MDH Minnesota Department of Health

Office of Health Facility Complaints Investigative Report
PUBLIC

Facility Name:
Walker Methodist Health Center

Facility Address:
3737 Bryant Avenue South

Facility City:
Minneapolis

State: Minnesota | **ZIP:** 55409 | **County:** Hennepin

Report Number:
H5055197

Time of Visit:
12:20 p.m. - 5:30 p.m.
9:00 a.m. - 5:30 p.m.
8:00 a.m. - 5:30 p.m.
9:00 a.m. - 5:00 p.m.

Date of Visit:
December 9, 12, 13, and 15, 2016

Date Concluded:
March 2, 2017

Investigator's Name and Title:
Peggy Boeck, R.N., Special Investigator and
Arthur Biah, R.N., Special Investigator

☒ **Nursing Home**

Allegation(s):
It is alleged that neglect occurred when cardiopulmonary resuscitation (CPR) was not performed on a resident who had a provider order for life sustaining treatment (POLST) form which indicated the resident requested resuscitation in the event that his/her heart stopped and s/he was not breathing.

- ☒ Federal Regulations for Long Term Care Facilities (42 CFR Part 483, subpart B)
- ☒ State Licensing Rules for Nursing Homes (MN Rules Chapter 4658)
- ☒ State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557)
- ☒ State Statutes Chapters 144 and 144A

Conclusion:
Based on a preponderance of evidence, neglect occurred when nursing staff did not initiate cardiopulmonary resuscitation (CPR) on the resident when it was determined that the resident was not breathing and did not have a pulse.

The resident's provider order for life sustaining treatment (POLST), signed by a physician, indicated the resident requested CPR be started if the resident had no pulse and was not breathing.

On the day of the resident's death, the resident was in the dining room after lunch. The resident stood up from the wheelchair and sat on the floor. This was not uncommon for the resident. The nurse assigned to the resident and another staff member assisted the resident off the floor and to sit back in the wheelchair. Staff members took the resident to his/her room and put the resident into bed. The nurse went to get the blood pressure machine and attempted to take the resident's blood pressure. The machine did not register a blood pressure on the resident. The nurse turned the machine off and on three times, attempting to get a blood pressure each time. The nurse said the resident was tired and looked sound asleep. S/he did not attempt to manually obtain an apical or radial pulse from the resident. The nurse left the resident alone to

walk to the nurse's station to look at the resident's POLST. The nurse interpreted the POLST to read "comfort cares" and did not start CPR. The nurse could not explain why the POLST was checked at that time.

The nurse then walked to an administrative nurse's office where s/he also found the nursing supervisor. The nurse asked the nursing supervisor to come to the resident's room to check the vitals machine. The nursing supervisor and the administrative nurse went to the resident's room. The nurse assigned to the resident stated approximately ten minutes elapsed from the time the resident was brought back to his/her room from the dining room until the nursing supervisor and the administrative nurse entered the resident's room.

The nursing supervisor entered the resident's room and found the resident's skin was blue in color, cool to the touch, and the resident was not breathing. The nursing supervisor took the resident's apical pulse and determined the resident was deceased. The administrative nurse verified the resident did not have a pulse. The nurse assigned to the resident left the room to look at the resident's medical record. The nursing supervisor and the administrative nurse also left the resident's room for an undetermined amount of time. They reviewed the resident's POLST and both read that the resident requested CPR. The nursing supervisor and the administrative nurse did not start CPR, and no one at the facility called 911. The nursing supervisor said CPR was not started because the assigned nurse indicated the resident was expected to pass away and the family knew the resident was declining. The nursing supervisor began the facility notification procedure for the death of the resident.

The physician was interviewed and stated the POLST document indicated the resident requested CPR in the event the resident did not have a pulse and was not breathing.

The family of the resident was interviewed and stated they had considered a change to the resident's POLST from CPR to do not resuscitate, but there was no change to the order at the time of the resident's death.

