

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered Via Email on June 4, 2021

Administrator Res Advantages Inc Luverne 107 South Blue Mound Avenue Luverne, MN 56156

RE: Event ID: Z5OM11

Dear Administrator:

On May 12, 2021, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety to determine if your facility was in compliance with Federal participation requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities participating in the Medicaid program. At the time of the survey, the survey team noted one or more deficiencies.

Federal certification deficiencies are delineated on the electonically delivered form CMS-2567 "Statement of Deficiencies and Plan of Correction". Certification deficiencies are listed on the left side of the form. The right side of the form is to be completed with your written plan for corrective action (PoC). Ordinarily, a provider will be expected to take the steps necessary to achieve compliance within 60 days of the exit interview.

A PoC for the deficiencies must be submitted within **ten calendar days** of your receipt of this letter. Your PoC must:

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

The PoC must be placed directly on the CMS-2567, signed and dated by the administrator or your authorized official. If possible, please type and return your plan of correction to ensure legibility. Please make a copy of the form for your records and return the original. Additional documentation may be attached to Form CMS-2567, if necessary.

Res Advantages Inc Luverne

Questions regarding all documents submitted as a response to the client care deficiencies (those preceded by an "W" tag) and emergency preparedness deficiencies (those preceded by an "E" tag), i.e., the plan of correction should be directed to:

Elizabeth Silkey, Unit Supervisor
Mankato District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
12 Civic Center Plaza, Suite #2105
Mankato, MN 56001
Email: elizabeth.silkey@state.mn.us

Office: (507) 344-2742 Mobile: (651) 368-3593

Failure to submit an acceptable written plan of correction of federal deficiencies within ten calendar days may result in decertification and a loss of federal reimbursement.

Feel free to contact me with any questions related to this letter.

Sincerely,

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Kim Tyson

Kim Tyson, Health Program Representative Senior Program Assurance | Licensing and Certification Minnesota Department of Health P.O. Box 64970 Saint Paul, Minnesota 55164-0970

Phone: 651-201-3831

Email: kim.tyson@state.mn.us

POC rejected 8-1-21

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES POC recieved 7-2-21 POC Rébmitted 8-3-21 POC Approved 8-4-21

PRINTED: 06/04/2021 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (XI) PROVIDER/S UPPLIER/CLIA (X2) MULTIPLE COMMAND PLAN OF CORRECTION (IDENTIFICATION NUMBER: A. BUILDING		construction /		TE SURVEY MPLETED			
		24G330	B, WING			C 05/12/2021	
	(EACH DEFICIENC	ERNE ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFI	STREET ADDRESS, CITY, STATE, ZIP CODE 107 SOUTH BLUE MOUND AVENUE LUVERNE, MN 56156 PROVIDER'S PLAN OF CORRECTION			(X5) COMPLETION
W 000	On 5/11/21 throug survey was comple complaint investig compliance with 42 requirements for It Individuals with Int The following com substniated: HG33 NO deficienince is implemented by fa However, as a res deficiencies were STAFF TREATME CFR(s): 483.420(c) The facility must d policies and proce mistreatment, neg This STANDARD Based on intervier facility failed to improcedures consist that directed stafficient to client abu of 3 clients (C1, C client altercations physical abuse.	th 5/12/21, an abbreviated eted at your facility to conduct a ation. Your facility was NOT IN 2 CFR Part 483, subpart I, intermediate Care Facilities for ellectual Disabilities. plaint was found to be 10004C (MN72471), however were cited due to actions cility prior to survey. Jult of the investigation identified at W149 and W153 NT OF CLIENTS (1)(1) evelop and implement written	W	000	W 149 The program will implement we policies and procedures that promistreatment, neglect, or abuse the client. All incidents of potential allege of abuse/neglect will be reported immediately to the designated with the subsequent investigate all potential allegations of abuse neglect to be completed within days. All staff will be retrained on the Policy (Administrative Notific of Incidents) and their responsibilities in regards to reporting all potential allegation abuse/neglect immediately to the administrator and the regulator agency. All corrections will be implement by the QIDP and monitored by Area Director. The facility will VA reports for a period of 6 meto ensure reporting is being do according to policy and process.	ritten ohibit e of ations ed state, ion of se/ 5	DATE
	at 3:25 p.m., indicas upervisor (PS) w	ncident Report dated 12/16/20, ated when the program as coming from the north side			Completion Date: 6/9/21		(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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I) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				TE SURVEY MPLETED
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C2 was in the south side C4, who had been sitting in room say "no" to C2. As the corner, the PS witnessed C2 A in the recliner. The PS of for something and C4 Started to redirect C2, C2 and PS just past the for the PS's shirt sleeve, tree, looked at the PS then in the stomach. PS on sat down in a recliner and ands. The Incident Report and a bruise from being hit by and Incident Report, verbally director, and notified the anager by email on squality improvement and by email on 12/16/20, and dent report on 12/18/20. The for a report was made to the dent Report dated 12/28/20 and c2 entered C1's room osed and started to take a nat was not his. When C1 hit C1 in the chest leaving a not Report indicated when an his bedroom, C2 looked C2 alone. The staff told C2 snack in a little bit. A short the kitchen, went around the iking at staff. When the staff from C2's hits, C2 fell to ands out to keep him from	W 1			
	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION) 1 C2 was in the south side C4, who had been sitting in room say "no" to C2. As the corner, the PS witnessed C2 4 in the recliner. The PS g for something and C4 S started to redirect C2, C2 ted PS just past the d on the PS's shirt sleeve, tree, looked at the PS then in the stomach. PS on sat down in a recliner and inds. The Incident Report d a bruise from being hit by ded Incident Report, verbally director, and notified the anager by email on s quality improvement d by email on 12/16/20, and dent report on 12/18/20. The fy a report was made to the dent Report dated 12/28/20 d C2 entered C1's room osed and started to take a nat was not his. When C1 hit C1 in the chest leaving a nt Report indicated when n his bedroom, C2 looked C2 alone. The staff told C2 snack in a little bit. A short the kitchen, went around the iking at staff. When the staff from C2's hits, C2 fell to ands out to keep him from	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION) 1 C2 was in the south side C4, who had been sitting in room say "no" to C2. As the comer, the PS witnessed C2 4 in the recliner. The PS g for something and C4 S started to redirect C2, C2 and PS just past the did not he PS's shirt sleeve, tree, looked at the PS then in the stomach. PS en sat down in a recliner and ands. The Incident Report da bruise from being hit by ded Incident Report, verbally director, and notified the anager by email on squality improvement and dent report on 12/18/20. The five a report was made to the dent Report dated 12/28/20 d C2 entered C1's room osed and started to take a nat was not his. When C1 hit C1 in the chest leaving a not report indicated when in his bedroom, C2 looked C2 alone. The staff told C2 snack in a little bit. A short the kitchen, went around the iking at staff. When the staff from C2's hits, C2 fell to ands out to keep him from	1) PROVIDER SUPPLIER CLIA IDENTIFICATION NUMBER: 24G330 B WING STREET ADDRESS, CITY, STATE, 107 SOUTH BLUE MOUND AVE LUVERNE, MN 56156 PROVIDERS PLANO 10 LUVERNE, MN 56156 PROFITE TAG PROVIDERS PLANO 10 LOVERNE, MN 56156 W 149 C2 was in the south side C4, who had been sitting in room say "no" to C2. As the corner, the PS witnessed C2 4 in the recliner. The PS g for something and C4 S started to redirect C2, C2 ed PS just past the 10 on the PS's shirt sleeve, tree, looked at the PS then in the stomach. PS in sat down in a recliner and nds. The Incident Report da bruise from being hit by ed Incident Report, verbally director, and notified the anager by email on squality improvement do by email on 12/16/20, and dent report on 12/18/20. The fya report was made to the dent Report dated 12/28/20 d C2 entered C1's room osed and started to take a nat was not his. When C1 hit C1 in the chest leaving a transport of the kitchen, went around the kitchen around the kitche	1) PROVIDERSUPPLIERCILA DENTIFICATION NUMBER: 24G330 B WING STREET ADDRESS, CITY, STATE, ZIP CODE 107 SOUTH BLUE MOUND AVENUE LUVERNE, MN 56156 MENT OF DEFICIENCIES UST BE PRECEDED BY FULL DENTIFYING INFORMATION) 11 C2 was in the south side C4, who had been sitting in room say "no" to C2. As the comer, the PS witnessed C2 4 in the recliner. The PS g for something and C4 g for something and C4 s started to redirect C2, C2 ed PS just past the 1 on the PS's shirt sleeve, tree, looked at the PS then in the stomach. PS rns at down in a recliner and nds. The Incident Report d a bruise from being hit by del Incident Report, verbally director, and notified the anager by email on s quality improvement of by email on 12/16/20, and dent report on 12/18/20. The ya report was made to the dent Report dated 12/28/20 d C2 entered C1's room osed and started to take a nat was not his. When C1 hit C1 in the chest leaving a tt Report indicated when n his bedroom, C2 looked 22 alone. The staff told C2 snack in a little bit. A short the kitchen, went around the king at staff. When the staff rom C2's hits, C2 fell to ands out to keep him from

	PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING A. BUILDING		CONSTRUCTION		TE SURVEY MPLETED		
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	PROVIDER OR SUPPLIER VANTAGES INC LUV			107	EET ADDRESS, CITY, STATE, ZIP CODE SOUTH BLUE MOUND AVENUE VERNE, MN 56156		11212021
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W 149	table, pulled the C and just laid on the were identified as by email and C1's 12/28/20. The PS report also notified improvement com incident report wa	age 2 len knocked everything off the hristmas tree down, threw it efloor. External parties notified C2's guardian and case worker guardian verbally, all on who filled out the incident at the facility's quality mittee via email, and the s reviewed on 12/29/20. The ntify a report was made to the	W	149			
	6:30 p.m., indicate and saw C2 enterdoor. Staff spoke in gone into C1's roor room, and had tak C1 tried to take the C1 with a closed fand on his back we checked for injurier right side and on he contacted the PS incident. The PS contified the facility committee via emdirector, the area of guardian verbally improvement man report on 4/8/21.	incident Report dated 4/7/21 at a d staff walked into the hallway ing his room and slamming the to C1 who reported that C2 had in when he was out of the ien one of C1's movies. When it is to on the right side of his head with the bedroom door. Staff its and C1 had red marks on his his left side of his back. Staff and C1's guardian of the completed the incident form, is quality improvement ail, had notified the program director, C2's guardian and C1's all on 4/7/21. The quality in ager reviewed the incident					
	4/8/21 at 10:19 a. occurred on 4/7/2 indicated C1 was the Alleged Perpe allegation indicate	lity report to the SA submitted m., identified the incident 1 at 6:36 p.m., the report the Vulnerable Adult (VA), and trator (AP) was C2. The d C2 went into the C1's room ag to take his movie. C2 hit C1			•		

	OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (CONSTRUCTION		TE SURVEY MPLETED
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NAME OF I	PROVIDER OR SUPPLIE	24G330		EET ADDRESS, CITY, STATE, ZIP CO		/12/2021
	VANTAGES INC LUV		107	SOUTH BLUE MOUND AVENUE VERNE, MN 56156		
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W 149	with a closed fist then went into his and stayed there incident was not reday after the incident was not reday after the incident was upport profession there is a client to person they contawere unable to go call the nurse. Destroiting the nurse. Destroiting the nurse of the contact the fan was the one who speaking to staff. During interview of licensed practical client to client alto LPN-A revealed services.	bedroom, slammed the door, until he calmed down. The reported to the SA until the the lent. on 5/11/21 at 11:59 a.m., direct nal (DSP)-A identified when client altercation, the first act is the PS. DSP-A said if staff at a hold of the PS, staff would if P-A was unsure who the PS evealed that the PS was the one nilies of the involved clients, and completed an incident report and reviewing their staff notes. on 5/11/21 at 12:40 p.m., I nurse (LPN)-A identified all ercations are reported to the PS. The was unaware of who was abmitting a report to the SA as	W 149			
	PS identified whe altercation she not then fills out the i and clients, and t and notifies the q incident. The PS improvement (QI reports to determ	on 5/12/21 at 2:06 p.m., with the en she reported a client to client of otifies the program director (PD), incident report by talking to staff hen reviews the progress notes uality improvement staff of the revealed the quality) staff reviewed all incidents cline whether a SA report needed				
	investigation. If we report needs to be director (AD) wou	and then completed the re are notified by QI that a SA e made then the PD or area ald file that report.				

