



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered Via Email

October 27, 2022

Administrator
Homeward Bound - Maple Grove
6769 East Fish Lake Road
Maple Grove, MN 55369

RE: Event ID: XDEZ11

Dear Administrator:

On October 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. At the time of the survey, the survey team noted one or more deficiencies.

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

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

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

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

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:

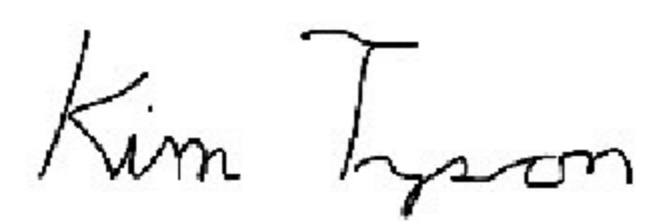
Homeward Bound - Maple Grove

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.

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

Sincerely,

A handwritten signature in cursive script 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



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Administrator
Homeward Bound - Maple Grove
6769 East Fish Lake Road
Maple Grove, MN 55369

Re: Enclosed State Supervised Living Facility Licensing Orders - Event ID: XDEZ11

Dear Administrator:

The above facility was surveyed on October 11, 2022 through October 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 one or more violations of these rules that are issued in accordance with Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144.56. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.

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

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

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

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

The first page of the state orders should be signed and submitted along with your federal plan of correction to:

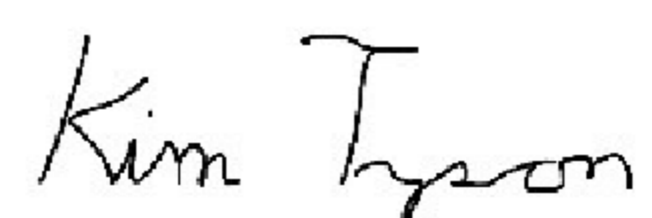
Susie Haben, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Midtown Square
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us
Office: (320) 223-7356 Mobile: (651) 230-2334

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

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 24G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/12/2022
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NAME OF PROVIDER OR SUPPLIER HOMEWARD BOUND - MAPLE GROVE	STREET ADDRESS, CITY, STATE, ZIP CODE 6769 EAST FISH LAKE ROAD MAPLE GROVE, MN 55369
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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>On October 11th - 12th, 2022, an abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was in compliance with 42 CFR Part 483, subpart I, requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities.</p> <p>The following complaints were found to be SUBSTANTIATED:</p> <p>HG4495018C (MN00087419 and MN00087428), with deficiencies issued at W322, W331, W338, W369</p> <p>The following complaints were found to be UNSUBSTANTIATED:</p> <p>HG449006C (MN00081902)</p> <p>Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.</p>	W 000	<p><i>Susie Haben</i></p> <p>receieved 11/7/22 approved 11/14/22 POC 11/18/22</p>	
W 322	<p>PHYSICIAN SERVICES CFR(s): 483.460(a)(3)</p> <p>The facility must provide or obtain preventive and general medical care. This STANDARD is not met as evidenced by: Based on interview and document review the facility failed to ensure a physician's ordered follow up appointment was scheduled and attended timely for 1 of 2 clients (C1) reviewed for wound care.</p> <p>Findings include:</p>	W 322	<p>PHYSICIAN SERVICES CFR(s): 483.460(a) (3) W322</p> <p>Oversight Leading to Deficiencies</p> <p>A follow-up appointment for the 7/13/22 and 8/15/22 medical appointments was not scheduled before leaving the physician's office within the ordered time frame.</p> <p>Scheduling and coordinating medical appointments for residents is generally the responsibility of Nurse Case Managers (NCM). Employee workload and time management are identified as factors that resulted in the oversight.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Michael Perez — Homeward Bound, Program Administrator of Quality Assurance	TITLE	(X6) DATE 11/7/22
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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 322	<p>Continued From page 1</p> <p>Review of C1's Face Sheet dated 7/13, indicated diagnosis of Severe Intellectual disability.</p> <p>A review of C1's Medical Referral Form, dated 7/21/22, identified the reason for appointment was a consult for wound; physician (MD)-B requested a return appointment of a one week follow up.</p> <p>A review of C1's Medical Referral Form, dated 8/05/22 physician (MD)-B documented C1's appointment was "One week late in follow up."</p> <p>Review of C1's Medical Referral Form, dated 8/15/22, documented a request from (MD)-B requested a follow-up appointment in two (2) weeks.</p> <p>A review of the facility's medical appointment calendar book documented C1 was not seen again until 10/3/22, seven (7) weeks later.</p> <p>In review of C1's Medical Referral Form dated 10/3/22, documented that the wound had become worse and C1 had obtained a iatrogenic wound (Iatrogenic injury refers to tissue or organ damage that was caused by necessary medical treatment, pharmacotherapy, or the application of medical devices and had nothing to do with the primary disease) on her ankle due to the coban dressing being applied to tight.</p> <p>During telephone interview on 10/12/2022, at 9:50 a.m., MD-B stated she was concerned, when seen on 10/3/22, and wanted to know why an appointment was not made as ordered two weeks after C1's 8/15/22 appointment. MD-A stated that she did not feel the staff were abusive or neglectful, however, stated someone needs to</p>	W 322	<p>W 322 Continued From page 1</p> <p>Additionally, the physician's follow-up orders and schedule are reported as conflicting. Clarifying questions were not asked, e.g., if one of the physician's colleagues could see the resident. No action was taken, which resulted in overdue follow-up appointments.</p> <p style="text-align: center;">Action taken</p> <p>The NCM (LPN-A) scheduled an appointment for 10/13/22. The physician noted on the resident's medical referral form that the left foot decubitus ulcer was healing and ordered a one-week follow-up visit.</p> <p style="text-align: center;">Plan for Correction</p> <p>The Director of Nursing (DON) will meet with the Nurse Case Managers of Homeward Bound on 11/18/22. The DON will clarify that a resident's follow-up visits must be scheduled at the end of the appointment.</p> <p>The NCMs will contact the DON for assistance in scheduling if there are conflicts or other obstacles to health orders. The DON will begin a reporting process that will reduce the likelihood of re-occurrences.</p> <p>The Homeward Bound NCMs will report to the Nursing Supervisor (NS) weekly on the health status of residents assigned to their caseload. The NS will document the reports and submit monthly information to the DON for review. The weekly and monthly reports will include health-related updates, including all appointments, scheduled follow-ups, and the outcome of the visit.</p>	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

