



Protecting, Maintaining and Improving the Health of Minnesotans

Office of Health Facility Complaints Investigative Report
PUBLIC

Facility:

Fairview Home Care and Hospice
2450 26th Avenue South
Minneapolis, MN 55406
Hennepin County

Report#: H7078015 & H7078016

Date: August 2, 2016

Date of Visit: March 28, 2016
Time of Visit: 8:45 a.m. – 3:15 p.m.

By: Deborah Neuberger, RN, Special Investigator

Type of Facility: Nursing Home HHA Home Care Provider
 SLF ICF/IID
 Hospital Other: _____

Facility Self Report Complaint

Allegation(s): It is alleged that a client was neglected when agency staff soaked the client's feet in too high temperature of water. The client was transported to the hospital and referred to the Burn Unit with 2nd and 3rd degree burns to his/her feet.

An unannounced visit was made at this facility and an investigation was conducted under:

- Federal Regulations for Hospital Conditions of Participation (42 CFR, Part 482)
- Federal Regulations for Long Term Care Facilities (42 CFR Part 483, subpart B)
- Federal Regulations for ICF/IID (42 CFR Part 483, subpart I)
- Federal Regulations for HHA (Home Health Agencies) (42 CFR, Part 484)
- Federal Regulations for CAH (Critical Access Hospital) (42 CFR, Part 485)
- Federal Regulations for EMTALA (42 CFR Part 489)
- State Licensing Rules for Boarding Care Homes (MN Rules Chapter 4655)

- State Licensing Rules for Nursing Homes (MN Rules Chapter 4658)
- State Licensing Rules for Supervised Living Facilities (MN Rules Chapter 4665)
- State Statutes for Home Care Providers (MN Statutes, section 144A.43 - 144A.483)
- State Statutes for Maltreatment of Minors (MN Statutes, section 626.556)
- State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557)
- State Statutes Chapters 144 and 144A

Conclusion:

Minnesota Vulnerable Adults Act (MN 626.557)

Under the Minnesota Vulnerable Adults Act (MN. 626.557):

Abuse Neglect Financial Exploitation was:

Substantiated Not Substantiated Inconclusive based on the following information:

Based on a preponderance of evidence neglect occurred when the AP failed to provide adequate care and services to the client. The AP did not follow agency protocol when s/he failed to adequately test the water temperature and have the client test the water temperature before soaking the client's feet. When the AP removed the client's feet from the water, the client's feet were red and blistered. The client was hospitalized for third degree burns to both feet for 51 days.

The client's admission to the agency occurred in February 2016 with diagnoses that included Type 2 diabetes, and bilateral lower extremity diabetic foot ulcers (wounds related to decreased blood supply to tissues and decreased ability to perceive pain.) The client's physician orders included skilled nurse visits daily with wound care. Physician orders for wound care included: wash feet with scrub care, warm water and small squirt into basin, swish to make bubbles, wash between toes and entire foot. The order did not include soaking the foot in water as a part of the procedure.

Interview and record review revealed eight days after admission the AP (an RN) provided wound care for the client. During this visit, the AP soaked the client's feet in a basin of water. When the AP removed the client's feet from the water, his/her feet were red and blistered where the water was in contact with them. Later the same day the client was admitted to a local hospital's burn unit with third degree burns to both feet.

Agency policy review revealed the agency has policies that require staff to test water temperature prior to foot soaks, and have clients test water temperature prior to foot soaks. But the policy doesn't provide direction on how this is done. Additionally, the agency has policies that discourage foot soaks on client's who have the diagnosis of diabetes. Further, the facility did not provide any equipment to test the water for this particular client.

During an interview, the client stated the AP soaked his/her feet for about 5 minutes and when the AP pulled his/her feet from the water, his/her feet were reddened and blistered. The client stated s/he did not see the AP check the water temperature because the client was in a different room when the AP filled the basin with water. The client stated s/he later went to the hospital because the burns started weeping and s/he remained

hospitalized for 51 days related to second and third degree burns to both feet. The client stated that while hospitalized s/he had to have skin grafts to his/her feet from his/her thigh, which were extremely painful.