	OF DEFICIENCIES F CORRECTION	(XI) PROVIDER/S UPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		24G330	B. WING			0.	C 5/12/2021
	PROVIDER OR SUPPLIER			107	EET ADDRESS, CITY, STATE, ZIP CODE SOUTH BLUE MOUND AVENUE VERNE, MN 56156	_10.	712/2021
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W 149	director (PD) ident makes the decisio She revealed that staff via an email which time the QI and lets her know The QI staff comp confirmed if a client there should have Interview on 5/13/2 improvement staff incident reports an	age 4 ified that the QI management ns if an event is reportable. the PS notified her and the QI when an incident occurred at would then review the incident if SA report needed to be filed. leted all investigations. She nt had been slapped or hit that been a SA report filed. 21 at 9:32 a.m., with quality identified she reviewed all ad followed the Vulnerable Adult to the SA system. She	W			at y	2.7
	confirmed she had the facilities first in C4. Her understan facility had 24 hou type of incident ho Minnesota Depart to be made immediate was valued been following and reporting with Review of the 8/20 Incidents policy id.	I missed reporting on some of acidents involving C2, C1, and ading of the policy was that the rs to make a SA report for any owever, she revealed the ment of Health identified it was diately, confirming that gue to her. She confirmed she g the Vulnerable Adult policy		258			
	which bodily harm identified any suspreported immediated Reporting Agency thoroughly investigations of the 8/20 identified adults reprotected from ma	or trauma occurs. The policy pected or actual abuse will be tely to the state Designated and complaints/allegations and					

	OF DEFICIENCIES F CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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2000	PROVIDER OR SUPPLIER /ANTAGES INC LUVE	RNE		107 S	ET ADDRESS, CITY, STATE, ZIP CÖDE COUTH BLUE MOUND AVENUE ERNE, MN 56156	1 03	712/2021
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	Area Director. All a actual abuse will be within 24 hours of i STAFF TREATMEN CFR(s): 483.420(d). The facility must er mistreatment, negli injuries of unknown immediately to the officials in accordance stablished proced. This STANDARD is Based on interview facility failed to immediately to client to client abus Agency (SA) for 3 creviewed for allega. Findings include: Review of facility In at 3:25 p.m., indicas upervisor (PS) was of the home to whe living room, the PS sitting in a recliner C2. As the PS cam witnessed C2 bent	ely to the Program Director or ellegations of suspected or ereported to MAARC (SA) nitial knowledge. AT OF CLIENTS (2) It is that all allegations of ect or abuse, as well as a source, are reported administrator or to other nice with State law through tures. It is not met as evidenced by: It and document review, the nediately report allegation of e to the designated State of 3 client (C1, C2, C4) tions of physical abuse. It is coming from the north side are C2 was in the south side heard C4, who had been in the living room say "no" to e around the corner, the PS over in front of C4 in the	w	149	W 153 The program will ensure tha allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, reported immediately to the administrator or to other offi in accordance with State law through established procedu. All incidents of potential allegations of abuse/neglect be reported immediately to the administrator. All staff will be retrained on Policy (Administrative Notification of Incidents) and their responsibilities in regar reporting all potential allegation of abuse/neglect immediately the administrator. The corrections will be implemented by the QIDP a monitored by the Area Direct The facility will audit VA refor a period of 6 months to the surface of th	are icials res. will the the d rds to stions y to nd ctor. eports ensure	
197		served C2 reaching for saying "no". As the PS started			reporting is being done according to policy and procedure.	ording	
	to redirect C2, C2 e just past the Christ shirt sleeve, kicked	came at PS and pushed PS mas tree, pulled on the PS's the Christmas tree, looked at nd slapped C4 in the stomach.			Completion Date: 6/9/21	_	

	OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER'S UPPLIER'CLIA IDENTIFICATION NUMBER:	l ` ′	TIPLE CONST			MPLETED C
		24G330	B. WING				/12/2021
	PROVIDER OR SUPPLIED VANTAGES INC LUV		•	107 SOUT	DDRESS, CITY, STATE, ZIP CO TH BLUE MOUND AVENUE IE, MN 56156		
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W 153	and put his head Report indicated being hit by C2. Report, verbally notified the guard on 12/16/20. The committee was not had reviewed the report failed to ideagency.	who then sat down in a recliner in his hands. The Incident C4 sustained a bruise from The PS completed an Incident otified the program director, and ian and case manager by email facility's quality improvement otified by email on 12/16/20, and incident report on 12/18/20. The entify a repot was made to state	W	153			
	at 7:30 p.m., iden while the door wa DVD (digital mov told C2 it was his red mark. The Instaff checked on mad so the staff they would get hit time later C2 wen counter and came blocked themself floor. Staff put the getting up as the the table. C2 gral by and swung it rhitting them. C2 ttable, pulled the and just laid on the were identified as by email and C1.	Incident Report dated 12/28/20— tified C2 entered C1's room is closed and started to take a tie) that was not his. When C1 C2 hit C1 in the chest leaving a tident Report indicated when C2 in his bedroom, C2 looked teft C2 alone. The staff told C2 m a snack in a little bit. A short to the kitchen, went around the testriking at staff. When the staff test from C2's hits, C2 fell to teir hands out to keep him from the was another client sitting at tobed the vacuum that was close text to the other client almost then knocked everything off the Christmas tree down, threw it te floor. External parties notified to C2's guardian and case worker to guardian verbally, all on			9	*2	
	12/28/20. The PS report also notific improvement cor incident report was	who filled out the incident of the facility's quality nmittee via email, and the as reviewed on 12/29/20. The entify a report was made to the					

