



PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Certified Mail # 7015 0640 0003 5695 6436
November 4, 2016

Mr. Andrew Burnside, Administrator
MN Veterans Home Hastings
1200 East 18th Street
Hastings, MN 55033

****This letter and 2567 amends and replaces the previous 2567 and letter dated October 18, 2016. Please shred the 2567 and letter dated October 18, 2016. ****

Re: Enclosed State Boarding Care Home Licensing Orders - Project Number SL00788025

Dear Mr. Burnside:

The above facility survey was completed on September 29, 2016 for the purpose of assessing compliance with Minnesota Department of Health Boarding Care Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health, Health Regulation Division, noted one or more violations of these rules that are issued in accordance with Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.

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

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 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.

Mn Veterans Home Hastings

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

When all orders are corrected, the order form should be signed and returned to this office at Minnesota Department of Health, P.O. Box 64900, St. Paul MN, 55164-0900.

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 me.

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,

A handwritten signature in cursive script that reads "Kate Johnston". The signature is written in black ink and is positioned above the typed name and contact information.

Kate JohnsTon, Program Specialist
Program Assurance Unit
Licensing and Certification Program
Health Regulation Division
85 East Seventh Place, Suite 220
P.O. Box 64900
St. Paul, Minnesota 55164-0900
kate.johnston@state.mn.us
Telephone: (651) 201-3992 Fax: (651) 215-9697

Enclosure(s)

cc: Licensing and Certification File

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00788	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/29/2016
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NAME OF PROVIDER OR SUPPLIER MN VETERANS HOME HASTINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 EAST 18TH STREET HASTINGS, MN 55033
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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
3 000	<p>INITIAL COMMENTS</p> <p>*****ATTENTION*****</p> <p>BOARDING CARE HOME LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, 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 indicated below. When a rule 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.</p> <p>INITIAL COMMENTS: On 9/28/16, 9/27/16, 9/28/16 and 9/29/16, surveyors of this Department's staff visited the above Licensed Board and Care provider and the following licensing orders were issued. When corrections are completed, please sign and date, make a copy of these orders and return the</p>	3 000 11/17/16 SER	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 Nursing Homes.	

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Carleen Brunside

TITLE
Administrator

(X6) DATE
11-16-16

STATE FORM

6899

1BNP11

If continuation sheet 1 of 56

Minnesota Department of Health

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3 000	<p>INITIAL COMMENTS</p> <p>*****ATTENTION*****</p> <p>BOARDING CARE HOME LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, 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 indicated below. When a rule 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.</p> <p>INITIAL COMMENTS: On 9/26/16, 9/27/16, 9/28/16 and 9/29/16, surveyors of this Department's staff visited the above Licensed Board and Care provider and the following licensing orders were issued. When corrections are completed, please sign and date, make a copy of these orders and return the</p>	3 000	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 Nursing Homes.	

Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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3 000	<p>Continued From page 1</p> <p>original to the Minnesota Department of Health, Health Regulation Division, Licensing and Certification Program;</p> <p>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 Boarding Care Homes.</p> <p>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 which 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.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.</p>	3 000	<p>The assigned tag number appears in the far left column entitled " ID Prefix Tag." 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 which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyors findings are the Suggested Method of Correction and Time period for Correction.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.</p>	
3 620	<p>MN Rule 4655.3300 Subp. 1 Admission Record; Contents of record</p> <p>Subpart 1. Contents of record. The admission record shall be initiated for each patient and resident within 72 hours after admission and</p>	3 620		

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3 620	<p>Continued From page 2</p> <p>contain identifying information including: name, previous address, social security number, sex, marital status, age, date and place of birth, previous occupation, date and hour of admission; name, address, and telephone number of the nearest relative, and the person to be notified in an emergency or death; information as to funeral arrangements, if available; church affiliation and pastor; and the name of the patient's or resident's attending physician.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure a complete and accurate admission record for 5 of 5 residents (R37, R14, R117, R23 and R92) .</p> <p>Findings include:</p> <p>Review of admission records for R37, R14, R117, R23 and R92 revealed each was missing at least one of the following components: previous address, birthplace, previous occupation, church affiliation and pastor.</p> <p>On 9/29/16 between 9 a.m. and 11 a.m. the health information supervisor verified the accuracy of admission records.</p> <p>SUGGESTED METHOD OF CORRECTION: The health information supervisor (HIS) or designee could review and revise systems for completion of admission record and train staff in completion of admission record. HIS or designee could monitor for compliance.</p>	3 620		

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3 620	Continued From page 3 TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	3 620		
3 830	<p>MN Rule 4655.4700 Subp. 1 Physicians Examinations and Orders;Admission</p> <p>Subpart 1. Physical examination at admission. Each patient or resident shall have an admission medical history and complete physical examination performed and recorded by a physician within five days prior to or within 72 hours after admission. The medical record shall include: the report of the admission history and physical examination; the admitting diagnosis and report of subsequent physical examinations; reports of appropriate laboratory examinations; general medical condition including disabilities and limitations; instructions relative to the patient's or resident's total program of care; written orders for all medications with stop dates, treatments, special diets, and for extent or restriction of activity; physician's orders and progress notes; and condition on discharge or transfer, or cause of death.</p> <p>Pursuant to Minnesota Rule 4655.1000, and as defined in Minnesota Department of Health Informational Bulletin 09-03 Tuberculosis Prevention and Control Guidelines:Boarding Care Home, Minnesota Rule 4655.4700 Subpart 1 pertaining to Resident Tuberculosis Program is waived.</p> <p>Conditions of Waiver:</p> <ul style="list-style-type: none"> - Follow the U.S. Centers for Disease Control and Prevention's "(Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005," (MMWR) 2005; 54 	3 830		

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3 830	<p>Continued From page 4</p> <p>(No. RR-17), and as subsequently amended, for infection control procedures and requirements ("CDC Guidelines"). Refer to the "CDC Guidelines" for complete definitions of terms.</p> <ul style="list-style-type: none"> - Assign administrative responsibility for the tuberculosis (TB) infection control & prevention program to appropriate personnel. Administrative responsibilities include establishment of an infection control team (one or more individuals), completion (and periodic review) of a written TB risk assessment, and development (and periodic review) of a written TB infection control plan. - All residents must receive baseline TB screening within 72 hours of admission or within 3 months prior to admission. TB Screening must include an assessment of the resident's risk factors for TB, and any current TB symptoms, and a two-step TST or a single interferon gamma release assay (IGRA) for M. tuberculosis (e.g., QuantiFERON ® TB Gold or TB Gold In Tube, T-SPOT ®.TB). - All reports and copies of resident tuberculin skin tests (TSTs), results from IGRAs for M. tuberculosis, medical evaluations, and chest radiograph results must be maintained in the resident's medical record. Consult current CDC recommendations for the diagnosis of TB for recommended follow-up of residents who display signs or symptoms of active TB disease. 	3 830		

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3 830	<p>Continued From page 5</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure 5 of 5 newly admitted residents, (R37, R9, R12, R90, R138) received a physical examination by a physician upon admission and failed to ensure medications were ordered by a physician and discharge orders were completed by a physician upon discharge for 1 of 5 residents (R160) whose records were reviewed.</p> <p>Findings include:</p> <p>R37's admission history and physical examination, dated 10/27/15 revealed it was completed by a nurse practitioner, not a physician.</p> <p>On 9/27/16 at 3:35 p.m., the medical director (MD), reported a nurse practitioner would complete the physical examinations. He would then complete a review of the patient record and the NP examination and either write and sign or simply sign.</p> <p>On 9/28/16 at 10:20 a.m. the administrator reported the facility had an onsite clinic and used nurse practitioners (NP) to provide care to residents, such as physical examinations and writing orders, as this was in an NP's scope of practice. The facility also had a physician medical director.</p> <p>R9's admission history and physical examination, dated 8/22/16 revealed it was completed by a nurse practitioner, not a physician.</p> <p>R12's admission history and physical</p>	3 830		

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3 830	<p>Continued From page 6</p> <p>examination, dated 8/4/16 revealed it was completed by a nurse practitioner, not a physician.</p> <p>R90's admission history and physical examination, dated 8/4/15 revealed it was completed by a nurse practitioner, not a physician.</p> <p>R138's admission history and physical examination, dated 11/19/15 revealed it was completed by a nurse practitioner, not a physician.</p> <p>Review of R160's discharge orders dated 1/4/16, revealed discharge orders, including individual medication orders dated 1/4/16, were not completed by a physician. They were completed by a nurse practitioner.</p> <p>R160's orders, dated 1/1/2016-1/31/2016 revealed medications ordered by a nurse practitioner, not a physician. R160's January 2016 medication administration record (MAR) revealed these medications were distributed to R160.</p> <p>Facility's discharge policy dated 5/13/88, revealed "I. written discharge order by physician will be obtained if discharge is planned in advance. If discharge is unexpected, a phone order from the physician will be obtained. Order will include time and type of discharge. II. Discharge medications will be counted and listed, either sent with resident if approved by doctor, or destroyed according to proper procedure... Doctor's order will include disposition of medications."</p> <p>SUGGESTED METHOD FOR CORRECTION: The administrator or designee could review and</p>	3 830		

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3 830	Continued From page 7 revise procedures related to admission history and physicals and discharge medication orders, train staff related to these procedures and monitor for compliance. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	3 830		
3 835	MN Rule 4655.4700 Subp. 2 Physicians Examinations and Orders;Periodic Subp. 2. Periodic physical examination requirements. Each nursing home patient shall be examined by a physician at least every six months and each boarding care home resident at least annually or more often if indicated by the clinical condition. This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure 8 of 9 residents residing at the facility for more than 1 year, (R117, R23, R92, R24, R42, R61, R113, and R28) had annual physical examinations completed by a physician. Findings include: R117's annual review and physical exam, completed 7/25/16, revealed it was completed by a nurse practitioner and not a physician. R23's annual review and physical exam, completed 4/29/16, revealed it was completed by a nurse practitioner and not a physician. R92's annual review and physical exam, completed 4/6/16, revealed it was completed by a	3 835		

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3 835	<p>Continued From page 8</p> <p>nurse practitioner and not a physician.</p> <p>On 9/27/16 at 3:35 p.m., the medical director (MD), reported a nurse practitioner would complete the physical examinations. He would then complete a review of the patient record and the NP examination and either write and sign or simply sign.</p> <p>On 9/28/16 at 10:20 a.m. the administrator reported the facility had an onsite clinic and used nurse practitioners (NP) to provide care to residents, such as physical examinations and writing orders, as this was in an NP's scope of practice. The facility also had a physician medical director.</p> <p>R24's annual review and physical exam, completed 5/25/16, revealed it was completed by a nurse practitioner and not a physician.</p> <p>R42's annual review and physical exam, completed 7/14/16, revealed it was completed by a nurse practitioner and not a physician.</p> <p>R61's annual review and physical exam, completed 3/8/16, revealed it was completed by a nurse practitioner and not a physician.</p> <p>R113's annual review and physical exam, completed 5/19/16, revealed it was completed by a nurse practitioner and not a physician.</p> <p>R28's annual review and physical exam, completed 2/12/16, revealed it was completed by a nurse practitioner, not a physician.</p> <p>SUGGESTED METHOD FOR CORRECTION:</p>	3 835		

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3 835	Continued From page 9 The administrator or designee could review and revise procedures related to annual history and physicals, train staff related to these procedures and monitor for compliance. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	3 835		
3 840	MN Rule 4655.4700 Subp. 3 Physicians Examinations and Orders; Records Subp. 3. Records of physical examinations. A progress note shall be recorded in the patient's or resident's record at the time of each examination. This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure 1 of 14 residents (R14) had a progress note in the record for the most recent physical examination. Findings include: R14's record had no record of a physical examination within the previous 12 months. On 9/27/16 at 3:25 p.m. the health information supervisor (HIS) confirmed findings and explained R14 went to a clinic outside the facility for the annual physical examination. HIS explained the record of this annual physical examination was not requested by the outside clinic. Records from outside clinics were not requested unless a nurse practitioner or physician requested it.	3 840		

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3 840	<p>Continued From page 10</p> <p>On 9/27/16 at 4:10 p.m. R14 confirmed R14 had a physical examination in October of 2015 at a clinic outside the facility.</p> <p>SUGGESTED METHOD FOR CORRECTION: The administrator or designee could review and revise procedures related to annual history and physicals, train staff related to these procedures and monitor for compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	3 840		
3 980	<p>MN Rule 4655.6400 Subp. 2G Adequate Care; Clean linen</p> <p>Subp. 2. Criteria for determining adequate care. Criteria for determining adequate and proper care shall include:</p> <p>G. Clean linen. Bed linen shall be changed weekly, or more often as needed. Beds shall be made daily and straightened as necessary.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the facility failed to ensure 3 of 140 residents (R43, R127 and R32) had clean linen and bed made.</p> <p>Findings include:</p> <p>A tour was completed of Building 23 with a maintenance worker (PME)-A on 9/28/16 between 8:20 a.m. and 9:50 a.m. The following concerns were observed and confirmed by PME-A.</p>	3 980		

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3 980	<p>Continued From page 11</p> <p>R43's room was observed. The bed was piled with clothes. R43 reported no one helped him with cleaning his room. PME-A reported the room had been in a similar condition "for years."</p> <p>R127 and R94's room was observed. The pillow case and comforter on the bed was stained yellow.</p> <p>R32's room was observed. The bed had large pile of cardboard and plastic boxes. Surrounding the boxes was an accumulation of dust on the mattress. PME-A noted the room had been in a similar condition for about a year and a half.</p> <p>SUGGESTED METHOD FOR CORRECTION: The administrator or designee could ensure resident beds are made and clean linen is provided on a at least a weekly basis. The administrator or designee could review and revise related procedures. Staff could be trained related to these procedures. The administrator or designee could monitor for compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty One (21) days.</p>	3 980		
31010	<p>MN Rule 4655.7000 Subp. 1A Patient or Resident Units; Comfortable bed</p> <p>Subpart 1. Requirements. The following items shall be provided for each patient or resident:</p> <p>A. A comfortable bed at least 36 inches wide, good springs, and a clean, firm, comfortable mattress and mattress pad. At least one clean,</p>	31010		

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31010	<p>Continued From page 12</p> <p>comfortable pillow with extra pillows available to meet the patient's needs. Clean, lightweight blankets and bed linen in good condition and of the proper size shall be kept on hand for use at all times. Clean sheets and pillow cases shall be furnished at least once a week. Each bed shall have a washable bedspread. A moisture-proof mattress cover or rubber or plastic sheeting shall be provided for mattresses of all bed patients and for other beds as necessary. Rollaway type beds, cots, or folding beds shall not be used.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview the facility failed to ensure 4 of 140 residents, (R43, R127, R94 and R32) had a comfortable and clean bed and bed linen.</p> <p>Findings include:</p> <p>A tour was completed of Building 23 with a maintenance worker (PME)-A on 9/28/16 between 8:20 a.m. and 9:50 a.m. The following concerns were observed and confirmed by PME-A.</p> <p>R43's room was observed. The bed was piled with clothes. R43 reported no one helped him with cleaning his room. PME-A reported the room had been in a similar condition "for years."</p> <p>R127 and R94's room was observed. The pillow case and comforter on the bed was stained yellow.</p> <p>R32's room was observed. The bed had an accumulation of cardboard and plastic boxes. Surrounding the boxes was an accumulation of</p>	31010		

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31010	Continued From page 13 dust on the mattress. PME-A noted the room had been in a similar condition for about a year and a half. SUGGESTED METHOD FOR CORRECTION: The administrator or designee could ensure resident rooms are cleaned and clean linen is provided on a at least a weekly basis. The administrator or designee could review and revise related procedures. Staff could be trained related to these procedures. The administrator or designee could monitor for compliance. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	31010		
31105	MN Rule 4655.7810 Distribution of Medications A system shall be developed in each boarding care home to assure that all medications are distributed safely and properly. All medications shall be distributed and taken exactly as ordered by the physician. Any medication errors or resident reactions shall be reported to the physician at once and an explanation made in the resident's personal care record. This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure 10 of 14 residents reviewed (R117, R92, R14, R37, R23, R9, R12, R28, R90, R138) were only distributed medications with physician orders and ensure medications were ordered by a physician and discharge orders were completed by a physician upon discharge for 1 of 5 residents (R160) whose	31105		

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31105	<p>Continued From page 14</p> <p>records were reviewed.</p> <p>Findings include:</p> <p>R117's current orders, dated 9/20/16 and 8/29/16 revealed medications ordered by a nurse practitioner, not a physician. R117's September 2016 MAR revealed these medications were distributed to R117.</p> <p>R92's current orders, dated 7/26/16 revealed medications ordered by a nurse practitioner, not a physician. R92's September 2016 MAR revealed these medications were distributed to R92.</p> <p>R14's current orders, dated 7/26/16 revealed medications ordered by a nurse practitioner, not a physician. R14's September 2016 MAR revealed these medications were distributed to R14.</p> <p>R37's current orders, dated 8/24/16 revealed medications ordered by a nurse practitioner, not a physician. 37's September 2016 MAR revealed these medications were distributed to R37.</p> <p>R23's current orders, dated 7/26/16 revealed medications ordered by a nurse practitioner, not a physician. R23's September 2016 MAR revealed these medications were distributed to R23.</p> <p>On 9/28/16 at 10:20 a.m. the administrator reported the facility had an onsite clinic and used nurse practitioners (NP) to provide care to residents, such as physical examinations and writing orders, as this was in an NP's scope of practice. The facility also had a physician medical director.</p>	31105		