The resident's death certificate indicated the cause of death was due to multiple co-existing diseases.

Minnesota Vulnerable Adults Act (Minnesota Statutes, section 626.557)

Under the Minnesota Vulnerable Adults Act (Minnesota Statutes, section 626.557):

☐ Abuse ☒ Neglect ☐ Financial Exploitation

☒ Substantiated ☐ Not Substantiated ☐ Inconclusive based on the following information:

Mitigating Factors:

The "mitigating factors" in Minnesota Statutes, section 626.557, subdivision 9c (c) were considered and it was determined that the ☐ Individual(s) and/or ☒ Facility is responsible for the

☐ Abuse ☒ Neglect ☐ Financial Exploitation. This determination was based on the following:

Despite training on the POLST form, the facility had no system to ensure staff members followed a resident's POLST or provided emergency services in the event of an emergency when a resident was found

to be without a pulse and not breathing. Three nurses did not provide emergency services to the resident.

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

Compliance:

Federal Regulations for Long Term Care Facilities (42 CFR, Part 483, subpart B) - Compliance Not Met
The requirements under the Federal Regulations for Long Term Care Facilities (42 CFR, Part 483, subpart B), were not met.

Deficiencies are issued on form 2567: ☒ Yes ☐ No

(The 2567 will be available on the MDH website.)

State Licensing Rules for Nursing Homes (MN Rules Chapter 4658) - Compliance Not Met
The requirements under State Licensing Rules for Nursing Homes (MN Rules Chapter 4658) were not met.

State licensing orders were issued: ☒ Yes ☐ No

(State licensing orders will be available on the MDH website.)

State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557) - Compliance Not Met
The requirements under State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557) were not met.

State licensing orders were issued: ☒ Yes ☐ No

(State licensing orders will be available on the MDH website.)

State Statutes Chapters 144 & 144A – Compliance Not Met - Compliance Not Met
The requirements under State Statues for Chapters 144 &144A were not met.

State licensing orders were issued: ☒ Yes ☐ No

(State licensing orders will be available on the MDH website.)

Compliance Notes:
An immediate jeopardy was called on December 3, 2016 when a resident who had a change of condition, requested CPR, and the CPR and emergency services was not initiated. The immediate jeopardy that began on December 3, 2016 was removed on December 15, 2016 after verification of a policy titled emergency response guidelines that included what to do if finding a resident without a blood pressure, pulse, or respirations. All nurses were educated on the policy. The three nurses involved in the incident were educated to read a POLST, the policy for POLST, and how to call a resident emergency response. All nurse managers and unit nurse supervisors were also trained. Additional training for the nurse managers and unit supervisors was completed on what to do in the absence of a POLST. The nurse managers and unit nurse supervisors trained all nurses employed by the facility on what to do in the absence of a POLST and mock resident emergencies were performed. All resident's medical records were audited to ensure each resident had a POLST. The quality assurance and process improvement committee met to review the incident and outlined a

new process for physicians or nurse practitioners to establish advanced care planning for both short and long stay residents. The resident's code status and POLST would be reviewed quarterly at each care conference. The facility remained in noncompliance at a lower scope and severity after the removal of the immediate jeopardy on December 15, 2016.

Facility Corrective Action:

The facility took the following corrective action(s):

Definitions:

Minnesota Statutes, section 626.5572, subdivision 17 - Neglect

"Neglect" means:

(a) The failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to, food, clothing, shelter, health care, or supervision which is:

(1) reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult; and

(2) which is not the result of an accident or therapeutic conduct.

Minnesota Statutes, section 626.5572, subdivision 19 - Substantiated

"Substantiated" means a preponderance of the evidence shows that an act that meets the definition of maltreatment occurred.