STATEMEN'	T OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:			CONSTRUCTION	(X3) DAT	E SURVEY PLETED
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W 153	Continued From p	age 7	W	153			
	Review of facility Incident Report dated 4/7/21 at 6:30 p.m., indicated staff walked into the hallway and saw C2 entering his room and slamming the door. Staff spoke to C1 who reported that C2 had gone into C1's room when he was out of the room, and had taken one of C1's movies. When C1 tried to take the movie back from C2, C2 hit C1 with a closed fist on the right side of his head and on his back with the bedroom door. Staff checked for injuries and C1 had red marks on his right side and on his left side of his back. Staff contacted the PS and C1's guardian of the incident. The PS completed the incident form, notified the facility's quality improvement committee via email, had notified the program director, the area director, C2's guardian and C1's guardian verbally all on 4/7/21. The quality improvement manager reviewed the incident report on 4/8/21. The report failed to identify a report was made to the SA.		d s				
	4/8/21 at 10:19 a.r occurred on 4/7/2 indicated C1 was the Alleged Perpetallegation indicate and was attemptin with a closed fist of then went into his and stayed there u	Review of the facility's report to the SA submitted 4/8/21 at 10:19 a.m., identified the above incident occurred on 4/7/21 at 6:36 p.m., the report indicated C1 was the Vulnerable Adult (VA), and the Alleged Perpetrator (AP) was C2. The allegation indicated C2 went into the C1's room and was attempting to take his movie. C2 hit C1 with a closed fist on the right side of his back. C2 then went into his bedroom, slammed the door, and stayed there until he calmed down. The report had been filed the day after the incident.			E.		
	support profession is a client to client contact is the PS.	n 5/11/21 at 11:59 a.m., direct nal (DSP)-A stated when there altercation, the first person they DSP-A said if staff were unable PS, staff would call the nurse.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	5 0	BUILDING			TE SUR VEY MPLETED C
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	PROVIDER OR SUPPLIED		Λ	107 S	ET ADDRESS, CITY, STATE, ZIP CODE OUTH BLUE MOUND AVENUE ERNE, MN 56156	1 03	712,2021
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W 153	revealed that the families of the inv who completed a staff and reviewin During interview of licensed practical client to client alto LPN-A revealed s responsible for su	provided to the PS notified. DSP-A PS was the one to contact the volved clients, and was the one in incident report speaking to ag their staff notes. On 5/11/21 at 12:40 p.m., Inurse (LPN)-A identified all ercations are reported to the PS. The was unaware of who was ubmitting a MAARC report to the opart of that process.	W 1	53		15	
	identified when shaltercation she not then fills out the it and clients, and the and notified the quincident. The PS improvement state to determine whe submitted, and the If we are notified be made then the file that report. Interview on 5/12 director (PD) identified the state of the state	on 5/12/21 at 2:06 p.m., the PS the reported a client to client of the reported a client to client of the reviews the progress notes well to improve ment staff of the revealed the quality for the reviewed all incidents reports ther a SA report needed to be then completed the investigation. By QI that a SA report needs to be PD or area director (AD) would at 4:19 p.m., with program the program and the program an					
	if an event is repondified her and to incident occurred review the incide report needed to all investigations.	nagement makes the decisions ortable. She revealed that the PS he QI staff via an email when an lat which time the QI would then nt and lets her know if a SA be filed. The QI staff completed. She confirmed if a client had hit that there should have been a			ф ж		
FORM CMS-2	567(02-99) Previous Versi	ons Obsolete Event ID: Z5OM	11	Facility	ID: 01345 If cont	inuation she	et Page 9 of 10

	OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				E SURVEY PLETED
		24G330	B. WING			1	C 12/2021
	PROVIDER OR SUPPLIER VANTAGES INC LUVE	RNE		107	EET ADDRESS, CITY, STATE, ZIP CODE SOUTH BLUE MOUND AVENUE /ERNE, MN 56156		
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W 153	Interview on 5/13/2 improvement staff incident reports and policy for reporting had missed reporting incidents involving understanding of the had 24 hours to maincident however, so Department of Healimmediately, stating her. She confirmed Vulnerable Adult polyhours. Review of the 8/20. Incidents identified hitting, pinching, pubodily harm or travidentified any suspereported immediate Reporting Agency at thoroughly investig. Review of the 8/20 identified adults recognized in mediate Reporting Agency at thoroughly investig.	1 at 9:32 a.m., with quality identified she reviewed all discolored followed the Vulnerable Adult to the SA. She confirmed she ing on some of the facilities first C2, C1, and C4. Her is policy was that the facility ake a SA report for any type of the revealed the Minnesota lith identified it was to be made go that immediate was vague to she had been following the olicy and reporting within 24. 18, Administrative Review of physical abuse as slapping, anching, or kicking by which ma occurs. The policy ected or actual abuse will be ely to the state Designated and complaints/allegations and ated. 18, Vulnerable Adult policy ceiving services will be treatment. The policy identified tal hitting, slapping, pinching, or poral punishment. Staff are ely to the Program Director or llegations of suspected or ereported to MAARC (SA)	W	153			
							-



Protecting, Maintaining and Improving the Health of All Minnesotans

Emailed on June 4, 2021

Administrator Res Advantages Inc Luverne 107 South Blue Mound Avenue Luverne, MN 56156

Re: Enclosed State Supervised Living Facility Licensing Orders - Event ID: Z5OM11

Dear Administrator:

The above facility was surveyed on May 11, 2021 through May 12, 2021 for the purpose of assessing compliance with Minnesota Department of Health Supervised Living Facility Rules. At the time of the survey, the survey team from the Minnesota Department of Health, Health Regulation Division, noted one or more violations of these rules that are issued in accordance with Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144.56. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.

The State licensing orders are delineated on the attached Minnesota Department of Health order form (attached). The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Supervised Living Facilities.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute after the statement, "This Rule is not met as evidenced by." Following the surveyors findings is the Time Period For Correction.

PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

Res Advantages Inc Luverne

Page 2

When all orders are corrected, the first page of the order form should be signed and returned to:

Elizabeth Silkey, Unit Supervisor
Mankato District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
12 Civic Center Plaza, Suite #2105
Mankato, MN 56001

Email: elizabeth.silkey@state.mn.us Office: (507) 344-2742 Mobile: (651) 368-3593

We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact Elizabeth Silky. A written plan for correction of licensing orders is not required.

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

Please note it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Feel free to contact me with any questions related to this letter.

Sincerely,

Kim Tyson

Kim Tyson, Health Program Representative Senior Program Assurance | Licensing and Certification

Minnesota Department of Health P.O. Box 64970

Saint Paul, Minnesota 55164-0970

Phone: 651-201-3831

Email: kim.tyson@state.mn.us

Res Advantages Inc Luverne

Page 3

PRINTED: 06/04/2021 FORM APPROVED OMB NO. 0938-0391

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		24G330	B. WING			0.5	C 5/12/2021	
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W 000	INITIAL COMMEN	гѕ	W 0	00				
W 149	survey was comple complaint investigated compliance with 42 requirements for In Individuals with Interest of Inter)(1) evelop and implement written	W 1	49				
LABORATOR'	Y DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGI	NATURE		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

FORM CMS-2567(02-99) Previous Versions Obsolete

program participation.

