

Office of Health Facility Complaints Investigative Report
PUBLIC

Facility Name: Gracepointe Cross Gables East			Report Number: H5120042	Date of Visit: May 24, 2016 and May 25, 2016
Facility Address: 548 First Avenue West			Time of Visit: 8:15 a.m. - 4:00 p.m. and 8:00 a.m. - 2:30 p.m.	Date Concluded: August 1, 2016
Facility City: Cambridge			Investigator's Name and Title: Lisa Ciesinski, RN Jessica Sellner, RN	
State: Minnesota	ZIP: 55008	County: Isanti		

Nursing Home

Allegation(s):

It is alleged that a resident was neglected, when facility staff failed to provide safe temperatures of food/drink. The resident developed blisters when s/he spilled their hot coffee.

- 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 staff gave the resident hot coffee without a lid on two separate occasions and the resident sustained first and second degree burns to the chest and abdomen.

The resident's care plan directed staff to give the resident all fluids in a hard covered mug with a hard lid to prevent spills. Staff encouraged the resident to eat and drink independently. The resident's ability to eat and drink independently fluctuated, when this occurred, staff provided verbal cues to continue to eat and drink, and provided physical assistance when the cues were not effective. The resident was severely cognitively impaired.

Interview and document review revealed staff did not follow the resident's care plan and provided the resident with coffee in a mug without a lid. A short time later, staff responded when they heard the resident yell. The resident had spilled coffee onto her/his chest and abdomen and was complaining of pain. Licensed staff assessed the resident, the resident had reddened areas to her/his abdomen and chest. Two blistered areas, measuring 0.5 centimeters (cm) x 3 cm and 0.4 cm x 0.4 cm developed on the residents left chest and abdomen. Licensed staff notified the physician and provided daily Bacitracin (topical ointment) and dressing changes as ordered, until the burns healed.

When interviewed, the staff who provided the coffee to the resident stated after dinner another staff asked her/him to assist the resident out of the dining room. While wheeling the resident to the lounge, the resident became anxious. The staff indicated s/he was not very familiar with the resident however knew the resident liked coffee and believed coffee may help calm the resident. The staff gave an uncovered mug of coffee to the resident and left to

assist other residents. The staff stated s/he was unaware the resident required a hard mug with a hard lid. The staff had access to the resident care assignment group sheet (used by staff to determine individual resident's needs) which identified the resident required a hard mug with a hard lid; however, the staff stated s/he did not review the care sheet, as it was busy and other residents needed assistance.

Approximately one month later, while the resident was in the dining room dietary staff gave the resident coffee in a mug without a lid. The resident again spilled coffee onto her/his chest. The resident told staff, "I got burned again... I dropped my coffee." Licensed staff assessed the area. The resident had a 7 cm x 1.25 cm reddened area to her/his upper chest, which changed to light pink the following day. Staff notified the physician and monitored the area until healed.

When interviewed, dietary management staff stated dietary staff are to follow resident meal tickets when serving coffee. The meal ticket identifies if a resident requires a special mug and/or lid. Although the resident's care plan directed staff to use a hard mug with a hard lid for all beverages, both the dietary staff who gave the resident the coffee and dietary management staff stated the resident's meal ticket did not identify or direct staff to put a lid on the resident's coffee mug.

When interviewed the resident's physician stated the description of the resident's reddened skin and blisters indicated the resident sustained a second-degree burn after the first coffee spill. The description of the resident's reddened/pink skin indicated the resident sustained a first-degree burn after the second coffee spill.

Staff interviews revealed staff did not consistently provide the resident's coffee in a hard mug with a hard lid.

When interviewed, a family member stated s/he had witnessed staff give coffee to the resident in a hard maroon mug with a soft flexible lid, as well as a hard blue thermal mug with a hard lid. The family member stated the resident loves coffee, and over the past several months, the family member had provided the resident on several occasions coffee with a soft flexible lid, not a hard lid. The family member went on to say it was not until approximately 5 months after the first incident that staff informed her/him the resident required a hard lid on her/his coffee mug.

Minnesota Vulnerable Adults Act (MN 626.557)

Under the Minnesota Vulnerable Adults Act (MN. 626.557):

- | | | |
|---|---|---|
| <input type="checkbox"/> Abuse | <input checked="" type="checkbox"/> Neglect | <input type="checkbox"/> Financial Exploitation |
| <input checked="" type="checkbox"/> Substantiated | <input type="checkbox"/> Not Substantiated | <input type="checkbox"/> 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

- | | |
|---|---|
| <input type="checkbox"/> Abuse | <input checked="" type="checkbox"/> Neglect |
| <input type="checkbox"/> Financial Exploitation. This determination was based on the following: | |

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Although the facility had policy and procedures to ensure staff were educated and followed the care plan, the facility failed to ensure all staff consistently implemented the care plan by putting a lid on the resident's coffee.

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:

State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557) – Compliance Met

The facility was found to be in compliance with State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557. No state licensing orders were issued.

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 Chapters 144 & 144A – Compliance Not Met - Compliance Not Met

The requirements under State Statutes 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:

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.

(b) The absence or likelihood of absence of care or services, including but not limited to, food, clothing, shelter, health care, or supervision necessary to maintain the physical and mental health of the vulnerable adult which a reasonable person would deem essential to obtain or maintain the vulnerable adult's health, safety, or comfort considering the physical or mental capacity or dysfunction of the vulnerable adult.

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
- Care Guide
- Medication Administration Records
- Nurses Notes
- Assessments
- Physician Orders
- Treatment Sheets
- Physician Progress Notes
- Care Plan Records
- Skin Assessments
- Facility Incident Reports

Other pertinent medical records:

Additional facility records:

- Resident/Family Council Minutes
- Staff Time Sheets, Schedules, etc.
- Facility Internal Investigation Reports
- Personnel Records/Background Check, etc.

