 6/22/17 instructed facility nursing staff to administer 1000 milligrams (mg)/200 milliliters (ml) of vancomycin every 12 hours for six days due to a staphylococcus infection in the bloodstream. R1's nursing note dated 6/22/17 indicated R1 was readmitted to the facility with an order to receive IV vancomycin, an antibiotic, beginning 6/23/17 at 8:00 a.m. and a skin assessment was done. R1's nursing note dated 6/26/17 indicated the PICC line was patent with no signs or symptoms of infection and IV vancomycin was administered. R1's care plan dated 6/27/17 indicated R1 had methicillin-resistant staphyloccus aureus (MRSA) wounds and a yeast rash to buttocks. R1's care plan interventions for R1's wounds included monitoring for signs and symptoms of infection: increased redness, drainage, odor, pain and temperature. R1's care plan dated 6/27/17 indicated to follow the IV site and tubing care per protocol. R1's nursing note on 6/29/17 indicated IV vancomycin was administered. R1 had no treatment administration record (TAR)	F 309		

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F 309	Continued From page 3 for June 2017. R1's treatments were written on the June 2017 medication administration record (MAR) and addressed R1's gluteal wound cares, buttock rashes, and left arm rash. R1's June 2017 MAR had no physician or hospital discharge orders to assess and/or change R1's PICC line dressing. Copies of R1's June 2017 TAR were requested from the facility but were not received. Copies of R1's June 2017 MAR were received. A physician's order dated 6/29/17 instructed nursing staff to discontinue R1's vancomycin on 6/29/17 and remove the PICC line. R1's primary physician progress note dated 7/3/17 indicated R1 was hospitalized from 6/18/17 to 6/22/17 for sepsis. The progress note indicated R1 was susceptible to sepsis. R1's nursing note and situation, background, assessment and recommendation (SBAR) communication form, both dated 7/4/2017 indicated R1 had a temperature of 102 degrees. The nurse notified the on-call physician and received an order to send R1 to the hospital for evaluation. R1's emergency room (ER) progress note dated 7/4/17 indicated R1's condition on arrival at the ER was a concern to hospital staff. R1 was alert and oriented but disheveled. The PICC line was still in R1's left arm and the insertion site was uncovered. The clear Tegaderm dressing was no longer sticking to R1's skin because it was so heavily soiled with crusted flaking skin. R1's PICC line dressing was dated 6/22/17, 12 days earlier.	F 309		

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F 309	Continued From page 4	F 309		

A hospital infectious disease physician consultation note dated 7/6/17 indicated R1's PICC line was removed in the ER on 7/4/17 and cultured and had gram negative bacilli present.

When interviewed on 08/07/2017 at 2:01 p.m., registered nurse (RN)-A said it was important to check the PICC line site regularly for swelling, redness, and drainage. RN-A said she never had PICC line training at the facility.

When interviewed on 8/7/2017 at 3:41 p.m., the director of nursing (DON)-F said the unit managers do rounding with the wound doctor and if there is a concern she would look at it.

When interviewed on 9/12/17 at 1:37 p.m., family member (FM)-H said she was upset about R1's condition because she looked pale, her skin was scaly, they had already cleaned her up for an hour, and she still looked bad when she got to the hospital. FM-H said R1 lives at a new facility; her infection has improved and her skin is healing.

When interviewed on 9/25/17 at 10:00 a.m., medical doctor (MD)-J said there should be a daily assessment and documentation of R1's PICC line whether used or not. MD-J said it was the responsibility of nursing staff to contact a physician if staff are not sure about R1's PICC line dressing changes or PICC line removal. MD-J said the expectation was R1's PICC line be removed by facility nursing staff within 24 hours of the order.

