Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
January 24, 2021

Administrator
Galtier A Villa Center
445 Galtier Avenue
Saint Paul, MN 55103

RE: CCN: 245340
Cycle Start Date: November 13, 2020

Dear Administrator:

On December 30, 2020, we informed you of imposed enforcement remedies.

On January 7, 2021, the Minnesota Department(s) of Health and Public Safety completed a survey and it has been determined that your facility continues to not to be in substantial compliance. The most serious deficiencies in your facility were found to be isolated deficiencies that constituted actual harm that was not immediate jeopardy (Level G), as evidenced by the electronically attached CMS-2567, whereby corrections are required.

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy(ies) listed below to the CMS Region V Office for imposition. The CMS Region V Office concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), is effective on February 8, 2021.

This Department also recommends that CMS impose a civil money penalty. (42 CFR 488.430 through 488.444). You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective February 8, 2021. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective February 8, 2021.

You should notify all Medicare/Medicaid residents admitted on, or after, this date of the restriction. The remedy must remain in effect until your facility has been determined to be in substantial compliance or your provider agreement is terminated. Please note that the denial of payment for new admissions includes Medicare/Medicaid beneficiaries enrolled in managed care plans. It is your obligation to inform managed care plans contracting with your facility of this denial of payment for new admissions.

As we notified you in our letter of December 2, 2020, 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 fromFebruary 8, 2021.

ELECTRONIC PLAN OF CORRECTION (ePOC)

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable plan of correction (ePOC) for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Optional denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417 (a));

- Per day civil money penalty (42 CFR 488.430 through 488.444).

DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by a "F" tag), i.e., the plan of correction should be directed to:

Sarah Grebenc, Unit Supervisor
Metro B District Office
Licensing and Certification Program
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) 201-3792

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health - Health Regulation Division staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for their respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by February 13, 2021 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

APPEAL RIGHTS

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services,

Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at https://dab.efile.hhs.gov no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request shall be submitted electronically to:

Tamika.Brown@cms.hhs.gov

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201
(202) 565-9462

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Tamika Brown, Principal Program Representative by phone at (312) 353-1502 or by e-mail at Tamika.Brown@cms.hhs.gov.

INFORMAL DISPUTE RESOLUTION/ INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Nursing Home Informal Dispute Process
Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: https://mdhprovidercontent.web.health.state.mn.us/ltc_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

Questions regarding all documents submitted as a response to the Life Safety Code deficiencies (those preceded by a "K" tag), i.e., the plan of correction, request for waivers, should be directed to:

William Abderhalden, Fire Safety Supervisor
Deputy State Fire Marshal
Health Care/Corrections Supervisor – Interim
Minnesota Department of Public Safety
445 Minnesota Street, Suite 145
St. Paul, MN 55101-5145
Cell: (507) 361-6204
Email: william.abderhalden@state.mn.us
Fax: (651) 215-0525

Feel free to contact me if you have questions.

Sincerely,

Douglas Larson, Enforcement Specialist
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: 651-201-4118 Fax: 651-215-9697
Email: doug.larson@state.mn.us

cc: Licensing and Certification File

P r o t e c t i n g , M a i n t a i n i n g a n d I m p r o v i n g t h e H e a l t h o f A l l M i n n e s o t a n s

Electronically delivered
January 24, 2021

Administrator
Galtier A Villa Center
445 Galtier Avenue
Saint Paul, MN 55103

Re: Event ID: K3H411

Dear Administrator:

The above facility survey was completed on January 7, 2021 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 - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

Electronically posted 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,

Douglas Larson, Enforcement Specialist
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: 651-201-4118 Fax: 651-215-9697
Email: doug.larson@state.mn.us

cc: Licensing and Certification 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
	00480	A. BUILDING: ______ B. WING ______	C **01/07/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GALTIER A VILLA CENTER	**445 GALTIER AVENUE** **SAINT PAUL, MN 55103**

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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: On 1/6/21 and 1/7/21, an abbreviated survey was conducted to determine compliance with State Licensure. Your facility was found to be IN compliance with the MN State Licensure. The following complaint was found to be SUBSTANTIATED: H5340070C (MN68739), NO	2 000		