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31105	<p>Continued From page 15</p> <p>R9's current orders, dated 9/15/16 and 8/23/16 revealed medications ordered by a nurse practitioner, not a physician. R9's September 2016 MAR revealed these medications were distributed to R9.</p> <p>R12's current orders, dated 9/28/16 and 9/15/16 revealed medications ordered by a nurse practitioner, not a physician. R12's September 2016 MAR revealed these medications were distributed to R12.</p> <p>R28's current orders, dated 9/15/16 and 9/14/16 revealed medications ordered by a nurse practitioner, not a physician. R28's September 2016 MAR revealed these medications were distributed to R28.</p> <p>R90's current orders, dated 9/23/16 and 9/15/16 revealed medications ordered by a nurse practitioner, not a physician. R90's September 2016 MAR revealed these medications were distributed to R90.</p> <p>R138's current orders, dated 9/27/16 and 9/15/16 revealed medications ordered by a nurse practitioner, not a physician. R138's September 2016 MAR revealed these medications were distributed to R138.</p> <p>Review of R160's discharge orders dated 1/4/16, revealed discharge orders, including individual medication orders dated 1/4/16, were not completed by a physician. They were completed by a nurse practitioner.</p> <p>R160's orders, dated 1/1/2016-1/31/2016 revealed medications ordered by a nurse</p>	31105		

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31105	<p>Continued From page 16</p> <p>practitioner, not a physician. R160's January 2016 medication administration record (MAR) revealed these medications were distributed to R160.</p> <p>Facility's discharge policy revealed "I. written discharge order by physician will be obtained if discharge is planned in advance. If discharge is unexpected, a phone order from the physician will be obtained. Order will include time and type of discharge. II. Discharge medications will be counted and listed, either sent with resident if approved by doctor, or destroyed according to proper procedure... Doctor's order will include disposition of medications."</p> <p>SUGGESTED METHOD FOR CORRECTION: The administrator or designee could review and revise procedures related to distribution of medications, train staff related to these procedures and monitor for compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	31105		
31130	<p>MN Rule 4655.7830 Subp. 1 Medication Containers; Labeled containers</p> <p>Subpart 1. Storage in labeled containers. All medications shall be kept in their original container bearing the original label with legible information stating the prescription number, name of drug, strength and quantity of drug, expiration dates of all time-dated drugs, directions for use, resident's name, physician's name, date of original issue or in the case of a refill, the most recent date thereof, and name and address of the licensed pharmacy which issued the medications. It shall be the responsibility of</p>	31130		

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31130	<p>Continued From page 17</p> <p>the boarding care home to secure the prescription number and name of the medication if these are not on the label.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to ensure medication were stored and labeled properly for 7 of 13 residents (R32, R39, R80, R90, R91, R118 and R128) reviewed for medication storage and failed to ensure to the label of medication bottle for 1 of 1 resident (R118) reviewed for medication administration</p> <p>Findings include:</p> <p>During observations of medication storage area at the facility, medications for R32, R39, R80, R90, R91, R118 and R128, which included eye drops and insulin, lacked resident name, medication name and direction label, lacked dates to indicate when they were opened, or the medications were expired.</p> <p>During the medication storage tour on 9/26/16, at 2:35 p.m. with the licensed practical nurse (LPN)-A, in the medication room (Pharmacy), multiple opened, undated and unlabeled medication bottles and pen were stored in medication bins. Observations included the following:</p> <ul style="list-style-type: none"> - R32's Timolol Maleate solution 0.5% (Ocular hypertension) eye drop bottle was opened, used and was undated. - R39's Timolol Maleate solution 0.25 % (Glaucoma). Latanoprost solution 0.005% (Glaucoma) eye drop bottles were opened, used and were undated. 	31130		

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31130	<p>Continued From page 18</p> <ul style="list-style-type: none"> - R80's Lantus insulin pen (Diabetes) was opened, used and was undated. - R90's Timolol Maleate solution 0.5 % (Glaucoma) was opened, used and was undated. - R91's Travoprost Z solution 0.004 % was opened, used and was undated. - R118's Dorzolamide HCL-Timolol Maleate solution 22.3-6.8 mg/ml (Glaucoma) and Prednisolone Acetate suspension 1% (cataracts) were opened, used and were undated. In addition, Dorzolamide-timolol Maleate solution and Brimonidine Tartrate solution were observed to be opened, undated, unlabeled, used and was stored in R118 medication bin in the pharmacy room. - R128's Timolol Maleate solution 0.5 % (pressure in the eye) was opened, used and was undated. <p>During an interview on 9/26/16, at 3:05 p.m. LPN-A verified the medications were not stored and labeled properly and needed to be labeled and stored properly. LPN-A added that opened medications needed to be dated when opened and insulin are normally dated when opened. Will ask registered nurse (RN)-A with what to do with the eye drops bottles and the insulin pen that were not stored and labeled properly.</p> <p>During interview with LPN-B on 9/26/16, at 3:20 p.m. RN-A verified the medication needed to be labeled and stored properly with proper labels. Further mentioned, "We will be destroying those eye drops and the insulin pen, reorder new one from our pharmacy and date them when open. My expectation is staff to date the eye drops and insulin pen when open."</p> <p>Policy and procedure dated 11/14/14, title EYE MEDICATION ADMINISTRATION, directed staff,</p>	31130		

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31130	<p>Continued From page 19</p> <p>"Preparation of equipment make sure the medication is labeled for ophthalmic use. Then check the expiration date. Remember to date the container the first time you use the medication ...".</p> <p>Policy and procedure dated 4/26/13, title LABELING OF MEDICATIONS, directed staff, "1. Medications dispensed to residents must be labeled in compliance with MN Board of Pharmacy ... name, address, and telephone number of the pharmacy filling the prescription drug order patient ' s name prescription number name of prescribing practitioner 2. Medication labels must be legible at all times. Medication containers that are illegible or inadequate must be returned to the dispensing pharmacy for relabeling by the pharmacist or destroyed according to the facility ' s policy for medication destruction."</p> <p>Policy and procedure dated 4/09, title ADMINISTRATION OF INSULIN, directed staff, "1. Check medication order. 2. Obtain appropriate insulin syringe. 3. Obtain insulin ordered. 4. When opening a bottle of new insulin, affix label, ' To Discard _____ Days After opening.' 'Date open _____.'"</p> <p>SUGGESTED METHOD FOR CORRECTION: The administrator or designee could review and revise procedures related to medication storage and labeling, train staff related to these procedures and monitor for compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	31130		
31180	MN Rule 4655.8300 Subp. 1&3 Linen; Soiled linen	31180		

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31180	<p>Continued From page 20</p> <p>Subpart 1. Application. Subparts 2 to 6 apply to boarding homes only.</p> <p>Subp. 3. Soiled linen. Soiled linen shall be collected in a cleanable hamper, container, or bag for removal to the soiled linen collection room or to the laundry. Hampers, containers, or bags shall be cleaned or washed regularly. Easily cleanable laundry trucks or containers for off-the-floor storage and sorting of soiled linen shall be provided.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and observation, the facility failed to ensure soiled linen containers were kept in a cleanable condition on the 3rd floor East shower room. This had the potential to impact 42 of 43 residents on the 3rd floor of building 23.</p> <p>Findings include:</p> <p>A tour was completed of Building 23 with a maintenance worker (PME)-A on 9/28/16 between 8:20 a.m. and 9:50 a.m. The following concerns were observed and confirmed by PME-A.</p> <p>The 3rd floor East shower was observed with a towel bin covered in rust.</p> <p>SUGGESTED METHOD FOR CORRECTION: The administrator or designee could replace any towel bins found covered in rust or not cleanable with a cleanable towel bin.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one</p>	31180		

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31180	Continued From page 21 (21) days.	31180		
31305	<p>MN Rule 4655.8670 Subp. 1 Food Supplies; Food</p> <p>Subpart 1. Food. All food shall be from sources approved or considered satisfactory by the commissioner of health, and shall be clean, wholesome, free from spoilage, free from adulteration and misbranding, and safe for human consumption. No hermetically sealed, nonacid, or low-acid food which has been processed in a place other than a commercial food-processing establishment shall be used.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and document review, the facility failed to maintain building 23 second and third floor kitchenette lounge units in a sanitary manner. This had the potential to impact 85 residents residing on 2nd and 3rd floor of building 23.</p> <p>Findings include:</p> <p>On 9/27/16, at 2:20 p.m. third floor west kitchenette lounge unit tour was completed with the registered dietician (RD). Two dirty plates, two forks and a small bowl were observed sitting on the table. RD stated there should be a plastic bin on the table for dirty dishes to be picked up once daily.</p> <p>On 9/27/16, at 2:30 p.m. third floor west kitchenette lounge unit tour was completed with general maintenance worker (GMW-A). The following concerns were observed and confirmed by GMW-A. The microwave was observed to have food</p>	31305		

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31305	<p>Continued From page 22</p> <p>splatter on the inside top, back and sides. The freezer contained two bags of fish, one dated 7/8/16, and the other bag was undated. The freezer contained an unlabeled store container of cheese macaroni. The refrigerator contained an unlabeled, undated container of soup and a small plastic container of meat. There were five bags of small carrots and one undated, unlabeled apple. All three plastic storage bins had food drippings on the top and sides.</p> <p>GMW-A confirmed the refrigerator cleaning schedule did not have September dates checked as being cleaned and indicated staff should check it daily and clean regularly. GMW-A confirmed food items opened and undated would be tossed. GMW-A stated the food bins should be cleaned. GMW-A observed the cleaning schedule and stated staff should clean once a week and check the refrigerator daily. GMW-A further stated the refrigerators were cleaned every Wednesday. GMW-C walked into the lounge with the housekeeper cleaning cart. When asked about the weekly September cleaning schedule not being checked off, GMW-C stated "must have forgotten to mark the cleaning sheet" and proceeded to clean the refrigerator.</p> <p>On 9/29/16, at 11:15 a.m. the second floor west kitchenette lounge unit tour was completed with general maintenance worker (GMW-A). The following concerns were observed and confirmed by GMW-A.</p> <p>The microwave was observed to have food splatter on the inside back and sides. The refrigerator contained a bag of undated chicken, bagged undated cheeseburger, and undated partially full drink cup. The freezer contained a cup of unlabeled ice cream. The drawers contained a rotting apple, dirty plastic mug, dirty plastic bag and tissues. GMW-A confirmed the</p>	31305		

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31305	<p>Continued From page 23</p> <p>refrigerator cleaning schedule did not have September dates checked as being cleaned for the weeks of 9/14, 9/21, and 9/28. Facility resident expectations policy dated 9/14, revealed: "8) Food stored in the lounge refrigerators must have a name and date on it or it will be disposed of." Facility 2:30 to 6:30 routine check list of duties policy revised 2-15-16, revealed: "4. Check third floor bins for dirty dishes. Sanitize table and replace with a fresh bin."</p> <p>SUGGESTED METHOD OF CORRECTION: The environmental supervisor or designee could develop and implement a system to monitor resident refrigerators and food storage area for cleanliness and expired food. Refrigerators and food storage areas could be regularly cleaned and expired food discarded. The dietary manager or designee could educate residents and staff on basic food safety.</p> <p>TIME PERIOD FOR CORRECTION: Ten (10) days</p>	31305		
31455	<p>MN Rule 4655.9000 Subp. 1 Housekeeping; General Requirements</p> <p>Subpart 1. General requirements. The entire facility, including walls, floors, ceilings, registers, fixtures, equipment, and furnishings shall be maintained in a clean, sanitary, and orderly condition throughout and shall be kept free from offensive odors, dust, rubbish, and safety hazards. Accumulation of combustible material or waste in unassigned areas is prohibited.</p> <p>This MN Requirement is not met as evidenced</p>	31455		

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31455	<p>Continued From page 24</p> <p>by: Based on observation, interview and document review, the facility failed to ensure the environment was kept in a clean, sanitary and orderly condition. This had the potential to impact all 140 residents residing at the facility including: R43, R127, R94, R32, R79, R30, R25, R2, R50, R121, R59, R51 and R95.</p> <p>Findings include:</p> <p>A tour was completed of building 23 with a maintenance worker (PME)-A on 9/28/16 between 8:20 a.m. and 9:50 a.m. The following concerns were observed and confirmed by PME-A. PME-A noted many of the residents had physical, mental and emotional challenges that made it difficult to clean the room without staff assistance.</p> <p>The handrails of floors 2, 3 and 4 had numerous multicolor spots on them. The floors and stairwells were traversed by surveyors at various times of day and evening on 9/26, 9/27, 9/28 and 9/29 and were observed each time with an accumulation of dust, dried spills and dirt.</p> <p>R43's room was observed. The bed was piled with clothes. Several boxes were on the floor. The floor had an accumulation of crumbs and garbage, such as spoons, cups and old food containers. Brown stains were noted on the table and heater. There was tape on the window blinds. R43 reported no one helped him with cleaning his room. PME-A reported the room had been in a similar condition "for years."</p> <p>R127 and R94's room was observed. The window sills and wardrobe had an accumulation of dust on them. The fridge had a ring of black substance</p>	31455		

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31455	<p>Continued From page 25</p> <p>on the inside surface. MW reported he thought it was mold. There were brown spills noted on the outside of the fridge. The floor was sticky with an accumulation of dust, soiled facial tissues, food, cobwebs, bugs and hair on it. The mats had an accumulation of dirt on them. There were also dried spills on the floor of various colors. The pillow case and comforter on the bed was stained yellow. Holes and stains were noted on the curtains.</p> <p>R32's room was observed. The bed had an accumulation of cardboard and plastic boxes. Surrounding the boxes was an accumulation of dust on the mattress. There was an accumulation of dirt, spills and garbage o on the floor. There was an accumulation of dust on the fan, wardrobe and nightstand. A film was noted on the blank plate next to electrical switch. The ceiling lights were out. R32 reported they were out for 2 weeks. R32 reported he was solely responsible for room order, and had received no assistance from staff.</p> <p>Lounge 426 was observed. There was an accumulation of dust on the window sills and lamp and an accumulation of dust and dead bugs in the window tracks. Six out of seven chairs were worn and stained.</p> <p>R79's room was observed. There was a buildup of dirt and dust on the windows, floor and heat register. Garbage was on the floor.</p> <p>R30's room was observed. The heat register vent was covered in rust.</p> <p>The 418 mop closet had an accumulation of garbage and dirt on the floor.</p>	31455		

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31455	<p>Continued From page 26</p> <p>Near rooms 251 and 253 there were noted 3 stained chairs in the hallways.</p> <p>The 2nd floor west lounge had 11 chairs, each worn and stained. The floor was worn with stains. R44 noted the furniture and floor in the lounge were "old" and need to be replaced." The 2nd floor east lounge had 7 chairs worn with stains, some with blankets or towels on them. R125 noted residents put blankets and towels on the chairs because they were sticky. R125 suggested, regarding the chairs to either "throw in garbage or get cleaner" and noted the carpet was "pretty worn out" The carpet was noted to be worn and stained in several areas, particularly near the sink. The windowsills around the perimeter of the lounge were coated with dust.</p> <p>The dining room on 2nd floor was noted to have stains, worn areas and tears in the carpet at various times of day during the survey on 9/26, 9/27, 9/28 and 9/29. The windows and window sills were noted to have an accumulation of dust, cobwebs and dead bugs.</p> <p>R25's room had an accumulation of dust and dried spills on the floor. Garbage and food wrappers were strewn throughout the room. R25 noted no staff helped clean his room.</p> <p>R2 and R50's room had towels and paper towels with brown stains on the floor. Garbage and dust had accumulated on the floor.</p> <p>R121's room had an accumulation of dust buildup on window sills, heat register and floor. Cobwebs were noted in the corners.</p> <p>The center elevator tracks had a large accumulation of dirt and dust buildup and spots</p>	31455		

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31455	<p>Continued From page 27</p> <p>were noted on the walls of the elevator.</p> <p>Lounge 351 was noted to have 7 stained chairs. The carpet was wearing thin, especially near the sink. Dust was accumulated on the window sills around the outside of the room.</p> <p>R59's room had bowls of crusty noodles with sauce and multicolored specks in them. The room had an odor of body odor and rotten food. There was a thick accumulation of dirt and dust on the floor, heat register and nightstand. Dirty clothes garbage and papers were strewn throughout the room.</p> <p>A drinking fountain near room 337 was cracked and covered with duct tape.</p> <p>The 3rd floor East shower room had stained sinks. A buildup of dust and dead bugs was noted on the window ledge, window panes, between the window screens. Dust was buildup on the floor , a ceiling vent in a shower stall and and on the soap dispensers of the shower stalls. One out of 3 shower curtains did not provide full visual privacy. Red, yellow and orange stains and buildup were noted in the grout in the shower stalls and on the shower curtains. A towel bin was covered in rust. A 3rd floor bathroom had sticky floor, dirt and bugs between window panes.</p> <p>R51's room had walls lined with boxes of knick knacks and blocked access to the heat register.</p> <p>R95's room had dirt, cigarette butts, and newspapers on the floor. A brown spill dried on the floor near the bed. R95 noted the spill had been there "about a week" The heat register, window sills and piles of paper strewn throughout the room were covered in dust. R95 noted no</p>	31455		