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<input checked="" type="checkbox"/> Facility Policies and Procedures
Number of additional resident(s) reviewed: 8
Were residents selected based on the allegation(s)? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A Specify: _____
Were resident(s) identified in the allegation(s) present in the facility at the time of the investigation? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A Specify: _____
Interviews: The following interviews were conducted during the investigation:
Interview with complainant(s) <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A Specify: Facility report
If unable to contact complainant, attempts were made on: Date: _____ Time: _____ Date: _____ Time: _____ Date: _____ Time: _____
Interview with family: <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A Specify: _____
Did you interview the resident(s) identified in allegation: <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A Specify: Not interviewable
Did you interview additional residents? <input checked="" type="radio"/> Yes <input type="radio"/> No
Total number of resident interviews: 2
Interview with staff: <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A Specify: _____

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Tennesen Warnings

Tennesen Warning given as required: Yes No

Total number of staff interviews: 21

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:

Meals

Other: coffee mugs used, lids used

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:

Cambridge Police Department

Isanti County Attorney

Cambridge City Attorney

Health Regulation Division

Minnesota Board of Examiners for Nursing Home Administrator

The Office of Ombudsman for Long-Term Care

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245120	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/16/2016
NAME OF PROVIDER OR SUPPLIER GRACEPOINTE CROSSING GABLES EAST			STREET ADDRESS, CITY, STATE, ZIP CODE 548 FIRST AVENUE CAMBRIDGE, MN 55008		
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F 000	INITIAL COMMENTS An abbreviated standard survey was conducted to investigate case #H5120042. As a result, the following deficiency is issued. 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 323 SS=G	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to ensure coffee mug lids were implemented to prevent injury when serving hot coffee for 2 of 9 residents, (R1 and R3) reviewed, who were assessed as requiring special equipment when consuming hot beverages. This resulted in actual harm for R1, when staff provided R1 with coffee without a cover. The coffee spilled and R1 sustained 2nd degree burns. Findings include: Dining room observations on 5/24/16, between 8:20 a.m. and 8:30 a.m. identified two styles of coffee mugs. 1) Hard maroon/brown mugs.	F 323			

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.

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F 323	<p>Continued From page 1</p> <p>Covers used on these mugs were soft and flexible. 2) Hard blue mugs with hard covers.</p> <p>R1 R1's medical record was reviewed. R1's 12/28/15, functional status assessment, indicated R1 required extensive assistance of one person with drinking. R1's 3/16/16, brief interview for mental status (BIM's) assessment revealed a score of 5, indicating severe cognitive impairment.</p> <p>R1's care plan identified a nutritional intake focus area, with a 10/10/14, intervention "I will have all my fluids in a covered hard mug with a hard lid." An additional intervention added on 3/17/16, indicated, "I will be placed at a table when provided with fluids in a hard mug with a hard cover."</p> <p>R1's care group assignment sheet (used by nursing assistants (NA's) to identify specific cares for individualized resident care,) undated, indicated R1 required assistance of 1 staff for eating. The care sheet indicated, "ALL FLUIDS IN HARD COVERED MUGS WITH HARD LIDS UP TO TABLE WITH COFFEE."</p> <p>A "Resident/Visitor Occurrence Report" dated 1/22/16, indicated at 6:15 p.m. R1's cup slipped from her hands and 50% of the hot coffee in the cup spilled onto R1's chest and abdomen. R1 was "yelling out." R1 told staff "it hurt's, it hurts." R1 had a, "23 x 18," (unidentified unit of measurement) coffee burn to R1's chest. The Occurrence Report did not identify if a hard blue mug was used. The report did identify at the time of the spill which specific cup/mug was being used. The report identified no lid was being used.</p>	F 323			

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F 323	<p>Continued From page 2</p> <p>Interventions included to educate staff and ensure staff use a blue cup (hard) with secure (hard) lid.</p> <p>R1's progress note dated 1/22/16 at 6:50 p.m. revealed, "At approximately 6:15 p.m., [R1] spilled hot coffee onto self; 50% of coffee spilled onto residents chest. Resident yelling out for staff. Coffee cup did not have a lid on; [NA] admitted that she did not put a lid on the cup. Resident stated, 'Coffee went all over me.'" When asked about pain R1 stated, "it hurts, it hurts." R1 had a reddened 23 x 18 area. MD notified via fax. The note lacked a specific location of the reddened area. Staff administered acetaminophen (pain medication) to R1 and applied a cold compress to R1's chest area. The document indicated NA staff were told all fluids given to R1, "Must have a secure top."</p> <p>R1's progress note dated 1/23/16 at 6:39 a.m. indicated, "Noted several mildly reddened areas on breasts and abdomen. Left breast has one area noted with a flat opened blister." The progress note lacked documentation of treatment to R1's burn.</p> <p>R1's progress note dated 1/25/16 at 10:50 a.m. indicated, "Noted areas on left breast and abdomen are open and tender to the touch. Fax prepared and sent to [physician]."</p> <p>R1's physician orders revealed an order dated 1/25/16 for Silvadene Cream 1%, apply to chest area burns topically one time daily and cover with dressing.</p> <p>R1's progress note dated 1/25/16 at 9:55 p.m. indicated, "Blistered area on left breast from burn</p>	F 323		

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F 323	<p>Continued From page 3</p> <p>dry without drainage. Other burn areas red on left and right breast, chest and upper abdomen below breasts. Treatment: open to air. Interventions: Assess pain level and area. Dr. [doctor] ordered Silvadene cream, but resident is allergic to sulfa, so did not apply."</p> <p>R1's physician orders revealed a fax to physician MD-(D) indicating R1 was allergic to Silvadene. A faxed physician order, dated 1/26/16, revealed an order for daily dressing changes with bacitracin ointment.</p> <p>R1's progress note dated 1/26/16 at 6:51 p.m. indicated, "Blistered areas are open at present. Open areas on left breast measures 0.5 cm by 3.0 cm, and 0.4 cm by 0.4 cm. Open area under breast on abdomen measures 1.0 cm by 0.8 cm."</p> <p>R1's January and February 2016 Treatment Administration Record (TAR) revealed on 1/23/16, staff initiated daily monitoring of R1's reddened/blistered area on R1's chest and abdomen. On 1/28/16, staff initiated daily bacitracin and dressing changes. Both the monitoring and treatment were discontinued on 2/10/16.</p> <p>An interview was conducted on 6/8/16, at 1:10 p.m. with nursing assistant (NA)-H. NA-H stated on 1/22/16, she served R1 coffee in a maroon mug without a lid. NA-A stated she was not familiar with R1's cares; however, knew R1 liked coffee. R1 was yelling out and NA-H believed a cup of coffee might help calm R1. NA-H stated she was unaware R1 needed a hard lid on her coffee. Although NA-H had access to R1's care group sheet, NA-H did not review R1's care group assignment sheet prior to providing the coffee</p>	F 323		

