

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered Via Email

July 7, 2021

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

RE: Event ID: 8ZLI11

Dear Administrator:

On June 14, 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. This survey found one or more deficiencies which indicated that a situation of "Immediate Jeopardy" existed for your clients as detailed in the deficiencies cited at on the enclosed "Statement of Deficiencies and Plan of Correction" (Form CMS-2567).

During the survey we reviewed your allegation of compliance and determined that your facility had taken appropriate actions to remove the "Immediate Jeopardy" as detailed in the deficiencies cited at on the electronically delivered "Statement of Deficiencies and Plan of Correction" (Form CMS-2567). Therefore, we removed the immediate jeopardy effective June 14, 2021.

One or more of these deficiencies do not meet the requirements of Section 1905(d) of the Social Security Act and the following Condition(s) of Participation (CoP) for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID):

#### W266 CRF 42 §483.450 Client Behavior & Facility Practices

Federal certification deficiencies are delineated on the enclosed 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).

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 correctionk will be completed.

Res Advantages Inc Luverne July 7, 2021 Page 2

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.

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.

Upon acceptance of your PoC, we will revisit the facility to verify necessary corrections. If you have not corrected the situation(s) that resulted in the findings of Conditions of Participation being found not met by **August 8, 2021**, we will have no choice but to recommend to the Minnesota Department of Human Services that your provider agreement be terminated.

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

cc: Licensing and Certification File

P RINTED: 07/07/2021 FORM APPROVED OMB NO. 0938-0391

		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		24G330	B. WING		8884	06	C 5/14/2021
3	PROVIDER OR SUPPLIER	RNE	STREET ADDRESS, CITY, STATE, ZIP ( 107 SOUTH BLUE MOUND AVENU LUVERNE, MN 56156		SOUTH BLUE MOUND AVENUE		11112021
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 000	survey was conducted HG330005C. The compliance with the Subpart I, for International Individuals with International In addition, the Control In addition, the Control International Inte	th 6/14/21, an abbreviated sted to investigate facility was found NOT to be in e requirements of 42 CFR 483 mediate Care Facilities for ellectual Disabilities (ICF/IID).  Indition of Participation: Client Practices 42 CFR 483.450	W	000	POC recived 7/16 POC rejected 8/1 POC resubmitted POC approved 8/	/21   8/3/21  2/21	
	protection was con	plaint was found to be 330005C (MN73502).					
	W285 on 6/11/21, and when C2 was behaviors by screat charging after direct B. DSP-B ran from the north side of the behind the north enforcement arrived evelop and imple modify intervention occurrences. The informed of the U sp.m. The U was rep.m. when the facis supervision of C2 of	(3/21, at approximately 5:43 exhibiting dangerous ming, throwing objects, then et support professional (DSP) the south side of the facility to e facility and barricaded herself attrance door until law d. The facility failed to ment corrective actions, or					
LABORATOR	Y DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGN	JATLIR F	-	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.

	STATEMENT OF DEFICIENCIES (X1) PROVIDER SUPPLIER CLIA IDENTIFICATION NUMBER:			LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
		24G330	B. WING		C 06/14/2021	
NAME OF PROVIDER OR SUPPLIER  RES ADVANTAGES INC LUVERNE  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI		O BE COMPLETION		
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE DATE	
_	CLIENT BEHAVIOL CFR(s): 483.450  The facility must enbehavior and facility met.  This CONDITION Based on interview Condition of Partic Client Behavior & I The facility failed to for (C1, C4, C5, C6 aggressive behavion able to manage to call local law endent control. This result (IJ) for (C1, C4, C5 physical abuse and serious harm, injured The IJ began on 60 a.m. when C2 was behaviors by screach arging after direct B. DSP-B ran from the north side of the behind the north enentorcement arrived.	C2's aggressive behaviors.  R & FACILITY PRACTICES  Insure that specific client by practices requirements are  is not met as evidenced by: w and document review, the inpation at 42 CFR 483.450  Facility Practices, was not met. by due to the physically bors exhibited by C2. Staff are the C2's behaviors and have had forcement when C2 is out of ted in an Immediate Jeopardy is, C6) due to the risk of d placing all clients at risk of dy or death.  (3/21, at approximately 5:43 exhibiting dangerous aming, throwing objects, then ct support professional (DSP)- in the south side of the facility to the facility and barricaded herself intrance door until law ed. The facility failed to	W C	assessed C2's behaviors and street completed additional training of C2's Behavior Support plan. The training was held 6/24/21.  A Physical Intervention Alternatives and Positive Behas Supports training was held on 7/1/21.  Staff were retrained on the supervision needs of each individual, including C1, C2, C5 and C6. This was complete 6/15/2021.  Double staffing was implement in the program 24 hours per dawhile C2 is present in the program this began on 6/14/21.  Staff were trained to remove Casafe location during any behavioral incident and provious supervision. This training was completed by 6/15/21.  A Service Termination Notice issued to C2 on 5/18/21.  C2 moved out of the program 7/4/21.  Ongoing monitoring of client behavioral needs will be comply the Program Supervisor an Program Director/QIDP by reviewing behavioral data at I monthly going forward. The F	aff on his avior  C4, ed by the day gram C1 to de exast on on oleted d	
	modify intervention occurrences. The informed of the U p.m. The U was re	ment corrective actions, or as to prevent future facility's regional director was situation on 6/11/21, at 5:51 emoved on 6/14/21, at 2:26 be verified the facility had		will review each behavioral incident after they occur to immediately implement interventions to manage inappropriate client behavio		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING				E SURVEY IPLETED	
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	PROVIDER OR SUPPLIER VANTAGES INC LUVE	RNE	STREET ADDRESS, CITY, STATE, ZIP CODI 107 SOUTH BLUE MOUND AVENUE LUVERNE, MN 56156		7 SOUTH BLUE MOUND AVENUE	1 007	14/2021	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
	environment for (C physically aggressi MGMT OF INAPPE BEHAVIOR CFR(s): 483.450(b). Interventions to mabehavior must be esafeguards and supsafety, welfare and clients are adequated. This STANDARD is Based on interview facility failed to provide (C1, C4, C5, C6) dischaviors exhibited manage C2's behaviors exhibited in an Imme C4, C5, C6) due to placing all clients and eath.  The IJ began on 6/2 a.m. when C2 was	ctive action.  ctility failed to provide a safe 1, C4, C5, C6) due to the ve behaviors exhibited by C2. ROPRIATE CLIENT  (2)  nage inappropriate client imployed with sufficient pervision to ensure that the civil and human rights of the vide a safe environment for the tothe physically aggressive 1 by C2. Staff are not able to viors and have had to call local then C2 is out of control. This ediate Jeopardy (IJ) for (C1, the risk of physical abuse and trisk of serious harm, injury or 3/21, at approximately 5:43 exhibiting dangerous	w 2		with sufficient safeguards and supervision to ensure that the safe welfare and civil and human right clients are adequately protected.  The program will develop and implement corrective actions of modify interventions following any behavioral occurrence going forward.  All corrections were completed of 7/4/21.  Responsible Parties- Program Supervisor, Program Director/QIDP and Area Director.	s of		
	charging after direct B. DSP-B ran from the north side of the behind the north en	ming, throwing objects, then at support professional (DSP)- the south side of the facility to be facility and barricaded herself trance door until law d. The facility failed						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		2 10		TIPLE	(X3) DATE SURVEY COMPLETED		
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NAME OF PROVIDER OR SUPPLIER  RES ADVANTAGES INC LUVERNE  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREF TAG	BE COMPLE IATE DAT	) ETION		
W 285	to develop and imp modify intervention occurrences. The informed of the U informed it could implemented corresponding include:  A facility incident in had a behavioral in being unsupervise  On 6/3/21, at 5:30 incident began approximately 1:00 and turned the Kin maximum level. It asked if he would C2 did not want to his blanket over hinto C2's room to allowed it. Approxagain turned the vagain opened C2's turn it down as oth C2 again put his ballowed DSP-B to approximately 5:3 assisting C1 with room. C2 again hon his tablet. DSI asked if he could C1 was trying to ghis bed and started	blement corrective actions, or as to prevent future facility's regional director was situation on 6/11/21, at 5:51 emoved on 6/14/21, at 2:26 be verified the facility had ective action.	W	285	Tag W 285  The Program comprehensively asses C2's behaviors and staff completed additional training on C2's Behavior Support plan. This training was held 6/24/21.  A Physical Intervention Alternatives Positive Behavior Supports training held on 7/1/21.  Staff were retrained on the supervisineeds of each individual, including C2, C4, C5 and C6. This was completed by 6/15/2021.  Double staffing was implemented in program 24 hours per day while C2 present in the program this began of 6/14/21.  Staff were trained to remove C1 to a location during any behavioral incident and provide supervision. This training was completed by 6/15/21.  A Service Termination Notice was to C2 on 5/18/21.  C2 moved out of the program on 7/4.  Ongoing monitoring of client behaviore and Program Director/Q by reviewing behavioral data at least monthly going forward. The PS/PD review each behavioral incident after they occur to immediately implement interventions to manage inappropic lient behavior with sufficient safeguards and supervision to ensure that the safety, we lifare a civil and human rights of clients adequately protected.	s and was  ion C1, leted  n the is n a safe dent ing issued 4/21. vioral gram plDP st o will er ent oriate	

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	3		C 06/14/2021	
	PROVIDER OR SUPPLIER	RNE	STREET ADDRESS, CITY, STATE, ZIP O 107 SOUTH BLUE MOUND AVENU LUVERNE, MN 56156				17 17 2021
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(XS) COMPLETION DATE
W 285	told C2 that was no charging after DSP started to throw and the police at approximate application agritated and The police arrived, be agitated at that around 5:59 a.m.; I arrival she walked was broken glass a was sitting on his b morning, then pulle	ge 4 C1's bedroom door. DSP-B t his room; he then came -D. C2 went into his room and d break things. DSP-B called cimately 5:43 a.m. due to C2 throwing items in his room. however, C2 did not appear to ime. Staff called the PS 'S arrived at 6:02 a.m. Upon bast C2's bedroom door, there and objects on the floor. C2 ed; SP said hi and good d C2's door shut and went to The police stated they had no	W	285	<ul> <li>The program will develop implement corrective actio modify interventions follow any behavioral occurrence forward.</li> <li>All corrections were comp of 7/4/21.</li> <li>Responsible Parties- Program Supervisor, Program Direct QIDP and Area Director.</li> </ul>	ens or wing going leted as	
	interaction with C2 they arrived and the was standing in the door. C2 stated to the door and C2 prothe Kindle tablet, and 6:30 a.m., guardian come to the facility every 15 minutes. staff he would become to the facility every 15 minutes. Staff he would become to the facility every 15 minutes. Staff he would become to the facility every 15 minutes. Staff he would become to the facility every 15 minutes. Staff he would be compared to a staff he would be compared to a staff he would be gan to yell and sich as a grandian and kicked cars premises with guar a.m., with a plan to When C2 went outs	as he was not agitated when by then left. At 6:10 a.m., C2 hallway next to the entryway yell and reach for PS. PS shut be bedeed to hit the door, threw and knocked over chairs. At -A was called and agreed to Staff did visual checks on C2 Every time C2 would visualize agitated all over again. at the facility at approximately at the facility at approximately and PS outside. C2 and PS outside. C2 pt to hit guardian-A and also that were nearby. C2 left the dian-A at approximately 7:30 return to the facility on 6/6/21. Side, staff were able to check					
	on C1. C1 indicate hearing C2 yelling, When interviewed confirmed having w	d she was scared due to throwing and breaking things. on 6/11/21, at 8:30 a.m. DSP-B rorked the night shift from ming of 6/3/21. DSP-B stated					

	ATEMENT OF DEFICIENCIES (XI) PROVIDER/SUPPLIER/CLIA DPLAN OF CORRECTION (DENTIFICATION NUMBER:			TIPLE CONST		(X3) DATE SURVEY COMPLETED	
		24G330	B. WING			C 06/14/2021	
	PROVIDER OR SUPPLIER			107 SOUT	DDRESS, CITY, STATE, ZIP C TH BLUE MOUND AVENUE NE, MN 56156	ODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES TY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION ROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 285	behaviors starting had turned the volume aximum level. I volume down and head. When DSP down the volume, allowed DSP-B to couple hours later C2 allowed DSP-B to tablet. At app for DSP-B, and as room. DSP-B state she assumed he gotten C1 back to volume on C2's tamaximum level. DSP-B opened C turn the volume d DSP-B started go went back in his rat DSP-B and pult throwing down the finished throwing room. DSP-B wa C2 came out to thopened C1's bedienter the room. I and he could not came charging doscreaming. DSP and shut the door pulled and bange	age 5 etty much all night long with at approximately 1:30 a.m. C2 tume on his tablet up to the DSP-B asked C2 to turn the he put his blanket over his -B then asked if she could turn C2 did not respond though turn down the volume. A the same thing happened and 3 to turn the volume down on roximately 5:00 a.m., C1 called ked to use the commode in her ted it was quiet in C2's room so was asleep. Once DSP-B had bed and exited her room, the ablet instantly increased to the 2's door and asked him again to own; he then charged after her. ing down the south hall; C2 oom and started throwing things ling things off the wall and the hall at DSP-B. Once he things, he went back into his ited in the hallway. Eventually, he hallway still screaming, then room door like he was going to DSP-B told C2 it was C1's room, go in there, that is when he own the hallway at DSP-B  B then went to the north unit r, holding the door screaming. en G2 would stop pulling on the		285			
	door she would p would charge the After doing this a police because s	eek out; he was still there and door and start pulling again. couple times DSP-B called the he knew she could not get to C1 new C1 was awake and hearing					