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31455	<p>Continued From page 28</p> <p>staff person assisted with keeping his room clean and orderly.</p> <p>In lounge room 315 10 chairs were worn and stained. The carpet was worn within. Window sills around the room were covered in dust. A bed was sitting in the hallway of the lounge. PME-A noted it had been there "for weeks"</p> <p>On 9/28/16 at 10:20 a.m. the administrator noted the residents were expected to maintain room order on their own, without staff help, with the exception of mopping the floor. Health and Safety Rounds were to be completed weekly and staff should be working on a clean room project to help residents.</p> <p>The Resident Room Cleaning procedure, revised 1/2016 directed staff "Procedure: 1. Knock and announce your presence before entering. 2. Take the 5 qt. {quart} Bucket and/or spray bottle with germicidal into the resident room. Damp dust dresser. Damp dust floor lamp. 5. Damp dust bedside table. 6. Damp dust headboard of bed. 7. Proceed to foot of bed, damp dust. 8. Check all furniture, damp dust as needed. NOTE: As the Housekeeper proceeds around the room, spot check all walls and clean as needed with germicidal cleaner. 9. Spot check window and window frame-clean as needed. 10. Check exterior portion of patient's closet-damp dust and spot clean wall as needed. 11. Vacuum carpet. 12. Proceed to cleaning cart, return all equipment and return to room with dust mop, dust pan and counter brush. Weekly Cleaning or at Discharge-For equipment and other procedural information, refer to "High Dusting" procedures. Patient room weekly cleaning or at discharge specifically includes: 1. Ledge above patient door-damp dust. 2. Top of patient room</p>	31455		

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31455	<p>Continued From page 29</p> <p>door-damp dust. 3. Back of patient door-damp dust. 4. Patient's TV-wipe with germicide solution except the screen with glass cleaner. 5. Wall and ceiling vents-damp dust. 6. Check corners and baseboards."</p> <p>The Restroom Cleaning procedure directed staff "2. Wring out germicidal solution-start in one corner of restroom, damp wipe all surfaces. Remove marks or fingerprints from walls and partitions. 3. Proceed to sink area. Clean top to bottom, starting with light fixture. Damp wipe. 4. Spot check mirror-clean with glass cleaner. 5. Wring out cloth in germicidal solution and clean sink. Begin with inside, move to the top of the sink, then to outside and underneath the sink." and "10. Renew germicidal solution-clean the tub or shower stall." and "12. Remove all accumulation of soap and film from the soap holder. 13. Wring out cloth in germicidal solution and spot wash the walls." and "1. Clean all wall and ceiling vents with high dust tool" and "3. Clean by wiping the shower stalls with germicidal solution. 4. Scrub the shower floor with a short handled scrub brush and germicide solution."</p> <p>The Health and Safety Rounds Checklist, undated, directed staff "Heating/cooling unit must be accessible and bottom must not be blocked."; "Beds must have linens." "No open food or drink stored in room-nothing perishable for more than 1 day."; "Refrigerator must be clean and defrosted. No cardboard boxes are allowed on the floor. Trash must be properly contained-not overflowing. Furniture must be clean (not dusty, sticky, dirty). No odor of spoiled food, urine, feces or body odor."</p> <p>The Clean Room Project procedure, undated, directed staff "To identify Veterans whose rooms</p>	31455		

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31455	<p>Continued From page 30</p> <p>a health and safety risk. Rooms meeting these criteria will first be acknowledged during Health and Safety Rounds before being identified as problematic in a more specific area. The assigned team will then follow the protocol as described below, by first attempting to identify the barriers each Veteran has in maintaining a clean room, determining the severity of clutter (if applicable) and working with the Veteran to remedy the situation."</p> <p>During an observation on 9/28/16, at 7:45 a.m., general maintenance worker (GMW)-D and GMW-E were taking out three of the housekeeping carts from the building 23 first floor janitor closet. The carts were observed to have a heavy accumulation of dust on the three shelf units, with hair and paper particles present as well as numerous empty wrappers and visible soil. The janitor closet had a heavy accumulation of dust, paper particles, hair, and a black debris grease like streaks on the floor.</p> <p>When interviewed on 9/28/16, at 7:45 a.m. GMW-D and GMW-E verified the housekeeping carts were dirty and they did not clean the housekeeping carts because there was no place to clean them except to take them outside and hose them down. Both verified they did not know of any policy to clean the carts. GMW-D and GMW-E reported due to an administrative decision, chemical cleaning supplies were stored only on 1st floor. GMW-D explained the water in the mop buckets were not changed because it was not convenient to come down to the first floor from third floor just to change the dirty water, so it</p>	31455		

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31455	<p>Continued From page 31</p> <p>would not be unusual to use the same bucket of water and chemical all day.</p> <p>A policy was requested regarding keeping the janitor closet and carts clean, sanitary and orderly condition but was not received at the time of the exit conference.</p> <p>During a building tour with on 9/27/16 at 9:27 a.m. - 11:01 a.m. with the plant maintenance engineer (PME)-B, general maintenance worker (GMW)-A and physical plant director (PPD). The following issues were observed and verified by PME-B, GMW AND PPD.</p> <p>Room 252 was observed. The shower door had wood chip below the door knob outside. Shower room (205) was observed. The mirror glass had rusty brown stains appearance on the lower part of the mirror glass.</p> <p>On 9/27/16 at 10:05 a.m. PPD, verified the findings and indicated, they had housekeeping supervisor who was assigned to do rounds weekly quit about 3 week ago and no one brought this concern to him.</p> <p>On third floor, east side corridor in the hallway by the laundry room was observed. The garbage bin was uncovered/no lid and was over flow with trash. In addition, all the laundry room that includes the second floor west side, third floor east and west sides, fourth floor in the center in building 23. In building 25 on the ground floor had garbage bins with no lids.</p> <p>On 9/27/16 at 10:49 a.m. GMW-A, stated, "We going to look at the garbage cart that have lids on but will look for lids first for the one that we have for now".</p> <p>On third floor, west side in the laundry room was</p>	31455		

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31455	<p>Continued From page 32</p> <p>observed. The washing machine top was loss and there was duct tape on the right upper corner. On 9/27/16 at 9:47 a.m. Findings were confirmed by PME-B, GMW-A and PPD. PPD mentioned, this was the first time seeing this and no one brought it to his attention. At 10:44 a.m. PME-B indicated, washing machine will be replace with new commercial washing machine. PME-B added, "My expectation is, it should have been reported and we do monthly rounds on each floor." At 10:47 a.m. PPD stated, there are multiple ways of reporting such as housekeepers, residents and housekeeping supervisor on weekly or monthly rounds.</p> <p>On 9/28/16 at 1:30 p.m. during a routine tour on the second floor by room 239 was witnessed. Overflow dirty soiled linen cart uncovered sitting in the hallway by soiled linen storage.</p> <p>Policy and procedure title SPECIFIC PROCEDURES - POLICING, reviewed date 1/16. Directed staff, "lobbies and Corridors 1. Check and pull trash (as needed), wipe out waste receptacle. 5. Police floor (pick up paper, spot mop or vacuum as needed)."</p> <p>Policy and procedure title SPECIFIC PROCEDURES FOR CLEANING NURSING STATIONS reviewed date 1/16, indicated, "3. Check walls and mirrors for spots. Clean as needed. 4. Empty trash and reline container."</p> <p>SUGGESTED METHOD FOR CORRECTION: The administrator or designee could ensure all resident rooms, and resident and staff areas are thoroughly cleaned. A system could be developed to ensure cleanliness, order and sanitation is maintained and residents are provided needed assistance. The administrator or designee could train staff and monitor for compliance.</p>	31455		

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31460	<p>MN Rule 4655.9000 Subp. 2 Housekeeping; Cleaning Program</p> <p>Subp. 2. Development of cleaning program. A program shall be established for routine housekeeping. Besides the daily duties, the program shall include policies and procedures for any special cleaning necessary.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to ensure an effective program for maintaining the environment in a clean, sanitary and orderly condition. This had the potential to impact all 140 residents residing at the facility including: R43, R127, R94, R32, R79, R30, R44, R125, R25, R2, R50, R121, R59, R51, R95.</p> <p>Findings include:</p> <p>A tour was completed of building 23 with a maintenance worker (PME)-A on 9/28/16 between 8:20 a.m. and 9:50 a.m. The following concerns were observed and confirmed by PME-A.</p> <p>The handrails of floors 2, 3 and 4 had numerous multicolor spots on them. The floors and stairwells were traversed by surveyors at various times of day and evening on 9/26, 9/27, 9/28 and 9/29 and were observed each time with an accumulation of dust, dried spills and dirt.</p>	31460		

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31460	<p>Continued From page 34</p> <p>R43's room was observed. The bed was piled with clothes. Several boxes were on the floor. The floor had an accumulation of crumbs and garbage, such as spoons, cups and old food containers. Brown stains were noted on the table and heater. There was tape on the window blinds. R43 reported no one helped him with cleaning his room. PME-A reported the room had been in a similar condition "for years."</p> <p>R127 and R94's room was observed. The window sills and wardrobe had an accumulation of dust on them. The fridge had a ring of black substance on the inside surface. MW reported he thought it was mold. There were brown spills noted on the outside of the fridge. The floor was sticky with an accumulation of dust, soiled facial tissues, food, cobwebs, bugs and hair on it. The mats had an accumulation of dirt on them. There were also dried spills on the floor of various colors. The pillow case and comforter on the bed was stained yellow. Holes and stains were noted on the curtains.</p> <p>R32's room was observed. The bed had an accumulation of cardboard and plastic boxes. Surrounding the boxes was an accumulation of dust on the mattress. There was an accumulation of dirt, spills and garbage on the floor. There was an accumulation of dust on the fan, wardrobe and nightstand. A film was noted on the blank plate next to electrical switch. The ceiling lights were out. R32 reported they were out for 2 weeks. R32 reported he was solely responsible for room order, and had received no assistance from staff.</p> <p>Lounge 426 was observed. There was an accumulation of dust on the window sills and</p>	31460		

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31460	<p>Continued From page 35</p> <p>lamp and an accumulation of dust and dead bugs in the window tracks. Six out of seven chairs were worn and stained.</p> <p>R79's room was observed. There was a buildup of dirt and dust on the windows, floor and heat register. Garbage was on the floor.</p> <p>R30's room was observed. The heat register vent was covered in rust.</p> <p>The 418 mop closet had an accumulation of garbage and dirt on the floor.</p> <p>Near rooms 251 and 253 there were noted 3 stained chairs in the hallways.</p> <p>The 2nd floor west lounge had 11 chairs, each worn and stained. The floor was worn with stains. R44 noted the furniture and floor in the lounge were "old" and need to be replaced." The 2nd floor east lounge had 7 chairs worn with stains, some with blankets or towels on them. R125 noted residents put blankets and towels on the chairs because they were sticky. R125 suggested, regarding the chairs to either "throw in garbage or get cleaner" and noted the carpet was "pretty worn out" The carpet was noted to be worn and stained in several areas, particularly near the sink. The windowsills around the perimeter of the lounge were coated with dust.</p> <p>The dining room on 2nd floor was noted to have stains, worn areas and tears in the carpet at various times of day during the survey on 9/26, 9/27, 9/28 and 9/29. The windows and window sills were noted to have an accumulation of dust, cobwebs and dead bugs.</p> <p>R25's room had an accumulation of dust and</p>	31460		

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31460	<p>Continued From page 36</p> <p>dried spills on the floor. Garbage and food wrappers were strewn throughout the room. R25 noted no staff helped clean his room.</p> <p>R2 and R50's room had towels and paper towels with brown stains on the floor. Garbage and dust had accumulated on the floor.</p> <p>R121's room had an accumulation of dust buildup on window sills, heat register and floor. Cobwebs were noted in the corners.</p> <p>The center elevator tracks had a large accumulation of dirt and dust buildup and spots were noted on the walls of the elevator.</p> <p>Lounge 351 was noted to have 7 stained chairs. The carpet was wearing thin, especially near the sink. Dust was accumulated on the window sills around the outside of the room.</p> <p>R59's room had bowls of crusty noodles with dried sauce and multicolored specks in them. The room had an odor of body odor and rotten food. There was a thick accumulation of dirt and dust on the floor, heat register and nightstand. Dirty clothes garbage and papers were strewn throughout the room.</p> <p>A drinking fountain near room 337 was cracked and covered with duct tape.</p> <p>The 3rd floor East shower room had stained sinks. A buildup of dust and dead bugs was noted on the window ledge, window panes, between the window screens. Dust was buildup on the floor , a ceiling vent in a shower stall and and on the soap dispensers of the shower stalls. One out of 3 shower curtains did not provide full visual privacy. Red, yellow and orange stains and buildup were</p>	31460		

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31460	<p>Continued From page 37</p> <p>noted in the grout in the shower stalls and on the shower curtains. A towel bin was covered in rust. A 3rd floor bathroom had sticky floor, dirt and bugs between window panes.</p> <p>R51's room had walls lined with boxes of knick knacks and blocked access to the heat register.</p> <p>R95's room had dirt, cigarette butts, and newspapers on the floor. A brown spill dried on the floor near the bed. R95 noted the spill had been there "about a week" The heat register, window sills and piles of paper strewn throughout the room were covered in dust. R95 noted no staff person assisted with keeping his room clean and orderly.</p> <p>In lounge room 315 10 chairs were worn and stained. The carpet was worn within. Window sills around the room were covered in dust. A bed was sitting in the hallway of the lounge. PME-A noted it had been there "for weeks"</p> <p>During an observation on 9/28/16, at 7:45 a.m., general maintenance worker (GMW)-D and GMW-E were taking out three of the housekeeping carts from the building 23 first floor janitor closet. The carts were observed to have a heavy accumulation of dust on the three shelf units, with hair and paper particles present as well as numerous empty wrappers and visible soil. The janitor closet had a heavy accumulation of dust, paper particles, hair, and a black debris grease like streaks on the floor.</p> <p>When interviewed on 9/28/16, at 7:45 a.m. GMW-D and GMW-E verified the housekeeping carts were dirty and they did not clean the housekeeping carts because there was no place to clean them except to take them outside and</p>	31460		

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31460	<p>Continued From page 38</p> <p>hose them down. Both verified they did not know of any policy to clean the carts. GMW-D and GMW-E reported due to an administrative decision, chemical cleaning supplies were stored only on 1st floor. GMW-D explained the water in the mop buckets were not changed because it was not convenient to come down to the first floor from third floor just to change the dirty water, so it would not be unusual to use the same bucket of water and chemical all day.</p> <p>A policy was requested regarding keeping the janitor closet and carts clean, sanitary and orderly condition but was not received at the time of the exit conference.</p> <p>SUGGESTED METHOD FOR CORRECTION: The administrator or designee could ensure all resident rooms, and resident and staff areas are thoroughly cleaned. A system could be developed to ensure cleanliness, order and sanitation is maintained and residents are provided needed assistance. The administrator or designee could train staff and monitor for compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	31460		
31475	<p>MN Rule 4655.9020 Subp. 1 Housekeeping Supplies; Janitor's Closet</p> <p>Subpart 1. Janitor's closet. The janitor's closets and all other areas used by the housekeeping personnel shall be kept in a clean, sanitary, and orderly condition.</p> <p>This MN Requirement is not met as evidenced</p>	31475		

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31475	<p>Continued From page 39</p> <p>by: Based on observation, interview and document review, the facility failed to ensure the janitors closet and housekeeping carts were clean, sanitary and in an orderly condition. This had the potential to affect all 100 residents living in building 23 of the complex.</p> <p>Findings include:</p> <p>During an observation on 9/28/16, at 7:45 a.m., general maintenance worker (GMW)-D and GMW-E were taking out three of the housekeeping carts from the first floor janitor closet. The carts were observed to have a heavy accumulation of dust on the three shelf units, with hair and paper particles present as well as numerous empty wrappers and visible soil. The Janitor closet had a heavy accumulation of dust, paper particles, hair, and a black debris grease like streaks on the floor.</p> <p>When interviewed on 9/28/16, at 7:45 a.m. GMW-D and GMW-E verified the housekeeping carts were dirty and they did not clean the housekeeping carts because there was no place to clean them except to take them outside and hose them down. Both verified they did not know of any policy to clean the carts. Furthermore, GMW-D explained that they were not allowed to use the janitor rooms up on the other floors because administration made the decision to remove all cleaning chemicals from the janitor closets on second and third janitor closets so that all the cleaners had to come to first floor to empty the mop buckets and get chemicals to clean. Furthermore, GMW-D explained that is why the water in the mop buckets were not changed because it was not convenient to come down to the first floor from third floor just to change the</p>	31475		

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31475	<p>Continued From page 40</p> <p>dirty water, so it would not be unusual to use the same bucket of water and chemical all day.</p> <p>A policy was requested regarding keeping the janitor closet and carts clean, sanitary and orderly condition but was not received at the time of the exit conference.</p> <p>On 9/28/16 between 8:20 a.m. and 9:50 a.m. during a tour of building 23, the 418 mop closet had an accumulation of garbage and dirt on the floor. A plant maintenance engineer (PME)-A confirmed findings.</p> <p>SUGGESTED METHOD OF CORRECTION: The director of housekeeping with the administrator and the infection control registered nurse could ensure appropriate policies were current, and staff responsible would receive training. Audits could be conducted, and the results brought to the quality committee for review.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	31475		
31480	<p>MN Rule 4655.9020 Subp. 2 Housekeeping Supplies;Mops/Buckets Cleaning</p> <p>Subp. 2. Mops and buckets cleaning. Mop buckets shall be emptied after each cleaning, and mopheads shall be washed after each use and replaced as often as necessary.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to empty the mop bucket</p>	31480		