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		01/26/21

Minnesota Department of Health

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2 000	Continued From page 1 licensing orders were issued. The following complaint was found UNSUBSTANTIATED: H5340071C (MN68057) The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of 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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	245340	A. BUILDING ______ B. WING ______	C 01/07/2021

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F 000	INITIAL COMMENTS On 1/6/21 and 1/7/21, an abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was found NOT to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. The following complaint was found to be SUBSTANTIATED: H5340070C (MN68739) with a deficiency cited at F689. The following complaint was found to be UNSUBSTANTIATED: H5340071C (MN68057) The facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an on-site revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.	F 000		
F 689 SS=G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate	F 689		1/28/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 01/26/2021

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 689	Continued From page 1 supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interview and document review the facility failed to ensure the safe use of hot packs and/or rice packs for 1 of 1 residents (R1) who sustained burns and required total assistance from staff for activities of daily living. This failure resulted in actual harm when R1 sustained a thermal burns to the right hand and required debridement for second degree burns. Findings include: R1's quarterly Minimum Data Set (MDS) assessment dated 12/10/20, identified R1 had medically complex condition that included quadriplegia (paralysis from a spinal cord injury which involves the arms, hands trunk, legs and pelvic organs). The MDS also indicated R1 had intact cognition. R1 had rejected cares less than daily (4-6 days in the look-back period). R1 was totally dependent on physical assist of two staff for bed mobility, transfers, dressing, toileting and hygiene. R1 was totally dependent on physical assist of one staff for eating. R1 had functional limitation in range of motion (ROM) in both upper and lower extremities. R1 had frequent pain with an intensity of 5 out of 10, received scheduled pain medication, but had neither received as needed (PRN) pain medications nor non-medication intervention for pain. R1 had a current stage four pressure ulcer and other lesions other than ulcers, rashes, or cuts and had skin and ulcer treatments in place. R1's care plan dated 3/30/19, indicated R1 had pain due to chronic physical disability of	F 689	R1 no longer resides at Galtier a Villa Center. Residents that reside at Galtier a Villa Center have the potential to be affected by this practice. An audit was completed of all resident rooms to ensure there was no space heater or rice pack. Residents have been educated on space heater policy and on availability of medical grade heat packs use. Staff in all departments have been educated on the space heater policy and only using medical grade warm packs, provided by the facility. Administrator/Designee will conduct audits by touring resident rooms to ensure there is no rice packs or portable space heater 3-times weekly X 4 weeks, then monthly x3 months. All Audits will be brought through QAPI and reviewed for continued quality improvement.	

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F 689	Continued From page 2	F 689		

quadriplegia. R1 had a history of chronic pain and muscle spasms. Nursing was directed to encourage R1 to try different pain relieving methods including heat or cold application. The care plan did not identify where or how the specific heat or cold application should be used.

Review of R1's progress notes from 12/1/20 through 12/31/20:

-12/17/20, at 11:07 p.m. noted 1545 (3:45 p.m. [R1] requested Tylenol and a hot pack, 650 mg Tylenol administrated PO along with hot pack applied to his neck. Around 2000 (8:00 p.m.) [R1] requested another hot pack and writer offered, resident pain resolved.

-12/17/20, at 2:46 a.m. [R1] complained of neck pain, administered standing house order (SHO) Tylenol 650 mg and applied warm pack to his neck.

-12/21/20, at 2:22 a.m. complained of neck pain applied warm pack to neck administered Tylenol 650 mg for pain, up in wheelchair with blanket over head to knees, surfing on phone, Foley draining yellow urine, will continue to monitor.

-12/22/20, at 12:48 a.m. noted gave heat pack for neck pain, currently sitting in wheelchair with cell phone.

-1/3/21, at 10:10 a.m. indicated at approximately 9:20 a.m. the nurse found R1 in his room "unresponsive and had blood to the floor from his burn blisters." Vital signs were assessed and R1 was transported to the hospital.

R1's incident report dated 12/28/20, at 10:00 a.m.

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F 689	Continued From page 3	F 689		

indicated R1 stated he got blisters on his hand from his rice hot pack that was used for his neck. R1 would not say who helped him warm up the rice hot pack. The nurse manager had removed the rice hot pack from R1's room.