		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED		
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	NAME OF PROVIDER OR SUPPLIER RES ADVANTAGES INC LUVERNE			STREET ADDRESS, CITY, STATE, ZIP CODE  107 SOUTH BLUE MOUND AVENUE  LUVERNE, MN 56156				
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W 285	the north unit unti- unsupervised. The visualized C2 in the arrived. The police advised DSP-B the and recommended police remained of arrived. DSP-B the facility until guard not calming down Guardian-Aarrive	page 6 OSP-B confirmed remaining on I the police arrived which left C1 are police stated they had the south entryway when they are did not enter the facility and arey were unable to detain C2 and DSP-B call the PS. The putside the facility until the PS stated she remained at the ian-Aarrived because C2 was and staff could not get to C1. And at approximately 7:45 a.m.; got C2 into the garage, DSP-B	W 2	85	# E			
	was able to safely up and ready for really shaken up indicated when no C2 would come in told DSP-B that we thought she was screaming she go confirmed following uncomfortable stathe facility. DSP-stay on the north throughout the niguncomfortable. Esleep most of the the bathroom but	y get to C1's room and get her work. DSP-B stated C1 was when she got to her. C1 had to one came she was afraid that into her room and get to her. C1 when C2 became quiet she is afe, but then when he started of scared all over again. DSP-B ing that episode being aying alone at night with C2 in B stated, "Honestly after that I side but do checks on C1 ight. I've told [PS] I'm before this episode he would time and might get up and use would go back to bed."						
	Cover Sheet indic autism spectrum disability (neurode a wide range of ir communication a behaviors, with lin adaptive behavior	cated diagnoses including: disorder with intellectual evelopment disorder that causes inpairments in social ind restricted and repetitive inted intellectual functioning and r), metabolic disorder (group of leading to increased risk of						

	OF DEFICIENCIES F CORRECTION	(XI) PROVIDER SUPPLIER CLIA IDENTIFICATION NUMBER	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		24G330	B, WING		C 06/14/2021		
	PROVIDER OR SUPPLIER		ST 10	REET ADDRESS, CITY, STATE, ZIP CODE 17 SOUTH BLUE MOUND AVENUE UVERNE, MN 56156	00/	14/2021	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PRO VIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X3) COMPLETION DATE	
W 285	heart diseases and epilepsy (seizure depilepsy (sei	related problems), and	W 285				
	staff to discontinu verbal de-escalat after the initial pro	e prompting at this level as ion was not likely to be effective ompt to stop. Staff should give gnoring this behavior. Staff					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		1963	TIPLE CONSTRUCTION  DING		(X3) DATE SURVEY COMPLETED		
		24G330	B. WING	*		C 5/14/2021	
	PROVIDER OR SUPPLIER VANTAGES INC LUVE	RNE			STREET ADDRESS, CITY, STATE, ZIP CODE 107 SOUTH BLUE MOUND AVENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE	
W 285	should not tell C2 the is being inapproattention may make behavior will occur should follow the stinterventions altern protect staff and oth maneuvers to keep injured when some C2's Risk Assessm indicated C2 likes to with toys, TV/radio	nat he is hurting anyone or that priate as this is negative it more probable that this again in the future. Staff eps as taught in physical atives (PIA-Techniques to ners-defensive physical staff and others from being one becomes aggressive.  ent Detail last modified 4/4/21, o make noises such as playing up loud, make bodily noises,	W 2	285			
	provoke others beh C2's Functional Bel 12/15/20, indicated behavior was class observed to display to significantly injure September 2nd, 20 C2 had engaged in physical aggression gathered from staff C1's undated Servic Cover Sheet indicate	navior Assessment dated C2's physical aggression ified as severe. C2 had been behaviors that have the ability e another individual. From 20 to December 15th, 2020, a total of 19 instances of a. This information was shift notes.  ce Recipient Information and diagnoses including: mild					
	disorders that affect balance, and postur hemiparesis (both s	y, cerebral palsy (group of t movement, muscle tone, re), bilateral spastic ides of the body is afflicted is not paralyzed), and seizure					
	C1's Risk Assessme	ent Detail dated 6/3/20, be unable to defend herself to her physical limitations.					

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CENTER	S FOR MEDICAR	E & MEDICAID SERVICES				T	. 0750_0571		
	TEMENT OF DEFICIENCIES PLAN OF CORRECTION  (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING				(X3) DATE SURVEY COMPLETED		
		24G330	B. WING			, l	C /14/2021		
	PROVIDER OR SUPPLIER			107	EET ADDRESS, CITY, STATE, ZIP CODE SOUTH BLUE MOUND AVENUE VERNE, MN 56156				
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W 285	Cover Sheet indice moderate intellect affective disorder causes extreme recauses indicated it was used of during an abuse C5's undated Ser Cover Sheet indicated due to perform to defend herself C6's undated Ser Cover Sheet indice profound intellect seizure disorder.  C6's Risk Assess indicated due to be level, she would against abuse.  C2's incident reprincident with other	vice Recipient Information rated diagnoses including: tual disability and bipolar (mental health condition that mood swings).  ment Detail dated 6/14/21, inclear whether C4 knew what to sive situation.  vice Recipient Information rated diagnoses including: all disorder, Down's syndrome, inclear diagnoses including: all disorder diagnoses including: all disorder diagnoses including: all disability, cerebral palsy, and strength be unable to defend herself orts indicated multiple behavioral er clients or staff:		285					
-		0 p.m. C2 became agitated after ff that he couldn't go outside.							
	When C4, who wattempted to lear around the arms screaming. Staff	vas able to go outside by himself, ve the house, C2 grabbed C4 , shook C4 and started f directed C2 to release C4; when he shoved C4 in the process. C2	l						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1		CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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	PROVIDER OR SUPPLIER VANTAGES INC LUVE	RNE	STREET ADDRESS, CITY, STATE, ZIP COD 107 SOUTH BLUE MOUND AVENUE LUVERNE, MN 56156			DE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 285	E, who was able to DSP-E to the south attempted to grab (he could get to her.  - 11/17/20, at 8:15 plasement and asked could finish the medicients to bed. C2 blisten to DSP-E. DSP-F; C2 would not be to DSP-F; C2 would not be to DSP-F; C2 would not be to DSP-E. DSP	t support professional (DSP)- get away. C2 then chased side kitchen. C2 then C6, but staff intervened before	W 2	285				
	screaming and star grabbed her shirt as not let go of DSP-E ripping when DSP-I staff fell to the floor floor and would not program supervisor assistance. The PS talked to C2 who exparents, then went - 12/8/20, at 3:05 p.	ted to chase DSP-E; C2 and scratched her. C2 would 's shirt and the shirt ended up E tried to get away and the . C2 then laid down on the get up. Staff called the (PS) to come in for S came to the facility and ventually got up, called his						
	C stated that C2 did earlier that morning and was going to w to do it. DSP-C sta asked C2 to take hi	leaving a big red mark. DSP- I not want to take a shower because he was watching TV ait until later in the afternoon ted around 3:05 p.m. she s shower. C2 then charged at r and went to his room and			£1			
	know it was someon that the movie he w needed to return it t	m. DSP-C went to let C2 ne else's turn for the TV and as watching was not his and to the other client. C2 threw V, got up and threw the dining						

	OF DEFICIENCIES F CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		(X3) DATE SURVEY COMPLETED		
	#	24G330	B. WING				C /14/2021
(10) 50 (0.0)	PROVIDER OR SUPPLIES			1	11/2021		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(XS) COMPLETION DATE
W 285	the table to the grafter DSP-C. C2 twice and pushed a row.  - 12/9/20, at 4:30 scratched, hit, kick to the ground alorglasses then laid his face. DSP-F let him lay on the not want to get up - 12/16/20, at 3:2 (PS) heard C4 te bend over in fron recliner, and react C2, "No." PS atte C2 came at PS at C2 came at PS at Christmas tree, the Christmas tree, the Christmas tree to the recliner where C4 on the stoma - 12/28/21, at 7:3 bedroom while the take a DVD that who then hit C3 A short time later DSP-F told him so little bit. C2 them	pround, pushed everything on round and then came running hit DSP-C on the neck/back her up against the wall twice in p.m. C2 ran towards DSP-F and ked, pushed, and pulled DSP-F ng with C2. C2 broke DSP-F's on the floor with his hands on made sure C2 was not hurt and floor to calm down as C2 did p.  5 p.m. the program supervisor II C2 "No". PS observed C2 t of C4, who was seated in a ch for something. C4 kept telling empted to verbally redirect C2. Ind pushed her past the hen pulled on PS's shirt sleeve. et go and he did. C2 then kicked ee, looked at PS, then went over here C4 was sitting and slapped		185			
	DSP-F blocked then fell to the fle put their hands of because anothe	themselves from C2's hits and C2 oor. While on the floor, DSP-F out to keep C2 from getting up r client was sitting at the table ositioned on the floor. C2	110				

STATEMENT OF DEFICIENCIES (XI) AND PLAN OF CORRECTION		(XI) PROVIDER/SUPPLIER/CŁIA IDENTIFICATION NUMBER;	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		24G330	B. WING			C 06/14/2021	
	PROVIDER OR SUPPLIE		STREET ADDRESS, CITY, STATE, ZIP CODE 107 SOUTH BLUE MOUND AVENUE LUVERNE, MN 56156			1 00.	14/2021
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROFICIENCY)	) BE	(XS) COMPLETION DATE
W 285	the client sitting a them.	page 12 um cleaner an swung it next to the table but he did not hit p.m. C2 assisted DSP-E for a	W:	285			4
	short time with pr supper. C2 then E continued prepa the north side of t continued to prep on the staff laptop to distract C2 by a supperDSP-H c	eparing biscuit dough for went to go watch TV while DSP-aring supper. DSP-H was on he facility. While DSP-E are supper, C2 was able to get to at the desk. DSP-E attempted asking him to help more with ame over to the south side of					
	laptop. Staff had approximately 5:2 for about 30 minu and attempted discalling dad, and a assist staff with o arrived C2 was si YouTube on the la untouched. PS at table to eat supper moved his plate a laptop. PS lifted a saying to him lets yelled, picked up head. C2 then to grabbed staff's bakitchen at DSP-E. pushed her into thand broke her gla	informed the PS at 10 p.m. that C2 had the laptop tes and was not getting off of it stractions including supper, bath. PS came to the facility to btaining the laptop. When PS tting at the desk watching ptop with his supper next to him sked C2 to move to the kitchen er; C2 did not look up until PS bit, then went right back to the up the laptop by the corner eat supper. C2 stood up, his plate and dumped it over his seed the kitchen table chair, ackpack and threw it into the C2 then went after DSP-E and the dishwasher, pulled her hair, ssees. PS then got in between					
	pulled PS to him. went to grab it to grabbed the knife knife away from C	PS noticed a knife nearby and move it out of the way; C2 as well. PS was able to get the C2 and safely put it in the sink.					6

	OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD	LTIPLE CONSTRUCTION		TE SURVEY MPLETED
		24G330	B. WING		0.6	C /14/2021
	PROVIDER OR SUPPLIER VANTAGES INC LUVI			STREET ADDRESS, CITY 107 SOUTH BLUE MOI LUVERNE, MN 561	'. STATE, ZIP CODE UND AVENUE	/14/2021
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIATE DEFICIENCY)	(XS) COMPLETION DATE
W 285	kicking her in the legrabbed the backpres again and atternit hit her left eye on a way and C2 then floor. At approximes that C2 had attended the program would go with her at that time. Prior was sitting at the contract that just came in from the came out of his rodown and looked started running at DSP-H's phone ouglasses off of his floor and started kgot up to retrieve to glasses and threw arrived at the faciliseated in front of the floor. PS askefloor and C2 raise and C2 attempted pulled away. PD and C2 tried to pu with C2 and had a C2 could get to hit to get C2 to pick that and PS gave C2 himself.	age 13 , and pulled PS to the ground egs. PS stood up, C2 then back and threw it, then grabbed impted to pull PS down; PS then the counter. PS was able to get sat in the middle of the kitchen ately 6:50 p.m., DSP-H texted tacked him at the desk. PS in director (PD) to see if she to the facility to assist with C2 to PS and PD's arrival, DSP-H desk looking at the medication from the pharmacy and C2 om. DSP-H put the medication up at C2 to talk to him and C2 DSP-H. C2 attempted to take at of his hand, then hit DSP-H's face. C2 then sat down on the ticking DSP-H. When DSP-H the glasses, C2 grabbed the vertical the total to his hand. PS took C2's hand to pull PS down to the floor; PS arrived and tried the same thing all PD down as well. PD talked other staff open the front door so is stuffed animal. PD was able up the recycling he had thrown his stuffed animal. C2 took his ek and seemed ok.		285		
	another staff with facility. Upon retu facility, DSP-E ob	.m. DSP-E was assisting a client on the north side of the irn to the south side of the served C2 enter his bedroom r. C3 indicated C2 had entered				

	OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		E SURVEY IPLETED
£.		24G330	B. WING				C 14/2021
	PROVIDER OR SUPPLIER  /ANTAGES INC LUVE	RNE		10	REET ADDRESS, CITY, STATE, ZIP CODE 7 SOUTH BLUE MOUND AVENUE JVERNE, MN 56156	001	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
W 285	took one of C3's memovie away from C2 then hit C3 with and also hit C3 in the door while attemption his room. DSP-E chad two red marks side of his back.  - 4/8/21, at 6:00 p.m. DVD from the living	ge 14  n C3 was not in there, and ovies. C3 tried to take the 2 and told him it was not his. a closed fist on his right side ne back with C3's bedrooming to close it to keep C3 out of hecked C3 for injuries and C3 on his right side and on his left in. DSP-I observed C2 take a groom that belonged to s room. DSP-I followed C2 to	W	285			
	his room; C2 was s bed. DSP-I took ho that it belonged to a have permission to take the DVD from DSP-I again advise DVD back and pulle raised his hands and he backed away from the bed, DSP-I turn grabbed DSP-I by the yanked them backed balance. DSP-I fell his head slightly hit grabbed the cords of yanked on them. Outruck and threw it to exiting C2's bedrood DSP-I kept C2's do throwing things, and	eated down at the head of his old of the DVD and advised C2 another client and he did not take it. DSP-I attempted to C2, but C2 would not let go. d C2 that he was taking the ed it from C2's hands. C2 then ad attempted to push DSP-I as om him. Once at the foot of ed to exit the room; C2 he back of the shirt and causing DSP-I to lose his to the floor on his back and the wall trim. C2 then of his TV and DVD player and c2 then reached for his Tonka owards DSP-I as they were m and shutting the door. or closed until C2 was finished d checked on the other clients.					
	DSP-I then checked calmed down. C2 bed and immediate	d on C2 to see if he had was seated at the head of the ly grabbed his radio and threw no again shut the door until he					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		33 83		(X3) DATE SURVEY COMPLETED	
	24G330	B. WING		06	C /14/2021
			07 SOUTH BLUE MOUND AVEN	CODE	14/2021
(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI	ON SHOULD BE HE APPROPRIATE	(XS) COMPLETION DATE
- 4/23/21, at 11:4 ready for the cliedining room table medication and s DSP-D retrieved to the table C2 tafter DSP-D. DS room to the south southside hallwatime C3 was construck C3 on the bedroom and stapproximately 12 kitchen to get south another client. Cornered her in to on the back and DSP-C's cell phopocket. DSP-C and went into an	5 a.m. DSP-D was getting lunch ints and asked C2 to sit at the ints and asked C2 to sit at the ints and asked C2 to take his et a glass of milk in front of him. C2's plate, and when returning hrew his milk and started to go in P-D exited through the living inside hallway. C2 entered the year from the other direction; at that ming around the corner. C2 then head. C2 then entered his inted throwing things. At 2:30 p.m., DSP-C went into the mething out of the refrigerator for its came up behind DSP-C, the kitchen, and began hitting her shoulders. C2 then reached for one, which was in her sweatshirt was able to get away from C2 other client's room and closed	W 285			
with a shower ar assisting C2 with shaving cream of push DSP-I awa neck of the shirt from neck to clean the shirt. Once C2 k started kicking h DSP-I then left the while C2 continuation calmed, DSP-I of gotten back in the	and morning grooming. While a shaving, and while putting in C2's face, C2 used one arm to y then grabbed DSP-I by the leaving a scratch on staffs chest avage area. C2 then threw for trying to pull DSP-I down with just his grip on staffs shirt he is feet and grabbing for things. The bathroom and shut the door ed to throw things. Once C2 had be shower. DSP-I advised C2 if				
	Continued From - 4/23/21, at 11:4 ready for the cliedining room table medication and s DSP-D retrieved to the table C2 tafter DSP-D. DS room to the south southside hallway time C3 was construck C3 on the bedroom and stapproximately 12 kitchen to get son another client. Cornered her in to on the back and DSP-C's cell phopoket. DSP-C and went into an the door. C2 the could find 5/4/21, at 11:00 with a shower ar assisting C2 with shaving cream on push DSP-I awa neck of the shirt from neck to clean the could find 5/4/21, at 11:00 with a shower ar assisting C2 with shaving cream on push DSP-I awa neck of the shirt from neck to clean the could find 5/4/21, at 11:00 with a shower ar assisting C2 with shaving cream on push DSP-I awa neck of the shirt from neck to clean the could find 5/4/21, at 11:00 with a shower are assisting C2 with shaving cream on push DSP-I awa neck of the shirt from neck to clean the could find.	PROVIDER OR SUPPLIER  JANTAGES INC LUVERNE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 15  - 4/23/21, at 11:45 a.m. DSP-D was getting lunch ready for the clients and asked C2 to sit at the dining room table. DSP-D asked C2 to take his medication and set a glass of milk in front of him. DSP-D retrieved C2's plate, and when returning to the table C2 threw his milk and started to go after DSP-D. DSP-D exited through the living room to the southside hallway. C2 entered the southside hallway from the other direction; at that time C3 was coming around the corner. C2 then struck C3 on the head. C2 then entered his bedroom and started throwing things. At approximately 12:30 p.m., DSP-C went into the kitchen to get something out of the refrigerator for another client. C2 came up behind DSP-C, cornered her in the kitchen, and began hitting her on the back and shoulders. C2 then reached for DSP-C's cell phone, which was in her sweatshirt pocket. DSP-C was able to get away from C2 and went into another client's room and closed the door. C2 then started throwing anything he	A BUILDING  24G330  ROYDER OR SUPPLIER  ANTAGES INC LUVERNE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR ISC IDENTIFYING INFORMATION)  Continued From page 15  -4/23/21, at 11:45 a.m. DSP-D was getting lunch ready for the clients and asked C2 to sit at the dining room table. DSP-D asked C2 to take his medication and set a glass of milk in front of him. DSP-D retrieved C2's plate, and when returning to the table C2 threw his milk and started to go after DSP-D. DSP-D exited through the living room to the southside hallway. C2 entered the southside hallway from the other direction; at that time C3 was coming around the comer. C2 then struck C3 on the head. C2 then entered his bedroom and started throwing things. 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Once C2 had calmed, DSP-I opened the door and C2 had gotten back in the shower. DSP-I advised C2 if he was ready to get up to shut the water off, then	PROVIDER OR SUPPLIER  24G330  B. WING  STREET ADDRESS. CITY. STATE. ZIF 107 SOUTH BLUE MOUND AVEN LUVERNE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR ISC IDENTIFYING INFORMATION)  Continued From page 15  -4/23/21, at 11:45 a.m. DSP-D was getting lunch ready for the clients and asked C2 to six at the dining room table. DSP-D asked C2 to take his medication and set a glass of milk in front of him. DSP-D retrieved C2's plate, and when returning to the table C2 three whis milk and started to go after DSP-D. DSP-D exited through the living room to the southside hallway. C2 entered the southside hallway from the other direction; at that time C3 was coming around the corner. C2 then struck C3 on the head. C2 then entered his bedroom and started throwing things. 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DSP-I advested C2 if the was ready to get up to shut the water off, then	PROVIDER OR SUPPLER  24G330  B. WING  24G330  B. WING  3TREET ADDRESS, CITY, STATE, ZIP CODE  10T SOUTH BLUE MOUND AVENUE  LUVERNE, MN 56156  SUMMARY STATEMENT OF DEFICIENCIES  (RECH DEFICIENCY MUST BE PRECEDED BY PULL  REGULATORY OR ISC IDENTIFYING INFORMATION)  Continued From page 15  -4/23/21, at 11:45 a.m. DSP-D was getting lunch ready for the clients and asked C2 to sit at the dining room table. DSP-D asked C2 to take his medication and set a glass of milk in front of him. DSP-D retrieved C2's plate, and when returning to the table C2 threw his milk and started to go after DSP-D. DSP-D exited through the living room to the southside hallway. C2 entered the southside hallway from the other direction; at that time C3 was coming around the comer. C2 then struck C3 on the head. C2 then entered his bedroom and started throwing things. 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Once C2 had calmed, DSP-I opened the door and C2 had gotten back in the shower. DSP-I advised C2 if he was ready to get up to shut the water off, then

	OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILE		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		24G330	B. WING	i		06	C /14/2021
	PROVIDER OR SUPPLIER VANTAGES INC LUVE	RNE		107	REET ADDRESS, CITY, STATE, ZIP CODE 7 SOUTH BLUE MOUND AVENUE IVERNE, MN 56156	1 00	1412021
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SCIDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(XS) COMPLETION DATE
W 285	After DSP-I heard to back into the bathrooff and getting dress and charged the dostarted hitting, throops P-I let C2 be at dried and dressed bedroom.  - 5/5/21, at 4:00 a.r. deeply and loudly in	ge 16 he water shut off, she went bom to assist C2 with drying sed. C2 started yelling again for slamming it shut, then wing and breaking things. that point and C2 eventually himself then went to his  n. DSP-A heard C2 yelling his room, then could be gs in his room. This lasted	W	285			
	leave his room during exited his room to be returned to his room to be returned to his room entered C2's room clothes as he had be 8:15 a.m., day staff for the south side of medications, at elements of the south side of medications, at elements of the south side of medications, at elements of the south side of the south she was a DSP-I attempted to she could shut his eshirt and pushed he (located to the right fell to the floor and DSP-I was able to go C2. C2 sat on the before sitting in sile approximately 30 m PS of the situation in	ng that time. At 7:30 a.m., C2 are the bathroom, then in. At 8:00 a.m. DSP-A to assist with changing his been incontinent of urine. At 7:DSP-I took over supervision of the facility. C2 took his eakfast, then returned to his ately 8:40 a.m., C2 charged at walking past his bedroom door. get C2 into his bedroom so door. C2 grabbed DSP-I's er hard into C1's bedroom door of C2's doorway). C2 then pulled DSP-I down with him. Get up and back away from floor screaming and kicking nce in front of C1's door for tinutes. DSP-I informed the and also to inform PS that she					
	could not safely get medications or ass after that, C2 got up table and DSP-I ass to use the bathroon	to C1 to administer the clients st them with toileting. Shortly and sat at the dining room sisted him. When C2 got up and the area was safe,					

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

CLIVE	CO I OIL MILDICARE	& MEDICAID SERVICES			OMDIN	<u>J. 0938-0391</u>
	OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MUU A. BUILD	TIPLE CONSTRUCTION		ATE SURVEY OMPLETED
		24G330	B. WING			C (2.4/2021
11114E 0E I	DE CUIDER OF CUIDILIER	240330	D (1.0	STREET ADDRESS, CITY, STATI		6/14/2021
NAME OF	PROVIDER OR SUPPLIER			107 SOUTH BLUE MOUND A		
RES AD	VANTAGES INC LUVE	ERNE		LUVERNE, MN 56156		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN X (EACH CORRECTIVE CROSS-REFERENCED DEFICE	ACTION SHOULD BE TO THE APPROPRIATE	(XS) COMPLETION DATE
W 285	bathroom, he obseentryway and charbarricaded herself north side of the bic C2 could get to he himself at the north walls and the door While DSP-D was practical nurse (LF basement and also door shut. Staff cand LPN-A subsect at approximately 9 outside when they after the two police them talking with the officers; the officers; the officers; the officers; the officers arms and brocontinued to be cominuted to be c	age 17  S. When C2 exited the cryed DSP-D in the front ged after her. DSP-D behind the door entering the uilding and held it shut before r. C2 proceeded to throw he entrance door, beating on the attempting to get to DSP-D. holding the door shut, licensed PN)-Ahad come up from the ohelped DSP-D to hold the ould not approach C2 safely quently called law enforcement c:30 a.m. Staff met the police arrived at 9:35 a.m. Shortly e arrived onsite, DSP-I heard C2. C2 went to punch one of ficers then each grabbed one of ought C2 down to the floor. C2 ombative and screaming for 30+e ambulance arrived. Once the fit, the EMT (emergency medical C2 an injection of Zyprexa (an lication) 10 milligrams (mg) in a C2 then calmed down a few e paramedics used restraints on ting to the ER at approximately at the ER, C2 allowed the staff vital signs. The ER physician a 72 hour emergency hold for so for the safety of the other ity. The physician stated that would not do that unless he was hing was psychologically wrong rents arrived at the ER as well. Siened in the bed. Blood work performed and results of the		285		

	OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l` ′	TIPLE CONSTRUCTION		TE SURVEY MPLETED
		24G330	B. WING		. 06	C 5/14/2021
	PROVIDER OR SUPPLIER	RNE		STREET ADDRESS, CITY, STATE, ZIP 107 SOUTH BLUE MOUND AVENU LUVERNE, MN 56156	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
W 285	home. Parent's ind	ge 18 R and went to his parent's icated they would complete	W 2	285		
	incident began at a approximately 8:30 walked over to the gather her belongin C2 followed her. C recliners on the nor his Kindle tablet.	a.m. (note: precursor to pproximately 8:30 a.m.) at a.m., overnight staff DSP-B, north side of the facility to gs prior to leaving her shift; 2 sat down in one of the th side and started to utilize SP-B stated to C2, "Hey r here." C2 ignored DSP-B		· ·		
	and continued to pl then stated, "Can't the other side." C2 side of the facility a 10:00 a.m. DSP-F he wanted to take a DSP-F had him pic C2 then went into the DSP-F assisted C2	ay with his Kindle. DSP-B be over here, let's go over to then walked over to the south nd slammed the doors. At went to C2's room and asked if a shower. C2 nodded yes and k out his clothes. DSP-F and he southside bathroom where with washing his hair and his started to put shaving gel on		<u>S</u>		
	when they started the DSP-F in the chest and grabbed DSP-When he pulled on floor backwards bring while still holding on knee on the floor. Thoor, C2 grabbed the DSP-F in the chest and grabbed the ch	say anything to staff, but o put the gel on his face he hit. C2 then started to scream F. The floor was wet and staff, C2 slipped and fell on the nging DSP-F down with him nto her. DSP-F hit her right When DSP-F got up off the ne trash can and threw it. room and shut the door,				58
	standing outside the approximately two in head inside the documents of the shower. DSP-F left while standing outs	e door in the hallway for minutes, then popped her or and C2 was back in the tC2 alone for five minutes ide of the door, and the put his on the counter. At that time				

STATEMENT OF DEFICIENCIES (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING				(X3) DATE SURVEY COMPLETED	
		24G330	B. WING			06	C /14/2021
D 1,07,05344	PROVIDER OR SUPPLIER VANTAGES INC LUV			1 00	714/2021		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO ROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 285	bathroom on the of the water off when respond. DSP-F the facility and at off. DSP-F check and he was dress Kindle tablet. Where was an indicator of interfering behavion his Kindle table visual checks on a garage using his lawalked to the dook know his food wa and came around his eyes remained Kindle towards Diwalked to the entrof the facility and he had eaten sink, and was back tablet.  -6/7/21, at 7:55 at C2 his Miralax (a his "clean out." We the third dosage, pushed DSP-C at started to run tow her. As DSP-C we entryway, she her south bathroom at	age 19 hese items were in the counter and that he could shut finished. C2 did not answer or hen walked to the north side of that time heard the water shut ed on C2 10-15 minutes later ed and in the garage with his ile C2 was in the garage, DSP-to the bathroom. C2 the dark/black eyes look (which of potential explosive aggressive ors) and was engaged in playing et. DSP-F continued to do C2 and he remained in the Kindle tablet. At noon, DSP-F rway to the garage and let C2 is ready for lunch. C2 got up the van walking towards staff, dark/black and he threw the SP-F. DSP-F shut the door and ryway leading into the north side eard C2 come inside an sit. After approximately 15 went to do a visual check on C2 his lunch, put his plate in the ck in the garage on the Kindle	W	285			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` /	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		24G330	B. WING			06/1	4/2021
	PROVIDER OR SUPPLIER VANTAGES INC LUVE			STREET ADDRESS, CITY, STATE, ZIP CODE 107 SOUTH BLUE MOUND AVENUE LUVERNE, MN 56156		00.1	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CO	ER'S PLAN OF CORRECTION RRECTIVE ACTION SHOULD ERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
W 285	closing the entryway visualized C2 go in 10 minutes, DSP-I was in his bedroom. When interviewed confirmed C2 had a couple incidents guardian-B did not was at the facility sconfirmed C2 had vacate that was issparents were appescheduled 7/8/21. aggression toward October 2020, who incident C2 no long clients. PS stated incidents where C2 otherwise other incommon of 6/3/21, on C1 though when	er yelling. As DSP-D was any door, she heard and to the south bathroom. After D checked on C2 again and he in asleep at that time.  on 6/10/21, at 10:50 a.m. PS aggressive behaviors and had where he hit C3. C3's think C3 was safe when C2 to she took him home. PS been issued a 60-day notice to sued on 5/18/21, though his aling this, with a court dated PS stated C2's first so ther clients happened in en C2 shoved C4. After that ger shoved, but would hit other there had been four or five 2 struck another client eidents had been directed confirmed the incidents es throughout the day so there of when his behaviors could ated C2 resided on the south with C1 and C3, though C3 no e facility when C2 was there. Sided on the north side of the er would come over to the C2 was gone. PS confirmed the C2 was gone. PS confirmed the C2 did not actually lay hands in his behavior started	W	285			
	in bed. PS confirm C1 was scared as and could not get of protect herself sho stated currently C1	open C1's door while she was ned she was wheelchair dependent out of bed to try to move or uld C2 come into the room. PS pretty much stayed in her shome. C1 had an electric					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		24G220	B. WING			С	
NAME OF I	PROVIDER OR SUPPLIE	24G330	B. WING	STREET ADDRESS, CITY,		6/14/2021	
	VANTAGES INC LU			107 SOUTH BLUE MOU LUVERNE, MN 56150	IND AVENUE		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	IX (EACH CORRECT CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BE ICED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 285	at times in the whom room was so she needed. PS and been doing their though were also he was a big guy strength increase Upon follow-up in PS confirmed in tone-to-one staffir week for C2 but of many staff had lest aff to accommon facility was always taff (one on the side) when C2 w stated that way it escalate the nort the other clients: advised C1 that is behavior was escatted the room with he	so would come out of her room c but stayed close to where her could go in there quickly if LPN-A both stated staff had best to protect the other clients fearful of getting hurt by C2 as (>6 feet tall) and strong, who's d when his behaviors escalate therview with PS at 11:46 a.m., the past they had initiated approximately three times a due to C2's aggressive behaviors and now do not have enough odate that. PS confirmed the as staffed with a minimum of two north side and one on the south as present in the facility. PS (C2's behaviors started to h staff could assist with keeping safe. PS also stated they have if she was in her room and C2's calating that if staff could get in r they would, otherwise she electric w/c into the door so C2	W	285		29	
	watching TV sea to her room was outside of the roo time, C1 stated s facility because of	2:50 p.m. C1 was in her room ted in her electric w/c; the door closed and C2 was in the kitchen om. When interviewed at that the did not really like living at the of C2; he screams and throws rmed C2 had not ever thrown					
	anything at her b stated last week thought she was stated C2 had op not let him come	being scared because of C2 and going to have to skip work. C1 pened her door but staff would in, and indicated C2 looked at ot enter her room. C1 confirmed					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		24G330	B. WING				C	
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE				
RES AD	ANTAGES INC LUVE	RNE	107 SOUTH BLUE MOUND AVE LUVERNE, MN 56156					
(X4) ID PREFIX TAG			ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
W 285	when C2 was home of the time, and fur sleeping she would not leave her room to stay in her room not hurt her. C1 co the other parts of the meals in the dining the staff. C1 also selectric w/c against screaming. C1 con	ge 22 e she stayed in her room most ther stated maybe if C2 was come out but otherwise did. C2 stated the staff want her for her protection so he does nfirmed she missed being in the house and liked to eat her room, watch TV and be with tated staff told her to put her the door if C2 started firmed last week when C2 to opened her door she was in	W 2	285	97 97		.8:	
W **	stated she is proba not gone after and employment at the DSP-A confirmed s and occasionally pid DSP-A stated when alone being afraid singht she may not be clients from him. Din the bedroom with facility trying to protect C5 and C6 also vulnerable. Do overnight she was get up out of bed arroom. DSP-A did not C2 an he never carwent back to sleep.	on 6/10/21, at 1:10 p.m. DSP-A bly the only staff that C2 had that multiple staff have left facility because of [C2]. he usually worked overnights cked up a few day shifts. It should C2 get up during the should C2 get up during the seable to protect all of the PSP-A further stated if she was a C1 on the south side of the eet her, how would she con the north side as they were SP-A confirmed there was one working when she heard C2 and start breaking things in his ot open the door to check on the out of his room and finally DSP-A confirmed feeling						
	fearful that night. In with C2 during the C2 had woken up a DSP-B was working into work at 6:00 a.	OSP-A confirmed the incident early morning hours on 6/3/21, t approximately 1:00 a.m. g that night and DSP-D came m. When asked how staff ents when C2's behaviors				)		

- 1		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A, BUILDI	TIPLE CONSTRUCTION		TE SURVEY MPLETED
		24G330	B. WING	ING	0.6	C
	PROVIDER OR SUPPLIER  VANTAGES INC LUVE			STREET ADDRESS, CITY, STATE, ZIP C 107 SOUTH BLUE MOUND AVENU LUVERNE, MN 56156	CODE	/14/2021
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFE TAG	PROVIDER'S PLAN OF CO X (EACH CORRECTIVE ACTIO) CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
W 285	escalate, DSP-Ast clients away from hand C3 did the san the facility. DSP-A north side of the fa over to the south sone of the recliners garage. DSP-Asta went into the garag would leave until CDSP-A further state would say, "no no of the facility.  When interviewed D confirmed she wand could hear C2 upon entering the came in cautiously hallway in front of broken a globe and went to look for DS talking to the police everything started told C2 to turn his shaken up, and to C1's door. DSP-B he chased after he side of the facility a tried to get in and DSP-D confirmed south side of the b talking with DSP-E side of the building	ated they keep the other nim. C1 stayed in her room ne thing when he still resided in stated C5 and C6 stay on the cility but C4 would still come ide at times as he liked to sit in in the living room or go in the ated C4 was particular; if C2 ge while C4 was in there, C4 c2 came out of the garage. ed if C2 got in C4's space, C4 no" and return to the north side on 6/10/21, at 1:29 p.m. DSP-vorked the day shift on 6/3/21, 's tablet volume turned up loud facility. DSP-D stated she; there was broken glass in the C2's room because he had d some picture frames. DSP-D show the case of the case	W 2	285		
	DSP-B had also c facility and checke ok. Ashort time la	that time C2 was in his room.  alled the PS, who came to the ed in with C2 and he seemed ater, PS again approached C2 her so they knew he still was				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  24G330			1, ,		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		24G330	B. WING			C 06/14/2021		
NAME OF PROVIDER OR SUPPLIER RES ADVANTAGES INC LUVERNE			STREET ADDRESS, CITY, STATE, ZIP CODE  107 SOUTH BLUE MOUND AVENUE  LUVERNE, MN 56156					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETION DATE	
W 285	kitchen; DSP-D we threw his tablet and few minutes they clis when C2 threw the chased DSP-D ove facility. At that poin come and pick C2 guardian-A arrived him as well and wa with his shoe. Gua C2 to get into the care	ge 24  C2 then came out to the nt to check on him and he I started screaming. After a hecked on him again and that he tablet again at DSP-D and r to the north side of the at, PS called guardian-A to up from the facility. When at the facility, C2 went after s attempting to hit guardian-A rdian-A eventually persuaded ar and kept C2 home until ted having to be so cautious	W	285		22 5)		
	to do. DSP-D confiin the building during p.m. until 6:00 a.m. overnight if C2 did gor knock them uncowould do to the othe episode during the up during the night his room. DSP-Aw DSP-D she thought DSP-A might be lay of what he might do had actually come of DSP-D confirmed to C2's aggressive be	on 6/10/21, at 2:55 p.m.						
	facility only had one	urse (LPN)-A confirmed the staff working on the overnight						
	admitted to the fact LPN-A further state overnight staff with they could protect t	een going on before C2 was ility in September of 2020. d being fearful for the C2 as she did not know how hemselves and the other ould his behaviors escalate.						

