



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered Via Email October 21, 2020

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

RE: Event ID: 5CQP11
Project Number: HG500061C,HG500062C,HG500063C,HG500064C,HG500065C

Dear Administrator:

On 9/30/20 to 10/2/20, an abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was not in compliance with 42 CFR Part 483, subpart I, requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities.

HG500061C, HG500062C, HG500063C, HG500064C, and HG500065C were found to be substantiated, with no deficiencies cited.

However, as a result of the investigation a deficiency was identified.

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.

Laura Baker Services Association

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 B District Office
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,




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

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

PRINTED: 10/21/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 24G500	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/02/2020
NAME OF PROVIDER OR SUPPLIER LAURA BAKER SERVICES ASSOCIATION			STREET ADDRESS, CITY, STATE, ZIP CODE 211 OAK STREET NORTHFIELD, MN 55057		
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W 000	INITIAL COMMENTS On 9/30/20 to 10/2/20, an abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was not in compliance with 42 CFR Part 483, subpart I, requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities. HG500061C, HG500062C, HG500063C, HG500064C, and HG500065C were found to be substantiated with no deficiencies cited.	W 000	 POC 11/21/20 received 11/15/20 accepted 11/15/20		
W 153	STAFF TREATMENT OF CLIENTS CFR(s): 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 officials in accordance with State law through established procedures. This STANDARD is not met as evidenced by: Based on interview and document review, the facility failed to ensure allegations of abuse were reported immediately within 2 hours to the administrator and state agency for 4 incidents involving 5 of 5 clients (C5, C6, C7, C8, C9) reviewed for abuse. Findings include: C5's Emergency Data Form (EDF) generated 10/1/20, indicated C5's diagnoses included	W 153	All incidents for clients C5, C6, C7, C8, C9 will be reviewed by program mandated reporter to assure timely reporting was done. All incidents for all clients will be reviewed by program mandated reporter to assure timely reporting. Training for the program mandated reporter will be conducted on reporting timely and assuring if the incident was not reported within 2 hours corrective action and/or training is completed for staff. Training to be conducted by facility administrator. All mandated reporting incident reports are reviewed by facility administrator and Executive director within 3 days.	11/21/20	11/21/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Nicole Laudont <i>Nicole Laudont</i>	Director of Oak Street Services	3/30/21

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 153	<p>Continued From page 1</p> <p>severe intellectual disabilities, autistic disorder, attention deficit hyperactivity disorder, and convulsions.</p> <p>C5's Individual Abuse Prevention Plan (IAPP) dated 5/29/20, had an inability to identify potentially dangerous situations, was at risk for being abused and had the potential to abuse others by swearing, hitting or kicking others, and staff were to be present when not in his bedroom.</p> <p>C5's Behavior Support Plan (BSP) dated 4/24/20, indicated C5's target behaviors included physical aggression toward others including hitting and kicking others and verbal aggression. C5's BSP included common triggers for behaviors and tips for avoiding target behaviors, including assisting with transitions by following a set routine.</p> <p>C6's EDF generated 10/1/20, indicated C6's diagnoses included generalized anxiety disorder, intermittent explosive disorder, and profound intellectual disability.</p> <p>C6's IAPP dated 11/29/19, indicated C6 was unable to identify potentially dangerous situations, was at risk for being abused and could display behaviors such as physical aggression and yelling, kicking, hitting, pulling hair or clothes to pull a person to the ground, which could be disruptive to other clients in the household. C6's behaviors were described and indicated staff or family was to be present at all times when she is not in her bedroom.</p> <p>C6's Behavior Support Plan (BSP) dated 11/7/19, indicated C6's target behaviors included anxiety and physical aggression, with triggers that included times of transition, being told "no", and</p>	W 153			