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W 322	<p>Continued From page 2</p> <p>make sure appointments requested are made and followed through on. MD-B stated concern about staff training due to the frequent turn additionally over of staff at the facility.</p> <p>During interview on 10/12/22, at 10:06 a.m. licensed practical nurse (LPN)-A stated she missed scheduling the appointment for C1 following the 8/15/22 appointment. LPN-A stated that it was her responsibility as the nurse assigned to the house. However, LPN-A stated in making the 7/21/22 request for a "1 week follow up" appointment, 8/05/22 was the earliest C1 could be seen, while MD-A was booked.</p> <p>A review of the facility policy, entitled: Policy and Procedure on Health Service Coordination (last revised 7/2015) indicted the following:</p> <p>"III. PROCEDURE</p> <p>A. If responsibility for meeting the individual's health service needs has been assigned HBI in the Coordinated Service and Support Plan and/or Coordinated Service and Support Plan Addendum, HBI [Homeward Bound, Inc] must maintain documentation on how the individual's health needs will be met, including a description of the procedures HBI will follow in order to:</p> <ol style="list-style-type: none"> 1. Provide medication setup, assistance, or administration according to MN Statutes, Chapter 245D. 2. Monitor health conditions according to written instructions from a licensed health care professional. 3. Assist with or coordinate medical, dental, and other health service appointments. 4. Use medical equipment, devices, or adaptive aids or technology safely and correctly according to written instructions from a licensed health care 	W 322	<p>W 322 Continued From page 2</p> <p>Implementation, Maintenance, and Oversight Prevention</p> <p>The Homeward Bound Director of Nursing is responsible for the implementation, maintenance, and oversight prevention of this plan for correction.</p>	<p>Completion Date</p> <p>Ongoing starting 11/18/22</p>