During an interview the AP stated, s/he prepared soap and water for the client's wound care. The AP stated s/he tested the water with his/her hand and it did not feel hot and it was not steaming. The AP did not have the client test the water. The AP put the client's feet in the water and then went to get supplies. The client's feet were in the water for approximately 5 minutes, and when s/he pulled his/her feet from the water his/her feet were red and blistered. The AP stated s/he did not know what happened, but s/he wondered if the client had a reaction to the soap used. The AP stated s/he soaked the client's feet, rather than simply washing them as ordered, because the bins were there. The AP stated s/he was not aware there was an agency policy that discouraged soaking the feet of clients who have the diagnosis of diabetes. The AP resigned from the agency.

The on-call triage nurse stated s/he completed a home visit with the client at about 9:15 p.m. the same day because the client called the on-call nurse line. When s/he took the dressing off the client's left foot, his/her foot was reddened and blistered over the entire foot from about just below the ankle down. The client told him/her s/he had a foot soak and wound care earlier in the day and when the AP pulled his/her feet out of the water they were red and blistered. When s/he saw the condition of the client's left foot, s/he called 911. S/he asked if the client was in pain, but the client stated s/he cannot feel his/her feet due to the diabetes.

During an interview, the Medical Director of the agency stated it was unlikely that the client's blistering and redness (thermal burn) were the result of an allergic reaction to the soap, as the client had this procedure completed before without a reaction and it would be unusual for the skin to look like a thermal burn if it is an allergic reaction. A client with Diabetic Neuropathy, such as the client, likely has decreased sensation to his/her feet. Foot soaks on diabetic patients should be used cautiously due to neuropathy and the chance of infection.

The hospital record revealed the client was admitted to the hospital's burn unit with 4% total body surface area third degree burns to right and left foot from scalding from hot liquid. The client underwent burn excision and skin grafting while hospitalized.

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 agency did not have policies and procedures sufficient to ensure safeguards and clear direction on how to check the temperature of water used with foot soaks. There was no equipment for the staff to use to check the temperature of the water. In addition, the individual is responsible because there wasn't a physician's order to soak the client's foot in water during the foot cleansing.

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 Home Care Providers (MN Statutes, section 144A.43-144A.483) – Compliance Not Met
The requirements under State Statutes for Home Care Providers (MN Statutes, section 144A.43-144A.483) were not met.

State licensing orders were issued: Yes No If no, specify: _____
(State licensing orders will be available on the MDH website.)

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.

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

State licensing orders were issued: Yes No If no, specify: _____
(State licensing orders will be available on the MDH website.)

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.

The Investigation included the following:

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Medical Records | <input checked="" type="checkbox"/> Care Guide |
| <input type="checkbox"/> Medication Administration Records | <input checked="" type="checkbox"/> Treatment Sheets |
| <input checked="" type="checkbox"/> Facility Incident Reports | <input checked="" type="checkbox"/> Physician Progress Notes |
| <input type="checkbox"/> ADL (Activities of Daily Living) Flow Sheets | <input type="checkbox"/> Laboratory and X-ray Reports |
| <input checked="" type="checkbox"/> Physician Orders | <input type="checkbox"/> Social Service Notes |
| <input checked="" type="checkbox"/> Nurses Notes | <input type="checkbox"/> Meal Intake Records |
| <input type="checkbox"/> Activities Reports | <input type="checkbox"/> Weight Records |
| <input type="checkbox"/> Therapy and/or Ancillary Services Records | <input checked="" type="checkbox"/> Assessments |
| <input checked="" type="checkbox"/> Skin Assessments | <input checked="" type="checkbox"/> Care Plan Records |
| <input checked="" type="checkbox"/> Service Plan | <input type="checkbox"/> Other, specify: _____ |

Other pertinent medical records:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Hospital Records | <input type="checkbox"/> Ambulance/Paramedics | <input type="checkbox"/> Medical Examiner Records | <input type="checkbox"/> Death Certificate |
| <input type="checkbox"/> Police Report | <input type="checkbox"/> Other, specify: _____ | | |

Additional facility records:

- Resident/Family Council Minutes
- Staff Time Sheets, Schedules, etc.
- Facility Internal Investigation Reports
- Call Light Audits
- Personnel Records/Background Check, etc.
- Facility In-service Records
- Facility Policies and Procedures
- Other, specify: _____

Number of additional resident(s) reviewed: 5

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: This was a home health agency.

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: Declined.

