

Office of Health Facility Complaints Investigative Report
PUBLIC

Facility Name: REM Hennepin Minnetonka			Report Number: HG371008	Date of Visit: September 1, 2016
Facility Address: 21 Westwood Road			Time of Visit: 8:30 a.m.- 3:30 p.m.	Date Concluded: February 13, 2017
Facility City: Minnetonka			Investigator's Name and Title: Rita Lucking, RN	
State: Minnesota	ZIP: 55305	County: Hennepin		

ICF/IID

Allegation(s):

It is alleged that the client was neglected when staff failed to administer thirteen doses of his seizure medication. The client had a seizure, became unresponsive and was hospitalized.

- Federal Regulations for ICF/IID (42 CFR Part 483, subpart I)
- State Licensing Rules for Supervised Living Facilities (MN Rules Chapter 4665)
- State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557)
- State Statutes Chapters 144 and 144A

Conclusion:

Based on a preponderance of the evidence, neglect occurred when the facility ran out of the client's anti-seizure medication, and the client missed thirteen doses of the medication. As a result, the client had a seizure and required hospitalization.

The client has multiple diagnoses including epilepsy, personality disorder and impaired judgment, memory and reasoning.

Review of the facility's report and the client's medical record revealed that several staff were aware that the client's anti-seizure medication was out of stock. However, the staff continued to document the medication as being given over a three day period. The client missed thirteen doses of the medication over those three days. As a result, the client had a seizure and required hospitalization. The client was admitted to the hospital and an intravenous medication was given to stop the seizure. The client was successfully treated, medication changes were made, and s/he was discharged from the hospital the next day.

The client was not interviewed, as s/he no longer lived at the facility.

After the incident, new policies and procedures were put into place. Through interviews, facility staff indicated they had been re-trained on the protocol for re-ordering medications prior to the site visit.

Minnesota Vulnerable Adults Act (Minnesota Statutes, section 626.557)

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

- Abuse Neglect Financial Exploitation
- Substantiated Not Substantiated Inconclusive based on the following information:

Mitigating Factors:

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

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

1)The facility's policies and procedures did not provide an appropriate and effective method of monitoring the supply of clients' medications and ordering the medications when needed. 2) The facility's policies and procedures did not address the need for staff to accurately chart the medications that are administered to clients.

The responsible party will be notified of their right to appeal the maltreatment finding. If the maltreatment is substantiated against an identified employee, this report will be submitted to the nurse aide registry for possible inclusion of the finding on the abuse registry and/or to the Minnesota Department of Human Services for possible disqualification in accordance with the provisions of the background study requirements under Minnesota 245C.

Compliance:

Federal Regulations for ICF/IID (42 CFR, Part 483, subpart I) – Compliance Met

The facility was found to be in compliance with Federal Regulations for ICF/IID (42 CFR, Part 483, subpart I). No deficiencies were issued.

State Licensing Rules for Supervised Living Facility (MN Rules Chapter 4665) – Compliance Met

The facility was found to be in compliance with State Licensing Rules for Supervised Living Facilities (MN Rules Chapter 4665). No state licensing orders were issued.

State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557) – Compliance Met

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

State Statutes Chapters 144 & 144A – Compliance Not Met - Compliance Not Met

The requirements under State Statutes for Chapters 144 &144A were not met.

State licensing orders were issued: Yes No

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

Compliance Notes:

Facility Corrective Action:

The facility took the following corrective action(s):

Several staff who administered the client's anti-seizure medication (Banzel) noticed the medication had run out but signed that they gave the medication. The facility discussed the problem with staff and changed the protocol for ordering, refilling and delivery of medications. Staff were trained on the new protocol pertaining to out of stock medications. Documentation review and staff interviews revealed the training occurred and was effective. Supervisors are now in charge of medication ordering and distribution of delivered medications. The new protocol includes the following steps: 1) Staff will complete a "medication refill form" when the medication is low 2) Staff are to place the form in a designated mail slot 3) The Program Coordinator and Program Director will check the mail slot daily for any refill forms 4) The Program Coordinator will call the pharmacy and re-order the medication 5) If the medication cannot be refilled the Program Coordinator will notify the Program Director and the Licensed Practical Nurse (LPN) 6) If the Program Coordinator is unable to contact the Program Director or the LPN, the Registered Nurse (RN)/ Health Service Coordinator and the Area Director will be notified.

Definitions:

Minnesota Statutes, section 626.5572, subdivision 17 - Neglect

"Neglect" means:

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

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

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

Minnesota Statutes, section 626.5572, subdivision 19 - Substantiated

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

maltreatment occurred.