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W 322	Continued From page 3 professional. AND E. 6. Staff will contact the floor nurse at the site, the Nurse Case Manager, or the Nurse Case Manager On-Call to inform them of the following: a. Physician's findings; b. Physician's orders; c. Changes to medications in the current medication regimen or new orders for medications; d. Any new or abnormal findings related to the individual's health; e. Need for follow-up exams"	W 322		
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 follow physician's orders for 1 of 1 clients (C1) who had specific wound card orders.</p> <p>Findings include:</p> <p>Review of C1's Face Sheet dated 7/13, indicated a diagnosis of Severe Intellectual Disability.</p> <p>USE OF BAND-AIDS:</p> <p>In review of C1's Medical Referral Form, dated 7/21/22 documented the following: "Regarding Ulcer on foot. Physician findings: Ulceration improved, infection resolved. Medication/Treatment orders: Continue [Algicell]</p>	W 331	<p>NURSING SERVICES CFR(s): 483.460(c) W331 Oversight Leading to Deficiencies</p> <p>The wound treatment orders were not documented in the resident's medical notes, resulting in using Band-Aids and wrapping the wound too tight. There was no documentation of staff member training verifying competency.</p> <p>Homeward Bound uses an LMS training system to develop training content and to maintain employee training records. All training is coordinated with Homeward Bound's Director of Training.</p> <p>The physician referral notes instruct that the staff members must not use plastic Band-Aids. The referral notes were not documented or communicated to the Maple Grove support staff.</p> <p>Action taken</p> <p>The NCM (LPN-A) trained the staff members on the wound treatment on 10/11/22. The MDH surveyor observed a staff member administer treatment and notes it was according to the doctor's direction.</p>	

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W 331	<p>Continued From page 4 (calcium alginate dressings are used on moderate to heavily exudative wounds during the transition from debridement to repair phase of wound healing) dressing / band-aid changes daily. Continue with offloading as well. No need for further antibiotics at this time regarding the infection in her foot." Return Appointment: 1 week follow up.</p> <p>However, when C1 returned on 8/05/22, a review of the Medical Referral Form physician (MD)-A documented the following: "Using plastic bandaids on wound which caused maceration (the process by which organized tissue is transformed into a suspension of intact cells), so recommended discontinuing these. Recommended gauze and paper tape applied to the wound and follow up in 1 week."</p> <p>When C1 returned to the clinic on 8/15/22, C1's Medical Referral Form documented the following: "No gauze or paper tape had been applied. Still using plastic bandaids again. Recommended 2 week follow up." However, MD-A indicated C1's wound had decreased in size.</p> <p>In an interview on 10/11/2022, at 2:17 p.m. licensed practical nurse (LPN)-A stated staff were educated to not use band-aids - use algicell and coban with the treatment record being updated from C1's visit on 8/05/22. LPN-A stated staff failed to follow the treatment record.</p> <p>USE OF COBAN:</p> <p>In review of C1's Medical Referral From, dated 10/03/22, MD-A documented the following: "Worsening wound. Entire foot wrapped WAY too</p>	W 331	<p>W 331 Continued From page 4</p> <p>Plan for Correction</p> <p>The Homeward Bound NCMs and NS will use the LMS system and coordinate all training with the Home Ward Bound Director of Training.</p> <p>Training on specialized treatments (wound care, etc.) will include a practical assessment of all employees administering the treatment. The NCM will create a job aid for acute medical treatments for the staff to reference.</p> <p>Implementation, maintenance, and oversight prevention</p> <p>The Homeward Bound Director of Nursing is responsible for the implementation, maintenance, and oversight prevention of this plan for correction.</p>	<p>Completion Date</p> <p>Ongoing starting 11/14/22</p>

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W 331	<p>Continued From page 5</p> <p>tight with coban (self-adherent wrap is intended for use as an elastic wrap to provide compression or support, or to secure dressings or devices) which caused an iatrogenic (illness caused by medical examination or treatment) wound on her anterior ankle...worsening decubitus ulceration, iatrogenic anterior ankle wound from coban, left lower extremity. ORDERS: doxycycline 100 milligrams [twice] daily [for] 10 days - sent to Geritom (dispensing pharmacy). Continue algicell - change daily. Cover with piece of gauze and offloading felt. Secure in place with Ace wrap. Continue foot protectors at night. Return in 1 week."</p> <p>During treatment observation on 10/12/22, at 6:25 a.m. direct service personnel (DSP)-A cut a square of algicell foam dressing and placed it over C1's left anterior foot wound with gloved hands. DSP-A then applied 2 - 4x4 gauze over this medicated dressing, and lightly wrapped C1's foot with an ace wrap. DSP-A fished up the treatment with placing a stockinette sleeve (used as a general-purpose protective skin covering, knitted from 100% unbleached cotton) was placed over the foot up to her ankle to help keep the ace wrap placed.</p> <p>During interview on 10/11/22, at 1:05 p.m. corporate compliance officer (CCO) stated that since the issues were discovered during the facility's investigation of the reported incidents, the corporation was in the process of staff reprimands or the errors and currently scheduling with the corporate education department for retraining for all involved.</p> <p>In an interview on 10/12/2022, at 9:07 a.m. licensed practical nurse (LPN)-A stated staff were</p>	W 331		