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F 323	<p>Continued From page 4</p> <p>mug to R1, as it was busy and several other residents needed assistance.</p> <p>A "Resident/Visitor Occurrence Report" dated 2/16/16, indicated at 5:00 p.m. R1 was given coffee in a brown coffee cup with no lid and R1 spilled coffee on herself. R1 told staff, "I got burned again," "I dropped my coffee." The Occurrence Report indicated "Area was reddened then turned to light pink." The report did not identify the location or measurements of the area. The report identified R1 was given the wrong cup for coffee. MD notified via fax. The "Action to Minimize Reoccurrence" included to "Consistently encourage resident to use blue cup; Dietary needs to double check resident ticket. Staff education provided on reading the meal tickets in the dining room." The report did not identify what directions were on R1's meal ticket related to a mug and/or a lid.</p> <p>Request for the meal ticket (used for all residents at meal time to identify special feeding instructions, adaptive equipment, and diet requirements) used on 2/16/16, was requested and no longer available.</p> <p>R1's progress note dated 2/16/16 at 10:02 p.m. indicated "Dietary staff gave resident coffee in non-blue cup [not care-planned mug]; [R1] spilled about 30 ml onto self; reddened area to upper chest 7 x 1.25 [no specific unit of measurement]; no blisters at this point. [R1] c/o [complained of] pain during PM [evening] shift."</p> <p>R1's progress note dated 2/17/16 at 8:14 a.m. indicated "Area on [R1's] upper chest examined and noted to be light pink in color."</p>	F 323		

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F 323	<p>Continued From page 5</p> <p>R1's February TAR indicated on 2/17/16, staff initiated daily monitoring of R1's upper chest area, which was identified as a "Pink area." The documentation directed staff to continue monitoring the area every evening until resolved. Staff discontinued the order on 2/29/16, twelve days after the incident.</p> <p>An interview was conducted on 6/8/16 at 10:40 a.m. with dietary server (DS)-F. DS-F stated a resident's meal ticket identifies if a specific coffee mug or lid needs to be used. DS-F stated on 2/16/16, she gave R1 coffee in a blue mug without a lid on as directed on R1's meal ticket. DS-F went on to say the meal ticket directed staff to use a blue mug for R1, but did not indicate a lid needed to be used.</p> <p>An interview was conducted on 6/8/16 at 2:05 p.m. with culinary assistant director (CAD)-G. CAD-G stated each resident has an individualized meal ticket which directs dietary staff if specific adaptive equipment is needed. Dietary staff are expected to follow the meal tickets. CAD-G confirmed R1's 2/16/16 dinner meal ticket directed staff to use a blue mug; however, did not identify a lid needed to be used. CAD-G stated the use of a lid was added to future meal tickets after the incident.</p> <p>A progress note dated 3/17/16, at 7:36 p.m. indicated, "At 1700 [5:00 p.m.] CC [care coordinator] noted [R1] asleep in dayroom with coffee cup in hand tipped to lap. Coffee spilled on blanket in lap soaking through to dress and onto floor. Coffee had been refreshed and milk added making coffee luke warm prior to spill. No injury noted." R1's medical record lacked documentation of what kind of coffee cup R1 was</p>	F 323		

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F 323	<p>Continued From page 6</p> <p>using at the time of the spill, or if there was a hard cover on the coffee as directed.</p> <p>R1's meal ticket dated 5/24/16, directed staff to use "Blue mugs with lids."</p> <p>During observation on 5/24/16, at 12:21 p.m. R1 was observed in the dining room being assisted with the noon meal by registered nurse (RN)-A. R1 had a hard, blue mug, with a hard white cover on it, and a straw. RN-A stated the mug contained coffee.</p> <p>An interview was conducted on 5/25/16 at 9:44 a.m. with nursing assistant (NA)-B. NA-B stated she had observed R1 recently using a maroon mug with a soft, flexible lid. NA-B stated R1 should be using a hard blue mug with a hard lid.</p> <p>An interview was conducted on 6/7/16 at 10:20 a.m. with family member (FM)-C. FM-C stated when she visits R1 she has seen staff give R1 coffee in a maroon mug with a flexible top, as well as a blue thermal cup with a hard lid. FM-C stated the mug used depends on the staff that's working. FM-C stated a few days ago (over the weekend) she gave R1 coffee in a maroon mug with a flexible lid and a straw as she always has. Licensed practical nurse (LPN)-E approached FM-C asking FM-C to use an insulated (blue mug) for all beverages. FM-C stated prior to this conversation, she was unaware a blue mug with hard lid needed to be used with R1's coffee.</p> <p>An interview was conducted on 5/25/16 at 12:00 p.m. and 6/8/16 at 11:15 a.m. with licensed practical nurse (LPN)-E. LPN-E stated staff are expected to follow each resident's care plan and meal ticket. LPN-E confirmed staff did not follow</p>	F 323			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245120	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/16/2016
NAME OF PROVIDER OR SUPPLIER GRACEPOINTE CROSSING GABLES EAST		STREET ADDRESS, CITY, STATE, ZIP CODE 548 FIRST AVENUE CAMBRIDGE, MN 55008		
(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 323	<p>Continued From page 7</p> <p>R1's care plan for a hard mug with a hard lid resulting in coffee spills with injury on 1/22/16, and 2/16/16. LPN-E stated the lids used on the maroon/brown mugs are not hard, but flexible. The blue mugs have secure hard lids. LPN-A confirmed R1's intervention for a hard blue mug with a secure hard lid for all beverages was initiated on 10/10/14.</p> <p>An interview was conducted on 6/8/16 at 1:45 p.m. with physician (MD)-D. MD-D stated the description of R1's injury of redness to the skin and blisters after the coffee spill on 1/22/16 would be consistent with a second degree burn. MD-D stated the description of R1's injury of skin redness that later turned pink after the second coffee spill on 2/16/16 would be consistent with a first degree burn.</p> <p>R3 During observation on 5/24/16, at 8:24 a.m. R3 was sitting in the dining room drinking coffee independently out of a maroon coffee mug with no cover. During another observation on 5/24/16, at 12:11 a.m. R3 was sitting in the dining room drinking coffee independently out of a maroon coffee mug with no cover. The meal ticket at R3's table, dated 5/24/16, directed "Lids on cups."</p> <p>R3's medical record was reviewed. R3's 3/4/16 BIM's assessment revealed a score of 9, which indicated moderate cognitive impairment. R3's 3/17/16 functional status assessment indicated R3 was independent with drinking after set up assistance.</p> <p>R3's care plan identified a ADL self care deficit focus area dated with a 4/19/16 intervention "lids on mugs."</p>	F 323		