When interviewed on 10/02/17 at 9:00 a.m., emergency room RN-H said R1's left upper arm was swollen, red and tender on arrival at the emergency room. Yellow, foul-smelling pus

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245186	A. BUILDING _____ B. WING _____	C 10/04/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN VALLEY REHABILITATION AND CARE CENTER	7505 COUNTRY CLUB DRIVE GOLDEN VALLEY, MN 55427

(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 309	Continued From page 5 flowed from R1's uncovered PICC line site when touched. RN-H said R1 told hospital staff the facility never changed her PICC line dressing. RN-H said common practice is to change a PICC line dressing every 72 hours or when the dressing is soiled or loose. The facility policy titled Central Vascular Access Device (CVAD) Dressing Change dated May 2016 addressed the following PICC line issues and cares: insertion site is a potential entry site for bacteria that can cause catheter-related infections; a transparent dressing over the PICC is preferred but sterile gauze and tape may also be used; transparent dressings need to be changed at least weekly or when the dressing is wet, soiled or loose; sterile gauze dressings must be changed every two days or when the dressing is wet, soiled or loose; the access site should be assessed at least every two hours during continuous therapy, before and after intermittent infusions and at least once every shift when not in use. A assessment for signs and symptoms of infusion-related complications; assessment of the entire arm with the indwelling vascular device include erythema, drainage, swelling or induration, change of skin temperature at site or along vein tract and integrity of the dressing; measuring the length of the external catheter is indicated during dressing changes or if signs/symptoms of complications are present.	F 309		

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	00112	A. BUILDING: _____ B. WING _____	C 10/04/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN VALLEY REHABILITATION AND CARI	7505 COUNTRY CLUB DRIVE GOLDEN VALLEY, MN 55427

(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
2 000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER 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. 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. 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. INITIAL COMMENTS: A complaint investigation was conducted to investigate complaint #H5186245, #H5186546 and #H5186247. As a result, the following correction orders are issued related to case #H5186247. The facility has agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of	2 000		

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GOLDEN VALLEY REHABILITATION AND CARI	7505 COUNTRY CLUB DRIVE GOLDEN VALLEY, MN 55427

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2 000	Continued From page 1 Health Informational Bulletin 14-01, available at http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. 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.	2 000		
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 resident must remain in bed or the resident prefers to remain in bed. This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure staff followed the physician order to remove a peripherally inserted central catheter (PICC) for one of three residents, (R1), reviewed. R1's PICC was not removed and staff	2 830		

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2 830	Continued From page 2 did not assess or change the PICC site dressing. R1 had an increase in temperature, was sent to the hospital, and was diagnosed with a PICC line infection. Findings include: R1's medical record was reviewed. R1 had spina bifida, osteomyelitis, chronic pressure ulcers, paraplegia, neurogenic bladder and bowel, a colostomy, a urostomy and a peripherally inserted central catheter (PICC) line placed in a forearm to administer medications for extended periods. R1's Brief Interview of Mental Status dated 1/27/17, with a score of 13-15, indicated no or mild cognitive impairment. R1's care plan dated 1/27/17 indicated R1 was non-ambulatory and required the assistance of two staff for transfers and the assistance of one staff for activities of daily living (ADLs). R1's care plan dated 5/16/17 indicated R1 had a rash to arms and legs due to a secondary intravenous (IV) antibiotic allergy. R1 had a history of receiving IV antibiotics through a PICC line for sepsis from non-healing wounds. R1's nursing note dated 6/22/17 indicated R1 was readmitted to the facility from the hospital with an order to receive IV antibiotic vancomyocin beginning 6/23/17 at 8:00 a.m. R1's skin assessment form dated 6/22/17 indicated a left side two lumen PICC line in R1's forearm. A physician's order dated 6/22/17 instructed facility nursing staff to administer 1000 milligrams (mg)/200 milliliters (ml) of vancomycin every 12 hours for six days due to a staphylococcus infection in the bloodstream.	2 830		