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W 331	<p>Continued From page 6</p> <p>educated to stop using band-aids trained on used of the coban after C1's appointment on 8/15/22 when the dressing wrap was ordered by MD-A. However, LPN-A was only able to provided a word document indicating what was covered with the coban training. LPN-A stated at the time of that training, she was unable to find a signature list form so staff could verify the training was performed.</p> <p>A review of the facility policy, entitled: Guidelines for Medication Administration (last revised 6/26/12) indicted the following:</p> <p>"Guidelines:</p> <p>1. Compare physician's order on medication administration record (MAR) three times with label on the medication container before giving medication, including name of the individual, medication, dose, route, form of drug, and time or frequency. If not same or if order not complete, hold medication and clarify order promptly. (Prevents mediation errors.)"</p> <p>AND</p> <p>A review of the facility policy, entitled: Policy and Procedure on Health Service Coordination (last revised 7/2015) indicted the following:</p> <p>"III. PROCEDURE</p> <p>F. When a person served requires the use of medical equipment, devices, or adaptive aides or technology, the Program Manager, in conjunction with the NCM, will ensure the safe and correct use of the item and that staff are trained accordingly on its use and assistance to the</p>	W 331		

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W 331	Continued From page 7	W 331			
W 338	<p>person. These items will only be used according to the written instructions from a licensed health care professional."</p> <p>NURSING SERVICES CFR(s): 483.460(c)(3)(v)</p> <p>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must result in any necessary action (including referral to a physician to address client health problems). This STANDARD is not met as evidenced by: Based on interview and document review, the facility failed obtain clarifications for 1 of 1 client (C1) whose orders were unclear.</p> <p>Findings include:</p> <p>Review of C1's Face Sheet dated 7/13, indicated a diagnosis of Severe Intellectual Disability.</p> <p>On 7/30/22, the facility's corporate registered dietitian (RD) assessed C1 for nutritional needs in healing her left foot wound. RD made the following recommendation to C1's primary physician (MD)-A:</p> <p>"Recommend additional protein supplementation for wound healing [due to] difficulty in prolong healing. Either one of the following as they are nectar-thick and complaint with individual's diet order: ProSource 30 cubic centimeters (cc) [twice a day], ProHeal 30 cc [twice a day], or ProStat 30 cc [twice a day]. In addition, a multi-vitamin with minerals (especially one that contains zinc) to improve wound healing matrix."</p> <p>This recommendation was sent to MD-A and</p>	W 338	<p>NURSING SERVICES CFR(s): 483.460(c) (3) (v) W338</p> <p>Oversight Leading to Deficiencies</p> <p>LPN-A received the dietitian's recommendations and sent a physician's request form to the resident's primary care doctor. The form was signed and returned. LPN-A could not get the supplements filled by the pharmacy.</p> <p>LPN-A did not contact the Dietician, primary doctor, or the Homeward Bound DON for assistance. LPN-A's workload and time management are identified as factors that resulted in the oversight. Additionally, the nursing department does not have a procedure for communication and follow-up between the DON, NS, and NCMs.</p> <p>Action taken</p> <p>LPN-A obtained and transcribed the supplements on the resident's MAR for administration on 10/21/22.</p> <p>Plan for Correction</p> <p>The Director of Nursing (DON) will meet with the Nurse Case Managers of Homeward Bound on 11/18/22. The DON will clarify that a resident's follow-up visits must be scheduled at the end of the appointment. The NCMs will contact the DON for assistance in scheduling if there are conflicts or other obstacles to health orders.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 24G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/12/2022
NAME OF PROVIDER OR SUPPLIER HOMEWARD BOUND - MAPLE GROVE		STREET ADDRESS, CITY, STATE, ZIP CODE 6769 EAST FISH LAKE ROAD MAPLE GROVE, MN 55369		
