



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered Via Email

January 26, 2022

Administrator  
People II  
1380 West Minnehaha Parkway  
Minneapolis, MN 55419

RE: Event ID: JOV011

Dear Administrator:

On January 12, 2022, 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.

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):

W0318 42 CFR § 483.460 Health Care Services

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 correction will be completed.

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

People li  
January 26, 2022  
Page 2

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:

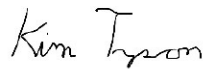
Susie Haben, Rapid Response  
Licensing and Certification Program  
Health Regulation Division  
Minnesota Department of Health  
Midtown Square  
3333 Division Street, Suite 212  
Saint Cloud, Minnesota 56301-4557  
Email: susie.haben@state.mn.us  
Office: (320) 223-7356 Mobile: (651) 230-2334

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 March 8, 2022, 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, 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>24G435</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/12/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>PEOPLE II</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1380 WEST MINNEHAHA PARKWAY</b> <b>MINNEAPOLIS, MN 55419</b>		
(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	
W 000	INITIAL COMMENTS  On 1/11/22 through 1/12/22, an abbreviated survey was conducted to investigate a complaint. The facility was found NOT to be in compliance with the requirements of 42CFR 483 Subpart I, for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).  The following complaint below was found to be substantiated: HG435024C (MN79743) with deficiencies issued at W331.	W 000			
W 318	HEALTH CARE SERVICES CFR(s): 483.460  The facility must ensure that specific health care services requirements are met.  This CONDITION is not met as evidenced by: Based on interview and document review, the Condition of Participation at 42 CFR 483.460 Health Care Services, was not met. The facility failed to provide adequate nursing services to 1 of 1 clients (C1) who was leaving the facility on multiple occasions to visit family members for extended periods of time and not following physician prescribed insulin orders.  Findings include:  See W331: The facility failed to ensure physician's orders were followed for 1 of 1 clients (C1). Additionally, the facility failed to communicate risk versus benefit of not following	W 318			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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

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W 318	Continued From page 1	W 318			
W 331	<p>NURSING SERVICES CFR(s): 483.460(c)</p> <p>The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on observation, interview and document review, the facility failed to ensure 1 of 1 clients (C1) followed physician prescribed insulin orders and prescribed blood glucose parameters for calling the physician. Additionally, the failed failed to inform client of risk vs benefits of not following orders and implement medication administration training program for C1.</p> <p>Findings include:</p> <p>C1's Client Face Sheet dated 9/1/21, indicated he had Diabetes Mellitus Type 2 and hyperlipidemia (high concentration of lipids or fat in blood).</p> <p>C1's Comprehensive Functional Assessment (CFA) updated 11/2021, indicated C1 was unable to understand and retain information related to medical health and had limited ability to problem solve insulin by issues and understand how food, sleep, etc. impacts diabetes. The CFA further indicated C1 will leave house without telling staff or having medications.</p> <p>C1's Abbott Hospital discharge orders dated 10/08/21, indicated he was hospitalized for hypoglycemia (low blood sugar) and low blood pressure. The discharge orders sent to Peoples II where C1 lived indicated C1 to be compliant with his medication regimen.</p>	W 331			

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W 331	<p>Continued From page 2</p> <p>The hospital discharge orders instructed to check his blood glucose four times a day and to contact health care provider if he had the following readings: -Hyperglycemia unexplained glucose readings of 250 milligrams/deciliter (mg/dl) or greater for more than 2 times in the same day. -Hypoglycemia readings of 70 mg/dl or less two times in the same day or three times with in one week.</p> <p>Review of C1's blood glucose readings indicated the following from 10/08/21 to 1/11/22 with no documentation C1's physician was notified of the out of range blood glucose readings on the day it occurred:</p> <p>10/10/21 blood glucose reading 471,444 and 387 10/14/21 blood glucose reading 485 and 402 10/19/21 blood glucose reading 60, 52 and 57 11/1/21 Blood glucose reading 288 and 495 11/10/21 blood glucose grading 461 and 403 11/14/21 blood glucose reading 259 and 302 12/14/21 blood glucose reading 51 and 49 12/28/21 blood glucose reading 317 and 332 1/4/22 blood glucose reading 344, 279 and 346</p> <p>C1's current Physician Orders dated January 2022, indicated C1 received Lantus Solostar 18 units daily in the morning, Humalog Kwikpen 4 units twice daily at lunch and dinner 10 minutes before meal and 6 units in the morning. In addition, C1 received sliding scale Humalog Kwik Pen in addition to scheduled insulin before meals if readings are 0-150- no insulin, 151-199 give 1 unit, 200-249 give 2 units, 250-299 give 3 units.</p> <p>A Facility Reported Incident report dated</p>	W 331			