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2 830	Continued From page 3 R1's nursing note dated 6/22/17 indicated R1 was readmitted to the facility with an order to receive IV vancomycin, an antibiotic, beginning 6/23/17 at 8:00 a.m. and a skin assessment was done. R1's nursing note dated 6/26/17 indicated the PICC line was patent with no signs or symptoms of infection and IV vancomycin was administered. R1's care plan dated 6/27/17 indicated R1 had methicillin-resistant staphyloccus aureus (MRSA) wounds and a yeast rash to buttocks. R1's care plan interventions for R1's wounds included monitoring for signs and symptoms of infection: increased redness, drainage, odor, pain and temperature. R1's care plan dated 6/27/17 indicated to follow the IV site and tubing care per protocol. R1's nursing note on 6/29/17 indicated IV vancomycin was administered. R1 had no treatment administration record (TAR) for June 2017. R1's treatments were written on the June 2017 medication administration record (MAR) and addressed R1's gluteal wound cares, buttock rashes, and left arm rash. R1's June 2017 MAR had no physician or hospital discharge orders to assess and/or change R1's PICC line dressing. Copies of R1's June 2017 TAR were requested from the facility but were not received. Copies of R1's June 2017 MAR were received. A physician's order dated 6/29/17 instructed nursing staff to discontinue R1's vancomycin on 6/29/17 and remove the PICC line. R1's primary physician progress note dated	2 830		

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2 830	Continued From page 4 7/3/17 indicated R1 was hospitalized from 6/18/17 to 6/22/17 for sepsis. The progress note indicated R1 was susceptible to sepsis. R1's nursing note and situation, background, assessment and recommendation (SBAR) communication form, both dated 7/4/2017 indicated R1 had a temperature of 102 degrees. The nurse notified the on-call physician and received an order to send R1 to the hospital for evaluation. R1's emergency room (ER) progress note dated 7/4/17 indicated R1's condition on arrival at the ER was a concern to hospital staff. R1 was alert and oriented but disheveled. The PICC line was still in R1's left arm and the insertion site was uncovered. The clear Tegaderm dressing was no longer sticking to R1's skin because it was so heavily soiled with crusted flaking skin. R1's PICC line dressing was dated 6/22/17, 12 days earlier. A hospital infectious disease physician consultation note dated 7/6/17 indicated R1's PICC line was removed in the ER on 7/4/17 and cultured and had gram negative bacilli present. When interviewed on 08/07/2017 at 2:01 p.m., registered nurse (RN)-A said it was important to check the PICC line site regularly for swelling, redness, and drainage. RN-A said she never had PICC line training at the facility. When interviewed on 8/7/2017 at 3:41 p.m., the director of nursing (DON)-F said the unit managers do rounding with the wound doctor and if there is a concern she would look at it. When interviewed on 9/12/17 at 1:37 p.m., family member (FM)-H said she was upset about R1's	2 830		

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2 830	Continued From page 5 condition because she looked pale, her skin was scaly, they had already cleaned her up for an hour, and she still looked bad when she got to the hospital. FM-H said R1 lives at a new facility; her infection has improved and her skin is healing. When interviewed on 9/25/17 at 10:00 a.m., medical doctor (MD)-J said there should be a daily assessment and documentation of R1's PICC line whether used or not. MD-J said it was the responsibility of nursing staff to contact a physician if staff are not sure about R1's PICC line dressing changes or PICC line removal. MD-J said the expectation was R1's PICC line be removed by facility nursing staff within 24 hours of the order. When interviewed on 10/02/17 at 9:00 a.m., emergency room RN-H said R1's left upper arm was swollen, red and tender on arrival at the emergency room. Yellow, foul-smelling pus flowed from R1's uncovered PICC line site when touched. RN-H said R1 told hospital staff the facility never changed her PICC line dressing. RN-H said common practice is to change a PICC line dressing every 72 hours or when the dressing is soiled or loose. The facility policy titled Central Vascular Access Device (CVAD) Dressing Change dated May 2016 addressed the following PICC line issues and cares: insertion site is a potential entry site for bacteria that can cause catheter-related infections; a transparent dressing over the PICC is preferred but sterile gauze and tape may also be used; transparent dressings need to be changed at least weekly or when the dressing is wet, soiled or loose; sterile gauze dressings must be changed every two days or when the dressing is wet, soiled or loose; the access site should be	2 830		