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

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F 323	<p>Continued From page 8</p> <p>R3's care assignment group sheet, undated, indicated R3 was to have, "Lids on cups."</p> <p>An interview with R3 was conducted on 5/24/16 at 12:12 p.m. R3 stated no cover was used for her coffee unless R3 was trying to keep the coffee warm and was not planning on drinking it for awhile.</p> <p>An interview with dietary server (DS)-L was conducted on 5/24/16 at 12:30 p.m. DS-L stated resident meal tickets are used by staff to determine if a resident needs any special adaptive equipment, including covers on mugs, and what type of coffee cup/ mug they should use. DS-L stated although R3's meal ticket directs staff to use lids on R3's cups, staff did not use the lids as R3 kept taking the lids off. DS-L stated she had not seen R3 use a lid on her beverages in a long time.</p> <p>An interview with LPN-J was conducted on 5/25/16 at 1:25 p.m. LPN-J indicated R3 was assessed to require a lid on her coffee mug and staff were expected to place a lid on R3's coffee mug. If R3 would refuse a lid, staff should notify the nurse. LPN-J stated she was unaware R3 was refusing a lid on her coffee mug.</p> <p>The facility's policy, modified "06/2014," titled "RESIDENT CARE PLAN/"I" CARE PLAN POLICY AND PROCEDURE" included, "The resident care plan is used to plan and assign care for all disciplines." "The resident care plan must be kept current at all times." "Develop procedures to communicate all care plan information to resident care staff."</p>	F 323		

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F 323	Continued From page 9 The facility's policy, modified 3/10/16, titled "Dietary Aids" indicated "To ensure dietary aids/adaptive equipment are entered in Point Click Care to share resident dietary aids/adaptive equipment needs with all disciplines. Examples of dietary/adaptive equipment are straws, no straws, covers for mugs, silverware built up, special cups or plates." "Nurse/Clinical Coordinator/HUC/Dietician/Therapist will enter dietary aid in the additional direction section of the diet order into Point Click Care and notify the kitchen of the dietary aids/adaptive equipment change or addition."	F 323		

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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 # H5120042. 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

Minnesota Department of Health

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2 000	Continued From page 1 http://www.health.state.mn.us/divs/fpc/profinfo/info/obul.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 observation, interview, and document review, the facility failed to ensure coffee mug lids were implemented to prevent injury when serving hot coffee for 2 of 9 residents, (R1 and R3) reviewed, who were assessed as requiring special equipment when consuming hot	2 830		

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2 830	<p>Continued From page 2</p> <p>beverages. This resulted in actual harm for R1, when staff provided R1 with coffee without a cover. The coffee spilled and R1 sustained 2nd degree burns.</p> <p>Findings include:</p> <p>Dining room observations on 5/24/16, between 8:20 a.m. and 8:30 a.m. identified two styles of coffee mugs. 1) Hard maroon/brown mugs. Covers used on these mugs were soft and flexible. 2) Hard blue mugs with hard covers.</p> <p>R1 R1's medical record was reviewed. R1's 12/28/15, functional status assessment, indicated R1 required extensive assistance of one person with drinking. R1's 3/16/16, brief interview for mental status (BIM's) assessment revealed a score of 5, indicating severe cognitive impairment.</p> <p>R1's care plan identified a nutritional intake focus area, with a 10/10/14, intervention "I will have all my fluids in a covered hard mug with a hard lid." An additional intervention added on 3/17/16, indicated, "I will be placed at a table when provided with fluids in a hard mug with a hard cover."</p> <p>R1's care group assignment sheet (used by nursing assistants (NA's) to identify specific cares for individualized resident care,) undated, indicated R1 required assistance of 1 staff for eating. The care sheet indicated, "ALL FLUIDS IN HARD COVERED MUGS WITH HARD LIDS UP TO TABLE WITH COFFEE."</p> <p>A "Resident/Visitor Occurrence Report" dated 1/22/16, indicated at 6:15 p.m. R1's cup slipped</p>	2 830		