The Investigation included the following:

Document Review: The following records were reviewed during the investigation:

☒ Medical Records

- [x] Care Guide
- [x] Nurses Notes
- [x] Physician Orders
- [x] Treatment Sheets
- [x] Physician Progress Notes
- [x] Care Plan Records
- [x] Facility Incident Reports
- [x] Other, specify:

Other pertinent medical records:

- [x] Death Certificate

Additional facility records:

- [x] Staff Time Sheets, Schedules, etc.
- [x] Facility Internal Investigation Reports
- [x] Personnel Records/Background Check, etc.
- [x] Facility In-service Records
- [x] Facility Policies and Procedures

Number of additional resident(s) reviewed: 56

Were residents selected based on the allegation(s)? ◉ Yes ○ No ○ N/A

Specify: _____

Were resident(s) identified in the allegation(s) present in the facility at the time of the investigation?

○ Yes ◉ No ○ N/A

Specify: _____

Interviews: The following interviews were conducted during the investigation:

Interview with complainant(s) ○ Yes ○ No ◉ N/A

Specify: _____

If unable to contact complainant, attempts were made on:

Date:	Time:	Date:	Time:	Date:	Time:

Interview with family: ◉ Yes ○ No ○ N/A Specify: _____

Did you interview the resident(s) identified in allegation:

○ Yes ◉ No ○ N/A Specify: _____

Did you interview additional residents? ◉ Yes ○ No

Total number of resident interviews: 10

Interview with staff: ◉ Yes ○ No ○ N/A Specify: _____

Tennessen Warnings

Tennessen Warning given as required: ◉ Yes ○ No

Total number of staff interviews: 41

Physician Interviewed: ◉ Yes ○ No

Nurse Practitioner Interviewed: ○ Yes ◉ No

Physician Assistant Interviewed: ○ Yes ◉ No

Interview with Alleged Perpetrator(s): ○ Yes ○ No ◉ N/A Specify: _____

Attempts to contact:

Date:	Time:	Date:	Time:	Date:	Time:

If unable to contact was subpoena issued: ○ Yes, date subpoena was issued _____ ○ No

Were contacts made with any of the following:

☐ Emergency Personnel ☐ Police Officers ☐ Medical Examiner ☐ Other: Specify _____

Observations were conducted related to:

☒ Nursing Services

☒ Infection Control

☒ Dignity/Privacy Issues

☒ Safety Issues

☒ Facility Tour

Was any involved equipment inspected: ○ Yes ○ No ◉ N/A

Was equipment being operated in safe manner: ○ Yes ○ No ◉ N/A

Were photographs taken: ○ Yes ◉ No Specify: _____

cc:

Health Regulation Division - Licensing & Certification

Minnesota Board of Examiners for Nursing Home Administrators

The Office of Ombudsman for Long-Term Care

Minneapolis Police Department

Hennepin County Attorney

Minneapolis City Attorney

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245055	A. BUILDING _____ B. WING _____	C 12/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALKER METHODIST HEALTH CENTER	3737 BRYANT AVENUE SOUTH MINNEAPOLIS, MN 55409

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS A partial extended survey was conducted to investigate #H5055197. An Immediate Jeopardy (IJ) was identified at F309 related to the facility's failure to ensure staff provide cardiopulmonary resuscitation(CPR) for residents requesting CPR, which resulted in the death of one resident. The IJ began on 12/3/2016 and and was removed on 12/15/2016 at 4:40 p.m. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of the CMS-2567 form. Electronic submission of the POC will be used as verification of compliance.	F 000		
F 155 SS=F	483.10(c)(6)(8)(g)(12), 483.24(a)(3) RIGHT TO REFUSE; FORMULATE ADVANCE DIRECTIVES 483.10 (c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate. (g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the	F 155		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245055	A. BUILDING _____ B. WING _____	C 12/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALKER METHODIST HEALTH CENTER	3737 BRYANT AVENUE SOUTH MINNEAPOLIS, MN 55409