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W 153	<p>Continued From page 2</p> <p>having too much to do. Several interventions were in place, including verbal redirection, informed of inappropriateness of her behavior. Tips to avoid target behaviors when each trigger occurred, were also included. C6 was noted to become more aggressive when people were too close to her or invading her space, and interventions included staff to attempt to keep her peers out of her reach and place themselves between C6 and peers, especially during stressful transitions.</p> <p>C7's EDF generated 10/2/20, indicated C7's diagnoses included a profound intellectual disability, anxiety disorder, attention deficit hyperactivity disorder, and panic disorder.</p> <p>C7's IAPP dated 2/26/20, indicated C7 was at risk for being abused and had a history of being aggressive toward others by randomly hitting others, such as he passed by them in hallways, or would hug them hard enough to slam the targeted individual into walls or knock them down. C7 was to have one-to-one staffing during all awake hours with the exception of 10 p.m. to 6:30 a.m., with staff to intervene and redirect to other activities, avoid congested areas, or areas with more people, and provide verbal redirection.</p> <p>C7's Behavior Support Plan dated 2/27/18, used physical aggression such as hitting others or spitting at others in an attempt to communicate, usually when not feeling well, does not want to do something, or does not like something. C7's target behaviors included panic attacks, spitting, and physical aggression which can happen when upset or randomly. Staff were to provide one-to-one staff which was to avoid congested areas, block attempts to hit others, suggest time</p>	W 153			

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W 153	<p>Continued From page 3 in his room.</p> <p>C8's EDF generated 10/2/20, indicated C8's diagnoses included a moderate intellectual disability and intermittent explosive disorder.</p> <p>C8's IAPP dated 7/27/20, indicated C8 was at risk for being abused and had a history of being physically and verbally aggressive to others. C8 was to have goals to work on decreasing inappropriate behaviors and was to be checked on every 15 minutes when alone in her room and awake, and every 60 minutes when sleeping.</p> <p>C8's BSP target behaviors included aggression, such as hitting, kicking, hair pulling, throwing objects, or choking, and was on a reinforcement/reward system program. Interventions included redirection to a more appropriate activity without giving attention for aggression.</p> <p>C9's EDF generated 10/2/20, indicated C9's diagnoses included a personality disorder, intermittent explosive disorder, and severe intellectual disability.</p> <p>C9's IAPP dated 7/10/20, indicated C9 was at risk for being abused, and lacked understanding of appropriate boundaries and displayed behaviors such as hugging and kissing others. C9 was to be supervised at home and in the community and provide verbal redirection. C9 was to be checked on every 15 minutes when in his room and awake, and every hour when asleep. In addition, staff were to intervene when C9 was dealing with aggression from another person.</p> <p>C9's BSP dated 7/10/20, indicated C9's target</p>	W 153			

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W 153	<p>Continued From page 4</p> <p>behaviors included physical aggression, with a trigger of frustration and not getting his way, and staff were to redirect C9 to another activity.</p> <p>A Common Entry Point (CEP) report dated 8/23/20, at 10:40 p.m., indicated an incident on 8/23/20, at 7:50 p.m. occurred when C8 grabbed and dug nails into C7's arm.</p> <p>A CEP dated 9/18/20, indicated an incident on 9/17/20, at approximately 3:20 p.m. occurred when C6 exited her bedroom, walked into the living room, turned and grabbed C5 by the shirt and pulled on him. C5 and C6 were separated and C5 left the area. The CEP indicated the incident was not reported until 9/18/20, at 11:15 a.m. by the qualified developmental disability professional (QDDP)-C.</p> <p>A General Event Reports (GER) for an incident dated 9/17/20, indicated at 3:20 p.m. C5 was grabbed by C6 and pulled off the sofa. C5 received several fingernail scratches on his neck when he was grabbed by his collar. The GER indicated QDDP-C was present and responded to the incident at the time of occurrence. QDDP-C documented on the GER, that the report was reviewed and reported to the state agency (SA) on 9/18/20, at 12:54 p.m.</p> <p>A CEP report dated 9/22/20, indicated an incident on 9/22/20, at approximately 10:30 a.m. occurred when C7 became upset with staff when a request was not fulfilled and C7 slapped C9 on the top of the head. C9 became upset, and staff moved C7 to a different sofa and stayed with him. The CEP indicated the incident was not reported until 9/22/20, at 1:50 p.m. by the QDDP-C.</p>	W 153			