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2 830	Continued From page 6 assessed at least every two hours during continuous therapy, before and after intermittent infusions and at least once every shift when not in use. A assessment for signs and symptoms of infusion-related complications; assessment of the entire arm with the indwelling vascular device include erythema, drainage, swelling or induration, change of skin temperature at site or along vein tract and integrity of the dressing; measuring the length of the external catheter is indicated during dressing changes or if signs/symptoms of complications are present. SUGGESTED METHOD OF CORRECTION: The Director of Nursing or designated person to determine how the deficiency occurred, review policies and procedures, revise as necessary, educated staff on revisions, and monitor to ensure compliance. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	2 830		
21850	MN St. Statute 144.651 Subd. 14 Patients & Residents of HC Fac.Bill of Rights Subd. 14. Freedom from maltreatment. Residents shall be free from maltreatment as defined in the Vulnerable Adults Protection Act. "Maltreatment" means conduct described in section 626.5572, subdivision 15, or the intentional and non-therapeutic infliction of physical pain or injury, or any persistent course of conduct intended to produce mental or emotional distress. Every resident shall also be free from non-therapeutic chemical and physical restraints, except in fully documented emergencies, or as authorized in writing after examination by a resident's physician for a specified and limited	21850		

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21850	Continued From page 7 period of time, and only when necessary to protect the resident from self-injury or injury to others. This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure a resident was free from maltreatment when staff failed to follow the physician order to remove a peripherally inserted central catheter (PICC) for one of three residents, (R1), reviewed. R1's PICC was not removed and staff did not assess or change the PICC site dressing. R1 had an increase in temperature, was sent to the hospital, and was diagnosed with a PICC line infection. Findings include: The facility policy titled Prevention and Reporting: Resident Mistreatment, Neglect, Abuse, Including Injuries of Unknown Source and Misappropriation of Resident Property indicated a resident has the right to be free from abuse neglect, misappropriation of resident property and exploitation. Neglect was defined as a failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress. The facility policy titled Central Vascular Access Device (CVAD) Dressing Change dated May 2016 addressed the following PICC line issues and cares: insertion site is a potential entry site for bacteria that can cause catheter-related infections; a transparent dressing over the PICC is preferred but sterile gauze and tape may also be used; transparent dressings need to be changed at least weekly or when the dressing is	21850		

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21850	Continued From page 8 wet, soiled or loose; sterile gauze dressings must be changed every two days or when the dressing is wet, soiled or loose; the access site should be assessed at least every two hours during continuous therapy, before and after intermittent infusions and at least once every shift when not in use. A assessment for signs and symptoms of infusion-related complications; assessment of the entire arm with the indwelling vascular device include erythema, drainage, swelling or induration, change of skin temperature at site or along vein tract and integrity of the dressing; measuring the length of the external catheter is indicated during dressing changes or if signs/symptoms of complications are present. R1's medical record was reviewed. R1 had spina bifida, osteomyelitis, chronic pressure ulcers, paraplegia, neurogenic bladder and bowel, a colostomy, a urostomy and a peripherally inserted central catheter (PICC) line placed in a forearm to administer medications for extended periods. R1's Brief Interview of Mental Status dated 1/27/17, with a score of 13-15, indicated no or mild cognitive impairment. R1's care plan dated 1/27/17 indicated R1 was non-ambulatory and required the assistance of two staff for transfers and the assistance of one staff for activities of daily living (ADLs). R1's care plan dated 5/16/17 indicated R1 had a rash to arms and legs due to a secondary intravenous (IV) antibiotic allergy. R1 had a history of receiving IV antibiotics through a PICC line for sepsis from non-healing wounds. R1's nursing note dated 6/22/17 indicated R1 was readmitted to the facility from the hospital with an order to receive IV antibiotic vancomyocin beginning 6/23/17 at 8:00 a.m. R1's skin assessment form dated 6/22/17	21850		