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 155	Continued From page 1 resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State law. (v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time. 483.24 (a)(3) Personnel provide basic life support, including CPR, to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident's advance directives. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure nurses were certified to provide cardiopulmonary resuscitation (CPR) when three of seven personnel records reviewed did not have	F 155		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245055	A. BUILDING _____ B. WING _____	C 12/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALKER METHODIST HEALTH CENTER	3737 BRYANT AVENUE SOUTH MINNEAPOLIS, MN 55409

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 155	Continued From page 2 certification to perform CPR. This had the potential to effect 55 of 56 residents who requested CPR be performed in the event of no pulse and not breathing. Findings include: Medical records reviewed for 55 residents, R2 to R56, residing in the facility indicated the residents provider orders for life sustaining treatment (POLST) or a request to start cardiopulmonary resuscitation (CPR) if the resident had no pulse and were not breathing. A review conducted of six personnel files of licensed staff on 12/13/2016, revealed no basic life support certification for licensed practical nurse (LPN)-K and no basic life support certification for LPN-L. A review conducted of the personnel file of the director of nursing (DON)-E on 12/13/2016, revealed a hire date of 04/25/2016. There was no current basic life support certification in DON-E's personnel file. DON-E confirmed that s/he was not currently certified in CPR. Review of the facility's Life Support policy dated 4/16/2012, indicated all licensed nursing staff working in skilled services possess a current Basic Life Support certification within six months of hire.	F 155		
F 309 SS=J	483.24, 483.25(k)(l) PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 483.24 Quality of life Quality of life is a fundamental principle that	F 309		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245055	A. BUILDING _____ B. WING _____	C 12/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALKER METHODIST HEALTH CENTER	3737 BRYANT AVENUE SOUTH MINNEAPOLIS, MN 55409

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 309	Continued From page 3 applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care. 483.25 (k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. (l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure staff provided emergency care for one of one resident (R1) reviewed who requested cardio pulmonary resuscitation (CPR) and did not receive CPR when R1's heart stopped and respirations ceased. R1 died. The failure for the facility to identify the need for CPR placed 56 residents who requested CPR at risk for immediate jeopardy (IJ). The IJ began on 12/3/2016, when R1 had a change in condition and required CPR. The CPR and emergency services was not initiated. The administrator, associate administrator, director of nursing, assistant director of nursing, chief clinical	F 309		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245055	A. BUILDING _____ B. WING _____	C 12/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALKER METHODIST HEALTH CENTER	3737 BRYANT AVENUE SOUTH MINNEAPOLIS, MN 55409

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 309	Continued From page 4 officer, RN educator, and transitional care unit (TCU) director were notified of the IJ on 12/12/2016, at 5:30 p.m. The IJ was removed on 12/15/2016 at 4:40 p.m. However, noncompliance remained at the lower scope and severity level of isolated actual harm that is not immediate jeopardy. Findings include: R1's medical record was reviewed. R1 was admitted on 11/11/2016, with a diagnosis of Alzheimer's disease. A POLST signed by the physician on 4/26/16, indicated CPR/attempt resuscitation if not breathing and no pulse. The admission flow record dated 11/11/2016 indicated full code (CPR). The intake form dated 11/16/2016 indicated full code (CPR). The facility investigation document "Verification of Investigation" dated 12/3/2016, at 11:45 a.m. completed by RN-D indicated LPN-A interpreted R1's POLST to provide comfort cares. LPN-A did not initiate CPR or call a nurse stat (facility CPR alert). The investigation further indicated the supervisor, RN-D, noted R1 to be cool to the touch and without a pulse, confirmed by RN-F. R1's progress note dated 12/3/2016, at 2:47 p.m. by LPN-A indicated assessment completed while R1 was in bed, but noticed no blood pressure and no pulse at 11:30 a.m. An interview was conducted on 12/9/2016, at 2:27 p.m. with LPN-A who stated she witnessed R1 sit on the floor on 12/3/2016 around 11:20 a.m. in the dining room. LPN-A and another staff assisted R1 back into the wheelchair, to his/her room and into bed. LPN-A stated it was	F 309		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245055	A. BUILDING _____ B. WING _____	C 12/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALKER METHODIST HEALTH CENTER	3737 BRYANT AVENUE SOUTH MINNEAPOLIS, MN 55409