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W 153	<p>Continued From page 5</p> <p>A GER dated 9/22/20, indicated C7 hit C9 on the head at 10:30 a.m. when C7 was upset when he was asked to wait for staff to assist him before going outside without shoes on.</p> <p>A CEP report dated 10/1/20, indicated an incident on 10/1/20, at approximately 4:50 p.m. occurred when C7 slapped C9 on the back as he walked by him. The CEP indicated the incident was not reported to the SA until 9:45 p.m.</p> <p>A GER dated 10/1/20, indicated an incident on 10/1/20, at 4:30 p.m. C7 was walking down the hall and slapped C9 on the back as he walked by. Staff intervened to separate C7 and C9. The GER indicated QDDP-C, the facility mandated reporter, was not notified until 8:30 p.m.</p> <p>On 10/2/20, at 10:51 a.m. qualified developmental disabilities professional (QDDP)-C stated when he has received the report of potential abuse allegations, he reported it as soon as possible, within 24 hours. QDDP-C stated he did not know he was to report within 2 hours. QDDP-C stated staff usually report to him when they did the incident report later in their shift. QDDP-C stated he was present during C6's aggression toward C5, and verified he did not report it until the next day. QDDP-C stated he thought it was reported within the guidelines.</p> <p>On 10/2/20, at 11:11 a.m. QDDP-UU stated QDDP-C was the mandated reporter for the facility, so he would be the one to make the notifications to the SA, but QDDP-UU stated she has done some reports to the SA also. QDDP-UU stated the report to the SA would be done immediately, as soon as possible.</p>	W 153			

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W 153	<p>Continued From page 6</p> <p>On 10/2/20, at 11:46 a.m. director of facility services (DOS)-TT at this location, verified potential abuse allegations should be reported immediately from staff to administrator, as soon as it safe to do so. DOS-TT stated the abuse allegation should then be reported immediately to the state agency. DOS-TT stated they had trained staff to report right away and not to wait until the end of the shift.</p> <p>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.</p>	W 153			



Protecting, Maintaining and Improving the Health of All Minnesotans

Emailed October 21, 2020

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

Re: Enclosed State Supervised Living Facility Licensing Orders - Project Number: HG500061C, HG500062C, HG500063C, HG500064C, and HG500065C
Event ID: 5CQP11

Dear Administrator:

On 9/30/20 through 10/2/20, an abbreviated survey was completed to investigate complaints HG500061C, HG500062C, HG500063C, HG500064C, and HG500065C. The complaints were found to be substantiated. Your facility was NOT found in compliance with requirements of Minnesota Rules, Chapter 4665 requirements for Supervised Living Facilities (SLF).

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.

When all orders are corrected, the first page of the order form should be signed and returned to:

Susie Haben, Unit Supervisor
St. Cloud B District Office
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.

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,



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

TITLE

(X6) DATE

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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	
W 153	<p>Continued From page 2</p> <p>having too much to do. Several interventions were in place, including verbal redirection, informed of inappropriateness of her behavior. Tips to avoid target behaviors when each trigger occurred, were also included. C6 was noted to become more aggressive when people were too close to her or invading her space, and interventions included staff to attempt to keep her peers out of her reach and place themselves between C6 and peers, especially during stressful transitions.</p> <p>C7's EDF generated 10/2/20, indicated C7's diagnoses included a profound intellectual disability, anxiety disorder, attention deficit hyperactivity disorder, and panic disorder.</p> <p>C7's IAPP dated 2/26/20, indicated C7 was at risk for being abused and had a history of being aggressive toward others by randomly hitting others, such as he passed them in hallways, or would hug them hard enough to slam the targeted individual into walls or knock them down. C7 was to have one-to-one staffing during all awake hours with the exception of 10 p.m. to 6:30 a.m., with staff to intervene and redirect to other activities, avoid congested areas, or areas with more people, and provide verbal redirection.</p> <p>C7's Behavior Support Plan dated 2/27/18, used physical aggression such as hitting others or spitting at others in an attempt to communicate, usually when not feeling well, does not want to do something, or does not like something. C7's target behaviors included panic attacks, spitting, and physical aggression which can happen when upset or randomly. Staff were to provide one-to-one staff which was to avoid congested areas, block attempts to hit others, suggest time</p>	W 153			