Did you interview the resident(s) identified in allegation: Yes No N/A Specify: _____

Did you interview additional residents: Yes No

Total number of resident interviews: 3

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

Tennessee Warning given as required: Yes No

Total number of staff interviews: 9

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 Medication Pass Meals
- Personal Care Dignity/Privacy Issues Restorative Care
- Nursing Services Safety Issues Facility Tour
- Infection Control Cleanliness Injury
- Use of Equipment Transfers Incontinence
- Call Light Other: _____

Was any involved equipment inspected: Yes No N/A Specify: _____

Was equipment being operated in safe manner: Yes No N/A Specify: _____

Were photographs taken: Yes No Specify: _____

xc: Health Regulation Division - Licensing & Certification
Minnesota Board of Nursing
Burnsville City Police Department
Dakota County Attorney
Burnsville City Attorney

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

PRINTED: 06/03/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 247078	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/25/2016
NAME OF PROVIDER OR SUPPLIER FAIRVIEW HOME CARE AND HOSPICE			STREET ADDRESS, CITY, STATE, ZIP CODE 2450 26TH AVENUE SOUTH MINNEAPOLIS, MN 55406	
(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
G 000	INITIAL COMMENTS	G 000		
G 168	A complaint investigation was conducted to investigate case #H7078015 and H7078016. As a result, the following deficiencies are issued 484.30 SKILLED NURSING SERVICES This CONDITION is not met as evidenced by: Based on interview and document review, the agency was found to be out of compliance with the Condition of Participation at 42 CFR 484.30, Skilled Nursing Services. The agency failed to ensure that Registered Nursing staff followed the physicians order for wound care, resulting in 2nd and 3rd degree burns to a patient's feet after a foot soak provided by an agency RN. Findings include: Based on interview and document review the agency failed to provide services in accordance with the patient's plan of care for 1 of 6 patients reviewed, Patient #1, (P1), when Registered Nurse G (RN-G) failed to adequately test water temperature and immersed P1's feet into hot water, resulting in 2nd and 3rd degree thermal burns on both feet and hospitalization. See G170.	G 168		
G 170	484.30 SKILLED NURSING SERVICES The HHA furnishes skilled nursing services in accordance with the plan of care. This STANDARD is not met as evidenced by: Based on interview and document review the agency failed to provide services in accordance	G 170		

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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G 170	<p>Continued From page 1</p> <p>with the patient's plan of care for 1 of 6 patients reviewed, Patient #1, (P1), when Registered Nurse G (RN-G) failed to adequately test water temperature and immersed P1's feet into hot water, resulting in 2nd and 3rd degree thermal burns on both feet and hospitalization.</p> <p>Findings include:</p> <p>Medical record review revealed P1 was admitted to the agency on 2/6/2016 with diagnoses that included Type 2 diabetes, and bilateral lower extremity diabetic foot ulcers. P1's Home Health Certification and Plan of Care/physician orders dated for certification period 2/6/2016 - 4/5/2016 revealed P1 was to have skilled nurse visits daily with wound care.</p> <p>Physician orders for wound care dated 2/10/2016 were as follows:</p> <ol style="list-style-type: none"> 1. Wash feet with scrub care, warm water and small squirt into basin, swish to make bubbles, wash between toes and entire foot. 2. Spray with microklien spray, pat dry. 3. Sween to intact skin on feet and heels. 4. Butter silvadine cream onto 4x4/ABD and apply to cover toes and instep. May floss toes with gauze to ensure medication between toes. 5. Wrap with Kerlix and tape. 6. Encourage elevation on pillows 24/7, minimal heel weight bearing. <p>Skilled Nurse re-visit form dated 2/14/2016 and documented by RN-G revealed under clinical note: Patient requested to soak feet prior to wound care. While the skilled nurse was washing CI's bilateral feet post soaking the feet, blisters were noted on top of the toes and along sides of both</p>	G 170			