Event ID: Z5OM11

Facility ID: 01345

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED C		
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W 149	of the home to whe living room, PS he a recliner in the living PS came around the bent over in front cobserved C2 reach saying "no". As the came at PS and put his the Christma tree, put kicked the Christma went and slapped redirected C2 who put his head in his indicated C4 susta C2. The PS compositive the program guardian and case 12/16/20. The facil committee was not had reviewed the investment of the program of the program of the program guardian and case 12/16/20. The facil committee was not had reviewed the investment of the program of	age 1 ere C2 was in the south side and C4, who had been sitting in a room say "no" to C2. As the ne corner, the PS witnessed C2 of C4 in the recliner. The PS aing for something and C4 or PS started to redirect C2, C2 ashed PS just past the led on the PS's shirt sleeve, as tree, looked at the PS then C4 in the stomach. PS then sat down in a recliner and hands. The Incident Report ined a bruise from being hit by leted Incident Report, verbally m director, and notified the manager by email on ity's quality improvement iffied by email on 12/16/20, and notident report on 12/18/20. The ntify a report was made to the	W 14	19			
	at 7:30 p.m., identi while the door was DVD (digital movie told C2 it was his, red mark. The Inci- staff checked on C mad so the staff le they would get him time later C2 went counter and came blocked themselve floor. Staff put thei getting up as there the table. C2 grabb	ncident Report dated 12/28/20 fied C2 entered C1's room closed and started to take a) that was not his. When C1 C2 hit C1 in the chest leaving a dent Report indicated when 2 in his bedroom, C2 looked ft C2 alone. The staff told C2 a snack in a little bit. A short to the kitchen, went around the striking at staff. When the staff s from C2's hits, C2 fell to a hands out to keep him from was another client sitting at bed the vacuum that was close at to the other client almost					

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W 149	table, pulled the Chand just laid on the were identified as C by email and C1's of 12/28/20. The PS vereport also notified improvement commincident report was report failed to ident SA. Review of facility In 6:30 p.m., indicated and saw C2 enterindoor. Staff spoke to gone into C1's roor room, and had take C1 tried to take the C1 with a closed fis and on his back with checked for injuries right side and on his contacted the PS a incident. The PS conotified the facility's committee via emadirector, the area diguardian verbally a improvement manareport on 4/8/21. Review of the facility and cocurred on 4/7/21 indicated C1 was the the Alleged Perpetrallegation indicated.	en knocked everything off the hristmas tree down, threw it floor. External parties notified C2's guardian and case worker guardian verbally, all on who filled out the incident	W 1	49			

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W 149	with a closed fist or then went into his be and stayed there un incident was not replay after the incide. During interview on support professional there is a client to operson they contact were unable to get call the nurse. DSP notified. DSP-A revito contact the familial was the one who compare the contact the familial was the one who compare the contact the familial was the one who compare the client to client alters. During interview on client to client alters. LPN-A revealed shorteness of the contact the fills out the incompare the clients, and the and notifies the qualincident. The PS resimprovement (QI) is reported to determine to be submitted, an investigation. If we report needs to be director (AD) would	the right side of his back. C2 bedroom, slammed the door, and he calmed down. The ported tot he SA until the the ported to the PS. DSP-A said if staff a hold of the PS, staff would by A was unsure who the PS ealed that the PS was the one poies of the involved clients, and completed an incident report and reviewing their staff notes. 5/11/21 at 12:40 p.m., urse (LPN)-A identified all cations are reported to the PS. Be was unaware of who was mitting a report to the SA as that process. 5/12/21 at 2:06 p.m., with the she reported a client to client fies the program director (PD), cident report by talking to staff the vealed the quality improvement staff of the vealed the quality staff reviewed all incidents the whether a SA report needed did then completed the are notified by QI that a SA made then the PD or area	W 1	49			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G	COM	E SURVEY IPLETED C	
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W 149	director (PD) identity makes the decision. She revealed that it staff via an email which time the QI vand lets her know in The QI staff complication confirmed if a client there should have. Interview on 5/13/2 improvement staff incident reports an policy for reporting confirmed she had the facilities first in C4. Her understant facility had 24 hour type of incident how Minnesota Departre to be made immediate was vachad been following and reporting within Review of the 8/20 Incidents policy ides slapping, hitting, pi which bodily harm identified any suspreported immediate Reporting Agency is thoroughly investig Review of the 8/20 identified adults reprotected from ma abuse non accidenting and accidentified and suspense in the slapping investig thoroughly investig the slapping and reported immediate Reporting Agency is thoroughly investig thoroughly investig the slapping and reported immediate Reporting Agency is thoroughly investig the slapping and reported immediate Reporting Agency is thoroughly investig the slapping and reported immediate Reporting Agency is thoroughly investigated and the slapping and reported immediate Reporting Agency is the slapping and reported immediate	fied that the QI management as if an event is reportable. The PS notified her and the QI when an incident occurred at would then review the incident of SA report needed to be filed. The eter all investigations. She at had been slapped or hit that been a SA report filed. The eter as a system is a system in the eter as a system. She missed reporting on some of cidents involving C2, C1, and ding of the policy was that the eter as a sample of eter as a sample of eter and the et	W 14:				

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W 149	to report immediate Area Director. All a actual abuse will be within 24 hours of i STAFF TREATMEN CFR(s): 483.420(d	ely to the Program Director or ellegations of suspected or ellegations of MAARC (SA) enitial knowledge.	W 14			
	mistreatment, negli injuries of unknown immediately to the	ect or abuse, as well as a source, are reported administrator or to other ace with State law through				
	Based on interview facility failed to imm client to client abus Agency (SA) for 3 of	s not met as evidenced by: y and document review, the nediately report allegation of e to the designated State of 3 client (C1, C2, C4) tions of physical abuse.				
	at 3:25 p.m., indica supervisor (PS) wa of the home to whe living room, the PS sitting in a recliner C2. As the PS cam witnessed C2 bent recliner. The PS ob something and C4 to redirect C2, C2 of just past the Christ shirt sleeve, kicked	cident Report dated 12/16/20, ted when the program s coming from the north side are C2 was in the south side heard C4, who had been in the living room say "no" to e around the corner, the PS over in front of C4 in the eserved C2 reaching for saying "no". As the PS started came at PS and pushed PS mas tree, pulled on the PS's the Christmas tree, looked at nd slapped C4 in the stomach.				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION ING		TE SURVEY MPLETED C	
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W 153	PS redirected C2 wand put his head in Report indicated C4 being hit by C2. The Report, verbally no notified the guardia on 12/16/20. The facommittee was not had reviewed the ir report failed to identagency. Review of facility In at 7:30 p.m., identified the door was DVD (digital movietold C2 it was his, Cored mark. The Incic staff checked on Camad so the staff left they would get him time later C2 went counter and came ablocked themselves floor. Staff put their getting up as there the table. C2 grabb by and swung it new hitting them. C2 the table, pulled the Chand just laid on the were identified as Camad by email and C1's camad to the counter also notified improvement commincident report was	who then sat down in a recliner his hands. The Incident 4 sustained a bruise from the PS completed an Incident stified the program director, and in and case manager by email acility's quality improvement iffied by email on 12/16/20, and incident report on 12/18/20. The stiffy a repot was made to state incident Report dated 12/28/20 fried C2 entered C1's room closed and started to take a control to the tribute of the tribut	W 1	53			

