STATE LICENSING COMPLIANCE REPORT

Report #: HL28352038C

Date Concluded: September 14, 2020

Name, Address, and County of Facility Investigated:
Cherrywood Pointe at Lexington
2680 Lexington Avenue North
Roseville, MN 55113
Ramsey County

Name, Address, and County of Housing with Services Registration:
Ebenezer Management Services
2722 Park Avenue South
Minneapolis, MN 55407
Hennepin County

Facility Type: Home Care Provider

Investigator's Name:
Christine Bluhm, RN
Special Investigator

An investigator from the Minnesota Department of Health conducted an inspection to determine compliance with state laws and rules governing the provision of care under Minnesota Statutes, Chapter 144 and 144A. The purpose of this visit was to review if facility policies and practices comply with applicable laws and rules. No maltreatment under Minnesota Statutes, Chapter 626 was alleged.

To view a copy of the correction orders, if any, 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 state form.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H28352	A. BUILDING: _____ B. WING _____	C 08/20/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EBENEZER MANAGEMENT SERVICES, INC	2722 PARK AVENUE SOUTH MINNEAPOLIS, MN 55407

(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 an investigation. 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 August 20, 2020, the Minnesota Department of Health initiated an investigation of complaint #HL28352038C. At the time of the investigation, there were #23 clients receiving services under the comprehensive license. The following correction order is issued/orders are issued for #HL28352038C, tag identification 810, 860.	0 000	The Minnesota Department of Health documents 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 are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the investigators' findings is the Time Period for Correction. Per Minnesota Statute § 144A.474, Subd. 8(c), the home care provider must document any action taken to comply with the correction order. A copy of the provider's records documenting those actions may be requested for licensing order follow-ups. The home care provider is not required to submit a plan of correction for approval; please disregard the heading of the fourth column, which states "Provider's Plan of Correction." The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to Minn. Stat. § 144A.474, Subd. 11 (b).	
0 810 SS=D	144A.479, Subd. 6(b) Individual Abuse Prevention Plan (b) Each home care provider must develop and	0 810		

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0 810	Continued From page 1 implement an individual abuse prevention plan for each vulnerable minor or adult for whom home care services are provided by a home care provider. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults or minors; the person's risk of abusing other vulnerable adults or minors; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults or minors. For purposes of the abuse prevention plan, the term abuse includes self-abuse. This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to identify and update the specific measures to be taken to minimize the risk of abuse on the individual prevention plan for two of two clients (C1, C2) reviewed. The licensee failed to document and detail the measures taken to minimize C1's risk of abuse by C2 and C2's risk of abuse toward C1. This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety) and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). Findings include: C1's record was reviewed. C1 moved had a diagnoses that included but not limited to dementia.	0 810		

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0 810	Continued From page 2 C1's baseline care plan dated January 2, 2019, hand written and undated entry noted #5 keep stop sign on door to deter other residents from entering. C1's record was reviewed. C1's individual abuse prevention plan (IAPP), which licensee titled Vulnerability: Safety and Risk, dated April 12, 2020, indicated C1's area of vulnerability included being vulnerable to chronic conditions/pain/disability. The plan of action/intervention indicated "complained of pain today due to incident with another resident." Other statements included "client has some identified areas of potential vulnerability, but there are no signs of abuse or neglect. Interventions designed to address areas of vulnerability are described on form, client care plan, and on the caregiver's assignment sheets. There are signs of maltreatment which have been or are being reported. C1's IAPP lacked C1's susceptibility to abuse by others or specific interventions taken to minimize the risk of abuse. The IAPP was updated on April 12, 2020 but lacked updates to C1's vulnerability when other clients entered her room. C2's record was reviewed. C2 had a diagnosis that included but was not limited to dementia. C2's baseline care plan dated February 14, 2020, indicated C2 was independent with ambulation and did not use a walker. A hand written and undated entry #5 noted to keep C2 from wandering into other client's apartment. The plan lacked updated specific interventions to follow to minimize risk of further physical altercations.	0 810		

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0 810	Continued From page 3 C2's Dimensions care plan added April 12, 2020, indicated to keep client from wandering into other client's room. C2's IAPP, titled Vulnerability: Safety and Risk, dated April 12, 2020, indicated C2's area of vulnerability included orientation to person only, disoriented to place and time. Staff to redirect. Plan of action/intervention included client had anxiety and prone to agitation, sometimes difficult to redirect. Has scheduled medication for anxiety. Staff provide safety checks, staff engage in activity, provide supervision to keep client safe. The client had behaviors of wandering, and occasional physical aggression towards others. During interview on August 25, 2020 at 11:00 a.m., family member (FM)-E stated that the facility added interventions after the incident such as adding an extra call button and staff were to respond to the call light within 30 seconds, but that C2 could still have time to harm C1. A mesh stop sign across door was added. C1 was inconvenienced, every time she left her apt, she had to move it and put it back with her walker, making her more at risk of a fall. During interview on September 1, 2020, at 2:30 p.m., the Director of health services (DHS) stated a staff member was assigned to each hallway during shift change and a nurse to assess C1's pain daily. The mesh stop sign banner across her door "was very helpful." DSH stated she did not notice C1 was a fall risk while trying to remove and reattach the mesh banner. During interview on September 3, 2020 at 1:25 p.m., unlicensed staff person (ULP)-C stated she remembered when C2 "attacked" C1. C2 was	0 810		