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2 830	<p>Continued From page 3</p> <p>from her hands and 50% of the hot coffee in the cup spilled onto R1's chest and abdomen. R1 was "yelling out." R1 told staff "it hurt's, it hurts." R1 had a, "23 x 18," (unidentified unit of measurement) coffee burn to R1's chest. The Occurrence Report did not identify if a hard blue mug was used. The report did identify at the time of the spill which specific cup/mug was being used. The report identified no lid was being used. Interventions included to educate staff and ensure staff use a blue cup (hard) with secure (hard) lid.</p> <p>R1's progress note dated 1/22/16 at 6:50 p.m. revealed, "At approximately 6:15 p.m., [R1] spilled hot coffee onto self; 50% of coffee spilled onto residents chest. Resident yelling out for staff. Coffee cup did not have a lid on; [NA] admitted that she did not put a lid on the cup. Resident stated, 'Coffee went all over me.'" When asked about pain R1 stated, 'it hurts, it hurts.'" R1 had a reddened 23 x 18 area. MD notified via fax. The note lacked a specific location of the reddened area. Staff administered acetaminophen (pain medication) to R1 and applied a cold compress to R1's chest area. The document indicated NA staff were told all fluids given to R1, "Must have a secure top."</p> <p>R1's progress note dated 1/23/16 at 6:39 a.m. indicated, "Noted several mildly reddened areas on breasts and abdomen. Left breast has one area noted with a flat opened blister." The progress note lacked documentation of treatment to R1's burn.</p> <p>R1's progress note dated 1/25/16 at 10:50 a.m. indicated, "Noted areas on left breast and abdomen are open and tender to the touch. Fax prepared and sent to [physician]."</p>	2 830		
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2 830	<p>Continued From page 4</p> <p>R1's physician orders revealed an order dated 1/25/16 for Silvadene Cream 1%, apply to chest area burns topically one time daily and cover with dressing.</p> <p>R1's progress note dated 1/25/16 at 9:55 p.m. indicated, "Blistered area on left breast from burn dry without drainage. Other burn areas red on left and right breast, chest and upper abdomen below breasts. Treatment: open to air. Interventions: Assess pain level and area. Dr. [doctor] ordered Silvadene cream, but resident is allergic to sulfa, so did not apply."</p> <p>R1's physician orders revealed a fax to physician MD-(D) indicating R1 was allergic to Silvadene. A faxed physician order, dated 1/26/16, revealed an order for daily dressing changes with bacitracin ointment.</p> <p>R1's progress note dated 1/26/16 at 6:51 p.m. indicated, "Blistered areas are open at present. Open areas on left breast measures 0.5 cm by 3.0 cm, and 0.4 cm by 0.4 cm. Open area under breast on abdomen measures 1.0 cm by 0.8 cm."</p> <p>R1's January and February 2016 Treatment Administration Record (TAR) revealed on 1/23/16, staff initiated daily monitoring of R1's reddened/blistered area on R1's chest and abdomen. On 1/28/16, staff initiated daily bacitracin and dressing changes. Both the monitoring and treatment were discontinued on 2/10/16.</p> <p>An interview was conducted on 6/8/16, at 1:10 p.m. with nursing assistant (NA)-H. NA-H stated on 1/22/16, she served R1 coffee in a maroon mug without a lid. NA-A stated she was not</p>	2 830		
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2 830	<p>Continued From page 5</p> <p>familiar with R1's cares; however, knew R1 liked coffee. R1 was yelling out and NA-H believed a cup of coffee might help calm R1. NA-H stated she was unaware R1 needed a hard lid on her coffee. Although NA-H had access to R1's care group sheet, NA-H did not review R1's care group assignment sheet prior to providing the coffee mug to R1, as it was busy and several other residents needed assistance.</p> <p>A "Resident/Visitor Occurrence Report" dated 2/16/16, indicated at 5:00 p.m. R1 was given coffee in a brown coffee cup with no lid and R1 spilled coffee on herself. R1 told staff, "I got burned again," "I dropped my coffee." The Occurrence Report indicated "Area was reddened then turned to light pink." The report did not identify the location or measurements of the area. The report identified R1 was given the wrong cup for coffee. MD notified via fax. The "Action to Minimize Reoccurrence" included to "Consistently encourage resident to use blue cup; Dietary needs to double check resident ticket. Staff education provided on reading the meal tickets in the dining room." The report did not identify what directions were on R1's meal ticket related to a mug and/or a lid.</p> <p>Request for the meal ticket (used for all residents at meal time to identify special feeding instructions, adaptive equipment, and diet requirements) used on 2/16/16, was requested and no longer available.</p> <p>R1's progress note dated 2/16/16 at 10:02 p.m. indicated "Dietary staff gave resident coffee in non-blue cup [not care-planned mug]; [R1] spilled about 30 ml onto self; reddened area to upper chest 7 x 1.25 [no specific unit of measurement]; no blisters at this point. [R1] c/o [complained of]</p>	2 830		

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2 830	<p>Continued From page 6</p> <p>pain during PM [evening] shift."</p> <p>R1's progress note dated 2/17/16 at 8:14 a.m. indicated "Area on [R1's] upper chest examined and noted to be light pink in color."</p> <p>R1's February TAR indicated on 2/17/16, staff initiated daily monitoring of R1's upper chest area, which was identified as a "Pink area." The documentation directed staff to continue monitoring the area every evening until resolved. Staff discontinued the order on 2/29/16, twelve days after the incident.</p> <p>An interview was conducted on 6/8/16 at 10:40 a.m. with dietary server (DS)-F. DS-F stated a resident's meal ticket identifies if a specific coffee mug or lid needs to be used. DS-F stated on 2/16/16, she gave R1 coffee in a blue mug without a lid on as directed on R1's meal ticket. DS-F went on to say the meal ticket directed staff to use a blue mug for R1, but did not indicate a lid needed to be used.</p> <p>An interview was conducted on 6/8/16 at 2:05 p.m. with culinary assistant director (CAD)-G. CAD-G stated each resident has an individualized meal ticket which directs dietary staff if specific adaptive equipment is needed. Dietary staff are expected to follow the meal tickets. CAD-G confirmed R1's 2/16/16 dinner meal ticket directed staff to use a blue mug; however, did not identify a lid needed to be used. CAD-G stated the use of a lid was added to future meal tickets after the incident.</p> <p>A progress note dated 3/17/16, at 7:36 p.m. indicated, "At 1700 [5:00 p.m.] CC [care coordinator] noted [R1] asleep in dayroom with coffee cup in hand tipped to lap. Coffee spilled</p>	2 830		