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 309	Continued From page 5 considered a witnessed fall, so returned with a machine for taking vital signs. S/he was not able to get a blood pressure reading and thought something was wrong with the machine. LPN-A turned the machine off and back on three times, and continued to attempt a blood pressure each time. LPN-A stated s/he did not touch R1 to check for an apical or radial pulse and thought something was not right with the machine. LPN-A stated s/he left the resident for a minute, walked to the nurses station, and checked the POLST which s/he interpreted to read "comfort cares." LPN-A could not identify why s/he checked the POLST. LPN-A stated s/he did not start CPR, but now got assistance from RN-D who went to R1's room and assessed R1 to be deceased due to lack of pulse or breathing, at approximately 11:30 a.m. An interview was conducted on 12/12/2016 at 10:33 a.m. with RN-D who stated s/he was asked by LPN-A to come to R1's room to check the vitals machine. RN-D stated s/he assessed R1 visually upon entering the room and noted that R1 was blue and did not appear to be breathing. RN-D used a stethoscope to check for an apical pulse and stated that R1 was cold and had no pulse. RN-D left the resident, walked to the nurses station, and checked the POLST with another nurse (RN-F.) They both visually verified the POLST indicated full code (attempt CPR if not breathing and no pulse.) RN-D stated neither s/he or RN-F started CPR. An interview was conducted on 12/12/2016, at 2:12 p.m. with the director of nursing (DON)-E who stated policy indicated that staff perform CPR on a resident who is not breathing, has no pulse, and has an order to do CPR. DON-E	F 309		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245055	A. BUILDING _____ B. WING _____	C 12/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALKER METHODIST HEALTH CENTER	3737 BRYANT AVENUE SOUTH MINNEAPOLIS, MN 55409

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 309	Continued From page 6 stated LPN-B was trained in nurse stat an emergency response system for resident care, but it was not documented. An interview was attempted on 12/13/2016, at 1:10 p.m. with RN-F who declined to be interviewed. Record review revealed LPN-B completed training on assessment and emergency resuscitation guidelines on 8/16/2015. Review of the facility emergency response guideline policy dated 12/12/2016, indicated staff will call a nurse stat and begin CPR if a resident is found without blood pressure, pulse, or respirations and has a POLST indicating CPR. The facility policy and procedure for nurse stat was requested and none was provided. The facility policy and procedure for emergency resuscitation guidelines was requested and none was provided. The immediate jeopardy that began on 12/3/2016 was removed and administrative staff were notified on 12/15/2016 at 4:40 p.m., after verification of the removal plan through document review and staff interview. The facility created a policy titled emergency response guidelines that included what to do if finding a resident without a blood pressure, pulse, or respirations and educated all nurses on the policy, educated the nurses involved in the incident to read a POLST, policy for POLST, and how to call an emergency response (nurse stat), educated the nurse managers and unit supervisors on the policy and	F 309		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245055	A. BUILDING _____ B. WING _____	C 12/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALKER METHODIST HEALTH CENTER	3737 BRYANT AVENUE SOUTH MINNEAPOLIS, MN 55409

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 309	Continued From page 7 procedure for emergency response (nurse stat), to read a POLST verifying CPR or Do not resuscitate (DNR), what to do in the absence of a POLST, and the POLST policy, then then the nurse managers and unit supervisors educated all of the nurses. In addition, audits were completed of all resident charts by each nurse manager to ensure up to date POLST orders and mock emergency response (nurse stat) drills were completed on all shifts. The quality assurance and process improvement committee met to review the incident and outlined a new process for physicians or nurse practitioners to establish advanced care planning with for both short and long stay residents where the resident's code status and POLST will be reviewed quarterly at each care conference. Noncompliance remained at the lower scope and severity level of isolated actual harm that is not immediate jeopardy.	F 309		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00276	A. BUILDING: _____ B. WING _____	C 12/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALKER METHODIST HEALTH CENTER	3737 BRYANT AVENUE SOUTH MINNEAPOLIS, MN 55409