O DIVINO	KS I OK MILDICAK	E & MEDICAID SERVICES			OMP NO	<del>). U930-U391</del>	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (XI) PROVIDER/SUPPLIFR/CLIA IDENTIFICATION NUMBER:			(X2) MULT A. BUILDE	TIPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED		
		24G330	B. WING			C	
NAME OF I	PROVIDER OR SUPPLIER	<u> </u>	1 20 1	STREET ADDRESS, CITY, STATE, ZIP		5/14/2021	
THING OT	NO TIDEN ON DELT CIE.			107 SOUTH BLUE MOUND AVEN			
RES AD	VANTAGES INC LUV	ERNE		LUVERNE, MN 56156			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LS C IDENTIFYING INFORMATION)	PREFI) TAG		ON SHOULD BE HE APPROPRIATE	COMPLETION	
W 285	Continued From p	age 25	W 2	85			
	DSP-C stated the hit her in the face. The 2nd and 3rd to dining room table; hair then pulled he hitting and kicking after that episode dining area with another around the corner After those episod kick DSP-C and a phone. When C2 behaviors were exconstantly helping and when staff to would escalate. Owater off during C simple things. C2 times. When C2 shook C4 when o also thought C2 hone time that alm was actually throwonly one staff was shift. DSP-C stat facility, 99% of the night so one staff Since the episode 6/3/21, DSP-C co comfortable if the shift when C2 wa	on 6/10/21, at 3:45 p.m. first time C2 came after her, he neck area and left a big mark. ime DSP-C was sitting at the C2 came over and pulled her er down to the floor and started her. About 30 minutes later ended another staff was in the DSP-C. When that staff left the client, once they had exited he came after DSP-C again. les, C2 has attempted to hit and lso had destroyed her cell first arrived at the facility the entered around food. C2 was himself to other clients' food d him he could not do that he one time DSP-C just turned the 2's shower and he got upset had gone after C3 a couple first came to the facility he utside in the garage. DSP-C ad thrown a vacuum cleaner ost hit C6 but did not think he wing it at her. DSP-C confirmed a scheduled on the overnight ed when C2 first came to the etime he slept through the con the overnight shift was fine. It during the overnight shift on the overnight shift on the overnight shift on the overnight shere, to keep clients safe.  Administrative Review of 8/20/18, indicated: 1. Into be subjected to abuse by					

AND PLAN OF CORRECTION IDENTIFICATION N		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		24G330	B. WING		di trad summara mara kaka dinamaka daka diska kara dilipanak kaka 2000-2000 2000 2000 2000 2000 2000 200	C 06/14/2	
NAME OF PROVIDER OR SUPPLIER RES ADVANTAGES INC LUVERNE			STREET ADDRESS, CITY, STATE, ZIP CODE  107 SOUTH BLUE MOUND AVENUE  LUVERNE, MN 56156				6/14/2021
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(XS) COMPLETION DATE
W 285	consultants or volus erving the individual guardians, friends, services, or thems intellectual disability will review incident notes to evaluate fould represent podefined by Federal (monthly). 3. If the incidents of alleged programs, psychological and adequacy of spossible mistreatments.	nteers, staff of other agencies ial, family members or legal other individuals receiving elves). 2. The QIDP (qualified ies professional) for the home reports and individual program or patterns of incidents that tential abuse or neglect as Regulation on a regular basis re is a pattern noted among a abuse, accidents, behavior active drug use, staff training, taffing levels that may suggest ent, neglect or abuse of iate action will be taken to	W	285			
	C2 chased (DSP)-building where DS: the door to the unit leaving C1 vulnera behavior. The regithe IJ 6/11/21, at 5  The immediate jeo 6/14/21, at 2:26 p.i constant supervision by adding an extra north side of the far enable staff on the Following the 6/3/2 completed a comp	pardy was removed on  n. when the facility ensured on of C2 on the overnight shift sleep staff to remain on the cility with a walkie talkie to south side to contact for help. I incident with C2, the team rehensive assessment and					
	identified the trigge told "no", or what to redirect. That trigg C2's behavior supp it was not botherin	er that C2 does not like to be to do and was also very hard to ger was already identified in out plan. The team identified if g others in the home that they isten to electronics at whatever					

		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		24G330	B. WING	i		06/1	14/2021	
NAME OF PROVIDER OR SUPPLIER RES ADVANTAGES INC LUVERNE			-	10	FREET ADDRESS, CITY, STATE, ZIP CODE 07 SOUTH BLUE MOUND AVENUE UVERNE, MN 56156	1 0071	.472021	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAC	IX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE	
W 285	into setting the vollower volume lock team will continue C2's behaviors fol functional behaviors support plan will be occur and new straffom the interdiscipand staff feedback additional staff traffered to C2's agtraining was scheep.m 2:30 p.m. a who can not atten required to complenext scheduled straining the requirement to	d. The team also was looking flume of the Kindle tablet at a ked with parental controls. The to comprehensively assess llowing each situation and the prassessment and behavior be revised as new situations rategies are developed per input iplinary team, behavioral analyst k. The facility also arranged for aining by the behavior analyst gressive behaviors. The duled for 6/24/21 from 12:30 and will also be recorded for staff and in person. Staff will be lete the training prior to their hift. In addition, training in ion alternatives and positive is was scheduled for staff on		2285				



Protecting, Maintaining and Improving the Health of All Minnesotans

Emailed on July 7, 2021

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

Re: Event ID: 8ZLI11

Dear Administrator:

The above facility survey was completed on June 14, 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 no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144.56.

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

Please 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, Health Program Representative Senior Program Assurance | Licensing and Certification

Minnesota Department of Health

P.O. Box 64970

Kim Tyson

Saint Paul, Minnesota 55164-0970

Phone: 651-201-3831

Email: kim.tyson@state.mn.us

Minnesota Department of Health

AND BLAN OF CORRECTION (INDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:			
		71. 501251110.				
		01345	B. WING		06/1	4/2021
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
RES AD	VANTAGES INC LUVE	·RNF	H BLUE MO E, 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)	ULD BE	(X5) COMPLETE DATE
5 000	Initial Comments		5 000			
	144.56 and/or Minr 144.653, this correpursuant to a surve found that the deficing herein are not corrected shall with a schedule of the Minnesota Deputermination of worrected requires requirements of the number and MN Reindicated below. Wour several items, failuitems will be considered for multi-part reassessment of a fir violated during the corrected.  You may request a that may result from orders provided that the Department with notice of assessment on 6/10/21 through survey was completed HG330005C (MN7 found to be substat were issued. Your frequirements of Mineson of the survey was completed.	hether a violation has been compliance with all e rule provided at the tagule number or MN Statute //hen a rule or statute contains re to comply with any of the dered lack of compliance.				

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

(X6) DATE TITLE

PRINTED: 07/07/2021 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	` ′	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED C 06/14/2021	
		B. WING	i				
NAME OF F	PROVIDER OR SUPPLIER		l	S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 00/	14/2021
RES ADV	ANTAGES INC LUVE	RNF		1	07 SOUTH BLUE MOUND AVENUE		
INEO AD	ANTAGEG ING EGVE			L	UVERNE, MN 56156		
(X4) ID PREFIX TAG			ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPODE DEFICIENCY)	) BE	(X5) COMPLETION DATE
W 000	INITIAL COMMEN	тѕ	W	000			
	survey was conduct HG330005C. The compliance with the Subpart I, for International In addition, the Correlation of Behavior & Facility was found not met. An extended surver protection was consubstantiated: HG3 Deficiency issued at An Immediate Jeog W285 on 6/11/21, at The IJ began on 6/a.m. when C2 was behaviors by screau charging after direct (DSP)-B. DSP-B rate facility to the north barricaded herself until law enforcement to develop and improdify intervention occurrences. The finformed of the IJ sp.m. The IJ was referenced.	facility was found NOT to be in e requirements of 42 CFR 483 mediate Care Facilities for ellectual Disabilities (ICF/IID).  Indition of Participation: Client Practices 42 CFR 483.450  In					
		on the overnight shift by adding arranged for additional staff					
LAROPATOR			NATURE		TITLE		(X6) DATE
LABORATOR'	I DIVECTOR 9 OK PROVIL	DER/SUPPLIER REPRESENTATIVE'S SIGI	NAIUKE		IIILE		(NO) 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.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l ` ′	TIPLE CONSTRUCTION ING		COMPLETED			
		24G330	B. WING				4/2021	
	PROVIDER OR SUPPLIER	RNE	STREET ADDRESS, CITY, STATE, ZIP COD 107 SOUTH BLUE MOUND AVENUE LUVERNE, MN 56156					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD THE APPROPR	BE	(X5) COMPLETION DATE	
W 000	Continued From pa	ge 1	W C	000				
W 266		C2's aggressive behaviors. R & FACILITY PRACTICES	W 2	266				
	_	sure that specific client y practices requirements are						
	Based on interview Condition of Particip Client Behavior & F The facility failed to for (C1, C4, C5, C6) aggressive behavior not able to manage to call local law enfocontrol. This result (IJ) for (C1, C4, C5)	is not met as evidenced by: y and document review, the pation at 42 CFR 483.450 acility Practices, was not met. provide a safe environment ) due to the physically yrs exhibited by C2. Staff are C2's behaviors and have had procement when C2 is out of ed in an Immediate Jeopardy y, C6) due to the risk of placing all clients at risk of y or death.						
	a.m. when C2 was behaviors by scream charging after direct (DSP)-B. DSP-B rate facility to the north subarricaded herself buntil law enforcement to develop and imperior modify interventions occurrences. The faciliformed of the IJ subsp.m. The IJ was respectively.	3/21, at approximately 5:43 exhibiting dangerous ming, throwing objects, then it support professional an from the south side of the side of the facility and behind the north entrance door ent arrived. The facility failed lement corrective actions, or is to prevent future actility's regional director was ituation on 6/11/21, at 5:51 moved on 6/14/21, at 2:26 pe verified the facility had						

AND DIAN OF CODDECTION IN IDENTIFICATION NUMBER.		` ′		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		24G330	B. WING			C	
NAME OF F	PROVIDER OR SUPPLIER	246330	D. WING		FREET ADDRESS, CITY, STATE, ZIP CODE	06/	14/2021
NAME OF F	TOVIDLIT ON SUFFLICIT				77 SOUTH BLUE MOUND AVENUE		
RES AD	ANTAGES INC LUVE	RNE			UVERNE, MN 56156		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 266	Continued From pa	_	W 2	<u>2</u> 66			
W 285	environment for (C		W 2	?85			
	behavior must be e safeguards and sup	nage inappropriate client mployed with sufficient pervision to ensure that the civil and human rights of ely protected.					
	Based on interview facility failed to prov (C1, C4, C5, C6) do behaviors exhibited manage C2's behaviors exhibited manage C1's behaviors exhibited manage C2's behaviors exhibited in an Imme C4, C5, C6) due to	s not met as evidenced by: y and document review, the yide a safe environment for ue to the physically aggressive I by C2. Staff are not able to viors and have had to call local nen C2 is out of control. This ediate Jeopardy (IJ) for (C1, the risk of physical abuse and t risk of serious harm, injury or					
	a.m. when C2 was behaviors by screan charging after direct (DSP)-B. DSP-B rafacility to the north s barricaded herself by	3/21, at approximately 5:43 exhibiting dangerous ming, throwing objects, then at support professional an from the south side of the side of the facility and behind the north entrance door ent arrived. The facility failed					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  24G330			TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED C			
		24G330	B. WING		06	/14/2021		
NAME OF PROVIDER OR SUPPLIER  RES ADVANTAGES INC LUVERNE				STREET ADDRESS, CITY, STATE, ZIP CO 107 SOUTH BLUE MOUND AVENUE LUVERNE, MN 56156	ODE	00/14/2021		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE		
W 285	to develop and imp modify intervention occurrences. The finformed of the IJ sp.m. The IJ was rep.m. When it could implemented corre Findings include:  A facility incident rehad a behavioral in being unsupervised On 6/3/21, at 5:30 a incident began app approximately 1:00 and turned the Kindmaximum level. Do asked if he would p C2 did not want to his blanket over his into C2's room to to allowed it. Approximately 5:30 again turned the vocagain opened C2's turn it down as othe C2 again put his blanked DSP-B to to approximately 5:30 assisting C1 with unroom. C2 again had on his tablet. DSP asked if he could to C1 was trying to go his bed and started and coming after D down the southside	element corrective actions, or so to prevent future facility's regional director was situation on 6/11/21, at 5:51 emoved on 6/14/21, at 2:26 be verified the facility had active action.	W 2	285				