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2 830	<p>Continued From page 7</p> <p>on blanket in lap soaking through to dress and onto floor. Coffee had been refreshed and milk added making coffee luke warm prior to spill. No injury noted." R1's medical record lacked documentation of what kind of coffee cup R1 was using at the time of the spill, or if there was a hard cover on the coffee as directed.</p> <p>R1's meal ticket dated 5/24/16, directed staff to use "Blue mugs with lids."</p> <p>During observation on 5/24/16, at 12:21 p.m. R1 was observed in the dining room being assisted with the noon meal by registered nurse (RN)-A. R1 had a hard, blue mug, with a hard white cover on it, and a straw. RN-A stated the mug contained coffee.</p> <p>An interview was conducted on 5/25/16 at 9:44 a.m. with nursing assistant (NA)-B. NA-B stated she had observed R1 recently using a maroon mug with a soft, flexible lid. NA-B stated R1 should be using a hard blue mug with a hard lid.</p> <p>An interview was conducted on 6/7/16 at 10:20 a.m. with family member (FM)-C. FM-C stated when she visits R1 she has seen staff give R1 coffee in a maroon mug with a flexible top, as well as a blue thermal cup with a hard lid. FM-C stated the mug used depends on the staff that's working. FM-C stated a few days ago (over the weekend) she gave R1 coffee in a maroon mug with a flexible lid and a straw as she always has. Licensed practical nurse (LPN)-E approached FM-C asking FM-C to use an insulated (blue mug) for all beverages. FM-C stated prior to this conversation, she was unaware a blue mug with hard lid needed to be used with R1's coffee.</p> <p>An interview was conducted on 5/25/16 at 12:00</p>	2 830		

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2 830	<p>Continued From page 8</p> <p>p.m. and 6/8/16 at 11:15 a.m. with licensed practical nurse (LPN)-E. LPN-E stated staff are expected to follow each resident's care plan and meal ticket. LPN-E confirmed staff did not follow R1's care plan for a hard mug with a hard lid resulting in coffee spills with injury on 1/22/16, and 2/16/16. LPN-E stated the lids used on the maroon/brown mugs are not hard, but flexible. The blue mugs have secure hard lids. LPN-A confirmed R1's intervention for a hard blue mug with a secure hard lid for all beverages was initiated on 10/10/14.</p> <p>An interview was conducted on 6/8/16 at 1:45 p.m. with physician (MD)-D. MD-D stated the description of R1's injury of redness to the skin and blisters after the coffee spill on 1/22/16 would be consistent with a second degree burn. MD-D stated the description of R1's injury of skin redness that later turned pink after the second coffee spill on 2/16/16 would be consistent with a first degree burn.</p> <p>R3 During observation on 5/24/16, at 8:24 a.m. R3 was sitting in the dining room drinking coffee independently out of a maroon coffee mug with no cover. During another observation on 5/24/16, at 12:11 a.m. R3 was sitting in the dining room drinking coffee independently out of a maroon coffee mug with no cover. The meal ticket at R3's table, dated 5/24/16, directed "Lids on cups."</p> <p>R3's medical record was reviewed. R3's 3/4/16 BIM's assessment revealed a score of 9, which indicated moderate cognitive impairment. R3's 3/17/16 functional status assessment indicated R3 was independent with drinking after set up assistance.</p>	2 830		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00292	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/16/2016
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NAME OF PROVIDER OR SUPPLIER GRACEPOINTE CROSSING GABLES EAST	STREET ADDRESS, CITY, STATE, ZIP CODE 548 FIRST AVENUE CAMBRIDGE, MN 55008
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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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2 830	<p>Continued From page 9</p> <p>R3's care plan identified a ADL self care deficit focus area dated with a 4/19/16 intervention "lids on mugs."</p> <p>R3's care assignment group sheet, undated, indicated R3 was to have, "Lids on cups."</p> <p>An interview with R3 was conducted on 5/24/16 at 12:12 p.m. R3 stated no cover was used for her coffee unless R3 was trying to keep the coffee warm and was not planning on drinking it for awhile.</p> <p>An interview with dietary server (DS)-L was conducted on 5/24/16 at 12:30 p.m. DS-L stated resident meal tickets are used by staff to determine if a resident needs any special adaptive equipment, including covers on mugs, and what type of coffee cup/ mug they should use. DS-L stated although R3's meal ticket directs staff to use lids on R3's cups, staff did not use the lids as R3 kept taking the lids off. DS-L stated she had not seen R3 use a lid on her beverages in a long time.</p> <p>An interview with LPN-J was conducted on 5/25/16 at 1:25 p.m. LPN-J indicated R3 was assessed to require a lid on her coffee mug and staff were expected to place a lid on R3's coffee mug. If R3 would refuse a lid, staff should notify the nurse. LPN-J stated she was unaware R3 was refusing a lid on her coffee mug.</p> <p>The facility's policy, modified "06/2014," titled "RESIDENT CARE PLAN/"I" CARE PLAN POLICY AND PROCEDURE" included, "The resident care plan is used to plan and assign care for all disciplines." "The resident care plan must be kept current at all times." "Develop procedures to communicate all care plan information to</p>	2 830		
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2 830	<p>Continued From page 10</p> <p>resident care staff."</p> <p>The facility's policy, modified 3/10/16, titled "Dietary Aids" indicated "To ensure dietary aids/adaptive equipment are entered in Point Click Care to share resident dietary aids/adaptive equipment needs with all disciplines. Examples of dietary/adaptive equipment are straws, no straws, covers for mugs, silverware built up, special cups or plates." "Nurse/Clinical Coordinator/HUC/Dietician/Therapist will enter dietary aid in the additional direction section of the diet order into Point Click Care and notify the kitchen of the dietary aids/adaptive equipment change or addition."</p> <p>SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee could review and revise policies and procedures related to ensuring the care plan and meal tickets for each individual resident is followed. The director of nursing or designee could develop a system to educate staff and develop a monitoring system to ensure staff are providing care as directed by the written plan of care and meal tickets.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	2 830		
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21850	<p>MN St. Statute 144.651 Subd. 14 Patients & Residents of HC Fac. Bill of Rights</p> <p>Subd. 14. Freedom from maltreatment. Residents shall be free from maltreatment as defined in the Vulnerable Adults Protection Act. "Maltreatment" means conduct described in section 626.5572, subdivision 15, or the</p>	21850		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00292	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/16/2016
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NAME OF PROVIDER OR SUPPLIER GRACEPOINTE CROSSING GABLES EAST	STREET ADDRESS, CITY, STATE, ZIP CODE 548 FIRST AVENUE CAMBRIDGE, MN 55008
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21850	<p>Continued From page 11</p> <p>intentional and non-therapeutic infliction of physical pain or injury, or any persistent course of conduct intended to produce mental or emotional distress. Every resident shall also be free from non-therapeutic chemical and physical restraints, except in fully documented emergencies, or as authorized in writing after examination by a resident's physician for a specified and limited period of time, and only when necessary to protect the resident from self-injury or injury to others.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and document review, the facility failed to ensure 1 of 1 (R1) residents remained free from maltreatment, when the facility neglected to ensure the care plan intervention of placing a lid on R1's coffee was implemented on two separate occasions, resulting in first and second degree burns to R1's chest and abdomen.</p> <p>Findings include:</p> <p>Dining room observations on 5/24/16, between 8:20 a.m. and 8:30 a.m. identified two styles of coffee mugs. 1) Hard maroon/brown mugs. Covers used on these mugs were soft and flexible. 2) Hard blue mugs with hard covers.</p> <p>R1 R1's medical record was reviewed. R1's 12/28/15, functional status assessment, indicated R1 required extensive assistance of one person with drinking. R1's 3/16/16, brief interview for mental status (BIM's) assessment revealed a score of 5, indicating severe cognitive impairment.</p>	21850		