(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 338	<p>Continued From page 8 signed on 8/2/22.</p> <p>However, in review of the August 2022, September 2022 and October 2022 medication record lacked evidence C1 received neither the liquid protein supplement nor the multivitamin with zinc.</p> <p>During interview on 10/11/22, at 1:05 p.m. corporate compliance officer (CCO) stated that since the issues were discovered during the facility's investigation of the reported incidents, the corporation was in the process of staff reprimands or the errors and currently scheduling with the corporate education department for retraining for all involved.</p> <p>During interview on 10/12/22, at 7:00 a.m. licensed practical nurse (LPN)-A stated when she sent the orders to Geritom (dispensing pharmacy) did not carry any of the liquid protein supplements and could not fill the multivitamin while the order was felt to be incomplete, needing clarification from MD-A. LPN-A stated she forgot to follow up further.</p> <p>In a telephone conversation on 10/12/22 at 9:50 a.m. MD-B stated the lack of follow up on C1's liquid protein supplement and multivitamin might have made a difference in wound healing. However, stated with C1 receiving Boost (nutritional drinks provide high-quality protein and most provide key nutrients for immune support: vitamin C, vitamin D, zinc, iron selenium and 10 grams of protein per serving) four times a day, it may have made a difference, but that was subjective on her part.</p> <p>A review of the facility policy, entitled: Policy and</p>	W 338	<p>W 338 Continued From page 8</p> <p>The DON will begin a reporting process that will reduce the likelihood of re-occurrences. The Homeward Bound NCMs will report to the Nursing Supervisor (NS) weekly on the health status of residents assigned to their caseload.</p> <p>The NS will document the reports and submit monthly information to the DON for review. The weekly and monthly reports will include health-related updates, including all appointments, scheduled follow-ups, and the outcome of the visit.</p> <p>Implementation, Maintenance, and Oversight Prevention</p> <p>The Homeward Bound Director of Nursing is responsible for the implementation, maintenance, and oversight prevention of this plan for correction.</p>	<p>Completion Date Ongoing starting 11/18/22</p>

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W 338	Continued From page 9 Procedure on Health Service Coordination (last revised 7/2015) indicted the following: "III. PROCEDURE E. 6. Staff will contact the floor nurse at the site, the Nurse Case Manager, or the Nurse Case Manager On-Call to inform them of the following: a. Physician's findings; b. Physician's orders; c. Changes to medications in the current medication regimen or new orders for medications; d. Any new or abnormal findings related to the individual's health; e. Need for follow-up exams"	W 338		
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on interview and document review, the facility failed to ensure medications were held as prescribed by the physician for 1 of 1 clients (C1) reviewed. Findings include: Review of C1's Face Sheet dated 7/13, indicated a diagnosis of Severe Intellectual Disability. Review of C1's orders revealed on 6/22/22, MD-A ordered Levaquin (Levofloxacin - used to treat a variety of bacterial infections by killing off harmful bacteria) after cultures returned indicating the infection was susceptible to the medication.	W 369	DRUG ADMINISTRATION CFR(s): 483.460(k) (2) W369 Oversight Leading to Deficiencies: The resident was prescribed Levofloxacin. The prescriber placed a temporary hold on Citalopram. The Citalopram was correctly not discontinued while the resident was taking the antibiotics. The doctor discontinued a previously ordered wound treatment and ordered a new wound treatment. LPN-A did not verify the correct MAR transcription resulting in the administration of Citalopram, and the staff members administered both wound care treatments. Action taken LPN-A received three medication errors. The errors were administered by the DON. There was no action taken at the time of discovery or the survey to address the additional deficiencies.	