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

PRINTED: 10/21/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 24G500	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/02/2020
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W 153	<p>Continued From page 3 in his room.</p> <p>C8's EDF generated 10/2/20, indicated C8's diagnoses included a moderate intellectual disability and intermittent explosive disorder.</p> <p>C8's IAPP dated 7/27/20, indicated C8 was at risk for being abused and had a history of being physically and verbally aggressive to others. C8 was to have goals to work on decreasing inappropriate behaviors and was to be checked on every 15 minutes when alone in her room and awake, and every 60 minutes when sleeping.</p> <p>C8's BSP target behaviors included aggression, such as hitting, kicking, hair pulling, throwing objects, or choking, and was on a reinforcement/reward system program. Interventions included redirection to a more appropriate activity without giving attention for aggression.</p> <p>C9's EDF generated 10/2/20, indicated C9's diagnoses included a personality disorder, intermittent explosive disorder, and severe intellectual disability.</p> <p>C9's IAPP dated 7/10/20, indicated C9 was at risk for being abused, and lacked understanding of appropriate boundaries and displayed behaviors such as hugging and kissing others. C9 was to be supervised at home and in the community and provide verbal redirection. C9 was to be checked on every 15 minutes when in his room and awake, and every hour when asleep. In addition, staff were to intervene when C9 was dealing with aggression from another person.</p> <p>C9's BSP dated 7/10/20, indicated C9's target</p>	W 153			

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

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W 153	<p>Continued From page 4</p> <p>behaviors included physical aggression, with a trigger of frustration and not getting his way, and staff were to redirect C9 to another activity.</p> <p>A Common Entry Point (CEP) report dated 8/23/20, at 10:40 p.m., indicated an incident on 8/23/20, at 7:50 p.m. occurred when C8 grabbed and dug nails into C7's arm.</p> <p>A CEP dated 9/18/20, indicated an incident on 9/17/20, at approximately 3:20 p.m. occurred when C6 exited her bedroom, walked into the living room, turned and grabbed C5 by the shirt and pulled on him. C5 and C6 were separated and C5 left the area. The CEP indicated the incident was not reported until 9/18/20, at 11:15 a.m. by the qualified developmental disability professional (QDDP)-C.</p> <p>A General Event Reports (GER) for an incident dated 9/17/20, indicated at 3:20 p.m. C5 was grabbed by C6 and pulled off the sofa. C5 received several fingernail scratches on his neck when he was grabbed by his collar. The GER indicated QDDP-C was present and responded to the incident at the time of occurrence. QDDP-C documented on the GER, that the report was reviewed and reported to the state agency (SA) on 9/18/20, at 12:54 p.m.</p> <p>A CEP report dated 9/22/20, indicated an incident on 9/22/20, at approximately 10:30 a.m. occurred when C7 became upset with staff when a request was not fulfilled and C7 slapped C9 on the top of the head. C9 became upset, and staff moved C7 to a different sofa and stayed with him. The CEP indicated the incident was not reported until 9/22/20, at 1:50 p.m. by the QDDP-C.</p>	W 153			