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21850	<p>Continued From page 12</p> <p>R1's care plan identified a nutritional intake focus area, with a 10/10/14, intervention "I will have all my fluids in a covered hard mug with a hard lid." An additional intervention added on 3/17/16, indicated, "I will be placed at a table when provided with fluids in a hard mug with a hard cover."</p> <p>R1's care group assignment sheet (used by nursing assistants (NA's) to identify specific cares for individualized resident care,) undated, indicated R1 required assistance of 1 staff for eating. The care sheet indicated, "ALL FLUIDS IN HARD COVERED MUGS WITH HARD LIDS UP TO TABLE WITH COFFEE."</p> <p>A "Resident/Visitor Occurrence Report" dated 1/22/16, indicated at 6:15 p.m. R1's cup slipped from her hands and 50% of the hot coffee in the cup spilled onto R1's chest and abdomen. R1 was "yelling out." R1 told staff "it hurt's, it hurts." R1 had a, "23 x 18," (unidentified unit of measurement) coffee burn to R1's chest. The Occurrence Report did not identify if a hard blue mug was used. The report did identify at the time of the spill which specific cup/mug was being used. The report identified no lid was being used. Interventions included to educate staff and ensure staff use a blue cup (hard) with secure (hard) lid.</p> <p>R1's progress note dated 1/22/16 at 6:50 p.m. revealed, "At approximately 6:15 p.m., [R1] spilled hot coffee onto self; 50% of coffee spilled onto residents chest. Resident yelling out for staff. Coffee cup did not have a lid on; [NA] admitted that she did not put a lid on the cup. Resident stated, 'Coffee went all over me.' When asked about pain R1 stated, 'it hurts, it hurts.' R1 had a reddened 23 x 18 area. MD notified via fax.</p>	21850		
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21850	<p>Continued From page 13</p> <p>The note lacked a specific location of the reddened area. Staff administered acetaminophen (pain medication) to R1 and applied a cold compress to R1's chest area. The document indicated NA staff were told all fluids given to R1, "Must have a secure top."</p> <p>R1's progress note dated 1/23/16 at 6:39 a.m. indicated, "Noted several mildly reddened areas on breasts and abdomen. Left breast has one area noted with a flat opened blister." The progress note lacked documentation of treatment to R1's burn.</p> <p>R1's progress note dated 1/25/16 at 10:50 a.m. indicated, "Noted areas on left breast and abdomen are open and tender to the touch. Fax prepared and sent to [physician]."</p> <p>R1's physician orders revealed an order dated 1/25/16 for Silvadene Cream 1%, apply to chest area burns topically one time daily and cover with dressing.</p> <p>R1's progress note dated 1/25/16 at 9:55 p.m. indicated, "Blistered area on left breast from burn dry without drainage. Other burn areas red on left and right breast, chest and upper abdomen below breasts. Treatment: open to air. Interventions: Assess pain level and area. Dr. [doctor] ordered Silvadene cream, but resident is allergic to sulfa, so did not apply."</p> <p>R1's physician orders revealed a fax to physician MD-(D) indicating R1 was allergic to Silvadene. A faxed physician order, dated 1/26/16, revealed an order for daily dressing changes with bacitracin ointment.</p> <p>R1's progress note dated 1/26/16 at 6:51 p.m.</p>	21850		