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W 153	6:30 p.m., indicated and saw C2 enterin door. Staff spoke to gone into C1's room room, and had take C1 tried to take the C1 with a closed fis and on his back with checked for injuries right side and on his contacted the PS a incident. The PS conotified the facility's committee via emadirector, the area diguardian verbally a improvement manareport on 4/8/21. The report was made to Review of the facility's councided the facility's committee via emadirector, the area diguardian verbally a improvement manareport on 4/8/21. The report was made to Review of the facility's councided C1 was the Alleged Perpetrial legation indicated cand was attempting with a closed fist on then went into his band stayed there unreport had been files.	ncident Report dated 4/7/21 at d staff walked into the hallwaying his room and slamming the o C1 who reported that C2 had m when he was out of the en one of C1's movies. When a movie back from C2, C2 hit is on the right side of his head the the bedroom door. Staff is and C1 had red marks on his is left side of his back. Staff and C1's guardian of the completed the incident form, is quality improvement will, had notified the program director, C2's guardian and C1's all on 4/7/21. The quality ager reviewed the incident he report failed to identify a the SA. Ity's report to the SA submitted in, identified the above incident at 6:36 p.m., the report he Vulnerable Adult (VA), and rator (AP) was C2. The id C2 went into the C1's room g to take his movie. C2 hit C1 in the right side of his back. C2 bedroom, slammed the door, intil he calmed down. The end the day after the incident.	W 15	3		
	support professions is a client to client a contact is the PS. [n 5/11/21 at 11:59 a.m., direct al (DSP)-A stated when there altercation, the first person they DSP-A said if staff were unable PS. staff would call the nurse.				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION NG		TE SURVEY MPLETED C
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W 153	DSP-A was unsure revealed that the P families of the involumned who completed an staff and reviewing. During interview on client to client alterd LPN-A revealed shoresponsible for sub SA as she had no puring interview on identified when she altercation she notified when she altercation she notified the quaincident. The PS reimprovement staff it to determine wheth submitted, and ther If we are notified by be made then the F file that report. Interview on 5/12/2 director (PD) identified her and the incident occurred a review the incident report needed to be all investigations. S	who the PS notified. DSP-A S was the one to contact the ved clients, and was the one incident report speaking to their staff notes. 5/11/21 at 12:40 p.m., urse (LPN)-A identified all cations are reported to the PS. was unaware of who was mitting a MAARC report to the part of that process. 5/12/21 at 2:06 p.m., the PS reported a client to client fied the program director (PD), ident report by talking to staff on reviews the progress notes ality improvement staff of the vealed the quality reviewed all incidents reports er a SA report needed to be a completed the investigation. PD or area director (AD) would	W 15	53		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION NG	CON	E SURVEY MPLETED
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W 153	Interview on 5/13/2 improvement staff i incident reports and policy for reporting had missed reportir incidents involving understanding of the had 24 hours to maincident however, so Department of Hea immediately, stating her. She confirmed Vulnerable Adult polyhours. Review of the 8/20/Incidents identified hitting, pinching, pubodily harm or trausidentified any suspereported immediate Reporting Agency athoroughly investigated Review of the 8/20/identified adults recognitive adults recognitive and accident kicking, biting, or contour to report immediate Area Director. All all	1 at 9:32 a.m., with quality dentified she reviewed all discolored followed the Vulnerable Adult to the SA. She confirmed she and on some of the facilities first C2, C1, and C4. Here e policy was that the facility ake a SA report for any type of the revealed the Minnesota alth identified it was to be made to that immediate was vague to she had been following the dicy and reporting within 24. 18, Administrative Review of physical abuse as slapping, anching, or kicking by which an occurs. The policy ected or actual abuse will be ally to the state Designated and complaints/allegations and ated. 18, Vulnerable Adult policy deriving services will be treatment. The policy identified tal hitting, slapping, pinching, proporal punishment. Staff are ally to the Program Director or dereported to MAARC (SA)	W 1	53		

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5 000	Initial Comments		5 000			
	144.56 and/or Minn 144.653, this correct pursuant to a surve found that the deficiency herein are not corrected shall with a schedule of the Minnesota Department of the Minnesota Department of the number and MN Rundicated below. We several items, failuritems will be considered to multi-part runds assessment of a firm	hether a violation has been compliance with all rule provided at the tagule number or MN Statute then a rule or statute contains the to comply with any of the lered lack of compliance.				
	that may result from orders provided that the Department with notice of assessme On 5/11/21 through investigation was of surveyors from the Health (MDH). Your compliance with red Rules, Chapter 466 Living Facilities (SL The following compsubstantiated: HG3	hearing on any assessments in non-compliance with these at a written request is made to thin 15 days of receipt of a sent for non-compliance. 5/12/21, a complaint conducted at your facility by Minnesota Department of a facility was found NOT in equirements of Minnesota is requirements for Supervised in F.).				

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE	SURVEY LETED
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RES ADVANTAGES INC LUVER	LUVERNE	, MN 56156			
PREFIX (EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
(a) A mandated repobelieve that a vulnerable maltreated, or vulnerable adult has which is not reasona immediately report thrommon entry point. vulnerable adult sole admitted to a facility, required to report suindividual that occurrunless: (1) the individual was another facility and threason to believe the maltreated in the preceding of the reporter known that the individual is defined in section 62 clause (4). (b) A person not requiprovisions of this section of this section of this section of the report as described at (c) Nothing in this section of the report has been maded (d) Nothing in this section of the report of the reporter from also reason to believe the foliation of the report of	ne information to the alf an individual is a sely because the individual is a sely because the individual is a mandated reporter is not spected maltreatment of the red prior to admission, as admitted to the facility from the reporter has evulnerable adult was evious facility; or we or has reason to believe a vulnerable adult as 26.5572, subdivision 21, uired to report under the action may voluntarily above.	5 815			

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Minnesota Department of Health STATE FORM