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31480	<p>Continued From page 41</p> <p>after each cleaning. This had the potential to affect all 43 residents on 3rd floor of Building 23.</p> <p>Finding include:</p> <p>During an observation on 9/28/16, at 7:45 a.m., general maintenance worker (GMW)-D was taking out the housekeeping cart from the first floor janitor closet. The mop bucket was full of dark black gray water.</p> <p>When interviewed on 9/28/16, at 7:45 a.m. GMW-D verified the dark black gray water was because the mop bucket was put away from the day before without emptying or cleaning out the soiled mop bucket and the mop head was not changed after use. GMW-D verified leaving in a hurry the day before and did not take the time to empty the dirty water bucket or change the mop head. GMW-D explained that they were not allowed to use the janitor rooms up on the other floors because administration made the decision to remove all cleaning chemicals from the janitor closets on second and third janitor closets so that all the cleaners had to come to first floor to empty the mop buckets and get chemical to clean. Furthermore, GMW-D explained that is why the water in the mop buckets aren't changed because it is not convenient to come down to the first floor from third floor just to change the dirty water, so it would not be unusual to use the same bucket of water and chemical all day.</p> <p>A policy was requested a regarding how often to empty the soiled mop bucket and mop head, but was not received during the survey process.</p> <p>SUGGESTED METHOD OF CORRECTION: The director of housekeeping with the administrator and infection control registered</p>	31480		

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31480	Continued From page 42 nurse could ensure appropriate policies were current, and staff responsible would receive training. Audits could be conducted, and the results brought to the quality committee for review. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	31480		
31495	MN Rule 4655.9030 Deodorizers Deodorizers or aerosols shall not be used as a substitute for acceptable ventilation, nor shall they be used to mask odors resulting from ineffective housekeeping or sanitation. Ozone generators are not permitted. This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to eliminate the source of odors on the third floor areas and attempted to cover the odor with the use of deodorizers and aerosols. This had the potential to affect all 43 residents residing on the 3rd floor in building 23 including: R53, R11, R46, R77, R79, R88, R109 and R132. Findings include: Document review of resident council meetings and concern forms indicated complaints about the foul, and at times strong urine, feces, and body odors permeating on the third floor certain areas, during the past year. When interviewed on 9/23/16, at 4:40 p.m. R53 verified reporting to administration on numerous	31495		

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31495	<p>Continued From page 43</p> <p>occasions the foul odors in areas of the third floor building 23. During an interview on 9/25/16, at 2:00 p.m. R11, R46, R77, R79, R88, R109, R132, verified the odor on third floor has been a topic of conversation this past year but the administration used deodorizers and aerosols versus getting to the cleaning root of the problem.</p> <p>When interviewed on 9/29/16, at 11:15 a.m. the administrator verified the use of deodorizers and aerosols were used to cover the odor smell on the third floor of building 23. Furthermore, the administrator verified there was not a policy to not use deodorizers and aerosols as a substitute to mask odors versus evaluating the housekeeping and sanitation of third floor areas.</p> <p>SUGGESTED METHOD OF CORRECTION: The director of housekeeping with the administrator and infection control registered nurse could ensure appropriate policies were current, and staff responsible would receive training. Audits could be conducted, and the results brought to the quality committee for review.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	31495		
31500	<p>MN Rule 4655.9040 Insect and Rodent Control</p> <p>Any condition on the site or in the facility conducive to the harborage or breeding of insects, rodents, or other vermin shall be eliminated immediately. A continuous pest control program shall be maintained by qualified personnel and all chemical substances of a poisonous nature used for pest control shall be</p>	31500		

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31500	<p>Continued From page 44</p> <p>identified and stored in a locked space.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the facility failed to ensure the environment was not conducive to the harboring rodents and insects. This had the potential to impact all 140 residents of the facility including: R43, R127, R94, R32, R79, R25, R2, R50, R121, R59, and R95.</p> <p>Findings include:</p> <p>A tour was completed of Building 23 with a maintenance worker (PME)-A on 9/28/16 between 8:20 a.m. and 9:50 a.m. The following concerns were observed and confirmed by PME-A. PME-A noted the condition of resident areas made the facility vulnerable to the harborage of insects and rodents.</p> <p>R43's room was observed. The bed was piled with clothes. Several boxes were on the floor. The floor had an accumulation of crumbs and garbage, such as spoons, cups and old food containers.</p> <p>R127 and R94's room was observed. The floor was sticky with an accumulation of dust, soiled facial tissues, food, cobwebs, bugs and hair on it. There were also dried spills on the floor of various colors.</p> <p>R32's room was observed. The bed had an accumulation of cardboard and plastic boxes. There was an accumulation of dirt, spills and garbage on the floor.</p> <p>R79's room was observed. Garbage was on the</p>	31500		

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31500	<p>Continued From page 45</p> <p>floor.</p> <p>The dining room on 2nd floor was toured. The windows and window sills were noted to have an accumulation of dust, cobwebs and dead bugs.</p> <p>R25's room had an accumulation of dust and dried spills on the floor. Garbage and food wrappers were strewn throughout the room.</p> <p>R2 and R50's room had towels and paper towels with brown stains on the floor. Garbage and dust had accumulated on the floor.</p> <p>R121's room had cobwebs noted in the corners.</p> <p>R59's room had bowls of crusty noodles with sauce and multicolored specks in them. The room had an odor of rotten food. Dirty clothes garbage and papers were strewn throughout the room.</p> <p>The 3rd floor East shower was toured. A buildup of dust and dead bugs was noted on the window ledge, window panes, between the window screens. A 3rd floor bathroom had sticky floor, dirt and bugs between window panes.</p> <p>R95's room had dirt, cigarette butts, and newspapers on the floor. R95 noted the spill had been there "about a week" There were piles of paper strewn throughout the room and covered in dust.</p> <p>During interview on 9/27/16 at 3:35 p.m. R14 noted observing mice in the facility.</p> <p>SUGGESTED METHOD FOR CORRECTION: The administrator or designee could inspect the facility for any condition which may be conducive</p>	31500		

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31500	Continued From page 46 to harborage or breeding pests such as insects, mice and vermin. A system could be developed to eliminate any concerns immediately. The administrator or designee could train staff and monitor for compliance.	31500		
31800	MN Rule 144.651 Subd. 4 Patients & Residents of HCF Bill of Rights Subd. 4. Information about rights. Patients and residents shall, at admission, be told that there are legal rights for their protection during their stay at the facility or throughout their course of treatment and maintenance in the community and that these are described in an accompanying written statement of the applicable rights and responsibilities set forth in this section. In the case of patients admitted to residential programs as defined in section 253C.01, the written statement shall also describe the right of a person 16 years old or older to request release as provided in section 253B.04, subdivision 2, and shall list the names and telephone numbers of individuals and organizations that provide advocacy and legal services for patients in residential programs. Reasonable accommodations shall be made for those with communication impairments and those who speak a language other than English. Current facility policies, inspection findings of state and local health authorities, and further explanation of the written statement of rights shall be available to patients, residents, their guardians or their chosen representatives upon reasonable request to the administrator or other designated staff person, consistent with chapter 13, the Data Practices Act, and section 626.557, relating to vulnerable adults.	31800		

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31800	<p>Continued From page 47</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to post state survey results in a prominent area, or post notice of their availability. This had the potential to affect all 140 residents who lived in the facility including R11, R46, R53, R77, R79, R88, R105, R109, R132 and R134.</p> <p>Findings include:</p> <p>During observation on 9/26/16, 9/27/16, at 12:00 noon and 6:00 p.m., 9/28/16 and 9/29/16 at 8:00 a.m. 12:00 p.m. there were no postings of the state inspection findings or other local health authorities findings available in the main entrance and resident gathering area of the facility.</p> <p>During a group interview on 9/28/16, at 2:00 p.m. with R11, R46, R53, R77, R79, R88, R105, R109, R132, and R134 verified they did not know where the state inspection findings were posted at the facility. They all agreed they did not see or hear about the state inspection findings from 2015.</p> <p>During an interview with the administrator on 9/29/13, at 11:15 a.m. verified the inspection results should be in a notebook in the main entrance and furthermore, the administrator verified the inspection findings were not in the main entrance gathering area.</p> <p>The administrator verified there was not a policy directing the state and local health authorities postings to be available to the residents.</p> <p>SUGGESTED METHOD OF CORRECTION: The director of social services with the administrator could ensure appropriate policies</p>	31800		

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NAME OF PROVIDER OR SUPPLIER MN VETERANS HOME HASTINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 EAST 18TH STREET HASTINGS, MN 55033
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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
31800	Continued From page 48 were current, and staff responsible would receive training. Audits could be conducted, and the results brought to the quality committee for review. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	31800		
31880	MN Rule 144.651 Subd. 20 Patients & Residents of HCF Bill of Rights Subd. 20. Grievances. Patients and residents shall be encouraged and assisted, throughout their stay in a facility or their course of treatment, to understand and exercise their rights as patients, residents, and citizens. Patients and residents may voice grievances and recommend changes in policies and services to facility staff and others of their choice, free from restraint, interference, coercion, discrimination, or reprisal, including threat of discharge. Notice of the grievance procedure of the facility or program, as well as addresses and telephone numbers for the Office of Health Facility Complaints and the area nursing home ombudsman pursuant to the Older Americans Act, section 307(a)(12) shall be posted in a conspicuous place. Every acute care inpatient facility, every residential program as defined in section 253C.01, every non-acute care facility, and every facility employing more than two people that provides outpatient mental health services shall have a written internal grievance procedure that, at a minimum, sets forth the process to be followed; specifies time limits, including time limits for facility response; provides for the patient or resident to have the assistance of an advocate; requires a written response to written	31880		

Minnesota Department of Health

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31880	<p>Continued From page 49</p> <p>grievances; and provides for a timely decision by an impartial decision maker if the grievance is not otherwise resolved. Compliance by hospitals, residential programs as defined in section 253C.01 which are hospital-based primary treatment programs, and outpatient surgery centers with section 144.691 and compliance by health maintenance organizations with section 62D.11 is deemed to be compliance with the requirement for a written internal grievance procedure.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure that prompt efforts are made to resolve resident grievances for 10 of 10 resident (R11, R46, R53, R77, R79, R88, R105, R109, R132, R134) reviewed who expressed a grievance to facility staff. This had the potential to impact all 140 residents residing at the facility.</p> <p>Findings include:</p> <p>During an interview with R11, R46, R53, R77, R79, R88, R105, R109, R132 and R134, on 9/28/16, at 2:00 p.m. various concerns were expressed and an apathy in the facility for the residents to become involved due to the perception that administration was not listening to what they had to contribute and these residents felt this was due to the lack of follow through by the administration. For example: Several residents expressed the severe concern of odors in certain areas of building 23 on the third floor, but that management had ignored the pleas to associate with the cleaning of the facility. According to the residents present, these concerns were expressed at resident council</p>	31880		

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31880	<p>Continued From page 50 back to 11/25/15.</p> <p>Furthermore, during this interview on 9/28/16, at 2:00 p.m., the residents also expressed concerns about the following issues:</p> <p>Grave concern had been expressed by the residents due to the perception that drugs were being brought in and sold at the facility by an outside source who rented the adjacent property. Residents had continuously pleaded for a camera to be installed to video the accounts. When interviewed on 9/28/16, at 5:00 p.m. the security guard for the facility was not aware of the resident concerns of drugs possibly being sold on the property. Security cameras were addressed at the 11/25/15 resident council meeting but no camera had been installed to watch the rental property.</p> <p>New lounge chair furniture had been being talked about since 11/25/15 when the building 23 received new furniture in the television room. The other resident lounges were to receive new furniture but that had not happened. Lounge furniture in building 23 was observed to be stained, uncleanable and in disrepair during a tour of the facility on 9/28/16, between 8:20 a.m. and 9:50 a.m. The residents expressed frustration that administration did not obtain better furniture for their home.</p> <p>Residents in building 25 were promised a new pool table 11/25/15, but because it did not fit into their building they did not receive the new pool table. Instead, according to the residents they have duct tape pool pockets into the four corners of the pool table because management had not provided a better solution for their pool table. Observation of the pool table on 9/28/16, at 1:00</p>	31880		

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31880	<p>Continued From page 51</p> <p>p.m. verified the four pockets of the pool table were duct taped to catch the pool balls.</p> <p>Residents expressed concern because they used to be able to chose their bingo card, but now, the person responsible for bingo did not allow them a choice of what bingo cards they would like to select. In the residents view, this was unacceptable but they did not feel anyone in management was listening to what they had to say.</p> <p>Grievance/concerns, resident council minutes, November 2015 through September 2016, were reviewed and verified these issues had been brought up by the residents in writing but there was not a resolution.</p> <p>During an interview with the administrator on 9/29/16, at 11:15 verified these concerns had been brought up, and was aware of the concerns. The administrator reported there had not been a resolution to the concerns, but ongoing work on the concerns was happening.</p> <p>SUGGESTED METHOD OF CORRECTION: The social service director with the administrator could ensure appropriate policies were current, and staff responsible would receive training. Audits could be conducted, and the results brought to the quality committee for review.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	31880		
31935	<p>MN Rule 144.652 Subd. 1 Bill of Right Notice to Patient/Res.Violation</p> <p>Subdivision 1. Distribution; posting. Except</p>	31935		

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31935	<p>Continued From page 52</p> <p>as provided below, section 144.651 shall be posted conspicuously in a public place in all facilities licensed under the provisions of sections 144.50 to 144.58, or 144A.02. Copies of the law shall be furnished the patient or resident and the patient or resident ' s guardian or conservator upon admittance to the facility. Facilities providing services to patients may delete section 144.651, subdivisions 24 to 29, and those portions of other subdivisions that apply only to residents, from copies posted or distributed to patients with appropriate notation that residents have additional rights under law. The policy statement shall include the address and telephone number of the Board of Medical Practice and/or the name and phone number of the person within the facility to whom inquiries about the medical care received may be directed. The notice shall include a brief statement describing how to file a complaint with the Office of Health Facility Complaints established pursuant to section 144A.52 concerning a violation of section 144.651 or any other state statute or rule. This notice shall include the address and phone number of the Office of Health Facility Complaints.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, document review and interview, the facility failed to post the most current version of the Bill of Rights in a conspicuous place in the facility. This had the potential to affect all residents residing in the facility including 14 of 14 residents reviewed (R9, R12, R14, R23, R24, R28, R37, R42, R61, R90, R92, R113, R117 and R138)</p> <p>Findings include:</p>	31935		

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31935	<p>Continued From page 53</p> <p>A review of the Bill of Rights, posted on the wall for building 24 by the administrator's office area with numbers that reads No 217-250/10-05. Building 23, posted on each floor that includes second, third and fourth floor had with letters and numbers "... 08/09". Building 25 on first and second floor on the wall at the left corridor area of each floor. with letters and numbers "... 08/09".</p> <p>In addition, review of the most current bill of rights provided to R9, R12, R14, R23, R24, R28, R37, R42, R61, R90, R92, R113, R117 and R138 revealed they were given the wrong version of bill of rights, dated July 1, 2007 and 12-2015. This was an out of date bill of rights, as a revised bill of rights had been developed in December 4, 2015.</p> <p>On 9/27/16 at 9:05 a.m. the administrator verified the bill of rights posted in the building are not the most current version and stated he will call the quality director registered nurse (RN)-B for the most current version. At 11:17 a.m. the administrator indicated, "We have posted on every floor but not the 12/4/15 version. I went on the MDH website today and get the 2015 version copies and will order posters today."</p> <p>Policy and procedure revised date 1/16, title RESIDENT BILL OF RIGHTS, read, "The MVH [Minnesota Veterans Home]-Hastings will honor and abide by the Resident Bill of Rights. Each resident and/or their representative will receive a copy of the Resident Bill of Rights upon admission, and a copy is posted in the front lobby."</p> <p>SUGGESTED METHOD OF CORRECTION: The administrator or designee could ensure appropriate policies were current, and staff responsible would receive training. Audits could</p>	31935		

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31935	Continued From page 54 be conducted, and the results brought to the quality committee for review. TIME PERIOD FOR CORRECTION: Twenty one (21) days.	31935		
34580	MN Rule 4660.6900 Subp. 1 Floors, Existing and New Subpart 1. General requirements. All floors in living and service areas for patients and residents shall be washable and/or cleanable. This MN Requirement is not met as evidenced by: Based on interview and observation, the floors in common areas throughout the facility were noted to be soiled and not in a cleanable condition. This had the potential to impact all 140 residents. Findings include: A tour was completed of Building 23 with a maintenance worker (PME)-A on 9/28/16 between 8:20 a.m. and 9:50 a.m. The following concerns were observed and confirmed by PME-A. The 2nd floor west lounge was observed. R44 noted the floor in the lounge was "old" and need to be replaced." The carpet was noted to be worn and stained in several areas, particularly near the sink. The dining room on 2nd floor was noted to have stains, worn areas and tears in the carpet at various times of day during the survey on 9/26, 9/27, 9/28 and 9/29.	34580		

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34580	<p>Continued From page 55</p> <p>In Lounge 351 the carpet was wearing thin and soiled, especially near the sink.</p> <p>In lounge room 315 the carpet was soiled and worn thin.</p> <p>SUGGESTED METHOD OF CORRECTION: The administrator or designee could inspect the facility for areas of uncleanable or unclean flooring and take steps to clean, repair and/or replace any flooring with concerns. A system could be developed to maintain flooring in good condition.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	34580		



PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Certified Mail # 7015 0640 0003 5695 6382
October 18, 2016

Mr. Andrew Burnside, Administrator
MN Veterans Home Hastings
1200 East 18th Street
Hastings, MN 55033

Re: Enclosed State Boarding Care Home Licensing Orders - Project Number SL00788025

Dear . Burnside:

The above facility survey was completed on September 29, 2016 for the purpose of assessing compliance with Minnesota Department of Health Boarding Care Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health, Health Regulation Division, noted one or more violations of these rules that are issued in accordance with Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.

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

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 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.

