

Protecting, Maintaining and Improving the Health of All Minnesotans

Emailed August 13, 2020

Administrator Laura Baker Services Association 211 Oak Street Northfield, MN 55057

RE: Event ID: X1CR11

Project numbers: HG500056C, HG500059C

Dear Administrator:

During this period of pandemic COVID-19 outbreak, State Agencies (MDH) are changing the process for survey prioritization and enforcement remedies. MDH is delaying revisit surveys and are exercising enforcement discretion during this prioritization period, beginning March 23, 2020. As a result, the below enforcement actions resulting from this survey cycle will be suspended until revisits are again authorized.

This letter also requests that your facility submit a plan of correction. Although revisit surveys will not be conducted during the prioritization period, you may still submit your facility's POC during this time and the case will be held. Your facility may delay submission of a POC until the prioritization period is over.

On July 21, 2020 through July 23, 2020, an abbreviated survey was conducted to investigate HG500056C and HG500059C. The facility was found not to be in compliance with the requirements of 42 CFR Part 483, subpart I, requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/ID).

HG500056C was substantiated with deficiencies issued. HG500059C was substantiated with no deficiencies issued.

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): This is listed below.

#### W-0122 Client Protection 42 CFR 483.420

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). Ordinarily, a provider will be expected to take the steps necessary to achieve compliance within 60 days of the exit interview.

#### Laura Baker Services Association

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

- Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;
- Address how the facility will identify other residents having the potential to be affected by the same deficient practice;
- Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;
- Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system;
- Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State. If the plan of correction is unacceptable for any reason, the State will notify the facility. If the plan of correction is acceptable, the State will notify the facility. Facilities should be cautioned that they are ultimately accountable for their own compliance, and that responsibility is not alleviated in cases where notification about the acceptability of their plan of correction is not made timely. The plan of correction will serve as the facility's allegation of compliance; and,
- Include signature of provider and date.

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:

Susie Haben, Unit Supervisor
St. Cloud A Survey Team
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
3333 West Division Street, Suite 212
St. Cloud, Minnesota 56301

Email: susie.haben@state.mn.us

Phone: 320-223-7356 Fax: 320-223-7348

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 **September 6, 2020**, we will have no choice but to recommend to the Minnesota Department of Human Services that your provider agreement be terminated.

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

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

Sincerely,

Any Johour

Amy Johnson, Program Specialist Licensing and Certification Program Health Regulation Division Minnesota Department of Health

Telephone: 651-201-4121 Fax: 651-215-9697



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Emailed August 13, 2020

Administrator Laura Baker Services Association 211 Oak Street Northfield, MN 55057

Re: Project Number: HG500056C, HG500059C

Evenit ID: XICR11

Dear Administrator:

The above facility survey was completed on July 23, 2020 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,

Any Johour

Amy Johnson, Program Specialist
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Telephone: 651-201-4121 Fax: 651-215-9697

Enclosure

cc: Licensing and Certification File

PRINTED: 08/13/2020 FORM APPROVED

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′		(X3) DATE SURVEY COMPLETED		
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at may result from ders provided that the Department with tice of assessment 7/21/20 through rvey was comple 6500056C and Here found to be suders were issued th requirements of	n non-compliand t a written reque hin 15 days of re ent for non-comp 7/23/20, an abb ted to investigat G500059C. The ubstantiated. No your facility is i of Minnesota Ru	ee with these est is made to eccipt of a diance. ereviated e complaint e complaints o licensing n compliance les, Chapter				
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

PRINTED: 08/13/2020 FORM APPROVED OMB NO. 0938-0391

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W 000	survey was conduct and HG500059C. The facility must er protection seed on interview Condition of Particic Client Protection, we to protect a client work of the condition of Particic Client Protection, we to protect a client with Part 483, subpart I. Care Facilities for I Disabilities (ICF/ID In addition, the Corprotection 42 CFR HG500056C was sissued at W122, WHG500059C was sissu	th 7/23/20, an abbreviated sted to investigate HG500056C The facility was found not to be the requirements of 42 CFR, requirements for Intermediate ndividuals with Intellectual ).  Indition of Participation: Client 483.420 found not met.  Substantiated with deficiencies 127,  Substantiated with no 1.  Complaint investigations also identified at W153 and TIONS	W				
ADODATOD	reviewed for abuse	ed for 1 of 1 clients (C20)  :  DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE.		TITLE		(X6) DATE

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

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W 122	Findings include:  See W127: The fa from verbal abuse	cility failed to protect a client from staff for 1 of 1 clients	W	22			
W 127	(C20) reviewed for PROTECTION OF CFR(s): 483.420(a)	CLIENTS RIGHTS ((5)	W	27			
	Therefore, the facil	sure the rights of all clients. ity must ensure that clients are ysical, verbal, sexual or e or punishment.					
	Based on observative review, the facility fabuse when a staff	s not met as evidenced by: tion, interview and document ailed to protect a client from member was alleged to make rt a client for 1 of 1 clients abuse.					
	Findings include:						
	7/21/20, indicated h EDF further indicated	Data Form (EDF) dated ne admitted on 7/11/1980. The ed he had profound intellectual nd panic attacks. In addition ne was non-verbal.					
	dated 2/26/20, indic himself from a abus during all waking he p.m. to 6:30 a.m. as situations. All staff abuse and will follo procedure. Further	use Prevention Plan (IAPP) cated he would not remove sive situation, and has 1:1 staff ours with the exception of 10 and redirect from abusive are trained to monitor for w the internal reporting the IAPP indicated his 1:1 per shift. Lastly the IAPP					

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W 127	indicated he does remove himself from verbally aggressive staff.  A Common Entry Reported by qualified professional (QDDF) July 13th, the house lives notified QDDF had reported some towards [C20] from person reporting satisfied professional (QDDF) had reported some towards [C20] from person reporting said that of [DSS-X] and [DSS-X] and [DSS-X] and [DSS-X] and poking kept doing that she would "breefurther went on to in DSS-X and poking kept doing that she A General Events F7/17/20, indicated Cprevious staff) and C20 and she did not feel DSS-X wou QDDP-B (facility prattempted to contact all in the last 30 days a could not confirm a did not indicate what in the last 30 days a could not confirm a did not indicate what in the last 30 days a could not confirm a did not indicate what is the last 30 days a could not confirm a did not indicate what is the last 30 days a could not confirm a did not indicate what is the last 30 days a could not confirm a did not indicate what is the last 30 days a could not confirm a did not indicate what is the last 30 days a could not confirm a did not indicate what is the last 30 days a could not confirm a did not indicate what is the last 30 days a could not indicate what is the last 30 days a could not indicate what is the last 30 days a could not indicate what is the last 30 days a could not indicate what is the last 30 days a could not indicate what is the last 30 days a could not indicate what is the last 30 days a could not indicate what is the last 30 days a could not indicate what is the last 30 days a could not indicate what is the last 30 days a could not indicate what is the last 30 days a could not indicate what is the last 30 days a could not indicate what is the last 30 days a could not indicate what is the last 30 days a could not indicate what is the last 30 days a could not indicate what is the last 30 days a could not indicate what is the last 30 days a could not indicate what is the last 30 days a could not indicate what is the last 30 days a could not indicate what	cot acknowledge needing to m a area of physically or person thus needs 1:1 with seport (CEP) dated 7/13/20, d developmental disability P)-R indicated, "On Monday, ehold director where [C20] P, that a previous staff [DSS-J] verbal threats directed another staff person. The hid that she heard direct X] threaten to "break [C20]'s 20]'s fingers." The person during the incident, [C20] bit X] told [C20] if he kept doing ak his teeth." The report andicate C20 kept pointing at at her and she told him if he would break his fingers.  Resolution (GER) dated QDDP-R contacted DSS-J (the she stated DSS-X threatened at report this because she did all follow through with it. Or or and she did not answer to voice mails. Furthermore, by QDDP-B an attempt was staff who worked with DSS-X and staff who are employees my threats to C20. The report at QDDP-B's conclusion was closed and signed by the	W 1	27		