CLIVILI	TO I OIL WILDICAIL	A MEDICAID SERVICES				IVID IVO.	0930-0391	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
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		24G330	B. WING	;		06/	14/2021	
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE			
DEC VD/	ANTAGES INC LUVE	DNE		1	07 SOUTH BLUE MOUND AVENUE			
KES ADI	ANTAGES INC LUVE	RNE		L	UVERNE, MN 56156			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF		COMPLETION DATE	
					DEFICIENCY)			
W 285	Continued From pa	ngo 4	\\\\\\	205				
VV 200		_	W :	200				
		C1's bedroom door. DSP-B						
		ot his room; he then came						
		-D. C2 went into his room and d break things. DSP-B called						
		ximately 5:43 a.m. due to C2						
		throwing items in his room.						
		however, C2 did not appear to						
		time. Staff called the PS						
		PS arrived at 6:02 a.m. Upon						
		past C2's bedroom door, there						
	was broken glass and objects on the floor. C2							
		ed; SP said hi and good						
	morning, then pulle	d C2's door shut and went to						
	talk to the police. T	The police stated they had no						
		as he was not agitated when						
		ey then left. At 6:10 a.m., C2						
		hallway next to the entryway						
		yell and reach for PS. PS shut						
		oceeded to hit the door, threw						
		nd knocked over chairs. At						
		n-A was called and agreed to						
		Staff did visual checks on C2 Every time C2 would visualize						
		ome agitated all over again.						
		at the facility at approximately						
		n-A talked with C2 but then C2						
		tarted to hit guardian-A. C2						
		and PS outside. C2						
		npt to hit guardian-A and also						
		that were nearby. C2 left the						
		dian-A at approximately 7:30						
		return to the facility on 6/6/21.						
		side, staff were able to check						
		ed she was scared due to						
	hearing C2 yelling,	throwing and breaking things.						
	When interviewed	on 6/11/21, at 8:30 a.m. DSP-B						
		orked the night shift from						
		rning of 6/3/21. DSP-B stated						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING	(X	(3) DATE SURVEY COMPLETED	
				·		С	
		24G330	B. WING	;		06/14/2021	
	NAME OF PROVIDER OR SUPPLIER  RES ADVANTAGES INC LUVERNE			STREET ADDRESS, CITY, STATE, ZIP C 107 SOUTH BLUE MOUND AVENUE LUVERNE, MN 56156			
(X4) ID PREFIX TAG				PROVIDER'S PLAN OF CO FIX (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	E COMPLETION DATE	
W 285	behaviors starting a had turned the volum aximum level. Do volume down and head. When DSP-down the volume, Callowed DSP-B to to couple hours later to C2 allowed DSP-B his tablet. At approfor DSP-B, and ask room. DSP-B states she assumed he was gotten C1 back to be volume on C2's tab maximum level. DSP-B opened C2' turn the volume down DSP-B started goin went back in his room. DSP-B and pulling throwing down the finished throwing throom. DSP-B waite C2 came out to the opened C1's bedroenter the room. DSP-B and he could not go came charging down screaming. DSP-B and shut the door, I pulled and banged DSP-B stated where door she would peed would charge the dafter doing this a copolice because she	ty much all night long with at approximately 1:30 a.m. C2 me on his tablet up to the SP-B asked C2 to turn the put his blanket over his B then asked if she could turn C2 did not respond though urn down the volume. A he same thing happened and to turn the volume down on eximately 5:00 a.m., C1 called ted to use the commode in her ed it was quiet in C2's room so as asleep. Once DSP-B had bed and exited her room, the elet instantly increased to the sed of a same thing happened and to turn the volume down on eximately 5:00 a.m., C1 called the instantly increased to the sed on a sale of the sed on the south hall; C2 of an and started throwing things and things off the wall and the hall at DSP-B. Once he sings, he went back into his ed in the hallway. Eventually, hallway still screaming, then of door like he was going to SP-B told C2 it was C1's room, on the hallway at DSP-B then went to the north unit holding the door shut while C2 on the door screaming. The called the expectation of the was still there and our and start pulling again. The pulling again of the was still there and our and start pulling again. The pulling times DSP-B called the expectation of the was awake and hearing the called the and called the and hearing the called t	W 2	285			

STATEMENT	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		24G330	B. WING	;		C 06/14/2021	
	PROVIDER OR SUPPLIER	RNE	I	1	TREET ADDRESS, CITY, STATE, ZIP CODE 07 SOUTH BLUE MOUND AVENUE .UVERNE, MN 56156		1-1/2021
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 285	C2 screaming. DS the north unit until tunsupervised. The visualized C2 in the arrived. The police advised DSP-B the and recommended police remained ou arrived. DSP-B stafacility until guardia not calming down a Guardian-A arrived once guardian-A growas able to safely gup and ready for we really shaken up whindicated when no C2 would come into told DSP-B that where thought she was asscreaming she got confirmed following uncomfortable stay the facility. DSP-B stay on the north si throughout the nighuncomfortable. Be sleep most of the tithe bathroom but we C2's undated Servi Cover Sheet indicated autism spectrum didisability (neurodevent) a wide range of imprommunication and behaviors, with limit adaptive behavior),	P-B confirmed remaining on the police arrived which left C1 a police stated they had a south entryway when they add not enter the facility and y were unable to detain C2 DSP-B call the PS. The tside the facility until the PS ated she remained at the n-A arrived because C2 was and staff could not get to C1. At approximately 7:45 a.m.; at C2 into the garage, DSP-B get to C1's room and get her ork. DSP-B stated C1 was hen she got to her. C1 had one came she was afraid that to her room and get to her. C1 en C2 became quiet she afe, but then when he started scared all over again. DSP-B get that episode being fing alone at night with C2 in stated, "Honestly after that I de but do checks on C1 ht. I've told [PS] I'm fore this episode he would me and might get up and use yould go back to bed."  The Recipient Information the diagnoses including: sorder with intellectual yelopment disorder that causes	W	285			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION NG		TE SURVEY MPLETED C
		24G330	B. WING_		06	/14/2021
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 107 SOUTH BLUE MOUND AVENUE LUVERNE, MN 56156	•	714/2021
(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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 285	epilepsy (seizure of C2's Behavior Actividentified physical limited to C2 pushis shaking his peers, attempting to kick and/or ripping staffidentified invading boundaries includifollowing his peers peers clothing who talking to his peers from their face), are and taking their ite Proactive intervent being demonstrate engaged in a prefet things he likes. Store demands or bringing to talk about. Staff and should use firs let's put your coat wan ride." Staff coindicate when C2 wanted. Staff were C2's day as possib much control over Staff were also to give C rapport, and give C behaviors they wainterventions to the staff to discontinues.	d related problems), and lisorder).  on Plan dated 1/15/21, aggression including but not ng staff, grabbing his peers, pushing staff into the wall, staff, kicking staff, hitting staff, rs clothing. The plan also other's space or violating ng but not limited to C2 around too closely, touching an sitting too closely to them, at too closely (within one inched/or going into peer's room ms without their permission. Sions when behavior was not ad directed staff to keep C2 erred activity or talk about the aff were to avoid giving ng up things that C2 didn't like f were to avoid telling C2 "no", at then statements. "C2 first and hat on then we can go on a suld also use statement that could access something that he are to provide as much choice in one and allow him to have as his environment as possible. Sected to utilize a schedule to a and avoid boredom. Staff C2 one-to-one time, build C2 behavior specific praise for anted to see more of. Reactive to physical aggression directed to prompting at this level as	W 28	35		
	after the initial pro	on was not likely to be effective mpt to stop. Staff should give noring this behavior. Staff				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
	24G330		B. WING _		C 06/14/2021		
	NAME OF PROVIDER OR SUPPLIER  RES ADVANTAGES INC LUVERNE			STREET ADDRESS, CITY, STATE, ZIP CO 107 SOUTH BLUE MOUND AVENUE LUVERNE, MN 56156			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 285	he is being inappro attention may make behavior will occur should follow the st interventions altern protect staff and oth maneuvers to keep injured when some C2's Risk Assessm indicated C2 likes twith toys, TV/radio and to invade other provoke others behavior was class observed to display to significantly injur September 2nd, 20 C2 had engaged in physical aggressior gathered from staff C1's undated Servi Cover Sheet indica intellectual disability disorders that affect balance, and postu hemiparesis (both swith weakness, but disorder.  C1's Risk Assessm indicated C1 would	priate as this is negative at the is hurting anyone or that priate as this is negative at it more probable that this again in the future. Staff eps as taught in physical atives (PIA-Techniques to ners-defensive physical attained at staff and others from being one becomes aggressive.  The ent Detail last modified 4/4/21, or make noises such as playing up loud, make bodily noises, is personal space. This may haviors towards C2.  The ent Detail last modified 4/4/21, or make noises such as playing up loud, make bodily noises, is personal space. This may haviors towards C2.  The ent Detail last modified 4/4/21, or make noises such as playing up loud, make bodily noises, is personal space. This may haviors towards C2.  The another individual aggression if it is a severe. C2 had been behaviors that have the ability e another individual. From 20 to December 15th, 2020, a total of 19 instances of in. This information was	W 28	35			

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION  G		COMPLETED		
		24G330	B. WING _			/14/2021		
	PROVIDER OR SUPPLIER	ERNE		STREET ADDRESS, CITY, STATE, ZIP CO 107 SOUTH BLUE MOUND AVENUE LUVERNE, MN 56156	DE			
(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 CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE		
W 285	C4's undated Servi Cover Sheet indicated intellecture disorder (causes extreme mindicated it was undo during an abusi C5's undated Servi Cover Sheet indicated in dementia.  C5's Risk Assessmindicated due to photo defend herself and dementia.  C6's undated Servi Cover Sheet indicated due to photo defend herself and C6's undated Servi Cover Sheet indicated due to photo defend intellecture profound intellecture ground intellecture disorder.  C6's Risk Assessmindicated due to C6 level, she would be against abuse.  C2's incident report incident with other  - 10/17/20 at 3:30 photos ground the arms, so screaming. Staff defective disorder.	ice Recipient Information ated diagnoses including: all disability and bipolar mental health condition that ood swings).  Inent Detail dated 6/14/21, clear whether C4 knew what to ve situation.  Ice Recipient Information ated diagnoses including: disorder, Down's syndrome, onent Detail dated 4/6/21, anysical limitations, C5 is unable gainst abuse.  Ice Recipient Information ated diagnoses including: all disability, cerebral palsy, and onent Detail dated 5/19/21, C's size, disability, and strength e unable to defend herself		5				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	IPLE CONSTRUCTION  IG		COMPLETED			
		24G330	B. WING _		06	06/14/2021		
	PROVIDER OR SUPPLIER	ERNE		STREET ADDRESS, CITY, STATE, ZIP CO 107 SOUTH BLUE MOUND AVENUE LUVERNE, MN 56156				
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE		
W 285	then grabeed direct (DSP)-E, who was chased DSP-E to the attempted to grab the could get to here.  - 11/17/20, at 8:15 basement and asked could finish the medients to bed. C2 listen to DSP-E. DDSP-F; C2 would reproached C2 and screaming and start grabbed her shirt and let go of DSP-E ripping when DSP-staff fell to the floor floor and would not program supervisor assistance. The Parent of the staff fell to the program supervisor assistance.	t support professional able to get away. C2 then he south side kitchen. C2 then C6, but staff intervened before.  p.m. DSP-E found C2 in the ed C2 to go upstairs so they d pass and putting other became upset and would not SP-E went to get help from not listen to either staff. DSP-F d he hit her. C2 then began red to chase DSP-E; C2 and scratched her. C2 would E's shirt and the shirt ended up E tried to get away and the c. C2 then laid down on the taget up. Staff called the r (PS) to come in for S came to the facility and ventually got up, called his	W 28	35				
	the left side of face DSP-C stated that shower earlier that watching TV and w the afternoon to do p.m. she asked C2 charged at DSP-C, room and slammed - 12/9/20, at 2:00 p know it was someouthat the movie he was needed to return it	e.m. C2 slapped DSP-C across leaving a big red mark. C2 did not want to take a morning because he was as going to wait until later in it. DSP-C stated around 3:05 to take his shower. C2 then slapped her and went to his did the door.  e.m. DSP-C went to let C2 one else's turn for the TV and was watching was not his and to the other client. C2 threw TV, got up and threw the dining						

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			C <b>06/14/2021</b>	
	PROVIDER OR SUPPLIER	RNE		10	TREET ADDRESS, CITY, STATE, ZIP CODE 07 SOUTH BLUE MOUND AVENUE UVERNE, MN 56156	00/	14/2021
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
W 285	room chair on the gethe table to the ground after DSP-C. C2 hitwice and pushed ha row.  - 12/9/20, at 4:30 p scratched, hit, kicketo the ground along glasses then laid on his face. DSP-F mlet him lay on the flenot want to get up.  - 12/16/20, at 3:25 (PS) heard C4 tell (bend over in front crecliner, and reach C2, "No." PS atten C2 came at PS and Christmas tree, the PS asked C2 to let the Christmas tree, to the recliner wher C4 on the stomach  - 12/28/21, at 7:30 bedroom while the take a DVD that was who then hit C3 in the A short time later CDSP-F told him she little bit. C2 then cand came after DSDSP-F blocked the then fell to the floor put their hands out because another climater candidate.	ground, pushed everything on und and then came running it DSP-C on the neck/back her up against the wall twice in .m. C2 ran towards DSP-F and ed, pushed, and pulled DSP-F with C2. C2 broke DSP-F's in the floor with his hands on ade sure C2 was not hurt and cor to calm down as C2 did p.m. the program supervisor C2 "No". PS observed C2 of C4, who was seated in a for something. C4 kept telling inpted to verbally redirect C2. It pushed her past the en pulled on PS's shirt sleeve. It go and he did. C2 then kicked looked at PS, then went over the C4 was sitting and slapped	W 2	285			