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21850	<p>Continued From page 14</p> <p>indicated, "Blistered areas are open at present. Open areas on left breast measures 0.5 cm by 3.0 cm, and 0.4 cm by 0.4 cm. Open area under breast on abdomen measures 1.0 cm by 0.8 cm."</p> <p>R1's January and February 2016 Treatment Administration Record (TAR) revealed on 1/23/16, staff initiated daily monitoring of R1's reddened/blistered area on R1's chest and abdomen. On 1/28/16, staff initiated daily bacitracin and dressing changes. Both the monitoring and treatment were discontinued on 2/10/16.</p> <p>An interview was conducted on 6/8/16, at 1:10 p.m. with nursing assistant (NA)-H. NA-H stated on 1/22/16, she served R1 coffee in a maroon mug without a lid. NA-A stated she was not familiar with R1's cares; however, knew R1 liked coffee. R1 was yelling out and NA-H believed a cup of coffee might help calm R1. NA-H stated she was unaware R1 needed a hard lid on her coffee. Although NA-H had access to R1's care group sheet, NA-H did not review R1's care group assignment sheet prior to providing the coffee mug to R1, as it was busy and several other residents needed assistance.</p> <p>A "Resident/Visitor Occurrence Report" dated 2/16/16, indicated at 5:00 p.m. R1 was given coffee in a brown coffee cup with no lid and R1 spilled coffee on herself. R1 told staff, "I got burned again," "I dropped my coffee." The Occurrence Report indicated "Area was reddened then turned to light pink." The report did not identify the location or measurements of the area. The report identified R1 was given the wrong cup for coffee. MD notified via fax. The "Action to Minimize Reoccurrence" included to "Consistently encourage resident to use blue cup; Dietary</p>	21850		
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21850	<p>Continued From page 15</p> <p>needs to double check resident ticket. Staff education provided on reading the meal tickets in the dining room." The report did not identify what directions were on R1's meal ticket related to a mug and/or a lid.</p> <p>Request for the meal ticket (used for all residents at meal time to identify special feeding instructions, adaptive equipment, and diet requirements) used on 2/16/16, was requested and no longer available.</p> <p>R1's progress note dated 2/16/16 at 10:02 p.m. indicated "Dietary staff gave resident coffee in non-blue cup [not care-planned mug]; [R1] spilled about 30 ml onto self; reddened area to upper chest 7 x 1.25 [no specific unit of measurement]; no blisters at this point. [R1] c/o [complained of] pain during PM [evening] shift."</p> <p>R1's progress note dated 2/17/16 at 8:14 a.m. indicated "Area on [R1's] upper chest examined and noted to be light pink in color."</p> <p>R1's February TAR indicated on 2/17/16, staff initiated daily monitoring of R1's upper chest area, which was identified as a "Pink area." The documentation directed staff to continue monitoring the area every evening until resolved. Staff discontinued the order on 2/29/16, twelve days after the incident.</p> <p>An interview was conducted on 6/8/16 at 10:40 a.m. with dietary server (DS)-F. DS-F stated a resident's meal ticket identifies if a specific coffee mug or lid needs to be used. DS-F stated on 2/16/16, she gave R1 coffee in a blue mug without a lid on as directed on R1's meal ticket. DS-F went on to say the meal ticket directed staff to use a blue mug for R1, but did not indicate a lid</p>	21850		
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21850	<p>Continued From page 16</p> <p>needed to be used.</p> <p>An interview was conducted on 6/8/16 at 2:05 p.m. with culinary assistant director (CAD)-G. CAD-G stated each resident has an individualized meal ticket which directs dietary staff if specific adaptive equipment is needed. Dietary staff are expected to follow the meal tickets. CAD-G confirmed R1's 2/16/16 dinner meal ticket directed staff to use a blue mug; however, did not identify a lid needed to be used. CAD-G stated the use of a lid was added to future meal tickets after the incident.</p> <p>A progress note dated 3/17/16, at 7:36 p.m. indicated, "At 1700 [5:00 p.m.] CC [care coordinator] noted [R1] asleep in dayroom with coffee cup in hand tipped to lap. Coffee spilled on blanket in lap soaking through to dress and onto floor. Coffee had been refreshed and milk added making coffee luke warm prior to spill. No injury noted." R1's medical record lacked documentation of what kind of coffee cup R1 was using at the time of the spill, or if there was a hard cover on the coffee as directed.</p> <p>R1's meal ticket dated 5/24/16, directed staff to use "Blue mugs with lids."</p> <p>During observation on 5/24/16, at 12:21 p.m. R1 was observed in the dining room being assisted with the noon meal by registered nurse (RN)-A. R1 had a hard, blue mug, with a hard white cover on it, and a straw. RN-A stated the mug contained coffee.</p> <p>An interview was conducted on 5/25/16 at 9:44 a.m. with nursing assistant (NA)-B. NA-B stated she had observed R1 recently using a maroon mug with a soft, flexible lid. NA-B stated R1</p>	21850		

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21850	<p>Continued From page 17</p> <p>should be using a hard blue mug with a hard lid.</p> <p>An interview was conducted on 6/7/16 at 10:20 a.m. with family member (FM)-C. FM-C stated when she visits R1 she has seen staff give R1 coffee in a maroon mug with a flexible top, as well as a blue thermal cup with a hard lid. FM-C stated the mug used depends on the staff that's working. FM-C stated a few days ago (over the weekend) she gave R1 coffee in a maroon mug with a flexible lid and a straw as she always has. Licensed practical nurse (LPN)-E approached FM-C asking FM-C to use an insulated (blue mug) for all beverages. FM-C stated prior to this conversation, she was unaware a blue mug with hard lid needed to be used with R1's coffee.</p> <p>An interview was conducted on 5/25/16 at 12:00 p.m. and 6/8/16 at 11:15 a.m. with licensed practical nurse (LPN)-E. LPN-E stated staff are expected to follow each resident's care plan and meal ticket. LPN-E confirmed staff did not follow R1's care plan for a hard mug with a hard lid resulting in coffee spills with injury on 1/22/16, and 2/16/16. LPN-E stated the lids used on the maroon/brown mugs are not hard, but flexible. The blue mugs have secure hard lids. LPN-A confirmed R1's intervention for a hard blue mug with a secure hard lid for all beverages was initiated on 10/10/14.</p> <p>An interview was conducted on 6/8/16 at 1:45 p.m. with physician (MD)-D. MD-D stated the description of R1's injury of redness to the skin and blisters after the coffee spill on 1/22/16 would be consistent with a second degree burn. MD-D stated the description of R1's injury of skin redness that later turned pink after the second coffee spill on 2/16/16 would be consistent with a first degree burn.</p>	21850		

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21850	<p>Continued From page 18</p> <p>The facility's policy, modified "August 2015," titled "Vulnerable Adult Abuse Prevention Plan" revealed under definitions: "Neglect is the failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness."</p> <p>SUGGESTED METHOD OF CORRECTION: The administrator or designee could update appropriate policies, train staff on the updated policies, and monitor implementation of the new policies.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	21850		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 245120	MULTIPLE CONSTRUCTION A. Building _____ B. Wing _____	DATE OF REVISIT 7/22/2016
Y1	Y2	Y3
NAME OF FACILITY GRACEPOINTE CROSSING GABLES EAST		STREET ADDRESS, CITY, STATE, ZIP CODE 548 FIRST AVENUE CAMBRIDGE, MN 55008

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0323	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.25(h)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	07/15/2016	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 6/16/2016
 CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
 YES NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 00292	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/22/2016	Y3
NAME OF FACILITY GRACEPOINTE CROSSING GABLES EAST		STREET ADDRESS, CITY, STATE, ZIP CODE 548 FIRST AVENUE CAMBRIDGE, MN 55008		

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix 20830	Correction	ID Prefix 21850	Correction	ID Prefix _____	Correction
Reg. # MN Rule 4658.0520 Subp. 1	Completed	Reg. # MN St. Statute 144.651 Subd. 14	Completed	Reg. # _____	Completed
LSC _____	07/15/2016	LSC _____	07/15/2016	LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 6/16/2016		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		