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		01345	B. WING			C 12/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS. CITY. S	STATE, ZIP CODE		-
		107 SOUT		UND AVENUE		
RES AD	VANTAGES INC LUVE	RNE	, MN 56156			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
5 815	criteria under sectic paragraph (c), claus may provide to the to the lead agency event meets the cri subdivision 17, para lead agency shall c making an initial dis subdivision 9c.	on 626.5572, subdivision 17, se (5), the reporter or facility common entry point or directly information explaining how the teria under section 626.5572, agraph (c), clause (5). The onsider this information when sposition of the report under	5 815			
	by: Based on interview facility failed to imm client to client abus Agency (SA) for 3 c	and document review, the nediately report allegation of e to the designated State of 3 client (C1, C2, C4) tions of physical abuse.				
	Findings include:					
	at 3:25 p.m., indica supervisor (PS) wa of the home to whe living room, the PS sitting in a recliner i C2. As the PS cam witnessed C2 bent recliner. The PS ob something and C4 to redirect C2, C2 of just past the Christr shirt sleeve, kicked the PS then went a PS redirected C2 wand put his head in Report indicated C4 being hit by C2. The Report, verbally not	cident Report dated 12/16/20, ted when the program is coming from the north side re C2 was in the south side heard C4, who had been in the living room say "no" to e around the corner, the PS over in front of C4 in the served C2 reaching for saying "no". As the PS started that ame at PS and pushed PS mas tree, pulled on the PS's the Christmas tree, looked at and slapped C4 in the stomach. The then sat down in a recliner his hands. The Incident 4 sustained a bruise from the PS completed an Incident iffied the program director, and nand case manager by email				

Minnesota Department of Health

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PRINTED: 06/04/2021 FORM APPROVED

Minnesota Department of Health

NAME OF PROVIDER OR SUPPLIER RES ADVANTAGES INC LUVERNE (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 5 815 Continued From page 3 on 12/16/20. The facility's quality improvement committee was notified by email on 12/16/20, and had reviewed the incident report on 12/18/20. The report failed to identify a repot was made to state agency. Review of facility Incident Report dated 12/28/20 at 7:30 p.m., identified C2 entered C1's room while the door was closed and started to take a DVD (digital movie) that was not his. When C1 told C2 it was his, C2 hit C1 in the chest leaving a red mark. The Incident Report indicated when staff checked on C2 in his bedroom, C2 looked mad so the staff left C2 alone. The staff told C2 they would get him a snack in a little bit. A short time later C2 went to the kitchen, went around the counter and came striking at staff. When the staff blocked themselves from C2's hits, C2 fell to floor. Staff put their hands out to keep him from getting up as there was another client sitting at		NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
NAME OF PROVIDER OR SUPPLIER RES ADVANTAGES INC LUVERNE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 5 815 Continued From page 3 on 12/16/20. The facility's quality improvement committee was notified by email on 12/16/20, and had reviewed the incident report on 12/18/20. The report failed to identify a repot was made to state agency. Review of facility Incident Report dated 12/28/20 at 7:30 p.m., identified C2 entered C1's room while the door was closed and started to take a DVD (digital movie) that was not his. When C1 told C2 it was his, C2 hit C1 in the chest leaving a red mark. The Incident Report indicated when staff checked on C2 in his bedroom, C2 looked mad so the staff left C2 alone. The staff told C2 they would get him a snack in a little bit. A short time later C2 went to the kitchen, went around the counter and came striking at staff. When the staff blocked themselves from C2's hits, C2 fell to floor. Staff put their hands out to keep him from				A. BOILDING.			· .
RES ADVANTAGES INC LUVERNE 107 SOUTH BLUE MOUND AVENUE LUVERNE, MN 56156 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG CONTINUED From page 3 on 12/16/20. The facility's quality improvement committee was notified by email on 12/16/20, and had reviewed the incident report on 12/18/20. The report failed to identify a repot was made to state agency. Review of facility Incident Report dated 12/28/20 at 7:30 p.m., identified C2 entered C1's room while the door was closed and started to take a DVD (digital movie) that was not his. When C1 told C2 it was his, C2 hit C1 in the chest leaving a red mark. The Incident Report indicated when staff checked on C2 in his bedroom, C2 looked mad so the staff left C2 alone. The staff told C2 they would get him a snack in a little bit. A short time later C2 went to the kitchen, went around the counter and came striking at staff. When the staff blocked themselves from C2's hits, C2 fell to floor. Staff put their hands out to keep him from			01345	B. WING			
Continued From page 3 Salform temport of periodical part of plant of part of	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
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the table. C2 grabbed the vacuum that was close by and swung it next to the other client almost hitting them. C2 then knocked everything off the table, pulled the Christmas tree down, threw it and just laid on the floor. External parties notified were identified as C2's guardian and case worker by email and C1's guardian verbally, all on 12/28/20. The PS who filled out the incident report also notified the facility's quality improvement committee via email, and the incident report was reviewed on 12/29/20. The report failed to identify a report was made to the SA. Review of facility Incident Report dated 4/7/21 at 6:30 p.m., indicated staff walked into the hallway and saw C2 entering his room and slamming the door. Staff spoke to C1 who reported that C2 had	5 815	on 12/16/20. The facommittee was not had reviewed the ir report failed to iden agency. Review of facility In at 7:30 p.m., identify while the door was DVD (digital movie told C2 it was his, ored mark. The Incidental staff checked on C mad so the staff left they would get him time later C2 went counter and came blocked themselve floor. Staff put their getting up as there the table. C2 grabb by and swung it new hitting them. C2 the table, pulled the Ch and just laid on the were identified as of the table of the were identified as of the table of the table of the committee in the table of the committee identified as of the table of the committee identified as of the table of the committee identified as of the committee identified in incident report was report failed to identified as of the committee identified in incident report was report failed to identified and saw C2 entering the committee identified in incident report was report failed to identi	acility's quality improvement ified by email on 12/16/20, and neident report on 12/18/20. The atify a repot was made to state decident Report dated 12/28/20 fied C2 entered C1's room closed and started to take a that was not his. When C1 c2 hit C1 in the chest leaving a dent Report indicated when 2 in his bedroom, C2 looked ft C2 alone. The staff told C2 a snack in a little bit. A short to the kitchen, went around the striking at staff. When the staff is from C2's hits, C2 fell to hands out to keep him from was another client sitting at the vacuum that was close at to the other client almost en knocked everything off the pristmas tree down, threw it floor. External parties notified c2's guardian and case worker guardian verbally, all on who filled out the incident the facility's quality mittee via email, and the reviewed on 12/29/20. The atify a report was made to the decident Report dated 4/7/21 at destaff walked into the hallwaying his room and slamming the	5 815			