MN Veterans Home Hastings

October 18, 2016

Page 2

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

When all orders are corrected, the order form should be signed and returned to this office at Minnesota Department of Health, P.O. Box 64900, St. Paul MN, 55164-0900.

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 me.

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,

A handwritten signature in black ink that reads "Kate Johnston". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Kate JohnsTon, Program Specialist
Program Assurance Unit
Licensing and Certification Program
Health Regulation Division
85 East Seventh Place, Suite 220
P.O. Box 64900
St. Paul, Minnesota 55164-0900
kate.johnston@state.mn.us
Telephone: (651) 201-3992 Fax: (651) 215-9697

Enclosure(s)

cc: Licensing and Certification File

Minnesota Department of Health

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3 000	<p>INITIAL COMMENTS</p> <p>*****ATTENTION*****</p> <p>BOARDING CARE HOME LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, 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 indicated below. When a rule 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.</p> <p>INITIAL COMMENTS: On 9/26/16, 9/27/16, 9/28/16 and 9/29/16, surveyors of this Department's staff visited the above Licensed Board and Care provider and the following licensing orders were issued. When corrections are completed, please sign and date, make a copy of these orders and return the</p>	3 000	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 Nursing Homes.	

Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Minnesota Department of Health

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3 000	<p>Continued From page 1</p> <p>original to the Minnesota Department of Health, Health Regulation Division, Licensing and Certification Program;</p> <p>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 Boarding Care Homes.</p> <p>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 which 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.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.</p>	3 000	<p>The assigned tag number appears in the far left column entitled " ID Prefix Tag." 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 which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyors findings are the Suggested Method of Correction and Time period for Correction.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.</p>	
3 360	<p>MN Rule 4655.1300 Subp. 3 Administrator in Charge; Admin's absence</p> <p>Subp. 3. Administrator's absence; requirements. The administrator or person in charge shall not leave the premises without giving</p>	3 360		

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3 360	<p>Continued From page 2</p> <p>information as to where this person can be reached and without delegating authority to a person who is at least 21 years of age, physically able, competent, and capable of acting in an emergency. At no time shall a home be left without competent supervision. The person left in charge shall have the authority and competency to act in an emergency.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to designate in writing the person in charge in the administrators absence. This had the potential to affect all 140 residents currently residing at the facility.</p> <p>Findings include:</p> <p>During the initial interview with the administrator on 9/26/16, at 2:00 p.m. verified the Director of Nursing (DON) terminated in July of 2016 and had not been replaced. The administrator indicated conversations were in place to designate the two nurse seniors to be the shared position of the DON and that one of them would act in the absence of the administrator but there was no documentation to indicate those conversations had taken place.</p> <p>When interviewed on 9/26/16, at 2:15 p.m. registered nurse (RN)-A who would be considered the senior nurse verified there was no documentation to indicate RN-A was to be in charge in the administrators absence.</p> <p>Observation of the facility entrance throughout the days of the survey, 9/26/16, 9/27/16, 9/28/16 and 9/29/16, did not reveal a posting of who was</p>	3 360		

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3 360	Continued From page 3 in charge in the administrators absence. When interviewed on 9/29/16, at 1:30 p.m. the administrator verified there was not a posting in writing as to who was in charge in the administrators absence, and there was no policy to designate who was in charge. SUGGESTED METHOD OF CORRECTION: The two registered nurse senior staff with the administrator could ensure appropriate policies were current, and staff responsible would receive training. Audits could be conducted, and the results brought to the quality committee for review. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	3 360		
3 620	MN Rule 4655.3300 Subp. 1 Admission Record; Contents of record Subpart 1. Contents of record. The admission record shall be initiated for each patient and resident within 72 hours after admission and contain identifying information including: name, previous address, social security number, sex, marital status, age, date and place of birth, previous occupation, date and hour of admission; name, address, and telephone number of the nearest relative, and the person to be notified in an emergency or death; information as to funeral arrangements, if available; church affiliation and pastor; and the name of the patient's or resident's attending physician. This MN Requirement is not met as evidenced by:	3 620		

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3 620	<p>Continued From page 4</p> <p>Based on interview and document review, the facility failed to ensure a complete and accurate admission record for 5 of 5 residents (R37, R14, R117, R23 and R92) .</p> <p>Findings include:</p> <p>Review of admission records for R37, R14, R117, R23 and R92 revealed each was missing at least one of the following components: previous address, birthplace, previous occupation, church affiliation and pastor.</p> <p>On 9/29/16 between 9 a.m. and 11 a.m. the health information supervisor verified the accuracy of admission records.</p> <p>SUGGESTED METHOD OF CORRECTION: The health information supervisor (HIS) or designee could review and revise systems for completion of admission record and train staff in completion of admission record. HIS or designee could monitor for compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	3 620		
3 830	<p>MN Rule 4655.4700 Subp. 1 Physicians Examinations and Orders;Admission</p> <p>Subpart 1. Physical examination at admission. Each patient or resident shall have an admission medical history and complete physical examination performed and recorded by a physician within five days prior to or within 72 hours after admission. The medical record shall include: the report of the admission history and</p>	3 830		

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3 830	<p>Continued From page 5</p> <p>physical examination; the admitting diagnosis and report of subsequent physical examinations; reports of appropriate laboratory examinations; general medical condition including disabilities and limitations; instructions relative to the patient's or resident's total program of care; written orders for all medications with stop dates, treatments, special diets, and for extent or restriction of activity; physician's orders and progress notes; and condition on discharge or transfer, or cause of death.</p> <p>Pursuant to Minnesota Rule 4655.1000, and as defined in Minnesota Department of Health Informational Bulletin 09-03 Tuberculosis Prevention and Control Guidelines:Boarding Care Home, Minnesota Rule 4655.4700 Subpart 1 pertaining to Resident Tuberculosis Program is waived.</p> <p>Conditions of Waiver:</p> <ul style="list-style-type: none"> - Follow the U.S. Centers for Disease Control and Prevention's "(Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005," (MMWR) 2005; 54 (No. RR-17), and as subsequently amended, for infection control procedures and requirements ("CDC Guidelines"). Refer to the "CDC Guidelines" for complete definitions of terms. - Assign administrative responsibility for the tuberculosis (TB) infection control & prevention program to appropriate personnel. Administrative responsibilities include establishment of an infection control team (one or more individuals), completion (and periodic review) of a written TB risk assessment, and development (and periodic review) of a written TB infection control plan. 	3 830		

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3 830	<p>Continued From page 6</p> <p>- All residents must receive baseline TB screening within 72 hours of admission or within 3 months prior to admission. TB Screening must include an assessment of the resident's risk factors for TB, and any current TB symptoms, and a two-step TST or a single interferon gamma release assay (IGRA) for M. tuberculosis (e.g., QuantiFERON ® TB Gold or TB Gold In Tube, T-SPOT ®.TB).</p> <p>- All reports and copies of resident tuberculin skin tests (TSTs), results from IGRAs for M. tuberculosis, medical evaluations, and chest radiograph results must be maintained in the resident's medical record. Consult current CDC recommendations for the diagnosis of TB for recommended follow-up of residents who display signs or symptoms of active TB disease.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure 5 of 5 newly admitted residents, (R37, R9, R12, R90, R138) received a physical examination by a physician upon admission and failed to ensure medications were ordered by a physician and discharge orders were completed by a physician upon discharge for 1 of 5 residents (R160) whose records were reviewed.</p>	3 830		

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3 830	<p>Continued From page 7</p> <p>Findings include:</p> <p>R37's admission history and physical examination, dated 10/27/15 revealed it was completed by a nurse practitioner, not a physician.</p> <p>On 9/27/16 at 3:35 p.m., the medical director (MD), reported a nurse practitioner would complete the physical examinations. He would then complete a review of the patient record and the NP examination and either write and sign or simply sign.</p> <p>On 9/28/16 at 10:20 a.m. the administrator reported the facility had an onsite clinic and used nurse practitioners (NP) to provide care to residents, such as physical examinations and writing orders, as this was in an NP's scope of practice. The facility also had a physician medical director.</p> <p>R9's admission history and physical examination, dated 8/22/16 revealed it was completed by a nurse practitioner, not a physician.</p> <p>R12's admission history and physical examination, dated 8/4/16 revealed it was completed by a nurse practitioner, not a physician.</p> <p>R90's admission history and physical examination, dated 8/4/15 revealed it was completed by a nurse practitioner, not a physician.</p> <p>R138's admission history and physical examination, dated 11/19/15 revealed it was completed by a nurse practitioner, not a physician.</p>	3 830		

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3 830	<p>Continued From page 8</p> <p>Review of R160's discharge orders dated 1/4/16, revealed discharge orders, including individual medication orders dated 1/4/16, were not completed by a physician. They were completed by a nurse practitioner.</p> <p>R160's orders, dated 1/1/2016-1/31/2016 revealed medications ordered by a nurse practitioner, not a physician. R160's January 2016 medication administration record (MAR) revealed these medications were distributed to R160.</p> <p>Facility's discharge policy dated 5/13/88, revealed "I. written discharge order by physician will be obtained if discharge is planned in advance. If discharge is unexpected, a phone order from the physician will be obtained. Order will include time and type of discharge. II. Discharge medications will be counted and listed, either sent with resident if approved by doctor, or destroyed according to proper procedure... Doctor's order will include disposition of medications."</p> <p>SUGGESTED METHOD FOR CORRECTION: The administrator or designee could review and revise procedures related to admission history and physicals and discharge medication orders, train staff related to these procedures and monitor for compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	3 830		
3 835	<p>MN Rule 4655.4700 Subp. 2 Physicians Examinations and Orders;Periodic</p> <p>Subp. 2. Periodic physical examination requirements. Each nursing home patient shall</p>	3 835		

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3 835	<p>Continued From page 9</p> <p>be examined by a physician at least every six months and each boarding care home resident at least annually or more often if indicated by the clinical condition.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure 8 of 9 residents residing at the facility for more than 1 year, (R117, R23, R92, R24, R42, R61, R113, and R28) had annual physical examinations completed by a physician.</p> <p>Findings include:</p> <p>R117's annual review and physical exam, completed 7/25/16, revealed it was completed by a nurse practitioner and not a physician.</p> <p>R23's annual review and physical exam, completed 4/29/16, revealed it was completed by a nurse practitioner and not a physician.</p> <p>R92's annual review and physical exam, completed 4/6/16, revealed it was completed by a nurse practitioner and not a physician.</p> <p>On 9/27/16 at 3:35 p.m., the medical director (MD), reported a nurse practitioner would complete the physical examinations. He would then complete a review of the patient record and the NP examination and either write and sign or simply sign.</p> <p>On 9/28/16 at 10:20 a.m. the administrator reported the facility had an onsite clinic and used nurse practitioners (NP) to provide care to residents, such as physical examinations and writing orders, as this was in an NP's scope of</p>	3 835		

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3 835	<p>Continued From page 10</p> <p>practice. The facility also had a physician medical director.</p> <p>R24's annual review and physical exam, completed 5/25/16, revealed it was completed by a nurse practitioner and not a physician.</p> <p>R42's annual review and physical exam, completed 7/14/16, revealed it was completed by a nurse practitioner and not a physician.</p> <p>R61's annual review and physical exam, completed 3/8/16, revealed it was completed by a nurse practitioner and not a physician.</p> <p>R113's annual review and physical exam, completed 5/19/16, revealed it was completed by a nurse practitioner and not a physician.</p> <p>R28's annual review and physical exam, completed 2/12/16, revealed it was completed by a nurse practitioner, not a physician.</p> <p>SUGGESTED METHOD FOR CORRECTION: The administrator or designee could review and revise procedures related to annual history and physicals, train staff related to these procedures and monitor for compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	3 835		
3 840	<p>MN Rule 4655.4700 Subp. 3 Physicians Examinations and Orders; Records</p> <p>Subp. 3. Records of physical examinations. A</p>	3 840		

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3 840	<p>Continued From page 11</p> <p>progress note shall be recorded in the patient's or resident's record at the time of each examination.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure 1 of 14 residents (R14) had a progress note in the record for the most recent physical examination.</p> <p>Findings include:</p> <p>R14's record had no record of a physical examination within the previous 12 months.</p> <p>On 9/27/16 at 3:25 p.m. the health information supervisor (HIS) confirmed findings and explained R14 went to a clinic outside the facility for the annual physical examination. HIS explained the record of this annual physical examination was not requested by the outside clinic. Records from outside clinics were not requested unless a nurse practitioner or physician requested it.</p> <p>On 9/27/16 at 4:10 p.m. R14 confirmed R14 had a physical examination in October of 2015 at a clinic outside the facility.</p> <p>SUGGESTED METHOD FOR CORRECTION: The administrator or designee could review and revise procedures related to annual history and physicals, train staff related to these procedures and monitor for compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	3 840		

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3 980	Continued From page 12	3 980		
3 980	<p>MN Rule 4655.6400 Subp. 2G Adequate Care; Clean linen</p> <p>Subp. 2. Criteria for determining adequate care. Criteria for determining adequate and proper care shall include:</p> <p>G. Clean linen. Bed linen shall be changed weekly, or more often as needed. Beds shall be made daily and straightened as necessary.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the facility failed to ensure 3 of 140 residents (R43, R127 and R32) had clean linen and bed made.</p> <p>Findings include:</p> <p>A tour was completed of Building 23 with a maintenance worker (PME)-A on 9/28/16 between 8:20 a.m. and 9:50 a.m. The following concerns were observed and confirmed by PME-A.</p> <p>R43's room was observed. The bed was piled with clothes. R43 reported no one helped him with cleaning his room. PME-A reported the room had been in a similar condition "for years."</p> <p>R127 and R94's room was observed. The pillow case and comforter on the bed was stained yellow.</p> <p>R32's room was observed. The bed had large pile of cardboard and plastic boxes. Surrounding the boxes was an accumulation of dust on the mattress. PME-A noted the room had been in a</p>	3 980		

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3 980	Continued From page 13 similar condition for about a year and a half. SUGGESTED METHOD FOR CORRECTION: The administrator or designee could ensure resident beds are made and clean linen is provided on a at least a weekly basis. The administrator or designee could review and revise related procedures. Staff could be trained related to these procedures. The administrator or designee could monitor for compliance. TIME PERIOD FOR CORRECTION: Twenty One (21) days.	3 980		
31010	MN Rule 4655.7000 Subp. 1A Patient or Resident Units; Comfortable bed Subpart 1. Requirements. The following items shall be provided for each patient or resident: A. A comfortable bed at least 36 inches wide, good springs, and a clean, firm, comfortable mattress and mattress pad. At least one clean, comfortable pillow with extra pillows available to meet the patient's needs. Clean, lightweight blankets and bed linen in good condition and of the proper size shall be kept on hand for use at all times. Clean sheets and pillow cases shall be furnished at least once a week. Each bed shall have a washable bedspread. A moisture-proof mattress cover or rubber or plastic sheeting shall be provided for mattresses of all bed patients and for other beds as necessary. Rollaway type beds, cots, or folding beds shall not be used. This MN Requirement is not met as evidenced	31010		

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31010	<p>Continued From page 14</p> <p>by: Based on observation and interview the facility failed to ensure 4 of 140 residents, (R43, R127, R94 and R32) had a comfortable and clean bed and bed linen.</p> <p>Findings include:</p> <p>A tour was completed of Building 23 with a maintenance worker (PME)-A on 9/28/16 between 8:20 a.m. and 9:50 a.m. The following concerns were observed and confirmed by PME-A.</p> <p>R43's room was observed. The bed was piled with clothes. R43 reported no one helped him with cleaning his room. PME-A reported the room had been in a similar condition "for years."</p> <p>R127 and R94's room was observed. The pillow case and comforter on the bed was stained yellow.</p> <p>R32's room was observed. The bed had an accumulation of cardboard and plastic boxes. Surrounding the boxes was an accumulation of dust on the mattress. PME-A noted the room had been in a similar condition for about a year and a half.</p> <p>SUGGESTED METHOD FOR CORRECTION: The administrator or designee could ensure resident rooms are cleaned and clean linen is provided on a at least a weekly basis. The administrator or designee could review and revise related procedures. Staff could be trained related to these procedures. The administrator or designee could monitor for compliance.</p>	31010		

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31010	Continued From page 15 TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	31010		
31105	<p>MN Rule 4655.7810 Distribution of Medications</p> <p>A system shall be developed in each boarding care home to assure that all medications are distributed safely and properly. All medications shall be distributed and taken exactly as ordered by the physician. Any medication errors or resident reactions shall be reported to the physician at once and an explanation made in the resident's personal care record.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure 10 of 14 residents reviewed (R117, R92, R14, R37, R23, R9, R12, R28, R90, R138) were only distributed medications with physician orders and ensure medications were ordered by a physician and discharge orders were completed by a physician upon discharge for 1 of 5 residents (R160) whose records were reviewed.</p> <p>Findings include:</p> <p>R117's current orders, dated 9/20/16 and 8/29/16 revealed medications ordered by a nurse practitioner, not a physician. R117's September 2016 MAR revealed these medications were distributed to R117.</p> <p>R92's current orders, dated 7/26/16 revealed medications ordered by a nurse practitioner, not a physician. R92's September 2016 MAR revealed these medications were distributed to</p>	31105		

