DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Office of Health Facility Complaints Investigative Public Report

Maltreatment Report #: HL25824023M
Compliance #: HL25824024C

Date Concluded: September 4, 2020

Name, Address, and County of Licensee Investigated:
The Encore of the Twin Cities
2300 Hazelwood Street
Maplewood MN 55109
Ramsey County

Name, Address, and County of Housing with Services location:
The Encore of Hugo
5607 150th Street North
Hugo, MN 55038
Washington County

Facility Type: Home Care Provider

Investigator's Name:
Carol Moroney, RN Special Investigator
Angela Vatalaro, RN Special Investigator
Rhylee Gilb, RN Special Investigator
Supervisor

Finding: Substantiated, facility and individual responsibility

Nature of Visit:
The Minnesota Department of Health investigated an allegation of maltreatment, in accordance with the Minnesota Reporting of Maltreatment of Vulnerable Adults Act, Minn. Stat. 626.557, and to evaluate compliance with applicable licensing standards for the provider type.

Allegation(s):
It is alleged: The facility neglected the client when the facility failed to ensure the client was bathed, and provided adequate food and fluid intake.

Investigative Findings and Conclusion:
Neglect was substantiated. The facility and the alleged perpetrator (AP) were responsible for the maltreatment. The AP failed to supervise unlicensed personnel who were providing services, assess the client during a decline in functional abilities, or implement additional services to support the client with activities of daily living. The client had a 20 pound weight loss in one month and the unlicensed staff failed to bathe the client for three weeks.

The investigation included interviews with facility staff members, including administrative staff, nursing staff, and unlicensed staff. The investigation included observations of infection control and client care. The investigation included review of the client's medical record, client records from another facility, a law enforcement report, and facility policies and procedures.

The client's medical record was reviewed. The client's diagnoses included dementia and Parkinson's disease. The client's service plan indicated the client required assistance with bathing, dressing, hygiene/grooming and assistance of one staff to push in wheelchair as needed. The client was independent with walking. The client's vulnerability assessment and individual abuse prevention plan indicated the client was not oriented to person, place and time. Interventions included cues and reminders regarding orientation and monitor for safety.

One day, the client began to experience auditory hallucinations (people talking through the walls) and started on a new antipsychotic medication twice a day. The AP, a registered nurse, failed to assess the client for a new onset of hallucinations and starting a new antipsychotic medication. Four days later, staff documented the client's weight was 115 pounds.

A week later, the client made depressive statements about feeling worthless and feeling like a burden. The AP updated the physician, who ordered an increase in the client's antidepressant medication. The AP still failed to assess the client's change in mood, behaviors, and the effectiveness of a new medication regimen.

Four days later, the client fell and hit her head. The client's record lacked documentation of a fall assessment, monitoring of the client's vital signs, or any new interventions to prevent future occurrences of falls. The client's antipsychotic medications increased to double the previous dosage, as well as adding an as needed dose.

Another four days later, the client still displayed symptoms of confusion and hallucinations. The facility completed a COVID-19 test on the client. The next day, the COVID-19 test returned with negative results and a urine analysis and urine culture was ordered to determine a urinary tract infection as the cause for the client's mental health changes.

The AP failed to assess the client for a change in mood or behaviors, and failed to implement interventions or services to support the client, such as increased safety checks or monitoring.

Three days after the urinary laboratory tests were completed, the client started on an antibiotic for seven days for a urinary tract infection.

The AP failed to assess the client related to the new infection or to follow up to determine if the antibiotic regimen was effective once it was complete.

Two weeks later, family chose to move the client to another assisted living facility due to concerns of the client's care. Review of the new assisted living client record, indicated upon

admission to the new assisted living, the client's weight was 95 pounds, a 20 pound weight loss in month. In addition, the progress notes indicated the client's family reported the previous facility had not bathed her in several weeks. The admission progress note indicated the client was disheveled, unkempt and had large amounts of dandruff in her hair. The admission assessment indicated the client's appetite was good, however the client required assistance with eating. The client was also incontinent of bowel and bladder and required toileting assistance every four hours. The client required stand by assistance with walking and safety checks every two hours.

Review of the client's service delivery records from the facility indicated the client had been without a bath for three weeks prior to discharge to the new facility. The client was scheduled to receive a bath twice a week. Only for one occasion did the client's record indicated the reason she did not have a bath; the documented reason was staff did not have enough time.

During an interview, the AP stated she did not do nursing assessments. She stated she updated the service plan and vulnerability assessments. When asked how she knows what to update on the service plan without a nursing assessment she stated "I know my residents very well" and she updates the service plan based on care needs. The AP also stated she followed company policies, not regulations.

During an interview, the regional director of wellness stated the facility RN is to do a nursing assessment every 90 days or with any change of condition. The regional director stated it was not acceptable for staff to fail to document a reason for not completing client services.

During an interview with the client's family, the family member stated the facility was short staffed. The client went several weeks without a bath, she was dehydrated and malnourished. The family member stated the client also had head lice. Since moving her to the new assisted living, the family member stated her condition has improved when people take care of her and feed her.