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W 331	<p>Continued From page 3</p> <p>12/27/21, indicated C1 was an insulin dependent diabetic with heart conditions and continued to refuse his medications with no reason and refusing his meals prepared for him. In addition, the report indicated C1 had returned at 4:00 a.m. and took his evening medications upon return (no date listed on the report).</p> <p>Review of C1's Progress Notes indicated the following:</p> <ul style="list-style-type: none"> <li>- 11/25/21, at 11:30 a.m. C1 returned to home at 11:03 a.m. writer took blood glucose documented as 348. C1 informed staff he took his insulin at his brother's house and stated he took 12 units in the blue pen. (incorrect dose only to use if blood glucose over 400). Staff documented they called nurse and was instructed to give scheduled Lantus 18 units insulin and any other morning medications.</li> <li>-11/28/21, C1 at 6:00 p.m. refused his blood glucose check and sliding scale insulin. C1 stated he was going to eat later.</li> <li>-11/29/21, at 7:30 p.m. C1 came down to check his blood glucose and informed staff he already ate and did not tell anyone to get his dinner time insulin. He took his sliding scale insulin.</li> <li>-12/23/21, C1 arrived at 3:45 a.m. blood glucose level 313. He took his medication and went to cook him something to eat.</li> <li>-12/25/21, at 12:15 a.m. C1 took reported his levels were 325 and he took 4 units before going to bed (order is for at bed time not at 12:15 a.m.)</li> </ul> <p>Review of all of the above progress notes lacked indication of staff to client teaching of risk vs. benefits of not checking blood glucose timely or the importance of taking the correct dose of insulin and prior to meals. Review of MAR and progress notes lacked evidence physician order's</p>	W 331			

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W 331	<p>Continued From page 4 were followed.</p> <p>During interview on 1/11/22, at 11:00 a.m. program supervisor (PS) stated C1 leaves the facility with family member and will not tell them when he will be coming back, sometimes he will say he will be back at 6:00 p.m. and return in the middle of the night. There are times he does not take his medications with him or when he returns, they don't even know how much insulin he has taken while he was gone. The PS further stated C1 was hospitalized in October for hypoglycemia and low blood pressure and they are very concerned about him. In addition the PS stated they are working on finding him a new placement since he does not meet the criteria to be in an ICF-IID facility. The PS further indicated staff are documenting C1's blood glucose readings in several areas some in the medical profile tab, others document in the progress notes so it is very difficult to track his blood glucose readings. In addition, it is difficult to locate where and if the physician had been notified if C1's readings are high or low.</p> <p>During interview on 1/11/22, at 12:08 p.m. the facility registered nurse (RN)-A stated they try to encourage C1 and redirect him to take his insulin. RN-A stated she is new to this home and just started her visits after the previous nurse left on 12/24/21, and assumed the previous nurse was discussing with C1 the risks of not taking his insulin or following his dietary recommendations for a diabetic. RN-A stated, "The staff should have transcribed [C1's] hospital discharge orders on 10/8/21, with his blood glucose parameters and calling his physician and it appears it was never done."</p>	W 331			