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W 369	<p>Continued From page 10</p> <p>In review of C1's June 2022 medication administration record (MAR) the following was noted:</p> <p>Levofloxacin 500 milligrams one tablet orally every day for 10 days. In the instruction section where the medication was added, included "*HOLD CITALOPRAM (an anti-depressant) WHILE TAKING THIS ANTIBIOTIC*".</p> <p>In further review of C1's June 2022 MAR, citalopram was documented as administered and lacked evidence the facility followed the physician's order to hold the medication for 10 days during the administration of Levofloxacin.</p> <p>In review of the medication reference site (www.drugs.com) indicated the following: "Using citalopram together with levoFLOXacin can increase the risk of an irregular heart rhythm that may be serious and potentially life-threatening, although it is a relatively rare side effect. You may be more susceptible if you have a heart condition called congenital long QT syndrome, other cardiac diseases, conduction abnormalities, or electrolyte disturbances (for example, magnesium or potassium loss due to severe or prolonged diarrhea or vomiting)."</p> <p>During interview on 10/11/22, at 1:05 p.m. corporate compliance officer (CCO) stated that since the issues were discovered during the facility's investigation of the reported incidents, the corporation was in the process of staff reprimands or the errors and currently scheduling with the corporate education department for retraining for all involved.</p>	W 369	<p>Continued From page 10 W 369</p> <p>Plan for Correction</p> <p>The Maple Grove staff members will receive training on medication administration. The assigned nurse will conduct observed assessments of the staff members to verify correct administration procedures. At least annually, the staff members will receive ongoing training and observed checks on medication administration.</p> <p>Implementation, Maintenance, and Oversight Prevention</p> <p>The Homeward Bound Director of Nursing is responsible for the implementation, maintenance, and oversight prevention of this plan for correction.</p>	<p>Completion Date</p> <p>Ongoing starting 11/14/22</p>

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

PRINTED: 10/27/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 24G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/12/2022
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W 369	<p>Continued From page 11</p> <p>During interview on 10/12/2022 at 9:40 a.m., licensed practical nurse (LPN)-A stated she was unaware of this medication issue. LPN-A stated both she and another LPN were responsible for updating C1's MAR with new medication orders. LPN-A stated with the documentation of "**HOLD CITALOPRAM WHILE TAKING THIS ANTIBIOTIC**", nursing should have marked through the days citalopram should have been held, to prevent staff from giving the medication. LPN-A confirmed the Citalopram was not held and continued to be administered through the 10 day antibiotic period.</p> <p>On 10/14/22, at 10:11 a.m. a call was received from Geritom Pharmacy. The pharmacist (PharmD) stated studies have shown that in some people giving both citalopram and levofloxin together, but rarely, can cause changes in one's heart rhythm. PharmD stated depending on how important the celexa was for mental health maintenance, and the medical history of the client was, would determine if the citalopram should have been held.</p> <p>A review of the facility policy, entitled: Policy and Procedure on Health Service Coordination (last revised 7/2015) indicted the following:</p> <p>"III. PROCEDURE</p> <p>E. 6. Staff will contact the floor nurse at the site, the Nurse Case Manager, or the Nurse Case Manager On-Call to inform them of the following:</p> <p>c. Changes to medications in the current medication regimen or new orders for medications.."</p>	W 369		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 01585	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/12/2022
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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 October 11th - 12th, 2022, a complaint investigation was conducted. Your facility was found to be not 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: HG4495018C (MN00087419 and MN00087428), with licensing orders issued at 0380.</p>	5 000		
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Michael Perez — Homeward Bound, Program Administrator of Quality Assurance	TITLE 	(X6) DATE 11-7-22
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Minnesota Department of Health

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5 000	<p>Continued From page 1</p> <p>The following complaints were found to be UNSUBSTANTIATED: HG449006C (MN00081902).</p> <p>When corrections are completed, please sign and date, make a copy of these orders and electronically return to:</p> <p>Susie Haben - Regional Operations Supervisor Minnesota Department of Health</p> <p>susie.haben@state.mn.us</p>	5 000		
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 follow physician's orders for 1 of 1 clients (C1) who had specific wound card orders.</p> <p>Findings include:</p> <p>Review of C1's Face Sheet dated 7/13, indicated a diagnosis of Severe Intellectual Disability.</p> <p>USE OF BAND-AIDS:</p> <p>In review of C1's Medical Referral Form, dated 7/21/22 documented the following: "Regarding</p>	5 380		