(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
2 000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER 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. 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. 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. INITIAL COMMENTS: A complaint investigation was conducted to investigate complaint #H5055197. As a result, the following correction orders are issued. The facility has agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at	2 000		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00276	A. BUILDING: _____ B. WING _____	C 12/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALKER METHODIST HEALTH CENTER	3737 BRYANT AVENUE SOUTH MINNEAPOLIS, MN 55409

(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
2 000	Continued From page 1 http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. Then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health.	2 000		
2 830	MN Rule 4658.0520 Subp. 1 Adequate and Proper Nursing Care; General Subpart 1. Care in general. A resident must receive nursing care and treatment, personal and custodial care, and supervision based on individual needs and preferences as identified in the comprehensive resident assessment and plan of care as described in parts 4658.0400 and 4658.0405. A nursing home resident must be out of bed as much as possible unless there is a written order from the attending physician that the resident must remain in bed or the resident prefers to remain in bed. This MN Requirement is not met as evidenced by: Based on interview and record review, the facility failed to ensure staff provided emergency care for one of one resident (R1) reviewed who requested cardio pulmonary resuscitation (CPR) and did not receive CPR when R1's heart stopped and respirations ceased. R1 died. The failure for the	2 830		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00276	A. BUILDING: _____ B. WING _____	C 12/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALKER METHODIST HEALTH CENTER	3737 BRYANT AVENUE SOUTH MINNEAPOLIS, MN 55409

(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
2 830	Continued From page 2 facility to identify the need for CPR had the potential to affect 56 residents. Findings include: R1's medical record was reviewed. R1 was admitted on 11/11/2016, with a diagnosis of Alzheimer's disease. A POLST signed by the physician on 4/26/16, indicated CPR/attempt resuscitation if not breathing and no pulse. The admission flow record dated 11/11/2016 indicated full code (CPR). The intake form dated 11/16/2016 indicated full code (CPR). The facility investigation document "Verification of Investigation" dated 12/3/2016, at 11:45 a.m. completed by RN-D indicated LPN-A interpreted R1's POLST to provide comfort cares. LPN-A did not initiate CPR or call a nurse stat (facility CPR alert). The investigation further indicated the supervisor, RN-D, noted R1 to be cool to the touch and without a pulse, confirmed by RN-F. R1's progress note dated 12/3/2016, at 2:47 p.m. by LPN-A indicated assessment completed while R1 was in bed, but noticed no blood pressure and no pulse at 11:30 a.m. An interview was conducted on 12/9/2016, at 2:27 p.m. with LPN-A who stated she witnessed R1 sit on the floor on 12/3/2016 around 11:20 a.m. in the dining room. LPN-A and another staff assisted R1 back into the wheelchair, to his/her room and into bed. LPN-A stated it was considered a witnessed fall, so returned with a machine for taking vital signs. S/he was not able to get a blood pressure reading and thought something was wrong with the machine. LPN-A turned the machine off and back on three times, and continued to attempt a blood pressure each	2 830		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00276	A. BUILDING: _____ B. WING _____	C 12/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALKER METHODIST HEALTH CENTER	3737 BRYANT AVENUE SOUTH MINNEAPOLIS, MN 55409