In conclusion, neglect was substantiated.

Neglect: Minnesota Statutes, section 626.5572, subdivision 17
"Neglect" means:
(a) The failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to, food, clothing, shelter, health care, or supervision which is:
(1) reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult; and
(2) which is not the result of an accident or therapeutic conduct.

Vulnerable Adult interviewed: No. Unable due to cognitive deficits.
Family/Responsible Party interviewed: Yes.

Alleged Perpetrator interviewed: Yes.

Action taken by facility:
No action taken.

Action taken by the Minnesota Department of Health:
The Minnesota Department of Health deferred review for disciplinary action of the AP to the Minnesota Board of Nursing.

The facility was found to be in noncompliance. To view a copy of the Statement of Deficiencies and/or correction orders, please visit:

https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html

Or call 651-201-4890 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached Statement of Deficiencies.

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

cc:
The Office of Ombudsman for Long-Term Care
Washington County Attorney
Hugo City Attorney
Hugo Police Department
Minnesota Board of Nursing

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H25824	A. BUILDING: ______ B. WING ______	C 07/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ENCORE AT THE TWIN CITIES	2300 HAZELWOOD STREET NORTH MAPLEWOOD, MN 55109

(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
0 000	Initial Comments ******ATTENTION****** HOME CARE PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144A.43 to 144A.482, the Minnesota Department of Health issued a correction order(s) pursuant to a survey. Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: On June 30, 2020, the Minnesota Department of Health initiated an investigation of complaint #: HL25824021M; HL25824023M;HL25824025M; HL25824028M; HL25824027C; HL25824024C; HL25824030C; HL25824029C. At the time of the investigation, there were seven clients receiving services under the comprehensive license. The following correction orders are issued for # HL25824021M; HL25824023M;HL25824025M; HL25824028M; HL25824027C; HL25824024C; HL25824030C; HL25824029C, tag identification 1252.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Home Care Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement 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. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144A.474 SUBDIVISION 11 (b)(1)(2)	
01252 SS=K	144A.4798, Subd. 3 Infection Control Program Subd. 3.Infection control program. A home care provider must establish and maintain an effective	01252		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H25824	A. BUILDING: ___ B. WING ___	C 07/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ENCORE AT THE TWIN CITIES	**2300 HAZELWOOD STREET NORTH MAPLEWOOD, MN 55109**

(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
01252	Continued From page 1 infection control program that complies with accepted health care, medical, and nursing standards for infection control. This MN Requirement is not met as evidenced by: Based on observation, interview and record review the licensee failed to establish and maintain an effective infection control program that complies with accepted health care, medical, and nursing standards for infection control related to COVID-19. This practice resulted in a level four violation (a violation that results in serious injury, impairment, or death), and was issued at a pattern scope (when more than a limited number of clients are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: The licensee failed to establish and maintain an effective infection control program that complied with accepted health care, medical and nursing standards for infection control that included screening of employees when entering the building; screening and monitoring clients; screening essential healthcare workers; compliance to COVID-19 practices of isolating clients and proper usage of personal protective equipment (PPE). In addition, the licensee failed to complete routine quality of care audits to ensure compliance with the infection control guidelines. This resulted in harm to eight clients according to the registered nurse/director of wellness and the administrator.	01252		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H25824	A. BUILDING: ______ B. WING ______	C 07/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ENCORE AT THE TWIN CITIES	**2300 HAZELWOOD STREET NORTH MAPLEWOOD, MN 55109**

(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
01252	Continued From page 2	01252		

Continued From page 2

On June 30, 2020, at approximately 9:50 a.m., employee A (administrator/unlicensed personnel/ULP) allowed entry into the building. The essential healthcare workers were not screened upon entry. Employee A stated all staff and essential healthcare workers entered through the main entry. Employee A stated no one uses the side doors.

On June 30, 2020, at approximately 10:00 a.m., employee B (registered nurse/RN) stated "all of the deaths in the facility recently were COVID," then she hesitated and said most of the deaths we have had were COVID.

EMPLOYEE SCREENING
On June 30, 2020, at approximately 10:00 a.m., employee B entered the facility, employee B was observed coughing. When asked about the cough, employee B stated my cough started last night and I have a sore throat. Employee B also stated she did not do an employee screening when entering the building that day.

Employee B provided a stack of employee screening but the papers were out of order. No line list of employees were provided. Employee B stated the staff do their screening and put them in her box. She reviews the papers the next time she works. She does not monitor the papers to ensure all of the staff who worked every shift were screened.