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W 127	During interview or QDDP-R who state allegation and calle allegation was true had witnessed the had not reported the because she did not hurt C20. C20 was date. QDDP-R state of the incident who During interview or QDDP-B stated foll the report was inco have any problems disciplinary actions he looked today. In multiple attempts to return his calls, ever would be calling. It allegations. He suit did hear back from he felt the investigation of the incident who would be calling. It allegations allegations and the felt the investigation of the felt the investigation of the following:  Interview with DSS threatened or told of the collowing with DSS threatened or told of the collowing with DSS DSS-X use some results.	in 7/21/20, at 9:30 a.m. with and she was informed of the ad DSS-J to confirm if the adding DSS-J confirmed she werbal abuse and that DSS-J e allegation as required but think DSS-X would actually unable to provide a specific ed she then notified QDDP-B notified the administrator.  In 7/21/20, at 1:00 p.m. lowing his investigation, he felt inclusive because he did not with DSS-X and she had no in her employment file when the further stated he made or reach DSS-J and she did not en though QDDP-R told her IDSS-X also denied the marized by stating, since he DSS-J and had no concerns, ation was inconclusive.  ER Resolution dated 7/16/20, adated by the director of oak DCS), indicated QDDP-B had dated 7/14/20 to 7/15/20 (no with staff, which concluded S-X stated she has never C20 she would harm him.	W 12	2.7		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION  G		TE SURVEY MPLETED
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W 127	from door. But did but could be gentled -Interview with HHI Oak who stated with C20 break, she had counced in the past. So not schedule DSS-prevent burn-out be challenging/exhaus. A facility e-mail ser QDDP-R and direct indicated, "An alleg verbally threatened of this allegation is was not sustain/prowork as scheduled meet with you Mon recommendations internal review."  During observation was walking around was walking around was following him aroom with him.  During interview 7/ administrator state in reporting and shreported this incided worked at the facili internal investigation interviewing, QDDF more questions whyelled, named called out more informatic QDDP-B had received.	not think DSS-X was abusive or when turning him. D-Q (former HHD) at North nen DSS-X was impatient or a she would offer to give her a unseled DSS-X about yelling at he further indicated she would X for multiple days in a row to ecause C20 can be	W 12	7		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	TIPLE CONSTRUCTION		TE SURVEY MPLETED
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W 127	the only one who DSS-J about the enough. The adrifollowing up with the enough. The adrifollowing up with the enough. The adrifollowing:  - Employee Discip 5/17/12, indicated and violation of preport indicated it report further indicated it report further indicated; hostile of staff and students clients that attend the end of indicated [DSS-X] frustrated with clients with the end of indicated internal review of indicated interview of indicated internal review of indicated interviews to be inconclusive several interviews could be rough and Furthermore, QD questions of the sprovided regardin verbal abuse of color addition, DSS-2	and even though QDDP-R was received the interview from allegation that should be ninistrator stated she will be QDDP-B.  employee file indicated the olinary Report (EDR) dated I DSS-X had improper conduct olicy and procedures. The was written warning. The cated DSS-X was making omments and directives to other (Laura Baker school with led).  20, indicated incident 7/13/20, ractions with clients. "During an an allegation, several persons may be exhausted and/or ent behavior and responded by inguage that is contrary to the respect." The EDR indicated arning and consequence would be and including termination in B and DSS-X on 7/21/20.  all investigation was determined a despite having interviews from the from staff stating she was loud, and was name calling, DP-B failed to asked additional staff when information was ag potential rough handling and	W	127		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	TIPLE CONSTRUCTION ING	I \ /	TE SURVEY MPLETED
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W 127	procedure, without her performance ar without adequate mare recommendation to allowed to work exceptions allowed to work exceptions interview 7/2 director of oak serveceiving training on neglect policies tod was developed by madequate oversight interacations with Compared to the facility Policy & Prevention & Report revised 5/7/2020, in volunteer who has adult or minor is be must report it immereporter has reason be made, he/she mad have appropriate report indicated the or designee shall be and investigating that taking any and all at the vulnerable personner removing the allege contact with the all	g of the abuse policy and supervision and monitoring of and interaction with clients and nonitoring or enforcement of the ensure DSS-X was not be dessive hours with C2.  22/20, at 10:30 a.m. the dices confirmed DSS-X was no vulnerable adult abuse and an ay and a monitoring system management to ensure the of her work hours and c20.  A Procedures for the ring of Individual Maltreatment adicated any employee or reason to believe a vulnerable sing or has been maltreated and to believe a report needs to fust ensure clients are safe at supervision. In addition the exprogram's mandated reporter the responsible for reviewing the report, and directing or actions to insure the safety of the continuous the continuous transfer to the continuous transfer transfer to the continuous transfer transfer to the continuous transfer tran	W 1			
	The facility must en mistreatment, negle injuries of unknown	sure that all allegations of				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	PLE CONSTRUCTION IG		TE SURVEY MPLETED
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W 153	officials in accordate established procedor.  This STANDARD Based on interview facility failed to immadministrator and statements.	is not met as evidenced by: w and document review, the nediately contact the state agency for 1 of 1 clients	W 15	53		
	Findings include: C20's Emergency 7/21/20, indicated a diagnosis of prof	Data Form (EDF) dated he admitted on 7/11/1980 with ound intellectual disability, attacks. In addition the form on-verbal.				
	dated 2/26/20, indi himself from a abu during all waking h p.m. to 6:30 a.m. a situations. All staf abuse and will follo procedure. Furthe staff will be rotated indicated he does remove himself from	ouse Prevention Plan (IAPP) cated he would not remove sive situation, and has 1:1 staff ours with the exception of 10 and redirect from abusive f are trained to monitor for ow the internal reporting r the IAPP indicated his 1:1 per shift. Lastly the IAPP not acknowledge needing to me a area of physically or experson thus needs 1:1 with				
	reported by qualifice professional (QDD July 13th, the hous lives notified QDD had reported some	Report (CEP) dated 7/13/20, ed developmental disability P)-R, indicated "On Monday, sehold director where [C20] P, that a previous staff (DSS-J) e verbal threats directed a another staff person. The				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	TIPLE CONSTRUCTION		TE SURVEY MPLETED	
		24G500	B. WING		07	C / <b>23/2020</b>	
	PROVIDER OR SUPPLIE			STREET ADDRESS, CITY, STATE, 2 211 OAK STREET NORTHFIELD, MN 55057			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
W 153	person reporting support staff [DS3 teeth" or "break [Greporting said that [DSS-X] and [DSS-X] and [DSS-X] and pokin kept doing that she would "brown further went on to DSS-X and pokin kept doing that she would "brown further went on to DSS-X and pokin kept doing that she would "brown further went on the staff" of the second staff" of the second further and the last 30 days threats to C20. Losed by the facing the report did not conclusion was brown further was sometime and incident to the staff QDDP-R who staff allegation and callegation and callegatio	page 8 said that she heard direct S-X] threaten to "break [C20]'s C20]'s fingers." The person it during the incident, [C20] bit S-X] told [C20] if he kept doing reak his teeth". The report indicate C20 kept pointing at g at her and she told him if he he would break his fingers.  Resolution (GER) dated I QDDP-R contacted DSS-J (the d she stated DSS-X threatened not report this because she did bould follow through with it. Forogram mandated reporter) act DSS-J multiple times to actions and she did not answer by to voice mails. Furthermore and by QDDP-B an attempt was all staff who worked with DSS-X by and no staff could confirm any astly this report indicted it was allity administrator on 7/17/20. It indicate what QDDP-B's at was signed by the  I/21/20 at 9:30 a.m. with ted she was informed of the all led DSS-J to see it was true and stated she did not report the te or the facility administrator. DSS-J was unsure the exact date w she started after COVID so it ter March 2020 and she only a few months. QDDP-R then of the incident who notified the	W	153			