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G 170	<p>Continued From page 2</p> <p>feet. Redness noted to foot where water was in contact, water warm to touch. Left foot has more blistering than right. Blistering covers the tops of all toes and from front of foot, around to back of heel on left foot. Right foot blistering noted on top of toes and occasional spots on side of foot. Silvadine cream placed over blistered areas and per MD orders. Reinforced dressing with ABD pads on bottom of feet for additional drainage. Educated patient of this. Discussed findings with wound nurse and on-call MD due to concerns with blistering.</p> <p>P1's hospital record dated 2/15/2016 revealed the client was admitted to the hospital's burn unit with 4% total body surface area third degree burns to right and left foot from scalding hot liquid. The client underwent burn excision and skin grafting while hospitalized.</p> <p>RN-G was interviewed on 3/29/2016 at 12:30 p.m. and stated on 2/14/2016 she prepared soap and water for P1's wound care. RN-G stated she tested the water with her hand and it did not feel hot and it was not steaming. RN-G did not have P1 test the water temperature himself before immersing his feet in the water. RN-G stated she put P1's feet in the water and then went to get supplies. RN-G stated P1's feet were in the water for approximately 5 minutes. When she pulled his feet from the water his feet were red and blistered. RN-G stated she did not know what happened, but she called P1's physician and wound nurse to report the concern and get direction. RN-G stated she wondered if the client had a reaction to the soap used. When asked why RN-G soaked the client's feet, when the physician's order included just washing the client's feet, RN-G stated she soaked P1's feet</p>	G 170			

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G 170	<p>Continued From page 3</p> <p>because the bins were there. RN-G stated was not aware there was an agency policy not to soak feet of clients who have the diagnosis of diabetes.</p> <p>An interview was conducted with RN-K, on-call triage nurse on 4/1/2016 at 2:30 p.m. RN-K stated she was asked to do a home visit with P1 on 2/14/1016 at about 9:15 p.m. because the client had called the on-call nurse line. RN-K stated she arrived at P1's home and P1 was in bed. His bedding, foot dressings, socks, and soaker pad were all full of fluid. RN-K stated she was very concerned with the amount of fluid P1 had lost. When she took the dressing off his left foot, his foot was reddened and blistered over the entire foot from about just below the ankle down. RN-K stated P1 told her he had a foot soak and wound care earlier in the day and when RN-G pulled his feet out of the water they were red and blistered. RN-K stated she could tell where the water had stopped because clear line between what was red and blistered and the skin that was not blistered. RN-K stated all the skin on his foot was compromised. When she saw what the left foot looked like, she did not remove the dressing from the right foot, but called 911. RN-K stated she asked if P1 was in pain, and he stated he cannot feel his feet due to the diabetes.</p> <p>An interview was conducted with the medical director for the agency, (MD-K), on 4/4/2016 at 8:45 a.m. and 4/4/2016 at 9:30 a.m. MD-K stated it was unlikely that the client's blistering and redness (thermal burn) were the result of an allergic reaction to the soap, as P1 had this procedure completed before without a reaction. A client with Diabetic Neuropathy, such as P1, likely has decreased sensation to his feet.</p>	G 170			

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G 170	<p>Continued From page 4</p> <p>An interview was conducted with P1 on 4/7/2016 at 9:45 a.m. P1 stated on 2/14/2016, the RN from the agency (he could not recall her name), filled the basin with hot water in the bathroom and brought it to him as he was sitting in his lift chair at approximately 12:00 p.m. P1 did not see RN-G check the water temperature. RN-G put his feet in the basin of water and his feet were there for approximately 5 minutes. When RN-G lifted his feet from the water, his feet were reddened and blistered from the top of his foot down to his heel. RN-G told P1 that she was sorry and she felt bad about the incident. P1 stated he has no feeling in his feet due to diabetic neuropathy, so he did not feel the burns to his feet. Later that evening, at about 5:00 p.m. he got out of bed to get supper and he noted wet areas on his carpet and his bed, bedding and blankets were wet because the blisters had broken open. He called the agency, who sent a nurse out to check him and they called 911 and he went to the hospital. P1 stated he was hospitalized for 51 days with 2nd and 3rd degree burns to both feet. P1 stated he had to have skin grafts to his feet from his thigh and that procedure was very painful.</p> <p>The policy titled Foot Care dated reviewed 2014 and provided by the agency was reviewed. Under Considerations: 2. Patients with diabetes require special foot care. Instructions must be obtained from the nurse. DO NOT soak patient's feet if the patient has a diagnosis of diabetes or circulatory issues. Under Procedure: 6. Fill basin or tub with sufficient warm water to cover feet. Check the water temperature and have the patient test to comfort level. Place feet in tub or basin.</p>	G 170			

Minnesota Department of Health

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0 000	<p>Initial Comments</p> <p>A complaint investigation was conducted to investigate complaint #H7078015 and H7078016. The following correction order is issued.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.</p> <p>The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.</p>	