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

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W 153	<p>Continued From page 5</p> <p>A GER dated 9/22/20, indicated C7 hit C9 on the head at 10:30 a.m. when C7 was upset when he was asked to wait for staff to assist him before going outside without shoes on.</p> <p>A CEP report dated 10/1/20, indicated an incident on 10/1/20, at approximately 4:50 p.m. occurred when C7 slapped C9 on the back as he walked by him. The CEP indicated the incident was not reported to the SA until 9:45 p.m.</p> <p>A GER dated 10/1/20, indicated an incident on 10/1/20, at 4:30 p.m. C7 was walking down the hall and slapped C9 on the back as he walked by. Staff intervened to separate C7 and C9. The GER indicated QDDP-C, the facility mandated reporter, was not notified until 8:30 p.m.</p> <p>On 10/2/20, at 10:51 a.m. qualified developmental disabilities professional (QDDP)-C stated when he has received the report of potential abuse allegations, he reported it as soon as possible, within 24 hours. QDDP-C stated he did not know he was to report within 2 hours. QDDP-C stated staff usually report to him when they did the incident report later in their shift. QDDP-C stated he was present during C6's aggression toward C5, and verified he did not report it until the next day. QDDP-C stated he thought it was reported within the guidelines.</p> <p>On 10/2/20, at 11:11 a.m. QDDP-UU stated QDDP-C was the mandated reporter for the facility, so he would be the one to make the notifications to the SA, but QDDP-UU stated she has done some reports to the SA also. QDDP-UU stated the report to the SA would be done immediately, as soon as possible.</p>	W 153			

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

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W 153	<p>Continued From page 6</p> <p>On 10/2/20, at 11:46 a.m. director of facility services (DOS)-TT at this location, verified potential abuse allegations should be reported immediately from staff to administrator, as soon as it safe to do so. DOS-TT stated the abuse allegation should then be reported immediately to the state agency. DOS-TT stated they had trained staff to report right away and not to wait until the end of the shift.</p> <p>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.</p>	W 153			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 01163	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/02/2020
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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 9/30/20 through 10/2/20, an abbreviated survey was completed to investigate complaints HG500061C, HG500062C, HG500063C, HG500064C, and HG500065C. The complaints were found to be substantiated. Your facility was NOT found in compliance with requirements of Minnesota Rules, Chapter 4665 requirements for Supervised Living Facilities (SLF).</p>	5 000		
5 815	MN Statute 626.557 Subd. 3. VA Timing of report.	5 815		

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

Minnesota Department of Health

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5 815	<p>Continued From page 1</p> <p>(a) A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately report the information to the common entry point. If an individual is a vulnerable adult solely because the individual is admitted to a facility, a mandated reporter is not required to report suspected maltreatment of the individual that occurred prior to admission, unless:</p> <p>(1) the individual was admitted to the facility from another facility and the reporter has reason to believe the vulnerable adult was maltreated in the previous facility; or</p> <p>(2) the reporter knows or has reason to believe that the individual is a vulnerable adult as defined in section 626.5572, subdivision 21, clause (4).</p> <p>(b) A person not required to report under the provisions of this section may voluntarily report as described above.</p> <p>(c) Nothing in this section requires a report of known or suspected maltreatment, if the reporter knows or has reason to know that a report has been made to the common entry point.</p> <p>(d) Nothing in this section shall preclude a reporter from also reporting to a law enforcement agency.</p> <p>(e) A mandated reporter who knows or has reason to believe that an error under section 626.5572, subdivision 17, paragraph (c), clause (5), occurred must make a report under this subdivision. If the reporter or a facility, at any time believes that an investigation by a lead agency will determine or should determine that the reported error was not neglect according to the criteria under section 626.5572, subdivision 17,</p>	5 815		

Minnesota Department of Health

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5 815	<p>Continued From page 2</p> <p>paragraph (c), clause (5), the reporter or facility may provide to the common entry point or directly to the lead agency information explaining how the event meets the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5). The lead agency shall consider this information when making an initial disposition of the report under subdivision 9c.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure allegations of abuse were reported immediately within 2 hours to the administrator and state agency for 4 incidents involving 5 of 5 clients (C5, C6, C7, C8, C9) reviewed for abuse.</p> <p>Findings include:</p> <p>C5's Emergency Data Form (EDF) generated 10/1/20, indicated C5's diagnoses included severe intellectual disabilities, autistic disorder, attention deficit hyperactivity disorder, and convulsions.</p> <p>C5's Individual Abuse Prevention Plan (IAPP) dated 5/29/20, had an inability to identify potentially dangerous situations, was at risk for being abused and had the potential to abuse others by swearing, hitting or kicking others, and staff were to be present when not in his bedroom.</p> <p>C5's Behavior Support Plan (BSP) dated 4/24/20, indicated C5's target behaviors included physical aggression toward others including hitting and kicking others and verbal aggression. C5's BSP included common triggers for behaviors and tips for avoiding target behaviors, including assisting</p>	5 815		