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

PRINTED: 01/26/2022  
FORM APPROVED  
OMB NO. 0938-0391

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W 331	<p>Continued From page 5</p> <p>During observation and interview 1/11/22, at 12:26 p.m. C1 stated he leaves the facility frequently to visit his family member and stated he has diabetes. C1 showed writer his glucose machine in which tracks his blood glucose levels. C1 stated when he leaves he has an alarm on his phone that alerts him to check his blood sugars and has a sliding scale to tell him how much insulin he needs to take and if its a little high he "just takes a little more maybe 2-3 extra units and that seems good with out using the sliding scale guide from the doctor." An additional interview with C1 on 1/12/22, at 11:28 a.m. he stated staff had not provided him with education on the risks of not taking his insulin according to schedule and the side effects of not taking it. C1 then stated the only thing he remembers is once he was hospitalized for low blood sugar and thought his medications were changed after the hospitalization.</p> <p>A Integrated Treatment Plan dated 12/15/21, indicated the following goals for C1:</p> <p>Medication Management: C1 would like to work better on medication management in regards to improve his health. The program indicated all People 2 staff are responsible for tracking and assisting C1 with his goals.</p> <p>Eating Healthier: Staff to offer healthier choices for meals and snacks working with dietician and program RN. The program indicated all People 2 staff are responsible for tracking and assisting C1 to work on his goals and reminders for staff to make healthier food choices. The program indicated how data was to be collected through check and documentation of blood glucose levels four times a day. And criteria for achievement</p>	W 331			



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W 331	<p>Continued From page 6</p> <p>would be less hypoglycemia (low blood glucose) or hyperglycemia (high blood glucose).</p> <p>During interview on 1/11/22, at 2:10 p.m. with PS and program manager (PM). The PS stated C1's Integrated Treatment Plan was supposed to be completed by the staff daily and documented in the client's record. The PS stated they do not have any forms to track to make sure the programs are being completed. The PM stated the programs should be tracked formally and reviewed at least monthly for progress and be updated as needed. The PM stated the programs should have been started on the start date of 12/15/21.</p> <p>People Incorporated Mental Health Services Management of Medical Conditions and Emergencies policy undated indicated: When to assist clients in contacting a health care provider: If the client:</p> <ul style="list-style-type: none"> <li>-is sick and cannon control his/her blood sugar</li> <li>-has been vomiting or has had diarrhea for more than 6 hours</li> <li>-has blood sugar level that stays higher than the level the doctor has set (for example: 300 mg/dl for two or more readings).</li> </ul>	W 331			

Minnesota Department of Health

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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. On 1/11/22 through 1/12/22, a complaint investigation was conducted. Your facility was found to be in compliance with requirements of Minnesota Rules, Chapter 4665 requirements for Supervised Living Facilities (SLF).</p> <p>The following complaints were found to be SUBSTANTIATED with no licensing orders issued: HG435024C (MN79743).</p>	5 000		

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

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5 380	<p>MN Rule 4665.3300 PURPOSE OF HEALTH SERVICES.</p> <p>Health services shall be utilized to maintain an optimal general level of health and to maximize function, prevent disability, and promote optimal development of each resident.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to ensure 1 of 1 clients (C1) followed physician prescribed insulin orders and prescribed blood glucose parameters for calling the physician. Additionally, the failed failed to inform client of risk vs benefits of not following orders and implement medication administration training program for C1.</p> <p>Findings include:</p> <p>C1's Client Face Sheet dated 9/1/21, indicated he had Diabetes Mellitus Type 2 and hyperlipidemia (high concentration of lipids or fat in blood).</p> <p>C1's Comprehensive Functional Assessment (CFA) updated 11/2021, indicated C1 was unable to understand and retain information related to medical health and had limited ability to problem solve insulin by issues and understand how food, sleep, etc. impacts diabetes. The CFA further indicated C1 will leave house without telling staff or having medications.</p> <p>C1's Abbott Hospital discharge orders dated 10/08/21, indicated he was hospitalized for hypoglycemia (low blood sugar) and low blood pressure. The discharge orders sent to Peoples II where C1 lived indicated C1 to be compliant</p>	5 380		