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21850	Continued From page 9 indicated a left side two lumen PICC line in R1's forearm. A physician's order dated 6/22/17 instructed facility nursing staff to administer 1000 milligrams (mg)/200 milliiters (ml) of vancomycin every 12 hours for six days due to a staphylococcus infection in the bloodstream. R1's nursing note dated 6/22/17 indicated R1 was readmitted to the facility with an order to receive IV vancomycin, an antibiotic, beginning 6/23/17 at 8:00 a.m. and a skin assessment was done. R1's nursing note dated 6/26/17 indicated the PICC line was patent with no signs or symptoms of infection and IV vancomycin was administered. R1's care plan dated 6/27/17 indicated R1 had methicillin-resistant staphyloccus aureus (MRSA) wounds and a yeast rash to buttocks. R1's care plan interventions for R1's wounds included monitoring for signs and symptoms of infection: increased redness, drainage, odor, pain and temperature. R1's care plan dated 6/27/17 indicated to follow the IV site and tubing care per protocol. R1's nursing note on 6/29/17 indicated IV vancomycin was administered. R1 had no treatment administration record (TAR) for June 2017. R1's treatments were written on the June 2017 medication administration record (MAR) and addressed R1's gluteal wound cares, buttock rashes, and left arm rash. R1's June 2017 MAR had no physician or hospital discharge orders to assess and/or change R1's PICC line dressing.	21850		

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21850	Continued From page 10 Copies of R1's June 2017 TAR were requested from the facility but were not received. Copies of R1's June 2017 MAR were received. A physician's order dated 6/29/17 instructed nursing staff to discontinue R1's vancomycin on 6/29/17 and remove the PICC line. R1's primary physician progress note dated 7/3/17 indicated R1 was hospitalized from 6/18/17 to 6/22/17 for sepsis. The progress note indicated R1 was susceptible to sepsis. R1's nursing note and situation, background, assessment and recommendation (SBAR) communication form, both dated 7/4/2017 indicated R1 had a temperature of 102 degrees. The nurse notified the on-call physician and received an order to send R1 to the hospital for evaluation. R1's emergency room (ER) progress note dated 7/4/17 indicated R1's condition on arrival at the ER was a concern to hospital staff. R1 was alert and oriented but disheveled. The PICC line was still in R1's left arm and the insertion site was uncovered. The clear Tegaderm dressing was no longer sticking to R1's skin because it was so heavily soiled with crusted flaking skin. R1's PICC line dressing was dated 6/22/17, 12 days earlier. A hospital infectious disease physician consultation note dated 7/6/17 indicated R1's PICC line was removed in the ER on 7/4/17 and cultured and had gram negative bacilli present. When interviewed on 08/07/2017 at 2:01 p.m., registered nurse (RN)-A said it was important to check the PICC line site regularly for swelling, redness, and drainage. RN-A said she never had	21850		

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GOLDEN VALLEY REHABILITATION AND CARI	7505 COUNTRY CLUB DRIVE GOLDEN VALLEY, MN 55427

(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
21850	Continued From page 11 PICC line training at the facility. When interviewed on 8/7/2017 at 3:41 p.m., the director of nursing (DON)-F said the unit managers do rounding with the wound doctor and if there is a concern she would look at it. When interviewed on 9/12/17 at 1:37 p.m., family member (FM)-H said she was upset about R1's condition because she looked pale, her skin was scaly, they had already cleaned her up for an hour, and she still looked bad when she got to the hospital. FM-H said R1 lives at a new facility; her infection has improved and her skin is healing. When interviewed on 9/25/17 at 10:00 a.m., medical doctor (MD)-J said there should be a daily assessment and documentation of R1's PICC line whether used or not. MD-J said it was the responsibility of nursing staff to contact a physician if staff are not sure about R1's PICC line dressing changes or PICC line removal. MD-J said the expectation was R1's PICC line be removed by facility nursing staff within 24 hours of the order. When interviewed on 10/02/17 at 9:00 a.m., emergency room RN-H said R1's left upper arm was swollen, red and tender on arrival at the emergency room. Yellow, foul-smelling pus flowed from R1's uncovered PICC line site when touched. RN-H said R1 told hospital staff the facility never changed her PICC line dressing. RN-H said common practice is to change a PICC line dressing every 72 hours or when the dressing is soiled or loose. SUGGESTED METHOD OF CORRECTION: The Director of Nursing or designated person to determine how the deficiency occurred, review	21850		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00112	A. BUILDING: _____ B. WING _____	C 10/04/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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21850	Continued From page 12 policies and procedures, revise as necessary, educated staff on revisions, and monitor to ensure compliance. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	21850		