The Investigation included the following:

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

- Medical Records
- Care Guide
- Medication Administration Records
- Nurses Notes
- Assessments
- Physician Orders
- Treatment Sheets
- Physician Progress Notes
- Care Plan Records
- Social Service Notes
- Facility Incident Reports
- ADL (Activities of Daily Living) Flow Sheets
- Service Plan

Other pertinent medical records:

- Hospital Records Police Report

Additional facility records:

- Staff Time Sheets, Schedules, etc.
- Facility Internal Investigation Reports
- Facility In-service Records
- Facility Policies and Procedures

Number of additional resident(s) reviewed: One

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

Specify: _____

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

Yes No N/A

Specify: No longer at facility

Interviews: The following interviews were conducted during the investigation:

Interview with complainant(s) Yes No N/A

Specify: _____

If unable to contact complainant, attempts were made on:

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

Interview with family: Yes No N/A Specify: Not available

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

Yes No N/A Specify: No longer at facility

Did you interview additional residents? Yes No

Total number of resident interviews: None

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

Tennessee Warnings

Tennessee Warning given as required: Yes No

Total number of staff interviews: Five

Physician Interviewed: Yes No

Nurse Practitioner Interviewed: Yes No

Physician Assistant Interviewed: Yes No

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

Attempts to contact:

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

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

Were contacts made with any of the following:

Emergency Personnel Police Officers Medical Examiner Other: Specify _____

Observations were conducted related to:

Facility Tour

Was any involved equipment inspected: Yes No N/A

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

Were photographs taken: Yes No Specify: _____

Facility Name: REM Hennepin Minnetonka

Report Number: HG371008

cc:

Health Regulation Division - Licensing & Certification

The Office of Ombudsman for Mental Health and Developmental Disabilities

Minnetonka Police Department

Hennepin County Attorney

Minnetonka City Attorney

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

PRINTED: 12/08/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 24G371	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/08/2016
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NAME OF PROVIDER OR SUPPLIER REM HENNEPIN (MINNETONKA)	STREET ADDRESS, CITY, STATE, ZIP CODE 21 WESTWOOD ROAD MINNETONKA, MN 55305
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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W 000	<p>INITIAL COMMENTS</p> <p>A complaint investigation was conducted to investigate case #HG371008. REM Hennepin Minnetonka is in compliance with 42 CFR Part 483, subpart I, requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities.</p>	W 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 01403	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/08/2016
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5 000	<p>Initial Comments</p> <p>In accordance with Minnesota Statute, section 144.56 and/or Minnesota Statute, section 144.653, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number or MN Statute indicated below. When a rule or statute contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. A complaint investigation was conducted to investigate complaint #HG371008. As a result the following correction order is issued:</p>	5 000		
5 700	<p>MN Statute 144.651 Subd. 14. RES. RIGHTS Freedom from maltreatment.</p> <p>Residents shall be free from maltreatment as defined in the Vulnerable Adults Protection Act. "Maltreatment" means conduct described in section 626.5572, subdivision 15, or the</p>	5 700		

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

TITLE

(X6) DATE

Minnesota Department of Health

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5 700	<p>Continued From page 1</p> <p>intentional and nontherapeutic infliction of physical pain or injury, or any persistent course of conduct intended to produce mental or emotional distress. Every resident shall also be free from nontherapeutic chemical and physical restraints, except in fully documented emergencies, or as authorized in writing after examination by a resident's physician for a specified and limited period of time, and only when necessary to protect the resident from self-injury or injury to others.</p> <p>This MN Requirement is not met as evidenced by: Based on documentation and interviews, the facility failed to ensure that clients residing at the facility were free from neglect for 1 of 2 clients reviewed, C1, who did not received their medications as prescribed by their physician. Findings include:</p> <p>Review of C1's medical record on 9/1/16 indicated C1 has multiple diagnoses including epilepsy, personality disorder and impaired judgment, memory and reasoning.</p> <p>Review of a Vulnerable Adult Maltreatment Report and Investigation, completed by the facility on 7/24/16, indicated C1 took the anticonvulsant medication Banzel 40 mg. per G-tube for control of his seizures. The report indicated C1 did not receive his evening dose of Banzel on 7/20/16 and the four scheduled doses of Banzel on 7/21/16, 7/22/16 and 7/23/16 because the medication was out of stock, and the facility failed to reorder it. The report indicated several direct care staff were aware that the facility had run out of the medication but continued to document the</p>	5 700		

Minnesota Department of Health

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5 700	<p>Continued From page 2</p> <p>medication as being given from 7/20/16 through 7/23/16. As a result, the client had a seizure and required hospitalization. The client was successfully treated and discharged from the hospital. The client no longer resides at the facility.</p> <p>Program Director (E) was interviewed by phone on 9/2/16. She stated the facility lacked an appropriate and effective method of monitoring the clients' medications and ordering the medications when needed prior to the incident involving C1. In response to the incident, the facility discussed the incident with staff and changed the protocol for ordering, refilling and the delivery of medications. She stated the staff were effectively trained on the new protocol pertaining to out of stock medications.</p> <p>Review of the staff training records on 9/1/16 revealed staff were effectively trained on the new protocol pertaining to out of stock medications.</p> <p>Suggested Method of Correction: The program director could review the new protocol with staff to ensure that all clients receive their medications per physicians' orders and that medications are being re-ordered according to the new protocol.</p> <p>Time Period for Correction: Thirty (30) days.</p>	5 700		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 01403	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/13/2017
NAME OF FACILITY REM HENNEPIN (MINNETONKA)		STREET ADDRESS, CITY, STATE, ZIP CODE 21 WESTWOOD ROAD MINNETONKA, MN 55305

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

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix 50700	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # MN Statute 144.651 Subd. 14.	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	02/13/2017	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS) LK/kfd	DATE 3/1/2017	SIGNATURE OF SURVEYOR 06981	DATE 2/13/2017
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 12/8/2016	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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