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5 380	<p>Continued From page 2</p> <p>with his medication regimen.</p> <p>The hospital discharge orders instructed to check his blood glucose four times a day and to contact health care provider if he had the following readings:</p> <ul style="list-style-type: none"> <li>-Hyperglycemia unexplained glucose readings of 250 milligrams/deciliter (mg/dl) or greater for more than 2 times in the same day.</li> <li>-Hypoglycemia readings of 70 mg/dl or less two times in the same day or three times with in one week.</li> </ul> <p>Review of C1's blood glucose readings indicated the following from 10/08/21 to 1/11/22 with no documentation C1's physician was notified of the out of range blood glucose readings on the day it occurred:</p> <p>10/10/21 blood glucose reading 471,444 and 387 10/14/21 blood glucose reading 485 and 402 10/19/21 blood glucose reading 60, 52 and 57 11/1/21 Blood glucose reading 288 and 495 11/10/21 blood glucose grading 461 and 403 11/14/21 blood glucose reading 259 and 302 12/14/21 blood glucose reading 51 and 49 12/28/21 blood glucose reading 317 and 332 1/4/22 blood glucose reading 344, 279 and 346</p> <p>C1's current Physician Orders dated January 2022, indicated C1 received Lantus Solostar 18 units daily in the morning, Humalog Kwikpen 4 units twice daily at lunch and dinner 10 minutes before meal and 6 units in the morning. In addition, C1 received sliding scale Humalog Kwik Pen in addition to scheduled insulin before meals if readings are 0-150- no insulin, 151-199 give 1 unit, 200-249 give 2 units, 250-299 give 3 units.</p> <p>A Facility Reported Incident report dated</p>	5 380		

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5 380	<p>Continued From page 3</p> <p>12/27/21, indicated C1 was an insulin dependent diabetic with heart conditions and continued to refuse his medications with no reason and refusing his meals prepared for him. In addition, the report indicated C1 had returned at 4:00 a.m. and took his evening medications upon return (no date listed on the report).</p> <p>Review of C1's Progress Notes indicated the following:</p> <ul style="list-style-type: none"> <li>- 11/25/21, at 11:30 a.m. C1 returned to home at 11:03 a.m. writer took blood glucose documented as 348. C1 informed staff he took his insulin at his brother's house and stated he took 12 units in the blue pen. (incorrect dose only to use if blood glucose over 400). Staff documented they called nurse and was instructed to give scheduled Lantus 18 units insulin and any other morning medications.</li> <li>-11/28/21, C1 at 6:00 p.m. refused his blood glucose check and sliding scale insulin. C1 stated he was going to eat later.</li> <li>-11/29/21, at 7:30 p.m. C1 came down to check his blood glucose and informed staff he already ate and did not tell anyone to get his dinner time insulin. He took his sliding scale insulin.</li> <li>-12/23/21, C1 arrived at 3:45 a.m. blood glucose level 313. He took his medication and went to cook him something to eat.</li> <li>-12/25/21, at 12:15 a.m. C1 took reported his levels were 325 and he took 4 units before going to bed (order is for at bed time not at 12:15 a.m.)</li> </ul> <p>Review of all of the above progress notes lacked indication of staff to client teaching of risk vs. benefits of not checking blood glucose timely or the importance of taking the correct dose of insulin and prior to meals. Review of MAR and progress notes lacked evidence physician order's were followed.</p>	5 380		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>01556</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C <b>01/12/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PEOPLE II</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1380 WEST MINNEHAHA PARKWAY MINNEAPOLIS, MN 55419</b>
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5 380	<p>Continued From page 4</p> <p>During interview on 1/11/22, at 11:00 a.m. program supervisor (PS) stated C1 leaves the facility with family member and will not tell them when he will be coming back, sometimes he will say he will be back at 6:00 p.m. and return in the middle of the night. There are times he does not take his medications with him or when he returns, they don't even know how much insulin he has taken while he was gone. The PS further stated C1 was hospitalized in October for hypoglycemia and low blood pressure and they are very concerned about him. In addition the PS stated they are working on finding him a new placement since he does not meet the criteria to be in an ICF-IID facility. The PS further indicated staff are documenting C1's blood glucose readings in several areas some in the medical profile tab, others document in the progress notes so it is very difficult to track his blood glucose readings. In addition, it is difficult to locate where and if the physician had been notified if C1's readings are high or low.</p> <p>During interview on 1/11/22, at 12:08 p.m. the facility registered nurse (RN)-A stated they try to encourage C1 and redirect him to take his insulin. RN-A stated she is new to this home and just started her visits after the previous nurse left on 12/24/21, and assumed the previous nurse was discussing with C1 the risks of not taking his insulin or following his dietary recommendations for a diabetic. RN-A stated, "The staff should have transcribed [C1's] hospital discharge orders on 10/8/21, with his blood glucose parameters and calling his physician and it appears it was never done."</p> <p>During observation and interview 1/11/22, at 12:26 p.m. C1 stated he leaves the facility</p>	5 380		