Minnesota Department of Health

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5 815	<p>Continued From page 3</p> <p>with transitions by following a set routine.</p> <p>C6's EDF generated 10/1/20, indicated C6's diagnoses included generalized anxiety disorder, intermittent explosive disorder, and profound intellectual disability.</p> <p>C6's IAPP dated 11/29/19, indicated C6 was unable to identify potentially dangerous situations, was at risk for being abused and could display behaviors such as physical aggression and yelling, kicking, hitting, pulling hair or clothes to pull a person to the ground, which could be disruptive to other clients in the household. C6's behaviors were described and indicated staff or family was to be present at all times when she is not in her bedroom.</p> <p>C6's Behavior Support Plan (BSP) dated 11/7/19, indicated C6's target behaviors included anxiety and physical aggression, with triggers that included times of transition, being told "no", and having too much to do. Several interventions were in place, including verbal redirection, informed of inappropriateness of her behavior. Tips to avoid target behaviors when each trigger occurred, were also included. C6 was noted to become more aggressive when people were too close to her or invading her space, and interventions included staff to attempt to keep her peers out of her reach and place themselves between C6 and peers, especially during stressful transitions.</p> <p>C7's EDF generated 10/2/20, indicated C7's diagnoses included a profound intellectual disability, anxiety disorder, attention deficit hyperactivity disorder, and panic disorder.</p> <p>C7's IAPP dated 2/26/20, indicated C7 was at risk</p>	5 815		

Minnesota Department of Health

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5 815	<p>Continued From page 4</p> <p>for being abused and had a history of being aggressive toward others by randomly hitting others, such as he passed them in hallways, or would hug them hard enough to slam the targeted individual into walls or knock them down. C7 was to have one-to-one staffing during all awake hours with the exception of 10 p.m. to 6:30 a.m., with staff to intervene and redirect to other activities, avoid congested areas, or areas with more people, and provide verbal redirection.</p> <p>C7's Behavior Support Plan dated 2/27/18, used physical aggression such as hitting others or spitting at others in an attempt to communicate, usually when not feeling well, does not want to do something, or does not like something. C7's target behaviors included panic attacks, spitting, and physical aggression which can happen when upset or randomly. Staff were to provide one-to-one staff which was to avoid congested areas, block attempts to hit others, suggest time in his room.</p> <p>C8's EDF generated 10/2/20, indicated C8's diagnoses included a moderate intellectual disability and intermittent explosive disorder.</p> <p>C8's IAPP dated 7/27/20, indicated C8 was at risk for being abused and had a history of being physically and verbally aggressive to others. C8 was to have goals to work on decreasing inappropriate behaviors and was to be checked on every 15 minutes when alone in her room and awake, and every 60 minutes when sleeping.</p> <p>C8's BSP target behaviors included aggression, such as hitting, kicking, hair pulling, throwing objects, or choking, and was on a reinforcement/reward system program. Interventions included redirection to a more</p>	5 815		