Review of R1's active physician orders from the electronic medical record revealed the following:

-4/19/19, for every shift to offer to put a soft warm blanket around his neck or warm towel around his neck for comfort due to R1's neck getting cold. The order lacked documentation or direction for the use of a hot pack or rice pack.

-6/15/20, indicated R1 at times would order a space heater from an online source to use in room. The order directed nursing to check room every shift, re-educate R1 and remove heater in a timely manner.

-12/28/20, apply bacitracin on blisters on right hand and cover with kerlix (gauze wrapping), once daily for blister burns for two weeks. Additionally, on every shift, staff were to monitor blister burns on right hand for signs or symptoms of infection.

Facility education sign in sheets dated 6/4/20, 7/21/20, 8/17/20, 10/14/20, 11/24/20, with subject of "[R1] educated on space heater or hot pack" included only the signatures of administrator and director of nursing (DON). The education sheets lacked any other staff signatures. The sheet did not indicate R1's signature, what R1 had been updated on, nor R1's response to the education or if the administrator and DON provided risk versus benefits to R1. R1's clinical record lacked documentation of the education provided and

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F 689	Continued From page 4	F 689		

lacked documentation of R1 response to the education.

R1's nurse practitioner (NP)-A progress note on 12/31/20, at 12:56 p.m. indicated R1 was a reliable historian. The note also indicated two days ago nursing reported a blistered area to R1's right hand and the fourth and fifth finger. Nursing found a portable heater in R1's room. Nurse manager suspected patient fell asleep too close to heater. NP ordered wound care. Picture was taken of blistered area and indicated R1 avoided the NP's questions on how the injury occurred.

During interview on 1/6/21, at 10:20 a.m. licensed practical nurse (LPN)-A stated R1 was in the hospital. She indicated R1 recently had a blistered area on his right hand from his own microwavable hot pack. LPN-A stated R1 would not have been able to use the microwave to heat up his own hot pack. The only microwave on the unit R1 resided on was in the nurses station and residents could not access the microwave. LPN-A stated did not know any other details about the incident. LPN-A stated they thought they were only supposed to use the facility instant hot packs, but upon review of the supply room with the surveyor no instant hot packs were present in the 3rd floor supply room.

During phone interview on 1/6/21, at 11:24 a.m. registered nurse (RN)-D stated had known R1 had blisters on his right hand recently but was unsure what the cause was. RN-D stated R1 would request hot packs for pain on his neck. RN-D stated would use the facility instant hot packs for residents that requested hot packs.

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F 689	Continued From page 5 During interview on 1/6/21, at 11:52 a.m. nursing assistant (NA)-B stated R1 used to request a microwavable heat pack, but they only used the facility provided ones. During interview 1/6/21, at 11:57 a.m. registered nurse (RN)-E stated the facility only used the instant hot packs. RN-E brought surveyor to the 2nd floor storage room at that time. There were no instant hot packs available, only the instant cold packs in the storage room. RN-E stated normally they had the instant hot packs in stock but did not know why they were not on the shelf today. During interview 1/6/21, at 12:02 p.m. registered nurse (RN)-H stated was not aware of any policy on space heaters or rice packs. RN-H stated the facility would use instant hot packs. During interview on 1/6/21, at 12:05 p.m. registered nurse (RN)-F stated the disposable hot packs (instant ones) were the safest option. During interview on 1/6/21, at 12:16 p.m. registered nurse (RN)-G stated R1 had a history of ordering space heaters online and nursing would remove them. RN-G showed surveyor two white space heaters that were removed from R1's room. RN-G stated one heater was removed a while ago. RN-G stated staff would have had to plug in space heaters and microwave any rice packs as R1 did not have the hand and arm movement to do these tasks fully. R1 also did not have access to a microwave. RN-G stated he was not sure about the rice pack, and took the surveyor on a tour of R1's room and no rice pack was found.	F 689		

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GALTIER A VILLA CENTER	**445 GALTIER AVENUE SAINT PAUL, MN 55103**

(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 689	Continued From page 6	F 689		

During phone interview on 1/6/21, at 12:25 p.m. licensed practical nurse (LPN)-B stated had known R1 recently sustained a burn on his hand. R1 was not sure what the original cause was, but knew a treatment was in place. LPN-B stated R1 had a history of using space heaters and R1 was told not to. LPN-B stated R1 would not have been able to use a space heater independently and would have relied on staff to plug it in and use it. LPN-B was not aware of any rice packs or hot packs R1 would have used. LPN-B stated the only microwave was in the nurses office and residents were not able to access it.