SCREENING AND MONITORING OF CLIENTS
On July 1, 2020, at approximately 1:00 p.m. employee F (RN/regional director of wellness) confirmed the licensee's expectation was clients need to be screened twice daily.
Employee F confirmed the client screening

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H25824	A. BUILDING: ______ B. WING ______	C 07/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ENCORE AT THE TWIN CITIES	**2300 HAZELWOOD STREET NORTH MAPLEWOOD, MN 55109**

(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
01252	Continued From page 3	01252		

sheets provided were the most recent and only screenings.
The client "Covid-19 prevention log" which included temperature, shortness of breath, sore throat, and cough. The licensee did not monitor clients' Oximetry level.
The following was the screenings done per client:
- C13 was screened seven times in 62 opportunities in May;
- C14 was screened seven times in 62 opportunities in May;
- C11 was screened five times in 62 opportunities in May;
- C6 was screened seven times in 62 opportunities in May;
- C18 was screened seven times in 62 opportunities in May;
- C4 was screened seven times in 62 opportunities in May;
- C1 was screened seven times in 62 opportunities in May;
- C15 was screened seven times in 62 opportunities in May;
- C16 was screened seven times in 62 opportunities in May;
- C17 was screened seven times in 62 opportunities in May;
- C2 was screened nine times in 62 opportunities in May;
- C12 was screened eight times in 62 opportunities in May;
- C3 was screened five times in 62 opportunities in May.

None of the clients were screened in June 2020.

ISOLATING CLIENTS
On June 30, 2020, at approximately 3:30 p.m., employee G (ULP) stated when clients had been

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H25824	A. BUILDING: ______ B. WING ______	C 07/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ENCORE AT THE TWIN CITIES	**2300 HAZELWOOD STREET NORTH MAPLEWOOD, MN 55109**

(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
01252	Continued From page 4	01252		

tested for covid and the facility was waiting for the results, the ULP's were instructed to only wear a mask, goggles and gloves. They were told there was no need to wear the full isolation attire.

On June 1, 2020, at approximately 11:00 a.m., employee A stated 12 or 13 clients have died from covid in the last few months who were living in the facility. Employee also stated C5 was admitted on May 4, 2020, to the facility and was not put into isolation because she wanted to be out of her room and around the other clients. C5 died on May 20, 2020.

PPE (personal protective equipment) USAGE
On June 30, 2020, at approximately 10:10 a.m., employee H (kitchen) stated the clients do not wear masks for source control while in public areas of facility. At that time, two clients were in the dining room without wearing a source control mask.

On June 30, 2020 at approximately 10:20 a.m., employee C (housekeeping/unlicensed personal/ULP/assistant administrator) was observed not wearing eye protection in client care area, the dining room. She stated she would get goggles on.

On June 30, 2020, at approximately 10:30 a.m., employee D (unlicensed personnel/ULP) was observed carrying a personal bag, walking down the hall from a side exit door. She walked past client rooms and through the dining room. When asked why she was not wearing a mask, or goggles she stated I was on my way to change my clothes for work. I will put it on after I change, the mask and goggles are in my bag. She also stated she had not received any training about

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H25824	A. BUILDING: ____ B. WING ____	C 07/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ENCORE AT THE TWIN CITIES	2300 HAZELWOOD STREET NORTH MAPLEWOOD, MN 55109

(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
01252	Continued From page 5	01252		

when to wear a mask and eye protection.

On June 30, 2020, at approximately 11:00, a.m. employee E (an executive) was observed in the client's hallway taking pictures of the floor and walls for a future remodel project. Employee E was not wearing goggles. When asked, employee E stated no one told me to.

COMPLIANCE AUDITS

On June 30, 2020, at approximately 10:30 a.m., employee A (administrator) stated he was unable to provide any infection control compliance audits.

An interview on July 1, 2020, at approximately 11:00 a.m., employee F (regional director of wellness/registered nurse/RN) stated the Encore quality committee has not reviewed any infection control compliance audits from the Hugo facility.

An interview on July 1, 2020, at approximately 11:05 a.m., employee F stated all essential healthcare workers need to be screened at the door. Employees need to be screened at the door. Employee F stated she observed a staff person enter the building through a side entrance today and she instructed the administrator the staff need to enter the building through the front entrance. She said no staff can be working if they have a sore throat, cough, temperature, and yesterday we added gastrointestinal symptoms to the screen. Employee F stated clients need to be screened twice daily. Employee F stated essential healthcare workers need to be screened when entering the building. Employee F was not aware that presumptive clients were not isolated. Employee F said she was not aware the

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H25824	A. BUILDING: ______ B. WING ______	C 07/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ENCORE AT THE TWIN CITIES	**2300 HAZELWOOD STREET NORTH MAPLEWOOD, MN 55109**

(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
01252	Continued From page 6	01252		

employee B (RN) was sick when she was working yesterday or that she was not screened upon entry to the facility. Employee F stated employee E needs to wear eye protection when in the building.

On July 1, 2020, at approximately 11:00 a.m., employee A stated all staff were trained on wearing a mask and eye protection. Employee A stated he would give us the audits for infection control and covid but not. Employee A said employee would enter through the main door from now on and all staff must stay home if they are exhibiting symptoms.

The licensee's undated "Infection Control and Standard Precautions" policy lacked direction for caring for a covid 19 clients or how to prevent the spread of covid 19.
The policy did address donning and doffing isolation gowns but did not address when to wear them during a covid 19 outbreak.
The policy lacked instruction to screen clients, employees or essential healthcare workers.
The licensee did not provide a policy about isolating clients.

No further information was provided.

TIME PERIOD FOR CORRECTION: Two (2) days