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5 380	<p>Continued From page 5</p> <p>frequently to visit his family member and stated he has diabetes. C1 showed writer his glucose machine in which tracks his blood glucose levels. C1 stated when he leaves he has an alarm on his phone that alerts him to check his blood sugars and has a sliding scale to tell him how much insulin he needs to take and if its a little high he "just takes a little more maybe 2-3 extra units and that seems good with out using the sliding scale guide from the doctor." An additional interview with C1 on 1/12/22, at 11:28 a.m. he stated staff had not provided him with education on the risks of not taking his insulin according to schedule and the side effects of not taking it. C1 then stated the only thing he remembers is once he was hospitalized for low blood sugar and thought his medications were changed after the hospitalization.</p> <p>A Integrated Treatment Plan dated 12/15/21, indicated the following goals for C1:</p> <p>Medication Management: C1 would like to work better on medication management in regards to improve his health. The program indicated all People 2 staff are responsible for tracking and assisting C1 with his goals.</p> <p>Eating Healthier: Staff to offer healthier choices for meals and snacks working with dietician and program RN. The program indicated all People 2 staff are responsible for tracking and assisting C1 to work on his goals and reminders for staff to make healthier food choices. The program indicated how data was to be collected through check and documentation of blood glucose levels four times a day. And criteria for achievement would be less hypoglycemia (low blood glucose) or hyperglycemia (high blood glucose).</p>	5 380		
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5 380	<p>Continued From page 6</p> <p>During interview on 1/11/22, at 2:10 p.m. with PS and program manager (PM). The PS stated C1's Integrated Treatment Plan was supposed to be completed by the staff daily and documented in the client's record. The PS stated they do not have any forms to track to make sure the programs are being completed. The PM stated the programs should be tracked formally and reviewed at least monthly for progress and be updated as needed. The PM stated the programs should have been started on the start date of 12/15/21.</p> <p>People Incorporated Mental Health Services Management of Medical Conditions and Emergencies policy undated indicated: When to assist clients in contacting a health care provider: If the client: -is sick and cannon control his/her blood sugar -has been vomiting or has had diarrhea for more than 6 hours -has blood sugar level that stays higher than the level the doctor has set (for example: 300 mg/dl for two or more readings).</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	5 380		





*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered Via Email

January 26, 2022

Administrator  
People li  
1380 West Minnehaha Parkway  
Minneapolis, MN 55419

Re: Event ID: JOVO11

Dear Administrator:

The above facility survey was completed on January 12, 2022 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,