			E SURVEY IPLETED			
		24G500	B. WING			C
NAME OF F	PROVIDER OR SUPPLIER	24000		STREET ADDRESS, CITY, STATE, ZIP CODE	071	23/2020
	BAKER SERVICES AS	SOCIATION		211 OAK STREET NORTHFIELD, MN 55057		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECTI  (EACH CORRECTIVE ACTION SHOUL  CROSS-REFERENCED TO THE APPRO  DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 153	•		W 1	53		
W 154	revised 5/7/2020, in volunteer who has a adult or minor is be must report it immersafe and have appraddition the policy in must be notified.  STAFF TREATMENTER CFR(s): 483.420(d)  The facility must haviolations are thoroused for the facility failed to thoroused facility failed facility failed facility failed facility failed facility failed faile	ting of Individual Maltreatment idicated any employee or reason to believe a vulnerable ing or has been maltreated diately and ensure clients are opriate supervision. In indicated the administrator IT OF CLIENTS (3)  ve evidence that all alleged ughly investigated.  Is not met as evidenced by: and document review, the oughly investigate allegations client (C20) reviewed for staff  Data Form (EDF) dated the admitted on 7/11/1980 with bound intellectual disability, ttacks. In addition the form	W 1	54		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION  NG		TE SURVEY MPLETED	
		24G500	B. WING_		07	/23/2020	
	24G500  ME OF PROVIDER OR SUPPLIER  AURA BAKER SERVICES ASSOCIATION  X4) ID  REFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			STREET ADDRESS, CITY, STATE, ZIP CODE 211 OAK STREET NORTHFIELD, MN 55057			
(X4) ID PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
W 154	procedure. Further staff will be rotated indicated he does remove himself frowerbally aggressive staff.  A Common Entry reported by qualification professional (QDE) July 13th, the houlives notified QDD had reported some towards [C20] from person reporting support staff [DSS-teeth" or "break [Composed to the composed	er the IAPP indicated his 1:1 d per shift. Lastly the IAPP not acknowledge needing to om a area of physically or reperson thus needs 1:1 with Report (CEP) dated 7/13/20, ed developmental disability DP)-R, indicated "On Monday, sehold director where [C20] PP, that a previous staff (DSS-J) e verbal threats directed manother staff person. The said that she heard direct S-X] threaten to "break [C20]'s C20]'s fingers." The person that during the incident, [C20] bit S-X] told [C20] if he kept doing reak his teeth". The report indicate C20 kept pointing at g at her and she told him if he e would break his fingers.  Resolution (GER) dated QDDP-R contacted DSS-J (the d she stated DSS-X threatened	W 15	54			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` '	IPLE CONSTRUCTION  NG		TE SURVEY MPLETED	
		24G500	B. WING		07/23/2020		
	PROVIDER OR SUPPLIER	SSOCIATION		STREET ADDRESS, CITY, STATE, ZIP CODE 211 OAK STREET NORTHFIELD, MN 55057			
(X4) ID PREFIX TAG	RÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUTH CORRESPONDED TO THE APPIDEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
W 154	indicate what QDD report was signed I During interview 7/s stated he felt the rebecause he did not DSS-X and had no employee file wher stated he made musured and she did not ret QDDP-R told her halso denied the allehe did hear back froncerns he felt the inconclusive. Furtidid not interview th had no explanation that as part of his part of h	P-B's conclusion was but the by the administrator.  21/20 at 1:00 p.m. QDDP-B eport was inconclusive thave any problems with disciplinary actions in her in he looked today. He further altiple attempts to reach DSS-Jurn his calls even though we would be calling. DSS-X egations. He then stated since for DSS-J and had no envestigation was thermore QDDP-B stated he envestigation was the other clients in the home and has to why he did not include process.  ER Resolution dated 7/16/20, and the director of oak incated QDDP-B had several 14/20 to 7/15/20 with no times, included the following:	W 15	54			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION  NG		TE SURVEY MPLETED
		24G500	B. WING		07	C / <b>23/2020</b>
	PROVIDER OR SUPPLIER	SSOCIATION		STREET ADDRESS, CITY, STATE, ZIP 211 OAK STREET NORTHFIELD, MN 55057		
(X4) ID PREFIX TAG	ÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CO ( (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
W 154	Despite having several stating DSS-X was clients, and was obsuch as "brat", as a previous concerns supervisor of her dQDDP-B's determinabuse due to being himself (even thou interviewed and reabuse and physical because there was recorded in DSS-X more QDDP-B failed investigation when regarding aggressing interviews gathered when QDDP-B failed for the internal investigation when reporting the incident the MAARC [Minner Center] the program begin the internal investigation included in this polimpartial investigation also include an evapolicies and proces whether or not the	EX for multiple days in a row to ecause C20 can be sting.  Veral interviews from staff a loud, could be rough with eserved calling clients names well as gaining a history of from her previous house irect behavior towards C20, nation was inconclusive to gunable to contact DSS-J gh QDDP-R had already ceived her report of the verbal I threat made by DSS-X) and a not any history of concerns a semployee file. Further ed to complete a thorough he did not inquire further ve behavior reported during did during the investigation and ed to interview clients as part estigation.  Vised 5/7/20, indicated 5. After ent of alleged abuse/neglect to esota Adult Abuse Reporting ms mandated reporter will investigation. The program sible for using the checklists icy for conducting a fair and ion. The internal review will aluation of whether related dures were followed and y were adequate, if there is a	W 1:	54		
need for additional staff training. Further the policy indicated "If the report alleges abuse or neglect by a care giver, determine if the caregiver is a threat to the alleged victim or others."						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		FIPLE CONSTRUCTION NG	(X	(X3) DATE SURVEY COMPLETED		
		24G500	B. WING		07/23/2020			
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C	ODE	0112312020		
LAUDAD	AKER SERVICES AS	PROCIATION		211 OAK STREET				
LAUKA D	AKER SERVICES AS	SOCIATION		NORTHFIELD, MN 55057				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COF ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
•		24G500	B. WING			07	C /23/2020
	PROVIDER OR SUPPLIER BAKER SERVICES A			211	EET ADDRESS, CITY, STATE, ZIP CO OAK STREET RTHFIELD, MN 55057	DE	
(X4) ID PREFIX TAG	(FACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(XS) COMPLETE DATE
W 000	INITIAL COMMEN	ıts	wo	000			
W 122	survey was condu- und HGS00059C. In compliance with  Part 483, subpart I  Care Facilities for Disabilities (ICF/IC  In addition, the Co  Protection 42 CFR  HG500056C was  Issued at W122, V  HG500059C was  deficiencles issued  As a result of the  deficiencles were  W154.  CLIENT PROTEC  CFR(s): 483.420	ndition of Participation: Client t 483.420 found not met. substantiated with deficiencies V127, substantiated with no d. complaint investigations also identified at W163 and TIONS		122	John Andrew	a) lol	0
	This CONDITION Based on intervie Condition of Partic Client Protection, to protect a client by a staff member	Is not met as evidenced by: w and document review, the cloation at 42 CFR 483.420 was not met. The facility falled who was being verbally abused that was not immediately ted for 1 of 1 clients (C20)					
IORATOR	OF PROV	ODER/SUPPLIER REPRESENTATIVE'S SI	SNATURE	cili	HL Administrati	N 8/	(X6) DATE 22/2
/ deficier er safegi	ký statement ending wit uards provide sufficient p	noen/Supplier Representative's Si h an asterisk (*) denotes a deficiency protection to the patients. (See instruct or not a plan of correction is provided, nents are made available to the facility	which the in		n may be excused from correcting paurang homes, the findings stated at		22 termined sable 90 isolosab