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

Minnesota Department of Health

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0 325	Continued From page 1	0 325		
0 325	<p>144A.44, Subd. 1(14) Free From Maltreatment</p> <p>Subdivision 1. Statement of rights. A person who receives home care services has these rights: (14) the right to be free from physical and verbal abuse, neglect, financial exploitation, and all forms of maltreatment covered under the Vulnerable Adults Act and the Maltreatment of Minors Act;</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the agency failed to ensure 1 of 6 client's, Client #1 (C1) reviewed was free from maltreatment when C1 was neglected and C1 experienced 2nd and 3rd degree thermal burns to both feet when Registered Nurse G (RN-G) failed to adequately test water temperature and immersed C1's feet into hot water, resulting in burned skin on his feet and hospitalization.</p> <p>This practice resulted in a level four violation (a violation that results in serious injury, impairment, or death) and is issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>Medical record review revealed C-1 was admitted to the agency on 2/6/2016 with diagnoses that included Type 2 diabetes, and bilateral lower extremity diabetic foot ulcers. C1's Home Health Certification and Plan of Care/physician orders dated for certification period 2/6/2016 - 4/5/2016 revealed C1 was to have skilled nurse visits daily with wound care.</p>	0 325		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H02187	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/25/2016
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NAME OF PROVIDER OR SUPPLIER FAIRVIEW HOME CARE AND HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 2450 26TH AVENUE SOUTH MINNEAPOLIS, MN 55406
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 325	<p>Continued From page 2</p> <p>Physician orders for wound care dated 2/10/2016 were as follows:</p> <ol style="list-style-type: none"> 1. Wash feet with scrub care, warm water and small squirt into basin, swish to make bubbles, wash between toes and entire foot. 2. Spray with microkrenz spray, pat dry. 3. Sween to intact skin on feet and heels. 4. Butter silvadine cream onto 4x4/ABD and apply to cover toes and instep. May floss toes with gauze to ensure medication between toes. 5. Wrap with Kerlix and tape. 6. Encourage elevation on pillows 24/7, minimal heel weight bearing. <p>Skilled Nurse re-visit form dated 2/14/2016 and documented by RN-G revealed under clinical note: Client requested to soak feet prior to wound care. Skilled nurse washed C1's bilateral feet post soaking feet and noted blisters on top of toes and along sides of both feet. Redness was noted to foot where water was in contact, water warm to touch. Left foot has more blistering than right. Blistering covers the tops of all toes and from front of foot, around to back of heal on left foot. Right foot blistering noted on top of toes and occasional spots on side of foot. Silvadine cream placed over blistered areas and per MD orders. Reinforced dressing with ABD pads on bottom of feet for additional drainage. Educated patient of this. Discussed findings with wound nurse and on-call MD due to concerns with blistering.</p> <p>C1's hospital record dated admitted 2/15/2016 revealed the client was admitted to the hospital's burn unit with 4% total body surface area third degree burns to right and left foot from scalding from hot liquid. The client underwent burn excision and skin grafting while hospitalized.</p>	0 325		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H02187	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/25/2016
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NAME OF PROVIDER OR SUPPLIER FAIRVIEW HOME CARE AND HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 2450 26TH AVENUE SOUTH MINNEAPOLIS, MN 55406
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 325	<p>Continued From page 3</p> <p>RN-G was interviewed on 3/29/2016 at 12:30 p.m. and stated on 2/14/2016 she prepared soap and water for C1's wound care. RN-G stated she tested the water with her hand and it did not feel hot and it was not steaming. RN-G did not have C1 test the water temperature himself before immersing his feet in the water. RN-G stated she put C1's feet in the water and then went to get supplies. RN-G stated C1's feet were in the water for approximately 5 minutes. When she pulled his feet from the water his feet were red and blistered. RN-G stated she did not know what happened, but she called C1's physician and wound nurse to report the concern and get direction. RN-G stated she wondered if the client had a reaction to the soap used. When asked why RN-G soaked the client's feet, when the physician's order included just washing the client's feet, RN-G stated she soaked C1's feet because the bins were there. RN-G stated was not aware there was an agency policy not to soak feet of clients who have the diagnosis of diabetes.</p> <p>An interview was conducted with RN-K, on-call triage nurse on 4/1/2016 at 2:30 p.m. RN-K stated she was asked to do a home visit with C1 on 2/14/1016 at about 9:15 p.m. because the client had called the on-call nurse line. RN-K stated she arrived at C1's home and C1 was in bed. His bedding, foot dressings, socks, and soaker pad were all full of fluid. RN-K stated she was very concerned with the amount of fluid C1 had lost. When she took the dressing off his left foot, his foot was reddened and blistered over the entire foot from about just below the ankle down. RN-K stated C1 told her he had a foot soak and wound care earlier in the day and when RN-G pulled his feet out of the water they were red and blistered. RN-K stated she could tell where the water had stopped because there was a clear line</p>	0 325		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H02187	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/25/2016