Minnesota Department of Health

STATE FORM 250M11 If continuation sheet 4 of 7

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NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
RES AD	VANTAGES INC LUVE	RNF	H BLUE MO 5, MN 56156	UND AVENUE			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	'E ACTION SHOULD BE COMPLETE DATE		
5 815	C1 tried to take the C1 with a closed fis and on his back wit checked for injuries right side and on his contacted the PS a incident. The PS conotified the facility's committee via emadirector, the area diguardian verbally a improvement manareport on 4/8/21. The report was made to Review of the facility 4/8/21 at 10:19 a.m occurred on 4/7/21 indicated C1 was the Alleged Perpetrallegation indicated and was attempting with a closed fist on then went into his band stayed there unreport had been file. During interview on support professionals a client to client a contact is the PS. It to get a hold of the DSP-A was unsure revealed that the Pfamilies of the involved who completed an staff and reviewing.	movie back from C2, C2 hit st on the right side of his head th the bedroom door. Staff and C1 had red marks on his s left side of his back. Staff and C1's guardian of the empleted the incident form, a quality improvement il, had notified the program irector, C2's guardian and C1's ll on 4/7/21. The quality ager reviewed the incident are report failed to identify a the SA. The ty's report to the SA submitted at 6:36 p.m., the report to the C1's room at the Vulnerable Adult (VA), and the total cate (AP) was C2. The late C2 went into the C1's room at the tright side of his back. C2 the late calmed down. The end the day after the incident. Total (DSP)-A stated when there altercation, the first person they DSP-A said if staff were unable PS, staff would call the nurse. Who the PS notified. DSP-A S was the one to contact the lived clients, and was the one incident report speaking to	5 815				

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NAME OF PROVIDER OR SUPPLIER RES ADVANTAGES INC LUVERNE STREET ADDRESS, CITY, STATE, ZIP CODE LUVERNE, MN 56156 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE SU COMPLE	
NAME OF PROVIDER OR SUPPLIER RES ADVANTAGES INC LUVERNE 107 SOUTH BLUE MOUND AVENUE LUVERNE, MN 56156 [(X4)] ID SUMMARY STATEMENT OF DEFICIENCIES TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 5 815 Continued From page 5 client to client altercations are reported to the PS. LPN-A revealed she was unaware of who was responsible for submitting a MAARC report to the SA as she had no part of that process. During interview on 5/12/21 at 2:06 p.m., the PS identified when she reported a client to client altercation she notified the program director (PD), then fills out the incident report by talking to staff and clients, and then reviews the progress notes and notified the quality improvement staff of the incident. The PS revealed the quality improvement staff reviewed all incidents reports to determine whether a SA report needed to be submitted, and then completed the investigation. If we are notified by QI that a SA report needs to be made then the PD or area director (AD) would file that report. Interview on 5/12/21 at 4:19 p.m., with program director (PD) identified that the quality improvement management makes the decisions if an event is reportable. She revealed that the PS notified her and the QI staff via an email when an incident occurred at which time the QI would then review the incident and lets her know if a SA							С
SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECIDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE AFPROPRIATE DEFICIENCY)	01345			B. WING		05/	12/2021
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all investigations. She confirmed if a client had been slapped or hit that there should have been a SA report filed. Interview on 5/13/21 at 9:32 a.m., with quality improvement staff identified she reviewed all incident reports and followed the Vulnerable Adult policy for reporting to the SA. She confirmed she had missed reporting on some of the facilities first incidents involving C2, C1, and C4. Her understanding of the policy was that the facility	5 815	client to client altered LPN-A revealed shoresponsible for sub SA as she had no puring interview on identified when she altercation she notified when she altercation she notified the fills out the inclients, and the and notified the quaincident. The PS reimprovement staff is to determine wheth submitted, and there of the fille that report. Interview on 5/12/2 director (PD) identified the rand the incident occurred a review the incident report notified her and the incident occurred a review the incident report needed to be all investigations. Sheen slapped or hit SA report filed. Interview on 5/13/2 improvement staff incident reports and policy for reporting had missed reporting incidents involving the same staff incidents involving the same sheet and the same s	cations are reported to the PS. e was unaware of who was mitting a MAARC report to the part of that process. 15/12/21 at 2:06 p.m., the PS reported a client to client fied the program director (PD), sident report by talking to staff en reviews the progress notes ality improvement staff of the evealed the quality reviewed all incidents reports er a SA report needed to be nompleted the investigation. (PD) or area director (AD) would at 4:19 p.m., with program fied that the quality report in the quality regement makes the decisions able. She revealed that the PS of Italian and lets her know if a SA refiled. The QI staff completed the confirmed if a client had at that there should have been a staff of she reviewed all did followed the Vulnerable Adult to the SA. She confirmed she ng on some of the facilities first C2, C1, and C4. Her				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE COM		SURVEY LETED				
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LUVERNE, MN 56156 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X	NAME OF	·							
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PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	(X5) COMPLETE DATE		
Department of Health identified it was to be made immediately, stating that immediate was vague to her. She confirmed she had been following the Vulnerable Adult policy and reporting within 24 hours. Review of the 8/20/18, Administrative Review of Incidents identified physical abuse as slapping, hitting, pinching, punching, or kicking by which bodily harm or trauma occurs. The policy identified any suspected or actual abuse will be reported immediately to the state Designated Reporting Agency and complaints/allegations and thoroughly investigated. Review of the 8/20/18, Vulnerable Adult policy identified adults receiving services will be protected from maltreatment. The policy identified abuse non accidental hitting, slapping, pinching, kicking, biting, or corporal punishment. Staff are to report immediately to the Program Director or Area Director. All allegations of suspected or actual abuse will be reported to MAARC (SA) within 24 hours of initial knowledge.	5 815	Department of Hea immediately, stating her. She confirmed Vulnerable Adult polyhours. Review of the 8/20/Incidents identified hitting, pinching, pubodily harm or trauridentified any suspereported immediate Reporting Agency athoroughly investigated Review of the 8/20/identified adults recognised adults recognised from maltidentified adults recognised in the second accident kicking, biting, or cognitive to report immediated Area Director. All all actual abuse will be	Ith identified it was to be made a that immediate was vague to she had been following the licy and reporting within 24 18, Administrative Review of physical abuse as slapping, nching, or kicking by which ma occurs. The policy ected or actual abuse will be left to the state Designated and complaints/allegations and ated. 18, Vulnerable Adult policy eliving services will be treatment. The policy identified tal hitting, slapping, pinching, prporal punishment. Staff are left to the Program Director or legations of suspected or exported to MAARC (SA)	5 815					

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