PRINTED: 08/13/2020 FORM APPROVED OMB NO. 0938-0391

		& MEDICAID SERVICES			CONOTRUCTION	(X3) DATE	SURVEY
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	COME	PLETED
AND PLAN O	F CORRECTION	DENTI IOMION ROMBER	A' RAILL	JING _			
		24G500	B. WING	_		1	23/2020
NAME OF F	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
		SCOCIATION			1 OAK STREET		
LAURA B	BAKER SERVICES AS	BOUGHTION		No	ORTHFIELD, MN 55057		0/5
(X4) ID PREFIX TAG	/EACH DEFICIENC!	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE	(X5) COMPLETION DATE
W 000	INITIAL COMMEN	TS	W	000			
W 122	survey was conduct and HG500059C. In compliance with Part 483, subpart I Care Facilities for I Disabilities (ICF/ID In addition, the Corprotection 42 CFR HG500056C was a issued at W122, WHG500059C was a deficiencies issued at W124. CLIENT PROTEC CFR(s): 483.420  The facility must exprotections required This CONDITION Based on intervier Condition of Partic Client Protection, to protect a client by a staff member reported or protect reviewed for abuse 10 particular protect or protect a client protect or protect a client by a staff member reported or protect a client protect or protect a client by a staff member reviewed for abuse 10 particular protect or protect a client protect or protect or protect a client protect and protect a	ndition of Participation: Client 483.420 found not met. Substantiated with deficiencies /127, Substantiated with no d. Complaint investigations also identified at W153 and TIONS Insure that specific client ements are met.  is not met as evidenced by: we and document review, the cipation at 42 CFR 483.420 was not met. The facility failed who was being verbally abused of that was not immediately sted for 1 of 1 clients (C20) te.		122	20	11cd2	
11000:000	AN DIDECTORIS OF BROW	/IDER/SUPPLIER REPRESENTATIVE'S SIG	SNATURE		TITLE		(X6) DATE
LABORATOR	SA DIKECTOR 2 OK SKOT	ADEMOUT FIEW VELVEORIA WILLIAM ON					

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.

Facility ID: 01163

STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LTIPLE CONSTRUCTION DING	(X3) DAT	E SURVEY MPLETED
		24G500	B. WING	S	I	C
LAURA	PROVIDER OR SUPPLIER  BAKER SERVICES AS			STREET ADDRESS, CITY, STATE, ZIP CO 211 OAK STREET NORTHFIELD, MN 55057	DDE	/23/2020
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(	SHOULD BE	(X5) COMPLETION DATE
W 122	Findings include:  See W127: The factorism verbal abuse from verbal abuse from the factorism in the factoris	ility failed to protect a client	W 1	122		9/23/20
	(C20) reviewed for a PROTECTION OF CCFR(s): 483.420(a)() The facility must ensist therefore, the facility not subjected to phy psychological abuse This STANDARD is Based on observation review, the facility far abuse when a staff in verbal threats to hurt (C20) reviewed for a Findings include: C20's Emergency Da 7/21/20, indicated he EDF further indicated disability, anxiety and the form indicated he C20's Individual Abust dated 2/26/20, indicated he C20's Individual Abust dated 2/26/20, indicated himself from a abusin during all waking hou p.m. to 6:30 a.m. and situations. All staff ar abuse and will follow procedure. Further the	sure the rights of all clients.  y must ensure that clients are sical, verbal, sexual or or punishment.  not met as evidenced by: on, interview and document iled to protect a client from nember was alleged to make a client for 1 of 1 clients buse.  ata Form (EDF) dated admitted on 7/11/1980. The I he had profound intellectual panic attacks. In addition was non-verbal.  se Prevention Plan (IAPP) ted he would not remove re situation, and has 1:1 staff rs with the exception of 10 redirect from abusive te trained to monitor for	W 1.	All investigations will be reviewed for to assure all clients have been protect.  All QDDP's will be trained by the facil on policy of suspending staff immedia maltreatment report has been made.  All investigations are reviewed by the and facility administrator within 3 days.	ity administrator ately when a	