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31105	<p>Continued From page 16</p> <p>R92.</p> <p>R14's current orders, dated 7/26/16 revealed medications ordered by a nurse practitioner, not a physician. R14's September 2016 MAR revealed these medications were distributed to R14.</p> <p>R37's current orders, dated 8/24/16 revealed medications ordered by a nurse practitioner, not a physician. 37's September 2016 MAR revealed these medications were distributed to R37.</p> <p>R23's current orders, dated 7/26/16 revealed medications ordered by a nurse practitioner, not a physician. R23's September 2016 MAR revealed these medications were distributed to R23.</p> <p>On 9/28/16 at 10:20 a.m. the administrator reported the facility had an onsite clinic and used nurse practitioners (NP) to provide care to residents, such as physical examinations and writing orders, as this was in an NP's scope of practice. The facility also had a physician medical director.</p> <p>R9's current orders, dated 9/15/16 and 8/23/16 revealed medications ordered by a nurse practitioner, not a physician. R9's September 2016 MAR revealed these medications were distributed to R9.</p> <p>R12's current orders, dated 9/28/16 and 9/15/16 revealed medications ordered by a nurse practitioner, not a physician. R12's September 2016 MAR revealed these medications were distributed to R12.</p> <p>R28's current orders, dated 9/15/16 and 9/14/16</p>	31105		

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31105	<p>Continued From page 17</p> <p>revealed medications ordered by a nurse practitioner, not a physician. R28's September 2016 MAR revealed these medications were distributed to R28.</p> <p>R90's current orders, dated 9/23/16 and 9/15/16 revealed medications ordered by a nurse practitioner, not a physician. R90's September 2016 MAR revealed these medications were distributed to R90.</p> <p>R138's current orders, dated 9/27/16 and 9/15/16 revealed medications ordered by a nurse practitioner, not a physician. R138's September 2016 MAR revealed these medications were distributed to R138.</p> <p>Review of R160's discharge orders dated 1/4/16, revealed discharge orders, including individual medication orders dated 1/4/16, were not completed by a physician. They were completed by a nurse practitioner.</p> <p>R160's orders, dated 1/1/2016-1/31/2016 revealed medications ordered by a nurse practitioner, not a physician. R160's January 2016 medication administration record (MAR) revealed these medications were distributed to R160.</p> <p>Facility's discharge policy revealed "I. written discharge order by physician will be obtained if discharge is planned in advance. If discharge is unexpected, a phone order from the physician will be obtained. Order will include time and type of discharge. II. Discharge medications will be counted and listed, either sent with resident if approved by doctor, or destroyed according to proper procedure... Doctor's order will include disposition of medications."</p>	31105		

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31105	Continued From page 18 SUGGESTED METHOD FOR CORRECTION: The administrator or designee could review and revise procedures related to distribution of medications, train staff related to these procedures and monitor for compliance. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	31105		
31130	MN Rule 4655.7830 Subp. 1 Medication Containers; Labeled containers Subpart 1. Storage in labeled containers. All medications shall be kept in their original container bearing the original label with legible information stating the prescription number, name of drug, strength and quantity of drug, expiration dates of all time-dated drugs, directions for use, resident's name, physician's name, date of original issue or in the case of a refill, the most recent date thereof, and name and address of the licensed pharmacy which issued the medications. It shall be the responsibility of the boarding care home to secure the prescription number and name of the medication if these are not on the label. This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to ensure medication were stored and labeled properly for 7 of 13 residents (R32, R39, R80, R90, R91, R118 and R128) reviewed for medication storage and failed to ensure to the label of medication bottle for 1 of 1 resident (R118) reviewed for medication	31130		

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31130	<p>Continued From page 19</p> <p>administration</p> <p>Findings include:</p> <p>During observations of medication storage area at the facility, medications for R32, R39, R80, R90, R91, R118 and R128, which included eye drops and insulin, lacked resident name, medication name and direction label, lacked dates to indicate when they were opened, or the medications were expired.</p> <p>During the medication storage tour on 9/26/16, at 2:35 p.m. with the licensed practical nurse (LPN)-A, in the medication room (Pharmacy), multiple opened, undated and unlabeled medication bottles and pen were stored in medication bins. Observations included the following:</p> <ul style="list-style-type: none"> - R32's Timolol Maleate solution 0.5% (Ocular hypertension) eye drop bottle was opened, used and was undated. - R39's Timolol Maleate solution 0.25 % (Glaucoma). Latanoprost solution 0.005% (Glaucoma) eye drop bottles were opened, used and were undated. - R80's Lantus insulin pen (Diabetes) was opened, used and was undated. - R90's Timolol Maleate solution 0.5 % (Glaucoma) was opened, used and was undated. - R91's Travoprost Z solution 0.004 % was opened, used and was undated. - R118's Dorzolamide HCL-Timolol Maleate solution 22.3-6.8 mg/ml (Glaucoma) and Prednisolone Acetate suspension 1% (cataracts) were opened, used and were undated. In addition, Dorzolamide-timolol Maleate solution and Brimonidine Tartrate solution were observed to be opened, undated, unlabeled, used and was stored in R118 medication bin in the pharmacy 	31130		

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31130	<p>Continued From page 20</p> <p>room.</p> <p>- R128's Timolol Maleate solution 0.5 % (pressure in the eye) was opened, used and was undated.</p> <p>During an interview on 9/26/16, at 3:05 p.m. LPN-A verified the medications were not stored and labeled properly and needed to be labeled and stored properly. LPN-A added that opened medications needed to be dated when opened and insulin are normally dated when opened. Will ask registered nurse (RN)-A with what to do with the eye drops bottles and the insulin pen that were not stored and labeled properly.</p> <p>During interview with LPN-B on 9/26/16, at 3:20 p.m. RN-A verified the medication needed to be labeled and stored properly with proper labels. Further mentioned, "We will be destroying those eye drops and the insulin pen, reorder new one from our pharmacy and date them when open. My expectation is staff to date the eye drops and insulin pen when open."</p> <p>Policy and procedure dated 11/14/14, title EYE MEDICATION ADMINISTRATION, directed staff, "Preparation of equipment make sure the medication is labeled for ophthalmic use. Then check the expiration date. Remember to date the container the first time you use the medication ...".</p> <p>Policy and procedure dated 4/26/13, title LABELING OF MEDICATIONS, directed staff, "1. Medications dispensed to residents must be labeled in compliance with MN Board of Pharmacy ... name, address, and telephone number of the pharmacy filling the prescription drug order patient ' s name prescription number name of prescribing practitioner 2. Medication labels must be legible at all times. Medication</p>	31130		

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31130	<p>Continued From page 21</p> <p>containers that are illegible or inadequate must be returned to the dispensing pharmacy for relabeling by the pharmacist or destroyed according to the facility ' s policy for medication destruction."</p> <p>Policy and procedure dated 4/09, title ADMINISTRATION OF INSULIN, directed staff, "1. Check medication order. 2. Obtain appropriate insulin syringe. 3. Obtain insulin ordered. 4. When opening a bottle of new insulin, affix label, ' To Discard _____ Days After opening.' 'Date open _____."</p> <p>SUGGESTED METHOD FOR CORRECTION: The administrator or designee could review and revise procedures related to medication storage and labeling, train staff related to these procedures and monitor for compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	31130		
31180	<p>MN Rule 4655.8300 Subp. 1&3 Linen; Soiled linen</p> <p>Subpart 1. Application. Subparts 2 to 6 apply to boarding homes only.</p> <p>Subp. 3. Soiled linen. Soiled linen shall be collected in a cleanable hamper, container, or bag for removal to the soiled linen collection room or to the laundry. Hampers, containers, or bags shall be cleaned or washed regularly. Easily cleanable laundry trucks or containers for off-the-floor storage and sorting of soiled linen shall be provided.</p>	31180		

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31180	<p>Continued From page 22</p> <p>This MN Requirement is not met as evidenced by: Based on interview and observation, the facility failed to ensure soiled linen containers were kept in a cleanable condition on the 3rd floor East shower room. This had the potential to impact 42 of 43 residents on the 3rd floor of building 23.</p> <p>Findings include:</p> <p>A tour was completed of Building 23 with a maintenance worker (PME)-A on 9/28/16 between 8:20 a.m. and 9:50 a.m. The following concerns were observed and confirmed by PME-A.</p> <p>The 3rd floor East shower was observed with a towel bin covered in rust.</p> <p>SUGGESTED METHOD FOR CORRECTION: The administrator or designee could replace any towel bins found covered in rust or not cleanable with a cleanable towel bin.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	31180		
31305	<p>MN Rule 4655.8670 Subp. 1 Food Supplies; Food</p> <p>Subpart 1. Food. All food shall be from sources approved or considered satisfactory by the commissioner of health, and shall be clean, wholesome, free from spoilage, free from adulteration and misbranding, and safe for human consumption. No hermetically sealed, nonacid, or low-acid food which has been processed in a place other than a commercial</p>	31305		

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31305	<p>Continued From page 23</p> <p>food-processing establishment shall be used.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and document review, the facility failed to maintain building 23 second and third floor kitchenette lounge units in a sanitary manner. This had the potential to impact 85 residents residing on 2nd and 3rd floor of building 23.</p> <p>Findings include:</p> <p>On 9/27/16, at 2:20 p.m. third floor west kitchenette lounge unit tour was completed with the registered dietician (RD). Two dirty plates, two forks and a small bowl were observed sitting on the table. RD stated there should be a plastic bin on the table for dirty dishes to be picked up once daily.</p> <p>On 9/27/16, at 2:30 p.m. third floor west kitchenette lounge unit tour was completed with general maintenance worker (GMW-A). The following concerns were observed and confirmed by GMW-A.</p> <p>The microwave was observed to have food splatter on the inside top, back and sides. The freezer contained two bags of fish, one dated 7/8/16, and the other bag was undated. The freezer contained an unlabeled store container of cheese macaroni. The refrigerator contained an unlabeled, undated container of soup and a small plastic container of meat. There were five bags of small carrots and one undated, unlabeled apple. All three plastic storage bins had food drippings on the top and sides.</p> <p>GMW-A confirmed the refrigerator cleaning schedule did not have September dates checked as being cleaned and indicated staff should check it daily and clean regularly. GMW-A confirmed</p>	31305		

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31305	<p>Continued From page 24</p> <p>food items opened and undated would be tossed. GMW-A stated the food bins should be cleaned. GMW-A observed the cleaning schedule and stated staff should clean once a week and check the refrigerator daily. GMW-A further stated the refrigerators were cleaned every Wednesday. GMW-C walked into the lounge with the housekeeper cleaning cart. When asked about the weekly September cleaning schedule not being checked off, GMW-C stated "must have forgotten to mark the cleaning sheet" and proceeded to clean the refrigerator.</p> <p>On 9/29/16, at 11:15 a.m. the second floor west kitchenette lounge unit tour was completed with general maintenance worker (GMW-A). The following concerns were observed and confirmed by GMW-A.</p> <p>The microwave was observed to have food splatter on the inside back and sides. The refrigerator contained a bag of undated chicken, bagged undated cheeseburger, and undated partially full drink cup. The freezer contained a cup of unlabeled ice cream. The drawers contained a rotting apple, dirty plastic mug, dirty plastic bag and tissues. GMW-A confirmed the refrigerator cleaning schedule did not have September dates checked as being cleaned for the weeks of 9/14, 9/21, and 9/28.</p> <p>Facility resident expectations policy dated 9/14, revealed: "8) Food stored in the lounge refrigerators must have a name and date on it or it will be disposed of."</p> <p>Facility 2:30 to 6:30 routine check list of duties policy revised 2-15-16, revealed: "4. Check third floor bins for dirty dishes. Sanitize table and replace with a fresh bin."</p> <p>SUGGESTED METHOD OF CORRECTION: The environmental supervisor or designee could</p>	31305		

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31305	Continued From page 25 develop and implement a system to monitor resident refrigerators and food storage area for cleanliness and expired food. Refrigerators and food storage areas could be regularly cleaned and expired food discarded. The dietary manager or designee could educate residents and staff on basic food safety. TIME PERIOD FOR CORRECTION: Ten (10) days	31305		
31455	MN Rule 4655.9000 Subp. 1 Housekeeping; General Requirements Subpart 1. General requirements. The entire facility, including walls, floors, ceilings, registers, fixtures, equipment, and furnishings shall be maintained in a clean, sanitary, and orderly condition throughout and shall be kept free from offensive odors, dust, rubbish, and safety hazards. Accumulation of combustible material or waste in unassigned areas is prohibited. This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to ensure the environment was kept in a clean, sanitary and orderly condition. This had the potential to impact all 140 residents residing at the facility including: R43, R127, R94, R32, R79, R30, R25, R2, R50, R121, R59, R51 and R95. Findings include: A tour was completed of building 23 with a maintenance worker (PME)-A on 9/28/16 between 8:20 a.m. and 9:50 a.m. The following	31455		

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31455	<p>Continued From page 26</p> <p>concerns were observed and confirmed by PME-A. PME-A noted many of the residents had physical, mental and emotional challenges that made it difficult to clean the room without staff assistance.</p> <p>The handrails of floors 2, 3 and 4 had numerous multicolor spots on them. The floors and stairwells were traversed by surveyors at various times of day and evening on 9/26, 9/27, 9/28 and 9/29 and were observed each time with an accumulation of dust, dried spills and dirt.</p> <p>R43's room was observed. The bed was piled with clothes. Several boxes were on the floor. The floor had an accumulation of crumbs and garbage, such as spoons, cups and old food containers. Brown stains were noted on the table and heater. There was tape on the window blinds. R43 reported no one helped him with cleaning his room. PME-A reported the room had been in a similar condition "for years."</p> <p>R127 and R94's room was observed. The window sills and wardrobe had an accumulation of dust on them. The fridge had a ring of black substance on the inside surface. MW reported he thought it was mold. There were brown spills noted on the outside of the fridge. The floor was sticky with an accumulation of dust, soiled facial tissues, food, cobwebs, bugs and hair on it. The mats had an accumulation of dirt on them. There were also dried spills on the floor of various colors. The pillow case and comforter on the bed was stained yellow. Holes and stains were noted on the curtains.</p> <p>R32's room was observed. The bed had an accumulation of cardboard and plastic boxes. Surrounding the boxes was an accumulation of</p>	31455		

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31455	<p>Continued From page 27</p> <p>dust on the mattress. There was an accumulation of dirt, spills and garbage o on the floor. There was an accumulation of dust on the fan, wardrobe and nightstand. A film was noted on the blank plate next to electrical switch. The ceiling lights were out. R32 reported they were out for 2 weeks. R32 reported he was solely responsible for room order, and had received no assistance from staff.</p> <p>Lounge 426 was observed. There was an accumulation of dust on the window sills and lamp and an accumulation of dust and dead bugs in the window tracks. Six out of seven chairs were worn and stained.</p> <p>R79's room was observed. There was a buildup of dirt and dust on the windows, floor and heat register. Garbage was on the floor.</p> <p>R30's room was observed. The heat register vent was covered in rust.</p> <p>The 418 mop closet had an accumulation of garbage and dirt on the floor.</p> <p>Near rooms 251 and 253 there were noted 3 stained chairs in the hallways.</p> <p>The 2nd floor west lounge had 11 chairs, each worn and stained. The floor was worn with stains. R44 noted the furniture and floor in the lounge were "old" and need to be replaced." The 2nd floor east lounge had 7 chairs worn with stains, some with blankets or towels on them. R125 noted residents put blankets and towels on the chairs because they were sticky. R125 suggested, regarding the chairs to either "throw in garbage or get cleaner" and noted the carpet was "pretty worn out" The carpet was noted to be</p>	31455		

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31455	<p>Continued From page 28</p> <p>worn and stained in several areas, particularly near the sink. The windowsills around the perimeter of the lounge were coated with dust.</p> <p>The dining room on 2nd floor was noted to have stains, worn areas and tears in the carpet at various times of day during the survey on 9/26, 9/27, 9/28 and 9/29. The windows and window sills were noted to have an accumulation of dust, cobwebs and dead bugs.</p> <p>R25's room had an accumulation of dust and dried spills on the floor. Garbage and food wrappers were strewn throughout the room. R25 noted no staff helped clean his room.</p> <p>R2 and R50's room had towels and paper towels with brown stains on the floor. Garbage and dust had accumulated on the floor.</p> <p>R121's room had an accumulation of dust buildup on window sills, heat register and floor. Cobwebs were noted in the corners.</p> <p>The center elevator tracks had a large accumulation of dirt and dust buildup and spots were noted on the walls of the elevator.</p> <p>Lounge 351 was noted to have 7 stained chairs. The carpet was wearing thin, especially near the sink. Dust was accumulated on the window sills around the outside of the room.</p> <p>R59's room had bowls of crusty noodles with sauce and multicolored specks in them. The room had an odor of body odor and rotten food. There was a thick accumulation of dirt and dust on the floor, heat register and nightstand. Dirty clothes garbage and papers were strewn throughout the room.</p>	31455		

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31455	<p>Continued From page 29</p> <p>A drinking fountain near room 337 was cracked and covered with duct tape.</p> <p>The 3rd floor East shower room had stained sinks. A buildup of dust and dead bugs was noted on the window ledge, window panes, between the window screens. Dust was buildup on the floor , a ceiling vent in a shower stall and and on the soap dispensers of the shower stalls. One out of 3 shower curtains did not provide full visual privacy. Red, yellow and orange stains and buildup were noted in the grout in the shower stalls and on the shower curtains. A towel bin was covered in rust. A 3rd floor bathroom had sticky floor, dirt and bugs between window panes.</p> <p>R51's room had walls lined with boxes of knick knacks and blocked access to the heat register.</p> <p>R95's room had dirt, cigarette butts, and newspapers on the floor. A brown spill dried on the floor near the bed. R95 noted the spill had been there "about a week" The heat register, window sills and piles of paper strewn throughout the room were covered in dust. R95 noted no staff person assisted with keeping his room clean and orderly.</p> <p>In lounge room 315 10 chairs were worn and stained. The carpet was worn within. Window sills around the room were covered in dust. A bed was sitting in the hallway of the lounge. PME-A noted it had been there "for weeks"</p> <p>On 9/28/16 at 10:20 a.m. the administrator noted the residents were expected to maintain room order on their own, without staff help, with the exception of mopping the floor. Health and Safety Rounds were to be completed weekly and staff</p>	31455		