Minnesota Department of Health

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5 815	<p>Continued From page 5</p> <p>appropriate activity without giving attention for aggression.</p> <p>C9's EDF generated 10/2/20, indicated C9's diagnoses included a personality disorder, intermittent explosive disorder, and severe intellectual disability.</p> <p>C9's IAPP dated 7/10/20, indicated C9 was at risk for being abused, and lacked understanding of appropriate boundaries and displayed behaviors such as hugging and kissing others. C9 was to be supervised at home and in the community and provide verbal redirection. C9 was to be checked on every 15 minutes when in his room and awake, and every hour when asleep. In addition, staff were to intervene when C9 was dealing with aggression from another person.</p> <p>C9's BSP dated 7/10/20, indicated C9's target behaviors included physical aggression, with a trigger of frustration and not getting his way, and staff were to redirect C9 to another activity.</p> <p>A Common Entry Point (CEP) report dated 8/23/20, at 10:40 p.m., indicated an incident on 8/23/20, at 7:50 p.m. occurred when C8 grabbed and dug nails into C7's arm.</p> <p>A CEP dated 9/18/20, indicated an incident on 9/17/20, at approximately 3:20 p.m. occurred when C6 exited her bedroom, walked into the living room, turned and grabbed C5 by the shirt and pulled on him. C5 and C6 were separated and C5 left the area. The CEP indicated the incident was not reported until 9/18/20, at 11:15 a.m. by the qualified developmental disability professional (QDDP)-C.</p> <p>A General Event Reports (GER) for an incident</p>	5 815		

Minnesota Department of Health

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5 815	<p>Continued From page 6</p> <p>dated 9/17/20, indicated at 3:20 p.m. C5 was grabbed by C6 and pulled off the sofa. C5 received several fingernail scratches on his neck when he was grabbed by his collar. The GER indicated QDDP-C was present and responded to the incident at the time of occurrence. QDDP-C documented on the GER, that the report was reviewed and reported to the state agency (SA) on 9/18/20, at 12:54 p.m.</p> <p>A CEP report dated 9/22/20, indicated an incident on 9/22/20, at approximately 10:30 a.m. occurred when C7 became upset with staff when a request was not fulfilled and C7 slapped C9 on the top of the head. C9 became upset, and staff moved C7 to a different sofa and stayed with him. The CEP indicated the incident was not reported until 9/22/20, at 1:50 p.m. by the QDDP-C.</p> <p>A GER dated 9/22/20, indicated C7 hit C9 on the head at 10:30 a.m. when C7 was upset when he was asked to wait for staff to assist him before going outside without shoes on.</p> <p>A CEP report dated 10/1/20, indicated an incident on 10/1/20, at approximately 4:50 p.m. occurred when C7 slapped C9 on the back as he walked by him. The CEP indicated the incident was not reported to the SA until 9:45 p.m.</p> <p>A GER dated 10/1/20, indicated an incident on 10/1/20, at 4:30 p.m. C7 was walking down the hall and slapped C9 on the back as he walked by. Staff intervened to separate C7 and C9. The GER indicated QDDP-C, the facility mandated reporter, was not notified until 8:30 p.m.</p> <p>On 10/2/20, at 10:51 a.m. qualified developmental disabilities professional (QDDP)-C stated when he has received the report of</p>	5 815		

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER LAURA BAKER SERVICES ASSOCIATION	STREET ADDRESS, CITY, STATE, ZIP CODE 211 OAK STREET NORTHFIELD, MN 55057
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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) COMPLETE DATE
5 815	<p>Continued From page 7</p> <p>potential abuse allegations, he reported it as soon as possible, within 24 hours. QDDP-C stated he did not know he was to report within 2 hours. QDDP-C stated staff usually report to him when they did the incident report later in their shift. QDDP-C stated he was present during C6's aggression toward C5, and verified he did not report it until the next day. QDDP-C stated he thought it was reported within the guidelines.</p> <p>On 10/2/20, at 11:11 a.m. QDDP-UU stated QDDP-C was the mandated reporter for the facility, so he would be the one to make the notifications to the SA, but QDDP-UU stated she has done some reports to the SA also. QDDP-UU stated the report to the SA would be done immediately, as soon as possible.</p> <p>On 10/2/20, at 11:46 a.m. director of facility services (DOS)-TT at this location, verified potential abuse allegations should be reported immediately from staff to administrator, as soon as it safe to do so. DOS-TT stated the abuse allegation should then be reported immediately to the state agency. DOS-TT stated they had trained staff to report right away and not to wait until the end of the shift.</p> <p>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.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	5 815		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 01163	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/02/2020
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