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NAME OF PROVIDER OR SUPPLIER FAIRVIEW HOME CARE AND HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 2450 26TH AVENUE SOUTH MINNEAPOLIS, MN 55406
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 325	<p>Continued From page 4</p> <p>between what was red and blistered and what was not blistered. RN-K stated all the skin on his foot was compromised. When she saw what the left foot looked like, she did not remove the dressing from the right foot, but called 911. RN-K stated she asked if C1 was in pain, and he stated he cannot feel his feet due to the diabetes.</p> <p>An interview was conducted with the medical director for the agency, (MD-K), on 4/4/2016 at 8:45 a.m. and 4/4/2016 at 9:30 a.m. MD-K stated it was unlikely that the client's blistering and redness (thermal burn) were the result of an allergic reaction to the soap, as C1 had this procedure completed before without a reaction. A client with Diabetic Neuropathy, such as C1, likely has decreased sensation to his feet.</p> <p>An interview was conducted with C1 on 4/7/2016 at 9:45 a.m. C1 stated on 2/14/2016, the RN from the agency (he could not recall her name), filled the basin with hot water in the bathroom and brought it to him as he was sitting in his lift chair at approximately 12:00 p.m. C1 did not see RN-G check the water temperature. RN-G put his feet in the basin of water and his feet were there for approximately 5 minutes. When RN-G lifted his feet from the water, his feet were reddened and blistered from the top of his foot down to his heel. RN-G told C1 that she was sorry and she felt bad about the incident. C1 stated he has no feeling in his feet due to diabetic neuropathy, so he did not feel the burns to his feet. Later that evening, at about 5:00 p.m. he got out of bed to get supper and he noted wet areas on his carpet and his bed, bedding and blankets were wet because the blisters had broken open. He called the agency, who sent a nurse out to check him and they called 911 and he went to the hospital. C1 stated he was hospitalized for 51 days with 2nd and 3rd</p>	0 325		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H02187	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/25/2016
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NAME OF PROVIDER OR SUPPLIER FAIRVIEW HOME CARE AND HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 2450 26TH AVENUE SOUTH MINNEAPOLIS, MN 55406
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 325	<p>Continued From page 5</p> <p>degree burns to both feet. C1 stated he had to have skin grafts to his feet from his thigh and that procedure was very painful.</p> <p>The policy titled Foot Care dated reviewed 2014 and provided by the agency was reviewed. Under Considerations: 2. Patients with diabetes require special foot care. Instructions must be obtained from the nurse. DO NOT soak patient's feet if the patient has a diagnosis of diabetes or circulatory issues.</p> <p>Under Procedure: 6. Fill basin or tub with sufficient warm water to cover feet. Check the water temperature and have the patient test to comfort level. Place feet in tub or basin.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	0 325		
0 865	<p>144A.4791, Subd. 9(a-e) Service Plan, Implementation & Revisions</p> <p>Subd. 9. Service plan, implementation, and revisions to service plan. (a) No later than 14 days after the initiation of services, a home care provider shall finalize a current written service plan.</p> <p>(b) The service plan and any revisions must include a signature or other authentication by the home care provider and by the client or the client's representative documenting agreement on the services to be provided. The service plan must be revised, if needed, based on client review or reassessment under subdivisions 7 and 8. The provider must provide</p>	0 865		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H02187	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/25/2016
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NAME OF PROVIDER OR SUPPLIER FAIRVIEW HOME CARE AND HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 2450 26TH AVENUE SOUTH MINNEAPOLIS, MN 55406
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0 865	<p>Continued From page 6</p> <p>information to the client about changes to the provider's fee for services and how to contact the Office of the Ombudsman for Long-Term Care.</p> <p>(c) The home care provider must implement and provide all services required by the current service plan.</p> <p>(d) The service plan and revised service plan must be entered into the client's record, including notice of a change in a client's fees when applicable.</p> <p>(e) Staff providing home care services must be informed of the current written service plan.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review the agency failed to provide services in accordance with the patient's plan of care for 1 of 6 patients reviewed, Patient #1, (P1), when Registered Nurse G (RN-G) failed to adequately test water temperature and immersed P1's feet into hot water, resulting in 2nd and 3rd degree thermal burns on both feet and hospitalization.</p> <p>Findings include:</p> <p>Medical record review revealed P1 was admitted to the agency on 2/6/2016 with diagnoses that included Type 2 diabetes, and bilateral lower extremity diabetic foot ulcers. P1's Home Health Certification and Plan of Care/physician orders dated for certification period 2/6/2016 - 4/5/2016 revealed P1 was to have skilled nurse visits daily with wound care.</p>	0 865		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H02187	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/25/2016
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NAME OF PROVIDER OR SUPPLIER FAIRVIEW HOME CARE AND HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 2450 26TH AVENUE SOUTH MINNEAPOLIS, MN 55406