A handwritten signature in black ink that reads '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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>24G435</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/12/2022</b>
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W 000	<p><i>Suzie Haven</i> INITIAL COMMENTS reviewed and approved 2/16/22</p> <p>On 1/11/22 through 1/12/22, an abbreviated survey was conducted to investigate a complaint. The facility was found NOT to be in compliance with the requirements of 42CFR 483 Subpart I, for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).</p> <p>The following complaint below was found to be substantiated: HG435024C (MN79743) with deficiencies issued at W331.</p> <p>The Condition of Participation: Health Care Services 483.460 was found not met.</p>	W 000	<p>C1 discharged from the program on 1/26/2022 due to a determination that the program was not an appropriate fit. Therefore, we are unable to take action to correct the specific deficiency. However, we will take the following actions to ensure that similar issues do not occur in the future:</p> <ol style="list-style-type: none"> <li>1. Staff were retrained on the transcription procedures outlined in our Medication Policy and Procedures Manual on 2/10/2022 by the Nursing Manager. (Program Supervisor)</li> <li>2. Conduct documentation review for current clients and correct if any transcribed orders are missing information. (Program Supervisor)</li> <li>3. Conduct monthly audits of transcriptions of physician orders for 6 months. (Program Manager)</li> </ol> <p>The Program Manager will be responsible for overseeing the completion of this plan.</p>	2/10/22	
W 318	<p>HEALTH CARE SERVICES CFR(s): 483.460</p> <p>The facility must ensure that specific health care services requirements are met.</p> <p>This CONDITION is not met as evidenced by: Based on interview and document review, the Condition of Participation at 42 CFR 483.460 Health Care Services, was not met. The facility failed to provide adequate nursing services to 1 of 1 clients (C1) who was leaving the facility on multiple occasions to visit family members for extended periods of time and not following physician prescribed insulin orders.</p> <p>Findings include:</p> <p>See W331: The facility failed to ensure physician's orders were followed for 1 of 1 clients (C1). Additionally, the facility failed to communicate risk versus benefit of not following</p>	W 318			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Elija Cil Chote*

TITLE

Compliance Coordinator

(X6) DATE

2/16/2022

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

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W 318	Continued From page 1	W 318			
W 331	<p>NURSING SERVICES CFR(s): 483.460(c)</p> <p>The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on observation, interview and document review, the facility failed to ensure 1 of 1 clients (C1) followed physician prescribed insulin orders and prescribed blood glucose parameters for calling the physician. Additionally, the failed failed to inform client of risk vs benefits of not following orders and implement medication administration training program for C1.</p> <p>Findings include:</p> <p>C1's Client Face Sheet dated 9/1/21, indicated he had Diabetes Mellitus Type 2 and hyperlipidemia (high concentration of lipids or fat in blood).</p> <p>C1's Comprehensive Functional Assessment (CFA) updated 11/2021, indicated C1 was unable to understand and retain information related to medical health and had limited ability to problem solve insulin by issues and understand how food, sleep, etc. impacts diabetes. The CFA further indicated C1 will leave house without telling staff or having medications.</p> <p>C1's Abbott Hospital discharge orders dated 10/08/21, indicated he was hospitalized for hypoglycemia (low blood sugar) and low blood pressure. The discharge orders sent to Peoples II where C1 lived indicated C1 to be compliant with his medication regimen.</p>	W 331			

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W 331	<p>Continued From page 2</p> <p>The hospital discharge orders instructed to check his blood glucose four times a day and to contact health care provider if he had the following readings: -Hyperglycemia unexplained glucose readings of 250 milligrams/deciliter (mg/dl) or greater for more than 2 times in the same day. -Hypoglycemia readings of 70 mg/dl or less two times in the same day or three times with in one week.</p> <p>Review of C1's blood glucose readings indicated the following from 10/08/21 to 1/11/22 with no documentation C1's physician was notified of the out of range blood glucose readings on the day it occurred:</p> <p>10/10/21 blood glucose reading 471,444 and 387 10/14/21 blood glucose reading 485 and 402 10/19/21 blood glucose reading 60, 52 and 57 11/1/21 Blood glucose reading 288 and 495 11/10/21 blood glucose grading 461 and 403 11/14/21 blood glucose reading 259 and 302 12/14/21 blood glucose reading 51 and 49 12/28/21 blood glucose reading 317 and 332 1/4/22 blood glucose reading 344, 279 and 346</p> <p>C1's current Physician Orders dated January 2022, indicated C1 received Lantus Solostar 18 units daily in the morning, Humalog Kwikpen 4 units twice daily at lunch and dinner 10 minutes before meal and 6 units in the morning. In addition, C1 received sliding scale Humalog Kwik Pen in addition to scheduled insulin before meals if readings are 0-150- no insulin, 151-199 give 1 unit, 200-249 give 2 units, 250-299 give 3 units.</p> <p>A Facility Reported Incident report dated</p>	W 331			

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