CENTERS FOR MEDICARE & MEDICARD SERVICES					(X3) DATE SURVEY		
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			E CONSTRUCTION		LETED
AND PLAN O	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	ING _			;
		24G500	B. WING	i		_	3/2020
	OR OLUMBIA	24G500	STREET ADDRI				
	PROVIDER OR SUPPLIER			ļ .	11 OAK STREET		
LAURA E	BAKER SERVICES AS	SSOCIATION		N	ORTHFIELD, MN 55057		
(X4) ID PREFIX TAG	EIX (EACH DEFICIENCY MUST BE PRECEDED BY POLL		ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY),	) BE	(X5) COMPLETION DATE
W 127	remove himself fro verbally aggressive staff.  A Common Entry F	not acknowledge needing to m a area of physically or e person thus needs 1:1 with Report (CEP) dated 7/13/20, and developmental disability	W	127			
	reported by qualified developmental disability professional (QDDP)-R indicated, "On Monday, July 13th, the household director where [C20] lives notified QDDP, that a previous staff [DSS-J] had reported some verbal threats directed towards [C20] from another staff person. The person reporting said that she heard direct support staff [DSS-X] threaten to "break [C20]'s teeth" or "break [C20]'s fingers." The person reporting said that during the incident, [C20] bit [DSS-X] and [DSS-X] told [C20] if he kept doing that she would "break his teeth." The report further went on to indicate C20 kept pointing at DSS-X and poking at her and she told him if he kept doing that she would break his fingers.			N.			
	7/17/20, indicated previous staff) and C20 and she did r not feel DSS-X wo QDDP-B (facility pattempted to contact confirm the allega her phone or reply the report indicate made to contact a in the last 30 days could not confirm did not indicate w	Resolution (GER) dated QDDP-R contacted DSS-J (the dishe stated DSS-X threatened not report this because she did ould follow through with it. program mandated reporter) act DSS-J multiple times to tions and she did not answer to voice mails. Furthermore, and by QDDP-B an attempt was all staff who worked with DSS-X and staff who are employees any threats to C20. The report that QDDP-B's conclusion was a closed and signed by the 7/17/20.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
7		24G500	B. WING				С
	PROVIDER OR SUPPLIER BAKER SERVICES AS		B. WING	S7 21	TREET ADDRESS, CITY, STATE, ZIP CODE	07/	/23/2020
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	IX	ORTHFIELD, MN 55057  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	RE	(X5) COMPLETION DATE
	QDDP-R who stated allegation and called allegation was true, had witnessed the vhad not reported the because she did not hurt C20. C20 was udate. QDDP-R stated of the incident who report was incomposed to the report was incomposed to return his calls, even would be calling. Described to the following. An addition, the GEF at 1:29 p.m. last updated to the following:  An addition, the GEF at 1:29 p.m. last updated to the following:  Interview with DSS-2 threatened or told C2  Interview with DSS-2 and demanding voice-interview with DSS-3	7/21/20, at 9:30 a.m. with dishe was informed of the did DSS-J to confirm if the adding DSS-J confirmed she rerbal abuse and that DSS-J allegation as required think DSS-X would actually unable to provide a specific dishe then notified QDDP-B notified the administrator.  7/21/20, at 1:00 p.m. wing his investigation, he felt clusive because he did not with DSS-X and she had no in her employment file when a further stated he made reach DSS-J and she did not a though QDDP-R told her I dS-X also denied the marized by stating, since he DSS-J and had no concerns, on was inconclusive.  R Resolution dated 7/16/20, ated by the director of oak did 7/14/20 to 7/15/20 (no with staff, which concluded with staff, which concluded with staff, which concluded with staff which concluded with staff which has never to she would harm him.	W 1	27		s. to assure and interview mplete inves do a througe do to comple so the on c for the inve gation check aff immedial determined y	ys for the next 3 tigation should be done in investigion te a fake investiagion all dutities will be stigaions. dist.
\$	some rough handling	me calling such as "brat" and such as turning C20 away					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION  IG	(X3) DATE SURVEY COMPLETED C		
		24G500	B. WING		07/23/2020		
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 211 OAK STREET NORTHFIELD, MN 55057	)DE		
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 127	but could be genth-Interview with HH Oak who stated w frustrated with C20 break, she had co C20 in the past. So not schedule DSS prevent burn-out be challenging/exhaut A facility e-mail se QDDP-R and directindicated, "An alleverbally threatene of this allegation is was not sustain/pr work as scheduled meet with you Morecommendations internal review."  During observation was walking around was walking around was following him room with him.  During interview 7 administrator state in reporting and sireported this incide worked at the facilinternal investigat interviewing, QDD more questions we yelled, named callout more informated QDDP-B had received.	not think DSS-X was abusive er when turning him. D-Q (former HHD) at North hen DSS-X was impatient or 0 she would offer to give her a unseled DSS-X about yelling at the further indicated she would -X for multiple days in a row to because C20 can be	W 12	27			

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		24G500	B. WING				C <b>23/2020</b>	
	PROVIDER OR SUPPLIER  BAKER SERVICES AS	SOCIATION	STREET ADDRESS, CITY, STATE, ZIP CODE  211 OAK STREET  NORTHFIELD, MN 55057					
(X4) ID <sup>-</sup> PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD E	3E	(X5) COMPLETION DATE	
	the only one who red DSS-J about the alle enough. The admin following up with QE Review of DSS-X er following:  - Employee Discipling 5/17/12, indicated D and violation of polic report indicated it was report further indicated abusive, hostile computations that attended report further indicated internal review of an indicated [DSS-X] must fruit further with the discipline up to an indicated interview with residue to a with the discipline up to an indicated by QDDP-B and QDDP-B's interval into be inconclusive deseveral interviews from the could be rough and we with the properties of the staff	d even though QDDP-R was ceived the interview from egation that should be distrator stated she will be DDP-B.  Imployee file indicated the mary Report (EDR) dated SS-X had improper conduct by and procedures. The east written warning. The ed DSS-X was making ments and directives to other aura Baker school with a legation, several persons and legation, several persons and be exhausted and/or behavior and responded by uage that is contrary to respect." The EDR indicated including termination and DSS-X on 7/21/20.  Indicated incident 7/13/20, estimate the exhausted and/or behavior and responded by uage that is contrary to respect." The EDR indicated ing and consequence would not including termination and DSS-X on 7/21/20.  Indicated incident 7/13/20, estimate the exhausted and/or behavior and responded by uage that is contrary to respect." The EDR indicated ing and consequence would not including termination and DSS-X on 7/21/20.	W 1	27				
	In addition, DSS-X w	as allowed to return to work on C20 on 7/21/20 without						