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0 810	Continued From page 4 "extremely hard to redirect." During interview on September 3, 2020, at 3:00 p.m., ULP-D stated C2 was difficult to redirect. C2 would be "ready to fight" and "combative." A stop sign was put on C1's door. C1 preferred to be in her room and alone. C1 would be tearful sometimes and need reassurance to feel safe. During interview on September 4, 2020, at 2:05 p.m., ULP-G stated C2 could become violent. Each staff person cared for eight people so C2 couldn't be watched every minute to prevent her from going into C1's room. She always went into C1's room. The day of the incident, ULP-G heard the screams from C1 and she was very upset. C1 was "petrified." The mesh stop sign became a fall risk because C1 would have to take her hands off her walker to take it down and put it back up. ULP-G stated C2 was not appropriate there because of her behaviors. Facility policy titled Assessment of clients - Initial and Ongoing, review date November 15, 2019, indicated an assessment of the client's areas of vulnerability and susceptibility to maltreatment and whether the client poses a risk to other vulnerable adults. This is to be the basis for the client's individual abuse prevention plan that identifies the specific measures to be taken to minimize the risk of maltreatment to the client or to other vulnerable adults. PLAN OF CORRECTION: Seven (7) days	0 810		
0 860 SS=D	144A.4791, Subd. 8 Comprehensive Assessment and Monitoring Subd. 8.Comprehensive assessment, monitoring,	0 860		

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0 860	Continued From page 5 and reassessment. (a) When the services being provided are comprehensive home care services, an individualized initial assessment must be conducted in person by a registered nurse. When the services are provided by other licensed health professionals, the assessment must be conducted by the appropriate health professional. This initial assessment must be completed within five days after the date that home care services are first provided. (b) Client monitoring and reassessment must be conducted in the client's home no more than 14 days after the date that home care services are first provided. (c) Ongoing client monitoring and reassessment must be conducted as needed based on changes in the needs of the client and cannot exceed 90 days from the last date of the assessment. The monitoring and reassessment may be conducted at the client's residence or through the utilization of telecommunication methods based on practice standards that meet the individual client's needs. This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to assess the fall risks associated with the use of a doorway mesh stop sign banner for one of two clients (C1) reviewed for fall risk. C1 had to remove and replace the banner each time she passed through the doorway. This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety) and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of	0 860		

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0 860	Continued From page 6 staff are involved or the situation has occurred only occasionally). Findings include: C1's Record was reviewed. C1 moved into the facility on January 2, 2019, due to diagnoses that included dementia. C1's Baseline care plan dated January 2, 2019, contained a hand written and undated entry noting to keep stop sign on door to deter other clients from entering. C1's Fall Risk assessment dated November 27, 2019, indicated C1 ambulated with her rolling walker. An updated or more recent fall risk assessment was not provided. C1's individual abuse prevention plan (IAPP), which licensee titled Vulnerability: Safety and Risk, dated April 12, 2020, indicated C1's area of vulnerability included being vulnerable to chronic conditions/pain/disability. The plan of action/intervention indicated "complained of pain today due to incident with another resident." Interventions designed to address areas of vulnerability are described on form, client care plan, and on the caregiver's assignment sheets. The IAPP lacks any reassessment or updates of fall risk after the client's fall. C1's Service Plan document dated August 28, 2020, indicated C1 received services from the licensee that included memory care level 1 services; safety checks, medication checks and administration, laundry, housekeeping, vitals, showers, grooming, dressing, and meals. During interview on August 25, 2020 at 11:00	0 860		

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0 860	Continued From page 7 a.m., family member (FM)-E stated that the facility added interventions after the incident such as adding an extra call button and a mesh stop sign across the door was also added. C1 was inconvenienced, every time she left her apartment, she had to move the sign and put it back with trying to hold her walker, making her more at risk of a fall. During interview on September 1, 2020, at 2:30 p.m., the Director of health services (DHS)-B stated the mesh stop sign banner across her door "was very helpful." DSH stated she did not notice C1 was a fall risk while trying to remove and reattach the mesh banner. During interview on September 4, 2020, at 2:05 p.m., unlicensed person (ULP)-G stated the mesh stop sign became a fall risk because C1 would have to take her hands off her walker to take it down and put it back up each time she left her apartment. Facility policy titled Assessment of clients - Initial and Ongoing, review date November 15, 2019, indicated the registered nurse will reassess the client any time the client returns from a hospital or nursing home stay, has a change in care, experiences an incident such as a fall, or experiences any unusual symptoms or possible side effects from medications. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 860		