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0 865	<p>Continued From page 7</p> <p>Physician orders for wound care dated 2/10/2016 were as follows:</p> <ol style="list-style-type: none"> 1. Wash feet with scrub care, warm water and small squirt into basin, swish to make bubbles, wash between toes and entire foot. 2. Spray with microklenz spray, pat dry. 3. Sween to intact skin on feet and heels. 4. Butter silvadine cream onto 4x4/ABD and apply to cover toes and instep. May floss toes with gauze to ensure medication between toes. 5. Wrap with Kerlix and tape. 6. Encourage elevation on pillows 24/7, minimal heel weight bearing. <p>Skilled Nurse re-visit form dated 2/14/2016 and documented by RN-G revealed under clinical note:</p> <p>Patient requested to soak feet prior to wound care. While the skilled nurse was washing CI's bilateral feet post soaking the feet, blisters were noted on top of the toes and along sides of both feet. Redness noted to foot where water was in contact, water warm to touch. Left foot has more blistering than right. Blistering covers the tops of all toes and from front of foot, around to back of heal on left foot. Right foot blistering noted on top of toes and occasional spots on side of foot. Silvadine cream placed over blistered areas and per MD orders. Reinforced dressing with ABD pads on bottom of feet for additional drainage. Educated patient of this. Discussed findings with wound nurse and on-call MD due to concerns with blistering.</p> <p>P1's hospital record dated admitted 2/15/2016 revealed the client was admitted to the hospital's burn unit with 4% total body surface area third degree burns to right and left foot from scalding from hot liquid. The client underwent burn</p>	0 865		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H02187	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/25/2016
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NAME OF PROVIDER OR SUPPLIER FAIRVIEW HOME CARE AND HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 2450 26TH AVENUE SOUTH MINNEAPOLIS, MN 55406
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0 865	<p>Continued From page 8</p> <p>excision and skin grafting while hospitalized.</p> <p>RN-G was interviewed on 3/29/2016 at 12:30 p.m. and stated on 2/14/2016 she prepared soap and water for P1's wound care. RN-G stated she tested the water with her hand and it did not feel hot and it was not steaming. RN-G did not have P1 test the water temperature himself before immersing his feet in the water. RN-G stated she put P1's feet in the water and then went to get supplies. RN-G stated P1's feet were in the water for approximately 5 minutes. When she pulled his feet from the water his feet were red and blistered. RN-G stated she did not know what happened, but she called P1's physician and wound nurse to report the concern and get direction. RN-G stated she wondered if the client had a reaction to the soap used. When asked why RN-G soaked the client's feet, when the physician's order included just washing the client's feet, RN-G stated she soaked P1's feet because the bins were there. RN-G stated was not aware there was an agency policy not to soak feet of clients who have the diagnosis of diabetes.</p> <p>An interview was conducted with RN-K, on-call triage nurse on 4/1/2016 at 2:30 p.m. RN-K stated she was asked to do a home visit with P1 on 2/14/1016 at about 9:15 p.m. because the client had called the on-call nurse line. RN-K stated she arrived at P1's home and P1 was in bed. His bedding, foot dressings, socks, and soaker pad were all full of fluid. RN-K stated she was very concerned with the amount of fluid P1 had lost. When she took the dressing off his left foot, his foot was reddened and blistered over the entire foot from about just below the ankle down. RN-K stated P1 told her he had a foot soak and wound care earlier in the day and when RN-G pulled his feet out of the water they were red and</p>	0 865		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H02187	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/25/2016
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NAME OF PROVIDER OR SUPPLIER FAIRVIEW HOME CARE AND HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 2450 26TH AVENUE SOUTH MINNEAPOLIS, MN 55406
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0 865	<p>Continued From page 9</p> <p>blistered. RN-K stated she could tell where the water had stopped because clear line between what was red and blistered and the skin that was not blistered. RN-K stated all the skin on his foot was compromised. When she saw what the left foot looked like, she did not remove the dressing from the right foot, but called 911. RN-K stated she asked if P1 was in pain, and he stated he cannot feel his feet due to the diabetes.</p> <p>An interview was conducted with the medical director for the agency, (MD-K), on 4/4/2016 at 8:45 a.m. and 4/4/2016 at 9:30 a.m. MD-K stated it was unlikely that the client's blistering and redness (thermal burn) were the result of an allergic reaction to the soap, as P1 had this procedure completed before without a reaction. A client with Diabetic Neuropathy, such as P1, likely has decreased sensation to his feet.</p> <p>An interview was conducted with P1 on 4/7/2016 at 9:45 a.m. P1 stated on 2/14/2016, the RN from the agency (he could not recall her name), filled the basin with hot water in the bathroom and brought it to him as he was sitting in his lift chair at approximately 12:00 p.m. P1 did not see RN-G check the water temperature. RN-G put his feet in the basin of water and his feet were there for approximately 5 minutes. When RN-G lifted his feet from the water, his feet were reddened and blistered from the top of his foot down to his heel. RN-G told P1 that she was sorry and she felt bad about the incident. P1 stated he has no feeling in his feet due to diabetic neuropathy, so he did not feel the burns to his feet. Later that evening, at about 5:00 p.m. he got out of bed to get supper and he noted wet areas on his carpet and his bed, bedding and blankets were wet because the blisters had broken open. He called the agency, who sent a nurse out to check him and they</p>	0 865		