(X3) DATE SURVEY COMPLETED	
C 06/14/2021	
4/2021	
(X5) COMPLETION DATE	

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING				(X3) DATE SURVEY COMPLETED	
						С		
		24G330	B. WING	;			14/2021	
NAME OF F	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	1 00.		
	/ANITA 070 INIO I IN/			1	07 SOUTH BLUE MOUND AVENUE			
RES ADV	ANTAGES INC LUVE	RNE		L	UVERNE, MN 56156			
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTIO		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		COMPLETION DATE	
IAG	REGOEMION ON E	SO BENTIL TING IN CINWATION,	IAG	,	DEFICIENCY)	W CI L		
W 285	Continued From pa	ige 13	W :	285				
		and pulled PS to the ground						
		egs. PS stood up, C2 then						
		ack and threw it, then grabbed						
		npted to pull PS down; PS then						
		ne counter. PS was able to get						
		sat in the middle of the kitchen						
		ately 6:50 p.m., DSP-H texted						
		acked him at the desk. PS						
		director (PD) to see if she						
		o the facility to assist with C2						
		to PS and PD's arrival, DSP-H						
		esk looking at the medication						
		om the pharmacy and C2						
		om. DSP-H put the medication p at C2 to talk to him and C2						
		DSP-H. C2 attempted to take						
		t of his hand, then hit DSP-H's						
		ace. C2 then sat down on the						
		cking DSP-H. When DSP-H						
		ne glasses, C2 grabbed the						
		them into the entryway. PS						
		y at 7:00 p.m. and C2 was						
		ne southside basement door on						
	the floor. PS asked	d C2 why he was sitting on the						
		his hand. PS took C2's hand						
	and C2 attempted t	to pull PS down to the floor; PS						
		rrived and tried the same thing						
		PD down as well. PD talked						
		her staff open the front door so						
		stuffed animal. PD was able						
		the recycling he had thrown						
		s stuffed animal. C2 took his						
	medications, snack	and seemed ok.						
	- 4/7/21, at 6:30 p.r	n. DSP-E was assisting						
		client on the north side of the						
		n to the south side of the						
		erved C2 enter his bedroom						
		C3 indicated C2 had entered						

[ ` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		24G330	B. WING	B. WING		C <b>06/14/2021</b>	
	PROVIDER OR SUPPLIER			107 SOU	NDDRESS, CITY, STATE, ZIP CODE TH BLUE MOUND AVENUE NE, MN 56156		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH ROSS-REFERENCED TO THE APF DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
W 285	C3's bedroom who took one of C3's n movie away from C2 then hit C3 with and also hit C3 in door while attemphis room. DSP-E had two red marks side of his back.  - 4/8/21, at 6:00 p. DVD from the livin another client, to his room; C2 was bed. DSP-I took have permission to take the DVD from DSP-I again advis DVD back and pul raised his hands a he backed away fit the bed, DSP-I tur grabbed DSP-I by yanked them back balance. DSP-I fehis head slightly his grabbed the cords yanked on them. truck and threw it exiting C2's bedro DSP-I kept C2's dithrowing things, an DSP-I then checked and immediate bed and immediate control of the cords and immediate control of the cords of the co	en C3 was not in there, and novies. C3 tried to take the C2 and told him it was not his. In a closed fist on his right side the back with C3's bedroom ting to close it to keep C3 out of checked C3 for injuries and C3 is on his right side and on his left.  Image: Market Marke	W 2	285			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		24G330	B. WING	·		06/	14/2021
	NAME OF PROVIDER OR SUPPLIER  RES ADVANTAGES INC LUVERNE			1	TREET ADDRESS, CITY, STATE, ZIP CODE 07 SOUTH BLUE MOUND AVENUE .UVERNE, MN 56156		
(X4) ID PREFIX TAG				IX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
W 285	- 4/23/21, at 11:45 a ready for the clients dining room table. medication and set DSP-D retrieved C2 to the table C2 threafter DSP-D. DSP-room to the southside hallway f time C3 was comin struck C3 on the hebedroom and starte approximately 12:3 kitchen to get some another client. C2 cornered her in the on the back and sh DSP-C's cell phone pocket. DSP-C wa and went into another	ge 15 a.m. DSP-D was getting lunch and asked C2 to sit at the DSP-D asked C2 to take his a glass of milk in front of him. It is plate, and when returning the whis milk and started to go D exited through the living de hallway. C2 entered the from the other direction; at that g around the corner. C2 then ead. C2 then entered his ed throwing things. At D p.m., DSP-C went into the ething out of the refrigerator for came up behind DSP-C, kitchen, and began hitting her oulders. C2 then reached for e, which was in her sweatshirt is able to get away from C2 her client's room and closed started throwing anything he	W 2	285			
	with a shower and assisting C2 with sl shaving cream on C push DSP-I away th neck of the shirt leafrom neck to cleave himself to the floor him. Once C2 lost started kicking his f DSP-I then left the while C2 continued calmed, DSP-I ope gotten back in the she was ready to ge	m. DSP-I was assisting C2 morning grooming. While having, and while putting C2's face, C2 used one arm to hen grabbed DSP-I by the aving a scratch on staff's chest age area. C2 then threw trying to pull DSP-I down with his grip on staff's shirt he feet and grabbing for things. bathroom and shut the door to throw things. Once C2 had hed the door and C2 had shower. DSP-I advised C2 if the up to shut the water off, then epped back out just in case.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		24G330	B. WING _		06	C 5/ <b>14/2021</b>	
	PROVIDER OR SUPPLIER	RNE		STREET ADDRESS, CITY, STATE, ZIP C 107 SOUTH BLUE MOUND AVENUE LUVERNE, MN 56156	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG			(X5) COMPLETION DATE	
W 285	After DSP-I heard to back into the bathroff and getting dres and charged the do started hitting, throm DSP-I let C2 be at dried and dressed bedroom.  - 5/5/21, at 4:00 a.r deeply and loudly in heard throwing thin approximately 10 n leave his room durexited his room to returned to his room clothes as he had to be the south side of medications, at e broom. At approxim DSP-I as she was a DSP-I attempted to she could shut his shirt and pushed ho (located to the righ fell to the floor and DSP-I was able to C2. C2 sat on the before sitting in side approximately 30 n PS of the situation could not safely ge medications or assafter that, C2 got u table and DSP-I as to use the bathroor	the water shut off, she went com to assist C2 with drying seed. C2 started yelling again for slamming it shut, then wing and breaking things. That point and C2 eventually himself then went to his m. DSP-A heard C2 yelling in his room, then could be to sing that time. At 7:30 a.m., C2 use the bathroom, then in. At 8:00 a.m. DSP-A to assist with changing his peen incontinent of urine. At f - DSP-I took over supervision of the facility. C2 took his reakfast, then returned to his trately 8:40 a.m., C2 charged at walking past his bedroom door. Or get C2 into his bedroom door of C2's doorway). C2 then pulled DSP-I down with him. Get up and back away from floor screaming and kicking ence in front of C1's door for ninutes. DSP-I informed the and also to inform PS that she to C1 to administer the clients ist them with toileting. Shortly p and sat at the dining room sisted him. When C2 got up and the area was safe, enter C1's room and assist her	W 28	35			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '		LE CONSTRUCTION		E SURVEY PLETED
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NAME OF F	PROVIDER OR SUPPLIEF	₹		S	STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
DEC ADV	ANTACES INC. LUV	EDNE		1	107 SOUTH BLUE MOUND AVENUE		
KES ADV	ANTAGES INC LUV	ERNE		L	LUVERNE, MN 56156		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTIO		(X5)
PRÉFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)		COMPLETION DATE
W 285	Continued From page 17		W 2	285			
	with morning care	s. When C2 exited the					
		erved DSP-D in the front					
	entryway and cha	rged after her. DSP-D					
		f behind the door entering the					
		ouilding and held it shut before					
		er. C2 proceeded to throw					
		th entrance door, beating on the					
		r attempting to get to DSP-D. s holding the door shut, licensed					
		PN)-A had come up from the					
	basement and also helped DSP-D to hold the						
	door shut. Staff could not approach C2 safely						
		quently called law enforcement					
		9:30 a.m. Staff met the police					
	outside when they	arrived at 9:35 a.m. Shortly					
		e arrived onsite, DSP-I heard					
		C2. C2 went to punch one of					
		fficers then each grabbed one of					
		ought C2 down to the floor. C2					
		ombative and screaming for 30+					
		e ambulance arrived. Once the					
		d, the EMT (emergency medical					
		C2 an injection of Zyprexa (an lication) 10 milligrams (mg) in					
		. C2 then calmed down a few					
		e paramedics used restraints on					
		ting to the ER at approximately					
		at the ER, C2 allowed the staff					
		vital signs. The ER physician					
	was asked about	a 72 hour emergency hold for					
		so for the safety of the other					
		ty. The physician stated that					
		ould not do that unless he was					
		ning was psychologically wrong					
		rents arrived at the ER as well.					
		ined in the bed. Blood work					
		erformed and results of the					
		was moderately full of bowel vel clean out. C2 was released					
	and needed a boy	ver olean out. OZ was released					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		24G330	B. WING _		06	C 5 <b>/14/2021</b>	
	PROVIDER OR SUPPLIER	ERNE		STREET ADDRESS, CITY, STATE, ZIP C 107 SOUTH BLUE MOUND AVENUE LUVERNE, MN 56156	ODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG			(X5) COMPLETION DATE	
W 285	from the hospital E home. Parent's income. Parent's incom	age 18 age 18 a.m. (note: precursor to approximately 8:30 a.m.) at a.m., overnight staff DSP-B, north side of the facility to ags prior to leaving her shift; as and started to utilize DSP-B stated to C2, "Hey be here." C2 ignored DSP-B lay with his Kindle. DSP-B be over here, let's go over to a then walked over to the south and slammed the doors. At went to C2's room and asked if a shower. C2 nodded yes and the southside bathroom where a with washing his hair and his started to put shaving gel on at say anything to staff, but to put the gel on his face he hit as c2 then started to scream F. The floor was wet and staff, C2 slipped and fell on the inging DSP-F down with him not her. DSP-F hit her right When DSP-F got up off the he trash can and threw it.	W 28	,			
	approximately two head inside the do shower. DSP-F let while standing outs	minutes, then popped her or and C2 was back in the ft C2 alone for five minutes side of the door, and the put his on the counter. At that time					

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		24G330	B. WING		06	C 5/ <b>14/2021</b>	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 107 SOUTH BLUE MOUND AVENUE LUVERNE, MN 56156	•	714/2021	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE	
W 285	bathroom on the country the water off when respond. DSP-F the facility and at the facility and at the facility and at the facility and at the facility and the was dressed Kindle tablet. Whild DSP-F went to clear continued to have was an indicator of interfering behavior on his Kindle tablet visual checks on Cogarage using his Kindle was and came around this eyes remained Kindle towards DS walked to the entry of the facility an hedown at the tablet minutes, DSP-F wand he had eaten in	ese items were in the counter and that he could shut finished. C2 did not answer or nen walked to the north side of nat time heard the water shut ed on C2 10-15 minutes latered and in the garage with his e C2 was in the garage, an up the bathroom. C2 the dark/black eyes look (which potential explosive aggressive rs) and was engaged in playing to DSP-F continued to do c2 and he remained in the indle tablet. At noon, DSP-F way to the garage and let C2 ready for lunch. C2 got up the van walking towards staff, dark/black and he threw the P-F. DSP-F shut the door and way leading into the north side ard C2 come inside an sit After approximately 15 ent to do a visual check on C2 his lunch, put his plate in the c in the garage on the Kindle	W 2	85			
	C2 his Miralax (a la his "clean out." W the third dosage, (or pushed DSP-C and started to run towa her. As DSP-C was entryway, she hear south bathroom and checked on C2 ap	m. DSP-C had started giving exative) mixed with liquid for hen DSP-C went to administer C2's bedroom doorway), he did his dinosaur voice and rds DSP-C and tried to grab as exiting to the northside rd and saw C2 go into the ad slammed the door. DSP-D proximately 30 minutes later. the entryway door, C2 started					