(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
2 830	Continued From page 3 time. LPN-A stated s/he did not touch R1 to check for an apical or radial pulse and thought something was not right with the machine. LPN-A stated s/he left the resident for a minute, walked to the nurses station, and checked the POLST which s/he interpreted to read "comfort cares." LPN-A could not identify why s/he checked the POLST. LPN-A stated s/he did not start CPR, but now got assistance from RN-D who went to R1's room and assessed R1 to be deceased due to lack of pulse or breathing, at approximately 11:30 a.m. An interview was conducted on 12/12/2016 at 10:33 a.m. with RN-D who stated s/he was asked by LPN-A to come to R1's room to check the vitals machine. RN-D stated s/he assessed R1 visually upon entering the room and noted that R1 was blue and did not appear to be breathing. RN-D used a stethoscope to check for an apical pulse and stated that R1 was cold and had no pulse. RN-D left the resident, walked to the nurses station, and checked the POLST with another nurse (RN-F.) They both visually verified the POLST indicated full code (attempt CPR if not breathing and no pulse.) RN-D stated neither s/he or RN-F started CPR. An interview was conducted on 12/12/2016, at 2:12 p.m. with the director of nursing (DON)-E who stated policy indicated that staff perform CPR on a resident who is not breathing, has no pulse, and has an order to do CPR. DON-E stated LPN-B was trained in nurse stat an emergency response system for resident care, but it was not documented. An interview was attempted on 12/13/2016, at 1:10 p.m. with RN-F who declined to be	2 830		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00276	A. BUILDING: _____ B. WING _____	C 12/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALKER METHODIST HEALTH CENTER	3737 BRYANT AVENUE SOUTH MINNEAPOLIS, MN 55409

(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
2 830	Continued From page 4 interviewed. Record review revealed LPN-B completed training on assessment and emergency resuscitation guidelines on 8/16/2015. Review of the facility emergency response guideline policy dated 12/12/2016, indicated staff will call a nurse stat and begin CPR if a resident is found without blood pressure, pulse, or respirations and has a POLST indicating CPR. The facility policy and procedure for nurse stat was requested and none was provided. The facility policy and procedure for emergency resuscitation guidelines was requested and none was provided. SUGGESTED METHOD OF CORRECTION: The Director of Nursing or designated person to review policies and procedures, revise as necessary, educated staff on revisions, and monitor to ensure compliance. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	2 830		
21840	MN St. Statute 144.651 Subd. 12 Patients & Residents of HC Fac.Bill of Rights Subd. 12. Right to refuse care. Competent residents shall have the right to refuse treatment based on the information required in subdivision 9. Residents who refuse treatment, medication, or dietary restrictions shall be informed of the likely medical or major psychological results of the refusal, with documentation in the individual medical record. In cases where a resident is	21840		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00276	A. BUILDING: _____ B. WING _____	C 12/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALKER METHODIST HEALTH CENTER	3737 BRYANT AVENUE SOUTH MINNEAPOLIS, MN 55409

(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
21840	Continued From page 5 incapable of understanding the circumstances but has not been adjudicated incompetent, or when legal requirements limit the right to refuse treatment, the conditions and circumstances shall be fully documented by the attending physician in the resident's medical record. This MN Requirement is not met as evidenced by: Based on interview and record review, the facility failed to ensure nurses were certified to provide cardiopulmonary resuscitation (CPR) when three of seven personnel records reviewed did not have certification to perform CPR. This had the potential to effect 55 of 56 residents who requested CPR be performed in the event of no pulse and not breathing. Findings include: Medical records reviewed for 55 residents, R2 to R56, residing in the facility indicated the residents provider orders for life sustaining treatment (POLST) or a request to start cardiopulmonary resuscitation (CPR) if the resident had no pulse and were not breathing. A review conducted of six personnel files of licensed staff on 12/13/2016, revealed no basic life support certification for licensed practical nurse (LPN)-K and no basic life support certification for LPN-L. A review conducted of the personnel file of the director of nursing (DON)-E on 12/13/2016, revealed a hire date of 04/25/2016. There was no current basic life support certification in DON-E's personnel file. DON-E confirmed that s/he was	21840		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00276	A. BUILDING: _____ B. WING _____	C 12/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALKER METHODIST HEALTH CENTER	3737 BRYANT AVENUE SOUTH MINNEAPOLIS, MN 55409