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER FAIRVIEW HOME CARE AND HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 2450 26TH AVENUE SOUTH MINNEAPOLIS, MN 55406
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0 865	<p>Continued From page 10</p> <p>called 911 and he went to the hospital. P1 stated he was hospitalized for 51 days with 2nd and 3rd degree burns to both feet. P1 stated he had to have skin grafts to his feet from his thigh and that procedure was very painful.</p> <p>The policy titled Foot Care dated reviewed 2014 and provided by the agency was reviewed. Under Considerations: 2. Patients with diabetes require special foot care. Instructions must be obtained from the nurse. DO NOT soak patient's feet if the patient has a diagnosis of diabetes or circulatory issues. Under Procedure: 6. Fill basin or tub with sufficient warm water to cover feet. Check the water temperature and have the patient test to comfort level. Place feet in tub or basin.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	0 865		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 247078	MULTIPLE CONSTRUCTION A. Building _____ B. Wing _____	DATE OF REVISIT 7/6/2016
NAME OF FACILITY FAIRVIEW HOME CARE AND HOSPICE		STREET ADDRESS, CITY, STATE, ZIP CODE 2450 26TH AVENUE SOUTH MINNEAPOLIS, MN 55406

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix G0168	Correction	ID Prefix G0170	Correction	ID Prefix _____	Correction
Reg. # 484.30	Completed	Reg. # 484.30	Completed	Reg. # _____	Completed
LSC _____	06/15/2016	LSC _____	06/15/2016	LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 5/25/2016		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER H02187	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/6/2016
NAME OF FACILITY FAIRVIEW HOME CARE AND HOSPICE		STREET ADDRESS, CITY, STATE, ZIP CODE 2450 26TH AVENUE SOUTH MINNEAPOLIS, MN 55406

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix 00325	Correction	ID Prefix 00865	Correction	ID Prefix _____	Correction
Reg. # 144A.44, Subd. 1(14)	Completed	Reg. # 144A.4791, Subd. 9(a-e)	Completed	Reg. # _____	Completed
LSC _____	06/15/2016	LSC _____	06/15/2016	LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 5/25/2016		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		