During interview on 1/6/21, at 12:39 p.m. director of maintence (DM)-A stated space heaters were not allowed in the facility. DM-A stated was not aware of any space heaters being used recently and was not aware of any education that had been provided. If a space heater was found, DM-A stated then it would be removed from resident room, room assessed for environmental issues and DM-A would put something together for the nurse manager to pass on to staffing. DM-A stated any guidance on hot packs would be clinical and handled by the nursing department.

RN-A also stated R1 used to keep electric heaters in his room and the last time RN-A saw a portable heater in R1's room "might have been a few weeks ago." RN-A stated R1 was not supposed to have the portable heaters in his room, and after the right hand injury, R1's hot packs were no longer allowed in the room. RN-A was unsure of the facility's policy related to portable heaters or hot packs, and stated did not think they were allowed anymore.

During a group interview on 1/6/21, at 1:23 p.m.

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	245340	A. BUILDING ______ B. WING ______	C 01/07/2021

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F 689	Continued From page 7 the DON and administrator stated there was no facility policy for hot packs or space heaters but they were not to be used. DON stated they started house wide staff education on 12/28/20, after R1 reported burns on his hand were from the rice hot back. DON did not have any documentation for the education. DON stated R1 had a long history of ordering space heaters online and nursing would remove them. DON did not know how often this occurred and stated would have to look it up. DON stated was unsure how R1 opened the packages. During phone interview on 1/6/21, at 2:21 p.m. medical doctor (MD)-B had access to R1's medical record and reviewed them by phone. MD-B stated was familiar with R1. MD-B stated was under the impression R1 had burns on his right hand and it might have been caused from a space heater that R1 was not supposed to have. MD-B stated R1 would have relied on staff to set up hot packs or space heaters. During phone interview on 1/6/21, at 3:17 p.m. emergency department (ED) nurse stated R1 arrived in their hospital ED by ambulance the morning of 1/3/21. ED nurse stated R1 was unresponsive upon arrival. ED nurse stated the emergency medical staff (ambulance transport staff) stated R1's right hand wound was caused by a space heater at the nursing home. ED nurse stated a burn consult had been ordered. During phone interview with medical doctor (MD)-A, on 1/6/21, at 4:45 p.m. MD-A stated had seen R1 for a burn consult while R1 was in the hospital. MD-A stated R1's right hand wounds were consistent with a thermal injury. R1 received debridement (medical removal of dead,	F 689		

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F 689	Continued From page 8	F 689		

damaged, or infected tissue) and treatment to the injured skin.

R1's Burn Consult PN from the hospital dated 1/6/21, at 5:35 p.m. indicated R1 was "noted to have four wounds consistent with thermal injury of his R [right] hand and fingers." The MD had debrided the wounds. The MD noted superficial partial thickness burns.

During phone interview on 1/6/21, at 6:00 p.m. nursing assistant (NA)-F stated R1 used to have a space heater and it was removed. NA-A was unsure how long ago this was removed. NA-F stated did not think space heaters were allowed.

During interview on 1/7/21, at 11:38 a.m. the administrator and DON stated there was not any other documentation related to the incident other than what was provided in their incident report dated 12/28/20. When asked for education, interviews and/or audits the administrator stated they were working on getting that documentation. Administrator also stated they were able to find a policy for space heaters- and they are not allowed in the facility. They stated they did not have a policy for hot packs.

The facility provided the following information: a education sign in sheet of employee name and signatures, however the date was blank and subject of in-service was blank. A separate sheet, undated, was provided that identified: No residents should have a space heater or rice pack in the facility. Residents need to use the hot packs that are ordered by Galtier. If you see a space heater or rice pack you need to remove it immediately and notify the nurse manager or nurse supervisor. The DON and administrator

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F 689	Continued From page 9 indicated this education was provided to staff after R1 was found with blisters on 12/28/20, however, during staff interviews while on site, staff did not indicate they received this education. A facility policy on Accidents and Incidents was requested and not received.	F 689		