(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
21840	Continued From page 6 not currently certified in CPR. Review of the facility's Life Support policy dated 4/16/2012, indicated all licensed nursing staff working in skilled services possess a current Basic Life Support certification within six months of hire. SUGGESTED METHOD OF CORRECTION: The Director of Nursing or designated person to review policies and procedures, revise as necessary, educated staff on revisions, and monitor to ensure compliance. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	21840		

MDH
Minnesota
Department
of Health

PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Electronically delivered
April 17, 2017

Ms. Merilee Johnson, Administrator
Walker Methodist Health Center
3737 Bryant Avenue South
Minneapolis, Minnesota 55409

RE: Project Number H5055197

Dear Ms. Johnson:

On January 17, 2017, as authorized by the Centers for Medicare and Medicaid Services (CMS) we informed you that the following enforcement remedies were being imposed:

- State Monitoring effective January 22, 2017. (42 CFR 488.422)

- Mandatory denial of payment for new Medicare and Medicaid admissions effective March 15, 2016. (42 CFR 488.417 (b))

In addition, on January 17, 2017, we informed you that we were recommending to the Centers for Medicare and Medicaid Services (CMS) that the following enforcement remedy be imposed:

- Civil money penalty for the deficiency cited at F309. (42 CFR 488.430 through 488.444)

This was based on the deficiencies cited by this Department for a partial extended survey completed on December 15, 2016. The most serious deficiency was found to be an isolated deficiency that constituted immediate jeopardy (Level J), whereby correction was required.

On February 7, 2017, the Minnesota Department of Health, Office of Health Facility Complaints completed a Post Certification Revisit (PCR) to verify that your facility had achieved and maintained compliance with federal certification deficiencies issued pursuant to a partial extended survey, completed on December 15, 2016. We presumed, based on your plan of correction, that your facility had corrected these deficiencies as of January 27, 2017. We have determined, based on our visit, that your facility has corrected the deficiencies issued pursuant to our partial extended survey, completed on December 15, 2016, as of January 27, 2017.

As a result of the revisit findings, the Department is discontinuing the Category 1 remedy of state monitoring effective January 27, 2017.

However, as we notified you in our letter of January 17, 2017, in accordance with Federal law, as specified in the Act at Section 1819(f)(2)(B)(iii)(I)(b) and 1919(f)(2)(B)(iii)(I)(b), your facility is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from December 15, 2016.

In addition, this Department recommended to the CMS Region V Office the following actions related to the remedies in our letter of January 17, 2017:

- Civil money penalty for deficiency cited at F309, be imposed. (42 CFR 488.430 through 488.444)

- Mandatory denial of payment for new Medicare and Medicaid admissions effective March 15, 2017, be rescinded as of January 27, 2017. (42 CFR 488.417 (b))

The CMS Region V Office will notify you of their determination regarding the imposed remedies, Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) prohibition, and appeal rights.

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 if you have questions related to this eNotice.

Sincerely,

Mark Meath

Mark Meath, Enforcement Specialist
Program Assurance Unit
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health

Email: mark.meath@state.mn.us
Telephone: (651) 201-4118
Fax: (651) 215-9697

MDH
Minnesota
Department
of Health

PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Electronically delivered
April 17, 2017

Ms. Merilee Johnson, Administrator
Walker Methodist Health Center
3737 Bryant Avenue South
Minneapolis, Minnesota 55409

Re: Reinspection Results - Complaint Number H5055197

Dear Ms. Johnson:

On February 7, 2017 an investigator from the Minnesota Department of Health, Office of Health Facility Complaints, completed a reinspection of your facility, to determine correction of licensing orders found during the investigation completed on December 15, 2016. At this time these correction orders were found corrected.

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 if you have questions related to this eNotice.

Sincerely,

Mark Meath

Mark Meath, Enforcement Specialist
Program Assurance Unit
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health

Email: mark.meath@state.mn.us
Telephone: (651) 201-4118
Fax: (651) 215-9697