Minnesota Department of Health

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5 380	<p>Continued From page 2</p> <p>Ulcer on foot. Physician findings: Ulceration improved, infection resolved. Medication/Treatment orders: Continue [Algicell] (calcium alginate dressings are used on moderate to heavily exudative wounds during the transition from debridement to repair phase of wound healing) dressing / band-aid changes daily. Continue with offloading as well. No need for further antibiotics at this time regarding the infection in her foot." Return Appointment: 1 week follow up.</p> <p>However, when C1 returned on 8/05/22, a review of the Medical Referral Form physician (MD)-A documented the following: "Using plastic bandaids on wound which caused maceration (the process by which organized tissue is transformed into a suspension of intact cells), so recommended discontinuing these. Recommended gauze and paper tape applied to the wound and follow up in 1 week."</p> <p>When C1 returned to the clinic on 8/15/22, C1's Medical Referral Form documented the following: "No gauze or paper tape had been applied. Still using plastic bandaids again. Recommended 2 week follow up." However, MD-A indicated C1's wound had decreased in size.</p> <p>In an interview on 10/11/2022, at 2:17 p.m. licensed practical nurse (LPN)-A stated staff were educated to not use band-aids - use algicell and coban with the treatment record being updated from C1's visit on 8/05/22. LPN-A stated staff failed to follow the treatment record.</p> <p>USE OF COBAN:</p> <p>In review of C1's Medical Referral From, dated</p>	5 380		

Minnesota Department of Health

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5 380	<p>Continued From page 3</p> <p>10/03/22, MD-A documented the following: "Worsening wound. Entire foot wrapped WAY too tight with coban (self-adherent wrap is intended for use as an elastic wrap to provide compression or support, or to secure dressings or devices) which caused an iatrogenic (illness caused by medical examination or treatment) wound on her anterior ankle...worsening decubitus ulceration, iatrogenic anterior ankle wound from coban, left lower extremity. ORDERS: doxycycline 100 milligrams [twice] daily [for] 10 days - sent to Geritom (dispensing pharmacy). Continue algicell - change daily. Cover with piece of gauze and offloading felt. Secure in place with Ace wrap. Continue foot protectors at night. Return in 1 week."</p> <p>During treatment observation on 10/12/22, at 6:25 a.m. direct service personnel (DSP)-A cut a square of algicell foam dressing and placed it over C1's left anterior foot wound with gloved hands. DSP-A then applied 2 - 4x4 gauze over this medicated dressing, and lightly wrapped C1's foot with an ace wrap. DSP-A fished up the treatment with placing a stockinette sleeve (used as a general-purpose protective skin covering, knitted from 100% unbleached cotton) was placed over the foot up to her ankle to help keep the ace wrap placed.</p> <p>During interview on 10/11/22, at 1:05 p.m. corporate compliance officer (CCO) stated that since the issues were discovered during the facility's investigation of the reported incidents, the corporation was in the process of staff reprimands or the errors and currently scheduling with the corporate education department for retraining for all involved.</p> <p>In an interview on 10/12/2022, at 9:07 a.m.</p>	5 380		
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5 380	<p>Continued From page 4</p> <p>licensed practical nurse (LPN)-A stated staff were educated to stop using band-aids trained on used of the coban after C1's appointment on 8/15/22 when the dressing wrap was ordered by MD-A. However, LPN-A was only able to provided a word document indicating what was covered with the coban training. LPN-A stated at the time of that training, she was unable to find a signature list form so staff could verify the training was performed.</p> <p>A review of the facility policy, entitled: Guidelines for Medication Administration (last revised 6/26/12) indicted the following:</p> <p>"Guidelines:</p> <p>1. Compare physician's order on medication administration record (MAR) three times with label on the medication container before giving medication, including name of the individual, medication, dose, route, form of drug, and time or frequency. If not same or if order not complete, hold medication and clarify order promptly. (Prevents mediation errors.)"</p> <p>AND</p> <p>A review of the facility policy, entitled: Policy and Procedure on Health Service Coordination (last revised 7/2015) indicted the following:</p> <p>"III. PROCEDURE</p> <p>F. When a person served requires the use of medical equipment, devices, or adaptive aides or technology, the Program Manager, in conjunction with the NCM, will ensure the safe and correct use of the item and that staff are trained accordingly on its use and assistance to the</p>	5 380		
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5 380	<p>Continued From page 5</p> <p>person. These items will only be used according to the written instructions from a licensed health care professional."</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	5 380		