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		24G330	B. WING				<i>:</i> 14/2021
	PROVIDER OR SUPPLIER	RNE		107	REET ADDRESS, CITY, STATE, ZIP CODE 7 SOUTH BLUE MOUND AVENUE VERNE, MN 56156	1 00/	14/2021
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
W 285	running towards he closing the entrywa visualized C2 go int 10 minutes, DSP-D was in his bedroom. When interviewed confirmed C2 had a couple incidents of guardian-B did not was at the facility seconfirmed C2 had be vacate that was iss parents were appeared by the confirmed C2 had be vacate that was iss parents were appeared by the confirmed C2 had be vacate that was iss parents were appeared by the confirmed C2 no long clients. PS stated to incident C2 no long clients. PS stated to incidents where C2 otherwise other incidents where C3 occurred at all time was no set pattern escalate. PS indicastide of the facility willonger stayed at the C4, C5, and C6 restacility and no longer south side unless 0 morning of 6/3/21, on C1 though where escalating, C2 did of in bed. PS confirm C1 was scared as and could not get oprotect herself shot stated currently C1	or yelling. As DSP-D was by door, she heard and to the south bathroom. After of checked on C2 again and he hasleep at that time.  On 6/10/21, at 10:50 a.m. PS aggressive behaviors and had where he hit C3. C3's think C3 was safe when C2 of she took him home. PS been issued a 60-day notice to used on 5/18/21, though his aling this, with a court dated PS stated C2's first so other clients happened in an C2 shoved C4. After that her shoved, but would hit other there had been four or five a struck another client idents had been directed confirmed the incidents so there of when his behaviors could atted C2 resided on the south with C1 and C3, though C3 no be facility when C2 was there. Sided on the north side of the er would come over to the C2 was gone. PS confirmed the C2 did not actually lay hands in his behavior started open C1's door while she was	W 2	85			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		24G330	B. WING		- 06	C / <b>14/2021</b>	
	PROVIDER OR SUPPLIE			STREET ADDRESS, CITY, STA 107 SOUTH BLUE MOUND A LUVERNE, MN 56156	TE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREF TAG			(X5) COMPLETION DATE	
W 285	wheelchair (w/c) at times in the w/croom was so she needed. PS and been doing their It though were also he was a big guy strength increase Upon follow-up in PS confirmed in tone-to-one staffir week for C2 but comany staff had le staff to accommo facility was alway staff (one on the side) when C2 was stated that way if escalate the north the other clients advised C1 that if behavior was escathe room with her	so would come out of her room to but stayed close to where her could go in there quickly if LPN-A both stated staff had best to protect the other clients fearful of getting hurt by C2 as (>6 feet tall) and strong, who's d when his behaviors escalate. It there is a staff had initiated and paper strong with PS at 11:46 a.m., he past they had initiated any approximately three times a due to C2's aggressive behaviors fit and now do not have enough date that. PS confirmed the staffed with a minimum of two north side and one on the south as present in the facility. PS C2's behaviors started to a staff could assist with keeping safe. PS also stated they have is she was in her room and C2's calating that if staff could get in they would, otherwise she electric w/c into the door so C2	W2	285			
	watching TV seat to her room was of outside of the root time, C1 stated stacility because of things. C1 confirmanything at her bustated last week thought she was stated C2 had opnot let him come	2:50 p.m. C1 was in her room ed in her electric w/c; the door closed and C2 was in the kitchen em. When interviewed at that he did not really like living at the f C2; he screams and throws med C2 had not ever thrown at was afraid he might. C1 being scared because of C2 and going to have to skip work. C1 ened her door but staff would in, and indicated C2 looked at the present and confirmed.					

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NAME OF I	PROVIDER OR SUPPLIER	246330	B. Wiito		FREET ADDRESS, CITY, STATE, ZIP CODE	06/	14/2021
NAME OF I	-NOVIDEN ON SUFFEIEN				77 SOUTH BLUE MOUND AVENUE		
RES AD	ANTAGES INC LUVE	RNE			UVERNE, MN 56156		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)					(X5) COMPLETION DATE
W 285	of the time, and fur sleeping she would not leave her room to stay in her room not hurt her. C1 co the other parts of the meals in the dining the staff. C1 also selectric w/c against screaming. C1 cor was screaming and bed.  When interviewed stated she is proba	e she stayed in her room most ther stated maybe if C2 was I come out but otherwise did. C2 stated the staff want her for her protection so he does onfirmed she missed being in the house and liked to eat her room, watch TV and be with stated staff told her to put her is the door if C2 started offirmed last week when C2 di opened her door she was in the conformation of the conformation	W 2	285			
	employment at the DSP-A confirmed sand occasionally pid DSP-A stated where alone being afraid sanight she may not be clients from him. Do not	that multiple staff have left facility because of [C2]. The usually worked overnights cked up a few day shifts. In she works the overnight shift should C2 get up during the period able to protect all of the DSP-A further stated if she was in C1 on the south side of the tect her, how would she on the north side as they were SP-A confirmed there was one working when she heard C2 and start breaking things in his not open the door to check on the out of his room and finally DSP-A confirmed the incident early morning hours on 6/3/21, at approximately 1:00 a.m. In g that night and DSP-D came in the when C2's behaviors					

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		24G330	B. WING		06	5/14/2021
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 107 SOUTH BLUE MOUND AVENUE LUVERNE, MN 56156	ODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 285	escalate, DSP-A siclients away from I and C3 did the sar the facility. DSP-A north side of the facility. DSP-A north side of the facility. DSP-A stawent into the garage. DSP-A stawent into the garage would leave until CDSP-A further state would say, "no no of the facility.  When interviewed DSP-D confirmed 6/3/21, and could hup loud upon entershe came in cautic the hallway in front broken a globe and went to look for DS talking to the police everything started told C2 to turn his shaken up, and to C1's door. DSP-B he chased after he side of the facility at tried to get in and s DSP-D confirmed south side of the building whereabouts. At the DSP-B had also cafacility and checked. A short time later the side of the stalking with DSP-B side of the suilding whereabouts. At the DSP-B had also cafacility and checked ok. A short time later the side of the suilding whereabouts are the side of the building whereabouts. At the DSP-B had also cafacility and checked ok. A short time later the side of the suilding whereabouts are the side of the building whereabouts. At the DSP-B had also cafacility and checked ok. A short time later the side of the side of the suilding whereabouts are the side of the building whereabouts. At the DSP-B had also cafacility and checked ok. A short time later the side of the s	tated they keep the other nim. C1 stayed in her room ne thing when he still resided in a stated C5 and C6 stay on the icility but C4 would still come ide at times as he liked to sit in in the living room or go in the ated C4 was particular; if C2 ge while C4 was in there, C4 t2 came out of the garage. The idea of C2 got in C4's space, C4 no" and return to the north side on 6/10/21, at 1:29 p.m. The worked the day shift on the near C2's tablet volume turned fing the facility. DSP-D stated ously; there was broken glass in the of C2's room because he had do some picture frames. DSP-D SP-B and found her outside the paround 1:00 a.m. when she tablet down. DSP-B was pretty ld DSP-D about C2 opening confronted C2; that was when the incomplete the case of the police. C2 was in the bathroom on the uilding when she arrived. After the police in DSP-D returned to the south	W 28	35		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C	
		24G330	B. WING_		06	/14/2021
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP O 107 SOUTH BLUE MOUND AVENUE LUVERNE, MN 56156	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG			(X5) COMPLETION DATE
W 285	not calming down. kitchen; DSP-D we threw his tablet an few minutes they cis when C2 threw to chased DSP-D over facility. At that poincome and pick C2 guardian-A arrived him as well and we with his shoe. Guardian-A arrived him as well and we with his shoe. Guardian-A arrived him as well and we with his shoe. Guardian-A arrived him as well and we with his shoe. Guardian-A arrived him as well and we with his shoe. Guardian-A ground C2 as you to do. DSP-D confinithe building during the building during the building during the night his room. DSP-A might be lased for what he might down had actually come DSP-D confirmed C2's aggressive between the confirmed c2's aggressive between the confirmed to the facility only had on shift and that had I admitted to the fact LPN-A further stated overnight staff with they could protect.	C2 then came out to the ent to check on him and he d started screaming. After a checked on him again and that the tablet again at DSP-D and er to the north side of the nt, PS called guardian-A to up from the facility. When at the facility, C2 went after as attempting to hit guardian-A ardian-A eventually persuaded car and kept C2 home until ated having to be so cautious never knew what he was going firmed there was only one staffing the night shift from 9:00 at DSP-D stated on the get ahold of the staff and injure conscious, wondered what he her clients. There was one a overnight when C2 had gotten at and started throwing things in was working that night and told at DSP-D might come in and ying on the floor as was scared o. DSP-D did not know if C2 out of his room that night. the facility had lost staff due to	W 28	5		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  IG	` '	TE SURVEY MPLETED
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP O 107 SOUTH BLUE MOUND AVENUE LUVERNE, MN 56156	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
W 285	DSP-C stated the thit her in the face/r The 2nd and 3rd tidining room table; hair then pulled he hitting and kicking after that episode dining area with DS area with another caround the corner After those episode kick DSP-C and all phone. When C2 behaviors were cerconstantly helping and when staff told would escalate. O water off during C2 simple things. C2 times. When C2 fi shook C4 when ou also thought C2 had one time that almowas actually throw only one staff was shift. DSP-C state facility, 99% of the night so one staff of Since the episode	on 6/10/21, at 3:45 p.m.  first time C2 came after her, he neck area and left a big mark. me DSP-C was sitting at the C2 came over and pulled her r down to the floor and started her. About 30 minutes later ended another staff was in the SP-C. When that staff left the client, once they had exited he came after DSP-C again. es, C2 has attempted to hit and so had destroyed her cell first arrived at the facility the intered around food. C2 was himself to other clients' food if him he could not do that he ne time DSP-C just turned the clies shower and he got upset had gone after C3 a couple irst came to the facility he intside in the garage. DSP-C and thrown a vacuum cleaner ist hit C6 but did not think he ing it at her. DSP-C confirmed scheduled on the overnight of when C2 first came to the et time he slept through the on the overnight shift was fine. during the overnight shift on afirmed she would feel more	W 28	35		
	comfortable if they shift when C2 was The policy titled, A Incidents, revised a Individuals must no	thad two staff on the overnight there, to keep clients safe.  dministrative Review of 8/20/18, indicated: 1. ot be subjected to abuse by but not limited to, facility staff.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED C	
		24G330	B. WING _		06	5/14/2021
	PROVIDER OR SUPPLIER	ERNE		STREET ADDRESS, CITY, STATE, ZIP O 107 SOUTH BLUE MOUND AVENUE LUVERNE, MN 56156	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION DATE
W 285	consultants or voluserving the individuous guardians, friends, services, or themse intellectual disabilition will review incident notes to evaluate for could represent posefined by Federal (monthly). 3. If the incidents of alleged programs, psychos and adequacy of stepossible mistreatm individuals, immed protect the individuals individuals, immed protect the individuals. The Immediate Jec C2 chased (DSP)-I building where DSI the door to the unit leaving C1 vulnera behavior. The regit the IJ 6/11/21, at 5. The immediate jec 6/14/21, at 2:26 p.r. constant supervision by adding an extra north side of the fallowing the 6/3/2 completed a completed a completed a completed a completed a completed in the redirect. That trigg C2's behavior supplit was not bothering the services of	nteers, staff of other agencies ial, family members or legal other individuals receiving elves). 2. The QIDP (qualified ies professional) for the home reports and individual program or patterns of incidents that tential abuse or neglect as Regulation on a regular basis re is a pattern noted among a abuse, accidents, behavior active drug use, staff training, taffing levels that may suggest ent, neglect or abuse of iate action will be taken to al(s) in the home.  Depardy began on 6/3/21, when a to the north end of the P-B barricaded herself behind until law enforcement arrived, ble to C2's aggressive onal director was notified of	W 28			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
						(	С
		24G330	B. WING			06/	14/2021
	PROVIDER OR SUPPLIER  /ANTAGES INC LUVE	RNE		10	TREET ADDRESS, CITY, STATE, ZIP CODE 07 SOUTH BLUE MOUND AVENUE UVERNE, MN 56156		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
W 285	volume he desired. into setting the volu lower volume locke team will continue to C2's behaviors follof functional behavior support plan will be occur and new straffrom the interdiscip and staff feedback. additional staff train related to C2's aggit training was schedup.m 2:30 p.m. and who can not attend required to complet next scheduled shif physical intervention.	The team also was looking ame of the Kindle tablet at a d with parental controls. The o comprehensively assess owing each situation and the assessment and behavior revised as new situations tegies are developed per input linary team, behavioral analyst. The facility also arranged for sing by the behavior analyst ressive behaviors. The alled for 6/24/21 from 12:30 d will also be recorded for staff in person. Staff will be the training prior to their it. In addition, training in alternatives and positive was scheduled for staff on	W 2	285			