STATEMENT OF DESCRIPTIONS  24G500  NAME OF PROVIDER OR SUPPLIER  LAURA BAKER SERVICES ASSOCIATION  SUMMARY STATEMENT OF DESCRIPTIONS  (X4) DESCRIPTION OF SUPPLIER  LAURA BAKER SERVICES ASSOCIATION  SUMMARY STATEMENT OF DESCRIPTIONS  (X5) DESCRIPTION OF SUPPLIER  LEGALI DEFICIENCY MUST BE PRECEDED TO YPILL  RESULATORY OR LSC DIDINIFYMS INFORMATION  W 127  Continued From page 6 adequate retraining of the abuse policy and procedure, without supervision and monitoring of her performance and interaction with clients and without adequate monitoring or enforcement of recommendation to ensure DSS-X was not be allowed to work excessive hours with C2.  During interview 7/22/20, at 10.30 a.m. the director of oak services confirmed DSS-X was receiving training on vulnerable adult abuse and neglect policies today and a monitoring system was developed by management to ensure adequate oversight of her work hours and interacations with C20.  The facility Policy & Procedures for the Prevention & Reporting of Individual Maltreatment revised 697/2020, indicated any employee or volunteer with near reason to believe a report needs to be made, he/she must ensure clients are safe and have appropriate supervision. In addition the report indicated the program's manadated reporter or designee shall be responsible for reviewing and investigating the report, and directing or taking any and all actions to insure the safety of the vulnerable person, including, as appropriete, removing the alleged victim. Services and interaction of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other	CENTERS FOR MEDICARE & MEDICARD SERVICES				(X3) DATE SURVEY				
NAME OF PROVIDER OR SUPPLIER  LAURA BAKER SERVICES ASSOCIATION    CA   ID   PRIEFIX   DANK STREET   PROVIDERS PLAN OF CORRECTION   PRIEFIX   PROVIDERS PLAN OF C	STATEMENT C	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA				COMPLETED		
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LAURA BAKER SERVICES ASSOCIATION  2(A4) ID FREERIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGS  TAGS  COntinued From page 6 adequate retraining of the abuse policy and procedure, without supervision and monitoring of her performance and interaction with clients and without adequate monitoring or enforcement of recommendation to ensure DSS-X was not be allowed to work excessive hours with C2.  During interview 7/22/20, at 10:30 a.m. the director of oak services confirmed DSS-X was not be allowed to work excessive hours with C2.  During interview 7/22/20, at 10:30 a.m. the director of oak services confirmed DSS-X was not be allowed to work excessive hours with C2.  The facility Policy & Procedures for the Prevention & Reporting of Individual Maltreatment revised 57/2020, indicated any employee or volunteer who has reason to believe a vulnerable adult or minor is being or has been maltreated must report it immediately. When the mandated reporter has reason to believe a report needs to be made, he/she must ensure clients are safe and have appropriate supervision. In addition the report indicated the program's mandated reporter or designee shall be responsible for reviewing and investigating the report, and directing or taking any and all actions to insure the safety of the vulnerable person, including, as appropriate, removing the alleged perpetrator from direct contact with the alleged victim.  W 153  STAFF TREATMENT OF CLIENTS  CFG): 483-420(d)(2)  The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other	NAME OF DE	OVIDED OR SUPPLIER	2.000		S	TREET ADDRESS, CITY, STATE, ZIP CODE			
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Prevention & Reporting of Individual Maltreatment revised 577/2020, indicated any employee or volunteer who has reason to believe a vulnerable adult or minor is being or has been maltreated must report it immediately. When the mandated reporter has reason to believe a report needs to be made, he/she must ensure clients are safe and have appropriate supervision. In addition the report indicated the program's mandated reporter or designee shall be responsible for reviewing and investigating the report, and directing or taking any and all actions to insure the safety of the vulnerable person, including, as appropriate, removing the alleged perpetrator from direct contact with the alleged victim.  W 153  W 153  The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other		adequate retraining procedure, without her performance a without adequate recommendation to allowed to work ex During interview 7 director of oak ser receiving training on eglect policies to was developed by adequate oversight	g of the abuse policy and supervision and monitoring of nd interaction with clients and monitoring or enforcement of censure DSS-X was not be cessive hours with C2.  22/20, at 10:30 a.m. the vices confirmed DSS-X was on vulnerable adult abuse and day and a monitoring system management to ensure it of her work hours and	W	127				
The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other	W 153	Prevention & Reporevised 5/7/2020, volunteer who has adult or minor is be must report it immore reporter has reast be made, he/she and have appropring report indicated the or designee shall and investigating taking any and all the vulnerable peremoving the allegentact with the a STAFF TREATME	orting of Individual Maltreatment indicated any employee or reason to believe a vulnerable eing or has been maltreated rediately. When the mandated on to believe a report needs to must ensure clients are safe report in addition the reportam's mandated reporter be responsible for reviewing the report, and directing or actions to insure the safety of rson, including, as appropriate, ged perpetrator from direct lleged victim.		<i>l</i> 153	3			
16 - entire enti		mistreatment, ne	glect or abuse, as well as yn source, are reported			see above			

	AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	W 153	Continued From page officials in accordance established procedur.  This STANDARD is Based on interview facility failed to immediadministrator and state (C20) alleged to have findings include:  C20's Emergency Day 7/21/20, indicated he a diagnosis of profour anxiety and panic attaindicated he was non C20's Individual Abust added 2/26/20, indicated himself from a abusing during all waking house on the staff will be rotated pendicated he does not be moved himself from a corocedure. Further the staff will be rotated pendicated he does not be moved himself from a corocedure and will follow brocedure. Further the staff will be rotated pendicated he does not be moved himself from a corocedure and corocedure. Further the staff will be rotated pendicated he does not be moved himself from a corocedure and corocedure. Further the staff will be rotated pendicated he does not be moved himself from a corocedure and corocedure. Further the staff will be rotated pendicated he does not be moved himself from a corocedure and corocedure. Further the staff will be rotated pendicated he does not be moved himself from a corocedure and corocedure. Further the staff will be rotated pendicated he does not be moved himself from a corocedure and corocedure. Further the staff will be rotated pendicated he does not be moved himself from a corocedure and corocedure. Further the staff will be rotated pendicated he does not be moved himself from a corocedure and corocedure. Further the staff will be rotated pendicated he does not be moved and corocedure and corocedure.	ce with State law through res.  not met as evidenced by: and document review, the ediately contact the ate agency for 1 of 1 clients re been verbally abused.  ata Form (EDF) dated admitted on 7/11/1980 with not intellectual disability, acks. In addition the form -verbal.  See Prevention Plan (IAPP) ted he would not remove re situation, and has 1:1 staff rs with the exception of 10 redirect from abusive e trained to monitor for the internal reporting are IAPP indicated his 1:1 er shift. Lastly the IAPP acknowledge needing to a area of physically or erson thus needs 1:1 with cort (CEP) dated 7/13/20, developmental disability R, indicated "On Monday, old director where IC20I	W 15	CROSS-REFERENCED TO THE A	ays will be revien and immedian and immedian administrator eatment alligat	ewed ately	
_	h	iad reported some ve	nat a previous staff (DSS-J) rbal threats directed other staff person. The					