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31455	<p>Continued From page 30</p> <p>should be working on a clean room project to help residents.</p> <p>The Resident Room Cleaning procedure, revised 1/2016 directed staff "Procedure: 1. Knock and announce your presence before entering. 2. Take the 5 qt. {quart} Bucket and/or spray bottle with germicidal into the resident room. Damp dust dresser. Damp dust floor lamp. 5. Damp dust bedside table. 6. Damp dust headboard of bed. 7. Proceed to foot of bed, damp dust. 8. Check all furniture, damp dust as needed. NOTE: As the Housekeeper proceeds around the room, spot check all walls and clean as needed with germicidal cleaner. 9. Spot check window and window frame-clean as needed. 10. Check exterior portion of patient's closet-damp dust and spot clean wall as needed. 11. Vacuum carpet. 12. Proceed to cleaning cart, return all equipment and return to room with dust mop, dust pan and counter brush. Weekly Cleaning or at Discharge-For equipment and other procedural information, refer to "High Dusting" procedures. Patient room weekly cleaning or at discharge specifically includes: 1. Ledge above patient door-damp dust. 2. Top of patient room door-damp dust. 3. Back of patient door-damp dust. 4. Patient's TV-wipe with germicide solution except the screen with glass cleaner. 5. Wall and ceiling vents-damp dust. 6. Check corners and baseboards."</p> <p>The Restroom Cleaning procedure directed staff "2. Wring out germicidal solution-start in one corner of restroom, damp wipe all surfaces. Remove marks or fingerprints from walls and partitions. 3. Proceed to sink area. Clean top to bottom, starting with light fixture. Damp wipe. 4. Spot check mirror-clean with glass cleaner. 5. Wring out cloth in germicidal solution and clean</p>	31455		

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31455	<p>Continued From page 31</p> <p>sink. Begin with inside, move to the top of the sink, then to outside and underneath the sink." and "10. Renew germicidal solution-clean the tub or shower stall." and "12. Remove all accumulation of soap and film from the soap holder. 13. Wring out cloth in germicidal solution and spot wash the walls." and "1. Clean all wall and ceiling vents with high dust tool" and "3. Clean by wiping the shower stalls with germicidal solution. 4. Scrub the shower floor with a short handled scrub brush and germicide solution."</p> <p>The Health and Safety Rounds Checklist, undated, directed staff "Heating/cooling unit must be accessible and bottom must not be blocked."; "Beds must have linens." "No open food or drink stored in room-nothing perishable for more than 1 day."; "Refrigerator must be clean and defrosted. No cardboard boxes are allowed on the floor. Trash must be properly contained-not overflowing. Furniture must be clean (not dusty, sticky, dirty). No odor of spoiled food, urine, feces or body odor."</p> <p>The Clean Room Project procedure, undated, directed staff "To identify Veterans whose rooms a health and safety risk. Rooms meeting these criteria will first be acknowledged during Health and Safety Rounds before being identified as problematic in a more specific area. The assigned team will then follow the protocol as described below, by first attempting to identify the barriers each Veteran has in maintaining a clean room, determining the severity of clutter (if applicable) and working with the Veteran to remedy the situation."</p>	31455		

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31455	<p>Continued From page 32</p> <p>During an observation on 9/28/16, at 7:45 a.m., general maintenance worker (GMW)-D and GMW-E were taking out three of the housekeeping carts from the building 23 first floor janitor closet. The carts were observed to have a heavy accumulation of dust on the three shelf units, with hair and paper particles present as well as numerous empty wrappers and visible soil. The janitor closet had a heavy accumulation of dust, paper particles, hair, and a black debris grease like streaks on the floor.</p> <p>When interviewed on 9/28/16, at 7:45 a.m. GMW-D and GMW-E verified the housekeeping carts were dirty and they did not clean the housekeeping carts because there was no place to clean them except to take them outside and hose them down. Both verified they did not know of any policy to clean the carts. GMW-D and GMW-E reported due to an administrative decision, chemical cleaning supplies were stored only on 1st floor. GMW-D explained the water in the mop buckets were not changed because it was not convenient to come down to the first floor from third floor just to change the dirty water, so it would not be unusual to use the same bucket of water and chemical all day.</p> <p>A policy was requested regarding keeping the janitor closet and carts clean, sanitary and orderly condition but was not received at the time of the exit conference.</p> <p>During a building tour with on 9/27/16 at 9:27 a.m. - 11:01 a.m. with the plant maintenance engineer (PME)-B, general maintenance worker (GMW)-A and physical plant director (PPD). The following</p>	31455		

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31455	<p>Continued From page 33</p> <p>issues were observed and verified by PME-B, GMW AND PPD.</p> <p>Room 252 was observed. The shower door had wood chip below the door knob outside. Shower room (205) was observed. The mirror glass had rusty brown stains appearance on the lower part of the mirror glass.</p> <p>On 9/27/16 at 10:05 a.m. PPD, verified the findings and indicated, they had housekeeping supervisor who was assigned to do rounds weekly quit about 3 week ago and no one brought this concern to him.</p> <p>On third floor, east side corridor in the hallway by the laundry room was observed. The garbage bin was uncovered/no lid and was over flow with trash. In addition, all the laundry room that includes the second floor west side, third floor east and west sides, fourth floor in the center in building 23. In building 25 on the ground floor had garbage bins with no lids.</p> <p>On 9/27/16 at 10:49 a.m. GMW-A, stated, "We going to look at the garbage cart that have lids on but will look for lids first for the one that we have for now".</p> <p>On third floor, west side in the laundry room was observed. The washing machine top was loss and there was duct tape on the right upper corner. On 9/27/16 at 9:47 a.m. Findings were confirmed by PME-B, GMW-A and PPD. PPD mentioned, this was the first time seeing this and no one brought it to his attention. At 10:44 a.m. PME-B indicated, washing machine will be replace with new commercial washing machine. PME-B added, "My expectation is, it should have been reported and we do monthly rounds on each floor." At 10:47 a.m. PPD stated, there are multiple ways of reporting such as housekeepers, residents and housekeeping supervisor on weekly or monthly rounds.</p>	31455		

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31455	<p>Continued From page 34</p> <p>On 9/28/16 at 1:30 p.m. during a routine tour on the second floor by room 239 was witnessed. Overflow dirty soiled linen cart uncovered sitting in the hallway by soiled linen storage. Policy and procedure title SPECIFIC PROCEDURES - POLICING, reviewed date 1/16. Directed staff, "lobbies and Corridors 1. Check and pull trash (as needed), wipe out waste receptacle. 5. Police floor (pick up paper, spot mop or vacuum as needed)."</p> <p>Policy and procedure title SPECIFIC PROCEDURES FOR CLEANING NURSING STATIONS reviewed date 1/16, indicated, "3. Check walls and mirrors for spots. Clean as needed. 4. Empty trash and reline container."</p> <p>SUGGESTED METHOD FOR CORRECTION: The administrator or designee could ensure all resident rooms, and resident and staff areas are thoroughly cleaned. A system could be developed to ensure cleanliness, order and sanitation is maintained and residents are provided needed assistance. The administrator or designee could train staff and monitor for compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	31455		
31460	<p>MN Rule 4655.9000 Subp. 2 Housekeeping; Cleaning Program</p> <p>Subp. 2. Development of cleaning program. A program shall be established for routine housekeeping. Besides the daily duties, the program shall include policies and procedures for any special cleaning necessary.</p>	31460		

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31460	<p>Continued From page 35</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to ensure an effective program for maintaining the environment in a clean, sanitary and orderly condition. This had the potential to impact all 140 residents residing at the facility including: R43, R127, R94, R32, R79, R30, R44, R125, R25, R2, R50, R121, R59, R51, R95.</p> <p>Findings include:</p> <p>A tour was completed of building 23 with a maintenance worker (PME)-A on 9/28/16 between 8:20 a.m. and 9:50 a.m. The following concerns were observed and confirmed by PME-A.</p> <p>The handrails of floors 2, 3 and 4 had numerous multicolor spots on them. The floors and stairwells were traversed by surveyors at various times of day and evening on 9/26, 9/27, 9/28 and 9/29 and were observed each time with an accumulation of dust, dried spills and dirt.</p> <p>R43's room was observed. The bed was piled with clothes. Several boxes were on the floor. The floor had an accumulation of crumbs and garbage, such as spoons, cups and old food containers. Brown stains were noted on the table and heater. There was tape on the window blinds. R43 reported no one helped him with cleaning his room. PME-A reported the room had been in a similar condition "for years."</p> <p>R127 and R94's room was observed. The window sills and wardrobe had an accumulation of dust on them. The fridge had a ring of black substance</p>	31460		

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31460	<p>Continued From page 36</p> <p>on the inside surface. MW reported he thought it was mold. There were brown spills noted on the outside of the fridge. The floor was sticky with an accumulation of dust, soiled facial tissues, food, cobwebs, bugs and hair on it. The mats had an accumulation of dirt on them. There were also dried spills on the floor of various colors. The pillow case and comforter on the bed was stained yellow. Holes and stains were noted on the curtains.</p> <p>R32's room was observed. The bed had an accumulation of cardboard and plastic boxes. Surrounding the boxes was an accumulation of dust on the mattress. There was an accumulation of dirt, spills and garbage o on the floor. There was an accumulation of dust on the fan, wardrobe and nightstand. A film was noted on the blank plate next to electrical switch. The ceiling lights were out. R32 reported they were out for 2 weeks. R32 reported he was solely responsible for room order, and had received no assistance from staff.</p> <p>Lounge 426 was observed. There was an accumulation of dust on the window sills and lamp and an accumulation of dust and dead bugs in the window tracks. Six out of seven chairs were worn and stained.</p> <p>R79's room was observed. There was a buildup of dirt and dust on the windows, floor and heat register. Garbage was on the floor.</p> <p>R30's room was observed. The heat register vent was covered in rust.</p> <p>The 418 mop closet had an accumulation of garbage and dirt on the floor.</p>	31460		

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31460	<p>Continued From page 37</p> <p>Near rooms 251 and 253 there were noted 3 stained chairs in the hallways.</p> <p>The 2nd floor west lounge had 11 chairs, each worn and stained. The floor was worn with stains. R44 noted the furniture and floor in the lounge were "old" and need to be replaced." The 2nd floor east lounge had 7 chairs worn with stains, some with blankets or towels on them. R125 noted residents put blankets and towels on the chairs because they were sticky. R125 suggested, regarding the chairs to either "throw in garbage or get cleaner" and noted the carpet was "pretty worn out" The carpet was noted to be worn and stained in several areas, particularly near the sink. The windowsills around the perimeter of the lounge were coated with dust.</p> <p>The dining room on 2nd floor was noted to have stains, worn areas and tears in the carpet at various times of day during the survey on 9/26, 9/27, 9/28 and 9/29. The windows and window sills were noted to have an accumulation of dust, cobwebs and dead bugs.</p> <p>R25's room had an accumulation of dust and dried spills on the floor. Garbage and food wrappers were strewn throughout the room. R25 noted no staff helped clean his room.</p> <p>R2 and R50's room had towels and paper towels with brown stains on the floor. Garbage and dust had accumulated on the floor.</p> <p>R121's room had an accumulation of dust buildup on window sills, heat register and floor. Cobwebs were noted in the corners.</p> <p>The center elevator tracks had a large accumulation of dirt and dust buildup and spots</p>	31460		

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31460	<p>Continued From page 38</p> <p>were noted on the walls of the elevator.</p> <p>Lounge 351 was noted to have 7 stained chairs. The carpet was wearing thin, especially near the sink. Dust was accumulated on the window sills around the outside of the room.</p> <p>R59's room had bowls of crusty noodles with dried sauce and multicolored specks in them. The room had an odor of body odor and rotten food. There was a thick accumulation of dirt and dust on the floor, heat register and nightstand. Dirty clothes garbage and papers were strewn throughout the room.</p> <p>A drinking fountain near room 337 was cracked and covered with duct tape.</p> <p>The 3rd floor East shower room had stained sinks. A buildup of dust and dead bugs was noted on the window ledge, window panes, between the window screens. Dust was buildup on the floor , a ceiling vent in a shower stall and and on the soap dispensers of the shower stalls. One out of 3 shower curtains did not provide full visual privacy. Red, yellow and orange stains and buildup were noted in the grout in the shower stalls and on the shower curtains. A towel bin was covered in rust. A 3rd floor bathroom had sticky floor, dirt and bugs between window panes.</p> <p>R51's room had walls lined with boxes of knick knacks and blocked access to the heat register.</p> <p>R95's room had dirt, cigarette butts, and newspapers on the floor. A brown spill dried on the floor near the bed. R95 noted the spill had been there "about a week" The heat register, window sills and piles of paper strewn throughout the room were covered in dust. R95 noted no</p>	31460		

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31460	<p>Continued From page 39</p> <p>staff person assisted with keeping his room clean and orderly.</p> <p>In lounge room 315 10 chairs were worn and stained. The carpet was worn within. Window sills around the room were covered in dust. A bed was sitting in the hallway of the lounge. PME-A noted it had been there "for weeks"</p> <p>During an observation on 9/28/16, at 7:45 a.m., general maintenance worker (GMW)-D and GMW-E were taking out three of the housekeeping carts from the building 23 first floor janitor closet. The carts were observed to have a heavy accumulation of dust on the three shelf units, with hair and paper particles present as well as numerous empty wrappers and visible soil. The janitor closet had a heavy accumulation of dust, paper particles, hair, and a black debris grease like streaks on the floor.</p> <p>When interviewed on 9/28/16, at 7:45 a.m. GMW-D and GMW-E verified the housekeeping carts were dirty and they did not clean the housekeeping carts because there was no place to clean them except to take them outside and hose them down. Both verified they did not know of any policy to clean the carts. GMW-D and GMW-E reported due to an administrative decision, chemical cleaning supplies were stored only on 1st floor. GMW-D explained the water in the mop buckets were not changed because it was not convenient to come down to the first floor from third floor just to change the dirty water, so it would not be unusual to use the same bucket of water and chemical all day.</p> <p>A policy was requested regarding keeping the janitor closet and carts clean, sanitary and orderly condition but was not received at the time of the</p>	31460		

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31460	Continued From page 40 exit conference. SUGGESTED METHOD FOR CORRECTION: The administrator or designee could ensure all resident rooms, and resident and staff areas are thoroughly cleaned. A system could be developed to ensure cleanliness, order and sanitation is maintained and residents are provided needed assistance. The administrator or designee could train staff and monitor for compliance. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	31460		
31475	MN Rule 4655.9020 Subp. 1 Housekeeping Supplies; Janitor's Closet Subpart 1. Janitor's closet. The janitor's closets and all other areas used by the housekeeping personnel shall be kept in a clean, sanitary, and orderly condition. This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to ensure the janitors closet and housekeeping carts were clean, sanitary and in an orderly condition. This had the potential to affect all 100 residents living in building 23 of the complex. Findings include: During an observation on 9/28/16, at 7:45 a.m., general maintenance worker (GMW)-D and GMW-E were taking out three of the housekeeping carts from the first floor janitor	31475		

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31475	<p>Continued From page 41</p> <p>closet. The carts were observed to have a heavy accumulation of dust on the three shelf units, with hair and paper particles present as well as numerous empty wrappers and visible soil. The Janitor closet had a heavy accumulation of dust, paper particles, hair, and a black debris grease like streaks on the floor.</p> <p>When interviewed on 9/28/16, at 7:45 a.m. GMW-D and GMW-E verified the housekeeping carts were dirty and they did not clean the housekeeping carts because there was no place to clean them except to take them outside and hose them down. Both verified they did not know of any policy to clean the carts. Furthermore, GMW-D explained that they were not allowed to use the janitor rooms up on the other floors because administration made the decision to remove all cleaning chemicals from the janitor closets on second and third janitor closets so that all the cleaners had to come to first floor to empty the mop buckets and get chemicals to clean. Furthermore, GMW-D explained that is why the water in the mop buckets were not changed because it was not convenient to come down to the first floor from third floor just to change the dirty water, so it would not be unusual to use the same bucket of water and chemical all day.</p> <p>A policy was requested regarding keeping the janitor closet and carts clean, sanitary and orderly condition but was not received at the time of the exit conference.</p> <p>On 9/28/16 between 8:20 a.m. and 9:50 a.m. during a tour of building 23, the 418 mop closet had an accumulation of garbage and dirt on the floor. A plant maintenance engineer (PME)-A confirmed findings.</p>	31475		

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31475	Continued From page 42 SUGGESTED METHOD OF CORRECTION: The director of housekeeping with the administrator and the infection control registered nurse could ensure appropriate policies were current, and staff responsible would receive training. Audits could be conducted, and the results brought to the quality committee for review. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	31475		
31480	MN Rule 4655.9020 Subp. 2 Housekeeping Supplies;Mops/Buckets Cleaning Subp. 2. Mops and buckets cleaning. Mop buckets shall be emptied after each cleaning, and mopheads shall be washed after each use and replaced as often as necessary. This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to empty the mop bucket after each cleaning. This had the potential to affect all 43 residents on 3rd floor of Building 23. Finding include: During an observation on 9/28/16, at 7:45 a.m., general maintenance worker (GMW)-D was taking out the housekeeping cart from the first floor janitor closet. The mop bucket was full of dark black gray water. When interviewed on 9/28/16, at 7:45 a.m. GMW-D verified the dark black gray water was because the mop bucket was put away from the	31480		

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31480	<p>Continued From page 43</p> <p>day before without emptying or cleaning out the soiled mop bucket and the mop head was not changed after use. GMW-D verified leaving in a hurry the day before and did not take the time to empty the dirty water bucket or change the mop head. GMW-D explained that they were not allowed to use the janitor rooms up on the other floors because administration made the decision to remove all cleaning chemicals from the janitor closets on second and third janitor closets so that all the cleaners had to come to first floor to empty the mop buckets and get chemical to clean. Furthermore, GMW-D explained that is why the water in the mop buckets aren't changed because it is not convenient to come down to the first floor from third floor just to change the dirty water, so it would not be unusual to use the same bucket of water and chemical all day.</p> <p>A policy was requested a regarding how often to empty the soiled mop bucket and mop head, but was not received during the survey process.</p> <p>SUGGESTED METHOD OF CORRECTION: The director of housekeeping with the administrator and infection control registered nurse could ensure appropriate policies were current, and staff responsible would receive training. Audits could be conducted, and the results brought to the quality committee for review.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	31480		
31495	<p>MN Rule 4655.9030 Deodorizers</p> <p>Deodorizers or aerosols shall not be used as a substitute for acceptable ventilation, nor shall</p>	31495		

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31495	<p>Continued From page 44</p> <p>they be used to mask odors resulting from ineffective housekeeping or sanitation. Ozone generators are not permitted.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to eliminate the source of odors on the third floor areas and attempted to cover the odor with the use of deodorizers and aerosols. This had the potential to affect all 43 residents residing on the 3rd floor in building 23 including: R53, R11, R46, R77, R79, R88, R109 and R132.</p> <p>Findings include:</p> <p>Document review of resident council meetings and concern forms indicated complaints about the foul, and at times strong urine, feces, and body odors permeating on the third floor certain areas, during the past year.</p> <p>When interviewed on 9/23/16, at 4:40 p.m. R53 verified reporting to administration on numerous occasions the foul odors in areas of the third floor building 23. During an interview on 9/25/16, at 2:00 p.m. R11, R46, R77, R79, R88, R109, R132, verified the odor on third floor has been a topic of conversation this past year but the administration used deodorizers and aerosols versus getting to the cleaning root of the problem.</p> <p>When interviewed on 9/29/16, at 11:15 a.m. the administrator verified the use of deodorizers and aerosols were used to cover the odor smell on the third floor of building 23. Furthermore, the administrator verified there was not a policy to not use deodorizers and aerosols as a substitute to</p>	31495		

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31495	Continued From page 45 mask odors versus evaluating the housekeeping and sanitation of third floor areas. SUGGESTED METHOD OF CORRECTION: The director of housekeeping with the administrator and infection control registered nurse could ensure appropriate policies were current, and staff responsible would receive training. Audits could be conducted, and the results brought to the quality committee for review. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	31495		
31500	MN Rule 4655.9040 Insect and Rodent Control Any condition on the site or in the facility conducive to the harborage or breeding of insects, rodents, or other vermin shall be eliminated immediately. A continuous pest control program shall be maintained by qualified personnel and all chemical substances of a poisonous nature used for pest control shall be identified and stored in a locked space. This MN Requirement is not met as evidenced by: Based on observation and interview, the facility failed to ensure the environment was not conducive to the harboring rodents and insects. This had the potential to impact all 140 residents of the facility including: R43, R127, R94, R32, R79, R25, R2, R50, R121, R59, and R95. Findings include:	31500		

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31500	<p>Continued From page 46</p> <p>A tour was completed of Building 23 with a maintenance worker (PME)-A on 9/28/16 between 8:20 a.m. and 9:50 a.m. The following concerns were observed and confirmed by PME-A. PME-A noted the condition of resident areas made the facility vulnerable to the harborage of insects and rodents.</p> <p>R43's room was observed. The bed was piled with clothes. Several boxes were on the floor. The floor had an accumulation of crumbs and garbage, such as spoons, cups and old food containers.</p> <p>R127 and R94's room was observed. The floor was sticky with an accumulation of dust, soiled facial tissues, food, cobwebs, bugs and hair on it. There were also dried spills on the floor of various colors.</p> <p>R32's room was observed. The bed had an accumulation of cardboard and plastic boxes. There was an accumulation of dirt, spills and garbage on the floor.</p> <p>R79's room was observed. Garbage was on the floor.</p> <p>The dining room on 2nd floor was toured. The windows and window sills were noted to have an accumulation of dust, cobwebs and dead bugs.</p> <p>R25's room had an accumulation of dust and dried spills on the floor. Garbage and food wrappers were strewn throughout the room.</p> <p>R2 and R50's room had towels and paper towels with brown stains on the floor. Garbage and dust had accumulated on the floor.</p>	31500		

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31500	<p>Continued From page 47</p> <p>R121's room had cobwebs noted in the corners.</p> <p>R59's room had bowls of crusty noodles with sauce and multicolored specks in them. The room had an odor of rotten food. Dirty clothes garbage and papers were strewn throughout the room.</p> <p>The 3rd floor East shower was toured. A buildup of dust and dead bugs was noted on the window ledge, window panes, between the window screens. A 3rd floor bathroom had sticky floor, dirt and bugs between window panes.</p> <p>R95's room had dirt, cigarette butts, and newspapers on the floor. R95 noted the spill had been there "about a week" There were piles of paper strewn throughout the room and covered in dust.</p> <p>During interview on 9/27/16 at 3:35 p.m. R14 noted observing mice in the facility.</p> <p>SUGGESTED METHOD FOR CORRECTION: The administrator or designee could inspect the facility for any condition which may be conducive to harborage or breeding pests such as insects, mice and vermin. A system could be developed to eliminate any concerns immediately. The administrator or designee could train staff and monitor for compliance.</p>	31500		
31800	<p>MN Rule 144.651 Subd. 4 Patients & Residents of HCF Bill of Rights</p> <p>Subd. 4. Information about rights. Patients and residents shall, at admission, be told that there are legal rights for their protection during their stay at the facility or throughout their course</p>	31800		

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31800	<p>Continued From page 48</p> <p>of treatment and maintenance in the community and that these are described in an accompanying written statement of the applicable rights and responsibilities set forth in this section. In the case of patients admitted to residential programs as defined in section 253C.01, the written statement shall also describe the right of a person 16 years old or older to request release as provided in section 253B.04, subdivision 2, and shall list the names and telephone numbers of individuals and organizations that provide advocacy and legal services for patients in residential programs. Reasonable accommodations shall be made for those with communication impairments and those who speak a language other than English. Current facility policies, inspection findings of state and local health authorities, and further explanation of the written statement of rights shall be available to patients, residents, their guardians or their chosen representatives upon reasonable request to the administrator or other designated staff person, consistent with chapter 13, the Data Practices Act, and section 626.557, relating to vulnerable adults.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to post state survey results in a prominent area, or post notice of their availability. This had the potential to affect all 140 residents who lived in the facility including R 11, R46, R53, R77, R79, R88, R105, R109, R132 and R134. Findings include:</p> <p>During observation on 9/26/16, 9/27/16, at 12:00 noon and 6:00 p.m., 9/28/16 and 9/29/16 at 8:00 a.m. 12:00 p.m. there were no postings of the</p>	31800		

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31800	<p>Continued From page 49</p> <p>state inspection findings or other local health authorities findings available in the main entrance and resident gathering area of the facility.</p> <p>During a group interview on 9/28/16, at 2:00 p.m. with R11, R46, R53, R77, R79, R88, R105, R109, R132, and R134 verified they did not know where the state inspection findings were posted at the facility. They all agreed they did not see or hear about the state inspection findings from 2015.</p> <p>During an interview with the administrator on 9/29/13, at 11:15 a.m. verified the inspection results should be in a notebook in the main entrance and furthermore, the administrator verified the inspection findings were not in the main entrance gathering area.</p> <p>The administrator verified there was not a policy directing the state and local health authorities postings to be available to the residents.</p> <p>SUGGESTED METHOD OF CORRECTION: The director of social services with the administrator could ensure appropriate policies were current, and staff responsible would receive training. Audits could be conducted, and the results brought to the quality committee for review.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	31800		
31880	<p>MN Rule 144.651 Subd. 20 Patients & Residents of HCF Bill of Rights</p> <p>Subd. 20. Grievances. Patients and residents shall be encouraged and assisted, throughout their stay in a facility or their course of treatment,</p>	31880		

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31880	<p>Continued From page 50</p> <p>to understand and exercise their rights as patients, residents, and citizens. Patients and residents may voice grievances and recommend changes in policies and services to facility staff and others of their choice, free from restraint, interference, coercion, discrimination, or reprisal, including threat of discharge. Notice of the grievance procedure of the facility or program, as well as addresses and telephone numbers for the Office of Health Facility Complaints and the area nursing home ombudsman pursuant to the Older Americans Act, section 307(a)(12) shall be posted in a conspicuous place.</p> <p>Every acute care inpatient facility, every residential program as defined in section 253C.01, every non-acute care facility, and every facility employing more than two people that provides outpatient mental health services shall have a written internal grievance procedure that, at a minimum, sets forth the process to be followed; specifies time limits, including time limits for facility response; provides for the patient or resident to have the assistance of an advocate; requires a written response to written grievances; and provides for a timely decision by an impartial decision maker if the grievance is not otherwise resolved. Compliance by hospitals, residential programs as defined in section 253C.01 which are hospital-based primary treatment programs, and outpatient surgery centers with section 144.691 and compliance by health maintenance organizations with section 62D.11 is deemed to be compliance with the requirement for a written internal grievance procedure.</p> <p>This MN Requirement is not met as evidenced by:</p>	31880		

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31880	<p>Continued From page 51</p> <p>Based on interview and document review, the facility failed to ensure that prompt efforts are made to resolve resident grievances for 10 of 10 resident (R11, R46, R53, R77, R79, R88, R105, R109, R132, R134) reviewed who expressed a grievance to facility staff. This had the potential to impact all 140 residents residing at the facility.</p> <p>Findings include:</p> <p>During an interview with R11, R46, R53, R77, R79, R88, R105, R109, R132 and R134, on 9/28/16, at 2:00 p.m. various concerns were expressed and an apathy in the facility for the residents to become involved due to the perception that administration was not listening to what they had to contribute and these residents felt this was due to the lack of follow through by the administration. For example: Several residents expressed the severe concern of odors in certain areas of building 23 on the third floor, but that management had ignored the pleas to associate with the cleaning of the facility. According to the residents present, these concerns were expressed at resident council back to 11/25/15.</p> <p>Furthermore, during this interview on 9/28/16, at 2:00 p.m., the residents also expressed concerns about the following issues:</p> <p>Grave concern had been expressed by the residents due to the perception that drugs were being brought in and sold at the facility by an outside source who rented the adjacent property. Residents had continuously pleaded for a camera to be installed to video the accounts. When interviewed on 9/28/16, at 5:00 p.m. the security guard for the facility was not aware of the resident concerns of drugs possibly being sold on the</p>	31880		

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31880	<p>Continued From page 52</p> <p>property. Security cameras were addressed at the 11/25/15 resident council meeting but no camera had been installed to watch the rental property.</p> <p>New lounge chair furniture had been being talked about since 11/25/15 when the building 23 received new furniture in the television room. The other resident lounges were to receive new furniture but that had not happened. Lounge furniture in building 23 was observed to be stained, uncleanable and in disrepair during a tour of the facility on 9/28/16, between 8:20 a.m. and 9:50 a.m. The residents expressed frustration that administration did not obtain better furniture for their home.</p> <p>Residents in building 25 were promised a new pool table 11/25/15, but because it did not fit into their building they did not receive the new pool table. Instead, according to the residents they have duct tape pool pockets into the four corners of the pool table because management had not provided a better solution for their pool table. Observation of the pool table on 9/28/16, at 1:00 p.m. verified the four pockets of the pool table were duct taped to catch the pool balls.</p> <p>Residents expressed concern because they used to be able to chose their bingo card, but now, the person responsible for bingo did not allow them a choice of what bingo cards they would like to select. In the residents view, this was unacceptable but they did not feel anyone in management was listening to what they had to say.</p> <p>Grievance/concerns, resident council minutes, November 2015 through September 2016, were reviewed and verified these issues had been</p>	31880		

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31880	<p>Continued From page 53</p> <p>brought up by the residents in writing but there was not a resolution.</p> <p>During an interview with the administrator on 9/29/16, at 11:15 verified these concerns had been brought up, and was aware of the concerns. The administrator reported there had not been a resolution to the concerns, but ongoing work on the concerns was happening.</p> <p>SUGGESTED METHOD OF CORRECTION: The social service director with the administrator could ensure appropriate policies were current, and staff responsible would receive training. Audits could be conducted, and the results brought to the quality committee for review.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	31880		
31935	<p>MN Rule 144.652 Subd. 1 Bill of Right Notice to Patient/Res.Violation</p> <p>Subdivision 1. Distribution; posting. Except as provided below, section 144.651 shall be posted conspicuously in a public place in all facilities licensed under the provisions of sections 144.50 to 144.58, or 144A.02. Copies of the law shall be furnished the patient or resident and the patient or resident ' s guardian or conservator upon admittance to the facility. Facilities providing services to patients may delete section 144.651, subdivisions 24 to 29, and those portions of other subdivisions that apply only to residents, from copies posted or distributed to patients with appropriate notation that residents have additional rights under law. The policy statement shall include the address and telephone number of the Board of Medical</p>	31935		

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NAME OF PROVIDER OR SUPPLIER MN VETERANS HOME HASTINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 EAST 18TH STREET HASTINGS, MN 55033
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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
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31935	<p>Continued From page 54</p> <p>Practice and/or the name and phone number of the person within the facility to whom inquiries about the medical care received may be directed. The notice shall include a brief statement describing how to file a complaint with the Office of Health Facility Complaints established pursuant to section 144A.52 concerning a violation of section 144.651 or any other state statute or rule. This notice shall include the address and phone number of the Office of Health Facility Complaints.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, document review and interview, the facility failed to post the most current version of the Bill of Rights in a conspicuous place in the facility. This had the potential to affect all residents residing in the facility including 14 of 14 residents reviewed (R9, R12, R14, R23, R24, R28, R37, R42, R61, R90, R92, R113, R117 and R138)</p> <p>Findings include:</p> <p>A review of the Bill of Rights, posted on the wall for building 24 by the administrator's office area with numbers that reads No 217-250/10-05. Building 23, posted on each floor that includes second, third and fourth floor had with letters and numbers "... 08/09". Building 25 on first and second floor on the wall at the left corridor area of each floor. with letters and numbers "... 08/09".</p> <p>In addition, review of the most current bill of rights provided to R9, R12, R14, R23, R24, R28, R37, R42, R61, R90, R92, R113, R117 and R138 revealed they were given the wrong version of bill of rights, dated July 1, 2007 and 12-2015. This was an out of date bill of rights, as a revised bill of</p>	31935		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00788	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/29/2016
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NAME OF PROVIDER OR SUPPLIER MN VETERANS HOME HASTINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 EAST 18TH STREET HASTINGS, MN 55033
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31935	<p>Continued From page 55</p> <p>rights had been developed in December 4, 2015.</p> <p>On 9/27/16 at 9:05 a.m. the administrator verified the bill of rights posted in the building are not the most current version and stated he will call the quality director registered nurse (RN)-B for the most current version. At 11:17 a.m. the administrator indicated, "We have posted on every floor but not the 12/4/15 version. I went on the MDH website today and get the 2015 version copies and will order posters today."</p> <p>Policy and procedure revised date 1/16, title RESIDENT BILL OF RIGHTS, read, "The MVH [Minnesota Veterans Home]-Hastings will honor and abide by the Resident Bill of Rights. Each resident and/or their representative will receive a copy of the Resident Bill of Rights upon admission, and a copy is posted in the front lobby."</p> <p>SUGGESTED METHOD OF CORRECTION: The administrator or designee could ensure appropriate policies were current, and staff responsible would receive training. Audits could be conducted, and the results brought to the quality committee for review.</p> <p>TIME PERIOD FOR CORRECTION: Twenty one (21) days.</p>	31935		
34580	<p>MN Rule 4660.6900 Subp. 1 Floors, Existing and New</p> <p>Subpart 1. General requirements. All floors in living and service areas for patients and residents shall be washable and/or cleanable.</p>	34580		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00788	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/29/2016
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34580	<p>Continued From page 56</p> <p>This MN Requirement is not met as evidenced by: Based on interview and observation, the floors in common areas throughout the facility were noted to be soiled and not in a cleanable condition. This had the potential to impact all 140 residents.</p> <p>Findings include:</p> <p>A tour was completed of Building 23 with a maintenance worker (PME)-A on 9/28/16 between 8:20 a.m. and 9:50 a.m. The following concerns were observed and confirmed by PME-A.</p> <p>The 2nd floor west lounge was observed. R44 noted the floor in the lounge was "old" and need to be replaced." The carpet was noted to be worn and stained in several areas, particularly near the sink.</p> <p>The dining room on 2nd floor was noted to have stains, worn areas and tears in the carpet at various times of day during the survey on 9/26, 9/27, 9/28 and 9/29.</p> <p>In Lounge 351 the carpet was wearing thin and soiled, especially near the sink.</p> <p>In lounge room 315 the carpet was soiled and worn thin.</p> <p>SUGGESTED METHOD OF CORRECTION: The administrator or designee could inspect the facility for areas of uncleanable or unclean flooring and take steps to clean, repair and/or replace any flooring with concerns. A system could be developed to maintain flooring in good condition.</p>	34580		

Minnesota Department of Health

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34580	Continued From page 57 TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	34580		