STATEMENT OF DEFICIENCIES (X1) PROVIDENT AND PLAN OF CORRECTION IDENTIFY		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	THOUSE ATION AND ED.		CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
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W 153	support staff [DSS teeth" or "break [C reporting said that [DSS-X] and [DSS that she would "bre further went on to DSS-X and poking kept doing that she A General Events 7/17/20, indicated previous staff) and C20 and she did n not feel DSS-X wo QDDP-B (facility p attempted to contact a in the last 30 days threats to C20. Laclosed by the facil The report indicate made to contact a in the last 30 days threats to C20. Laclosed by the facil The report did not conclusion was buadministrator.  During interview 7 QDDP-R who stat allegation and call she said yes and sincident to the star QDDP-R knew was sometime after the said that the said yes sometime after the said that the said that the said yes and said yes said yes sometime after the said that the said that the said yes and said yes said yes said yes sometime after the said that the said that the said yes and said yes yes yes yes yes yes yes yes yes	age 8 aid that she heard direct -X] threaten to "break [C20]'s 20]'s fingers." The person during the incident, [C20] bit -X] told [C20] if he kept doing eak his teeth". The report indicate C20 kept pointing at at her and she told him if he e would break his fingers.  Resolution (GER) dated QDDP-R contacted DSS-J (the I she stated DSS-X threatened ot report this because she did auld follow through with it. rogram mandated reporter) act DSS-J multiple times to cions and she did not answer to voice mails. Furthermore d by QDDP-B an attempt was Il staff who worked with DSS-X and no staff could confirm any astly this report indicted it was ity administrator on 7/17/20. indicate what QDDP-B's at was signed by the  //21/20 at 9:30 a.m. with ed she was informed of the all ed DSS-J to see it was true and stated she did not report the te or the facility administrator. SS-J was unsure the exact date of the started after COVID so it er March 2020 and she only a few months. QDDP-R then		153				
	notified QDDP-B of administrator.	of the incident who notified the						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					(X3) DATE SURVEY COMPLETED			
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LAUNA BAKER SERVICES ASSOCIATION								
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The facility Policy & Prevention & Reporrevised 5/7/2020, involunteer who has readult or minor is being must report it immediate and have approaddition the policy in must be notified.  STAFF TREATMENT CFR(s): 483.420(d)()  The facility must have violations are thorous facility failed to thorous failed f	Procedures for the ting of Individual Maltreatment dicated any employee or eason to believe a vulnerable ng or has been maltreated diately and ensure clients are opriate supervision. In edicated the administrator T OF CLIENTS 3)  We evidence that all alleged ghly investigated.  Interpretation of the process of the proce		All reports will be reviewed for the past assure thorough investigation has beer QDDP's will be trained by the facility ad on performing throughogh investigation will perform a "fake" investigation to det competency.	m completed Iministrator s, QDDPs termine	eror 9/23/20			
C20's Individual Abus dated 2/26/20, indica himself from a abusing during all waking hou p.m. to 6:30 a.m. and situations. All staff al	se Prevention Plan (IAPP) ted he would not remove ve situation, and has 1:1 staff ars with the exception of 10 I redirect from abusive re trained to monitor for							
	PROVIDER OR SUPPLIER  BAKER SERVICES AS  SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS  The facility Policy & Prevention & Repor revised 5/7/2020, in volunteer who has re adult or minor is bei must report it immed safe and have appro addition the policy in must be notified. STAFF TREATMEN' CFR(s): 483.420(d)(  The facility must hav violations are thorou  This STANDARD is Based on interview facility failed to thorou for abuse for 1 of 1 cl to client abuse.  Findings include:  C20's Emergency Da 7/21/20, indicated he a diagnosis of profou anxiety and panic att indicated he was nor  C20's Individual Abus dated 2/26/20, indicat himself from a abusi during all waking hou p.m. to 6:30 a.m. and situations. All staff ai	PROVIDER OR SUPPLIER  BAKER SERVICES ASSOCIATION  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 9  The facility Policy & Procedures for the Prevention & Reporting of Individual Maltreatment revised 5/7/2020, indicated any employee or volunteer who has reason to believe a vulnerable adult or minor is being or has been maltreated must report it immediately and ensure clients are safe and have appropriate supervision. In addition the policy indicated the administrator must be notified.  STAFF TREATMENT OF CLIENTS  CFR(s): 483.420(d)(3)  The facility must have evidence that all alleged violations are thoroughly investigated.  This STANDARD is not met as evidenced by: Based on interview and document review, the facility failed to thoroughly investigate allegations of abuse for 1 of 1 client (C20) reviewed for staff to client abuse.	PROVIDER OR SUPPLIER  BAKER SERVICES ASSOCIATION  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 9  The facility Policy & Procedures for the Prevention & Reporting of Individual Maltreatment revised 5/7/2020, indicated any employee or volunteer who has reason to believe a vulnerable adult or minor is being or has been maltreated must report it immediately and ensure clients are safe and have appropriate supervision. In addition the policy indicated the administrator must be notified.  STAFF TREATMENT OF CLIENTS  CFR(s): 483.420(d)(3)  The facility must have evidence that all alleged violations are thoroughly investigated.  W 1:  This STANDARD is not met as evidenced by: Based on interview and document review, the facility failed to thoroughly investigate allegations of abuse for 1 of 1 client (C20) reviewed for staff to client abuse.  Findings include:  C20's Emergency Data Form (EDF) dated 7/21/20, indicated he admitted on 7/11/1980 with a diagnosis of profound intellectual disability, anxiety and panic attacks. In addition the form indicated he was non-verbal.  C20's Individual Abuse Prevention Plan (IAPP) dated 2/26/20, indicated he would not remove himself from a abusive situation, and has 1:1 staff during all waking hours with the exception of 10 p.m. to 6:30 a.m. and redirect from abusive situations. All staff are trained to monitor for	PROVIDER OR SUPPLIER  BAKER SERVICES ASSOCIATION  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST be PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 9  The facility Policy & Procedures for the Prevention & Reporting of Individual Maltreatment revised 577/2020, indicated any employee or voluntieer who has reason to believe a vulnerable adult or minor is being or has been maltreated must report it immediately and ensure clients are safe and have appropriate supervision. In addition the policy indicated the administrator must be notified.  STAFF TREATMENT OF CLIENTS  CFR(s): 483.420(d)(3)  The facility must have evidence that all alleged violations are thoroughly investigated.  This STANDARD is not met as evidenced by: Based on interview and document review, the facility failed to thoroughly investigate allegations of abuse for 1 of 1 client (C20) reviewed for staff to client abuse.  Findings include:  C20's Emergency Data Form (EDF) dated 7/21/20, indicated he was non-verbal.  C20's Individual Abuse Prevention Plan (IAPP) dated 2/26/20, indicated he would not remove himself from a abusive situations, and has 1:1 staff during all waking hours with the exception of 10 p.m. to 6:30 a.m. and redirect from abusive situations, and has 1:1 staff during all waking hours with the exception of 10 p.m. to 6:30 a.m. and redirect from abusive situations.	PROVIDER OR SUPPLIER  BAKER SERVICES ASSOCIATION  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY)  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY)  REQUILATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 9  The facility Policy & Procedures for the Prevention & Reporting of Individual Maltreatment revised 577/2020, indicated any employee or volunteer who has reason to believe a vulnerable adult or minor is being or has been maltreated must report it immediately and ensure clients are safe and have appropriate supervision. In addition the policy indicated the administrator must be notified.  STREET ADDRESS, CITY, STATE, ZIP CODE 211 OAK STREET NORTHFIELD, MM 55057  W 153  W 153  The facility Policy & Procedures for the Prevention & Reporting of Individual Maltreatment revised 577/2020, indicated any employee or volunteer who has reason to believe a vulnerable adult or minor is being or has been maltreated must report it immediately and ensure clients are safe and have appropriate supervision. In addition the policy indicated the administrator must be notified.  STREET ADDRESS, CITY, STATE, ZIP CODE 211 OAK STREET NORTHFIELD, MM 55057  PROVIDERS, CITY, STATE, ZIP CODE 211 OAK STREET NORTHFIELD, MM 55057  W 153  W 153  The facility Policy & Procedures for the Prevention & Reporting of Individual Maltreatment revised for the past 90 days to assure thorough Investigation has been completed on performing throughogh investigations, CDDPs will be trained by the facility administrator on performing throughogh investigations, CDDPs will be trained by the facility administrator within 3 days.  All reports will be roviewed for the past 90 days to assure thorough Investigations, CDDPs will be rained by the facility administrator on performing throughogh investigations, CDDPs will perform a "facility administrator within 3 days.  CDDP's will be trained by the facility administrator within 3 days.  All reports will be roviewed for the past 90 days to assure thorough Investigations, CDDPs will perform a "facili			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C		
		24G500	B. WING	B. WING		1	07/23/2020	
NAME OF PROVIDER OR SUPPLIER  LAURA BAKER SERVICES ASSOCIATION			-	21	REET ADDRESS, CITY, STATE, ZIP CODE 1 OAK STREET ORTHFIELD, MN 55057			
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W 154	staff will be rotated indicated he does remove himself fro verbally aggressive staff.	age 10 If the IAPP indicated his 1:1 If per shift. Lastly the IAPP not acknowledge needing to a area of physically or a person thus needs 1:1 with	W.	154	see above			
	reported by qualific professional (QDD July 13th, the hous lives notified QDD had reported some towards [C20] from person reporting s support staff [DSS teeth" or "break [C reporting said that [DSS-X] and [DSS that she would "brefurther went on to DSS-X and poking	Report (CEP) dated 7/13/20, ed developmental disability P)-R, indicated "On Monday, sehold director where [C20] P, that a previous staff (DSS-J) e verbal threats directed in another staff person. The aid that she heard direct -X] threaten to "break [C20]'s 20]'s fingers." The person during the incident, [C20] bit -X] told [C20] if he kept doing eak his teeth". The report indicate C20 kept pointing at a ther and she told him if he e would break his fingers.						
	7/17/20, indicated previous staff) and C20 and she did not feel DSS-X wo QDDP-B (facility pattempted to conform the allega her phone or reply the report indicate made to contact a in the last 30 days could not confirm report indicated it works.	Resolution (GER) dated QDDP-R contacted DSS-J (the I she stated DSS-X threatened of report this because she did ould follow through with it. For act DSS-J multiple times to tions and she did not answer to voice mails. Furthermore d by QDDP-B an attempt was and staff who worked with DSS-X and staff who are employees any threats to C20. Lastly this was closed by the facility 1/17/20. The report did not						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER  LAURA BAKER SERVICES ASSOCIATION				2	STREET ADDRESS, CITY, STATE, ZIP CODE 211 OAK STREET NORTHFIELD, MN 55057	<u>  07</u>	/23/2020
(X4) ID PREFIX TAG				ID PROVIDER'S PLAN OF CORRE PREFIX (EACH CORRECTIVE ACTION SH TAG CROSS-REFERENCED TO THE APP		ULD BE COMPLÉTIC	
	indicate what QDDF report was signed by During interview 7/2 stated he felt the report was signed by During interview 7/2 stated he felt the report was and had not employee file when stated he made muland she did not reture QDDP-R told her he also denied the alleghe did hear back from concerns he felt the inconclusive. Furth did not interview the had no explanation at that as part of his property of the inconclusive of the inconclusive. Furth did not interview the had no explanation at that as part of his property. An addition, the GEF at 1:29 p.m. last upd street services, indicinterviews dated 7/1 with staff which concording with SS-X use some not a some rough handling from door. But did not but could be gentler interview with DSS-threatened or told C2-Interview with HHD-Oak who stated whe frustrated with C20 s	P-B's conclusion was but the y the administrator.  1/20 at 1:00 p.m. QDDP-B cort was inconclusive have any problems with disciplinary actions in her he looked today. He further tiple attempts to reach DSS-J rn his calls even though would be calling. DSS-X gations. He then stated since m DSS-J and had no investigation was ermore QDDP-B stated he other clients in the home and as to why he did not include ocess.  R Resolution dated 7/16/20, ated by the director of oak sated QDDP-B had several 4/20 to 7/15/20 with no times, sluded the following:  P stated DSS-X has a loud e. Y stated she has heard me calling such as "brat" and g such as turning C20 away of this DSS-X was abusive when turning him. X stated she has never 20 she would harm him. Q (former HHD )at North in DSS-X was impatient or he would offer to give her a	W	154			
	break, she had coun C20 in the past. She	seled DSS-X about yelling at further indicated she would					

NAME OF PROVIDER OR SUPPLIER  LAURA BAKER SERVICES ASSOCIATION  STREET ADDRESS, CITY, STATE, ZIP CODE  211 OAK STREET  NORTHFIELD, MN 55057	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		COM	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  LAURA BAKER SERVICES ASSOCIATION  STREET ADDRESS, CITY, STATE, ZIP CODE  211 OAK STREET  NORTHFIELD, MN 55057	24G500		B. WING_		I .	07/23/2020		
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(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (COMPRETIX REGULATORY OR LSC IDENTIFYING INFORMATION)  SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (COMPRETIX TAG PROPRIATE DEFICIENCY)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		
Ont schedule DSS-X for multiple days in a row to prevent burn-out because C20 can be challenging/exhausting.  Despite having several interviews from staff stating DSS-X was loud, could be rough with clients, and was observed calling clients names such as "brat", as well as gaining a history of previous concerns from her previous house supervisor of her direct behavior towards C20, QDDP-B's determination was inconclusive to abuse due to being unable to contact DSS-J himself (even though QDDP-R had already interviewed and received her report of the verbal abuse and physical threat made by DSS-X) and because there was not any history of concerns recorded in DSS-X's employee file. Further more QDDP-B failed to complete a thorough investigation when he did not inquire further regarding aggressive behavior reported during interviews gathered during the investigation and when QDDP-B failed to interview clients as part of the internal investigation.  A facility policy revised 5/7/20, indicated 5. After reporting the incident of alleged abuse/neglect to the MAARC [Minnesota Adult Abuse Reporting Center] the programs mandated reporter will begin the internal investigation. The program reporter is responsible for using the checklists included in this policy for conducting a fair and impartial investigation. The internal review will also include an evaluation of whether related policies and procedures were followed and whether or not they were adequate, if there is a need for additional staff training. Further the policy indicated "If the report alleges abuse or neglect by a care giver, determine if the caregiver		not schedule DSS-prevent burn-out be challenging/exhause. Despite having severating DSS-X was clients, and was obsuch as "brat", as we previous concerns supervisor of her description of the interview of the internal investigation of the included in this polimpartial investigation of the included an every policies and process whether or not the need for additional policy indicated "If	example to ecause C20 can be sting.  Weral interviews from staff aloud, could be rough with operved calling clients names well as gaining a history of from her previous house lirect behavior towards C20, nation was inconclusive to gunable to contact DSS-J gh QDDP-R had already ceived her report of the verbal all threat made by DSS-X) and is not any history of concerns the did not inquire further event of the verbal all threat was also to complete a thorough he did not inquire further event of alleged abuse/neglect to esota Adult Abuse Reporting ms mandated reporter will investigation. The program sible for using the checklists licy for conducting a fair and the time to the staff training. Further the the report alleges abuse or	W 15	54			

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LAURA BAKER SERVICES ASSOCIATION					OAK STREET RTHFIELD, MN 55057	,	
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