



Protecting, Maintaining and Improving the Health of Minnesotans

Office of Health Facility Complaints Investigative Report
PUBLIC

Facility:

Madonna Towers of Rochester
4001 19th Avenue Northwest
Rochester, MN 55901
Olmsted County

Report #: H5153016

Date: December 4, 2013

Date of Visit: September 4, 2013

By: Carrie Euerle, R.N., Special Investigator

Time of Visit: 11:30 a.m. – 5:30 p.m.

- Type of Facility:**
- Nursing Home
 - SLF
 - Hospital
 - HHA
 - ICF/IID
 - Other: _____
 - Home Care Provider/Assisted Living
 - Home Care

- Facility Self Report
- Complaint

Allegation(s): It is alleged that neglect occurred when a resident fell and fractured his/her hip after a nursing assistant, alleged perpetrator (AP) did not follow the resident's care plan and left the resident alone in the bathroom.

An unannounced visit was made at this facility and an investigation was conducted under:

- Federal Regulations for Hospital Conditions of Participation (42 CFR, Part 482)
- Federal Regulations for Long Term Care Facilities (42 CFR Part 483, subpart B)
- Federal Regulations for ICF/IID (42 CFR Part 483, subpart I)
- Federal Regulations for HHA (Home Health Agencies) (42 CFR, Part 484)
- Federal Regulations for CAH (Critical Access Hospital) (42 CFR, Part 485)
- Federal Regulations for EMTALA (42 CFR Part 489)
- State Licensing Rules for Boarding Care Homes (MN Rules Chapter 4655)
- State Licensing Rules for Nursing Homes (MN Rules Chapter 4658)
- State Licensing Rules for Supervised Living Facilities (MN Rules Chapter 4665)

- State Licensing Rules for Home Care (MN Rules Chapter 4668)
- State Statutes for Maltreatment of Minors (MN Statutes, section 626.556)
- State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557)
- State Statutes Chapters 144 and 144A

Conclusion:**Minnesota Vulnerable Adults Act (MN 626.557)**

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

Abuse Neglect Financial Exploitation was:

Substantiated Not Substantiated Inconclusive based on the following information:

Based on a preponderance of evidence, the allegation of neglect is substantiated. Neglect occurred when the alleged perpetrator (AP) left the resident sitting on the toilet alone in the bathroom, and the resident fell and sustained a pelvic fracture.

Interview and document review established the following:

The resident was cognitively impaired and required the assistance of two staff members and a mechanical lift for all transfers. The resident was at risk for falls due to a history of self-transferring, dementia and poor safety awareness. The resident's care plan and nursing assistant assignment sheets indicated that the resident had a TABS alarm to be on at all times and staff were directed to not leave the resident unattended on the toilet due to the resident's history and risk for falls.

The day of the incident the resident was found on the bathroom floor by staff going into the resident's room to answer a bathroom call light. The resident complained of hip pain and after the resident was assessed by facility and Hospice staff, the resident was sent to the emergency room and diagnosed with a pelvic fracture.

Interview with the AP confirmed that the AP transferred the resident, with the help of another nursing assistant (NA) and a mechanical lift, on to the toilet. The AP then told another NA over the walkie-talkie that s/he was toileting the resident and was going on break. The other NA then told the AP s/he "would be right there". The AP went on break before the other NA arrived in the resident's room; leaving the resident unattended on the toilet. The AP confirmed that s/he was aware of the resident's plan of care and stated that s/he "did wrong" in leaving the resident on the toilet unattended and assumed that the other NA was coming to assist the resident.

In an interview the other NA stated that the AP told the NA over the walkie-talkie that s/he was going on break, but the other NA did not hear what else the AP said and stated that the conversation was mumbled. The other NA later went in the resident's room to answer a bathroom call light. The NA found the resident lying on the bathroom floor and alerted the nurse on duty of the resident's condition.

The resident was interviewed, but does not recall the events of the incident.

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:

Facility policies and procedures were in place but not followed by the AP. The resident's care plan and nursing assistant assignment sheet indicated that the resident was not to be left unattended in the bathroom. The AP was aware of the resident's plan of care at the time of the incident.

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 If no, specify: _____
(The 2567 will be available on the MDH website.)

State Licensing Rules for Home Care (MN Rules Chapter 4668) – Compliance Not Met
The requirements under State Licensing Rules for Home Care (MN Rules Chapter 4668) were not met.

State licensing orders were issued: Yes No If no, specify: _____
(State licensing orders will be available on the MDH website.)

Facility Corrective Action:

The facility took the following corrective action(s):

Definitions:**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.

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.

The Investigation included the following:

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Medical Records | <input checked="" type="checkbox"/> Care Guide |
| <input checked="" type="checkbox"/> Medication Administration Records | <input checked="" type="checkbox"/> Treatment Sheets |
| <input checked="" type="checkbox"/> Facility Incident Reports | <input checked="" type="checkbox"/> Physician Progress Notes |
| <input checked="" type="checkbox"/> ADL (Activities of Daily Living) Flow Sheets | <input type="checkbox"/> Laboratory and X-ray Reports |
| <input checked="" type="checkbox"/> Physician Orders | <input checked="" type="checkbox"/> Social Service Notes |
| <input checked="" type="checkbox"/> Nurses Notes | <input type="checkbox"/> Meal Intake Records |
| <input checked="" type="checkbox"/> Activities Reports | <input type="checkbox"/> Weight Records |

Therapy and/or Ancillary Services Records

Assessments

Skin Assessments

Care Plan Records

Other pertinent medical records:

Hospital Records Ambulance/Paramedics Medical Examiner Records Death Certificate

Police Report

Additional facility records:

Resident/Family Council Minutes

Personnel Records/Background Check, etc.

Staff Time Sheets, Schedules, etc.

Facility In-service Records

Facility Internal Investigation Reports

Facility Policies and Procedures

Call Light Audits

Other, specify: _____

Number of additional resident(s) reviewed: 2

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: 5

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

Tennessee Warning given as required: Yes No

Total number of staff interviews: 5

Physician interviewed: Yes No

Nurse Practitioner 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:

- Wound Care
- Personal Care
- Nursing Services
- Infection Control
- Use of Equipment
- Call Light
- Medication Pass
- Dignity/Privacy Issues
- Safety Issues
- Cleanliness
- Transfers
- Other: _____
- Meals
- Restorative Care
- Facility Tour
- Injury
- Incontinence

Was any involved equipment inspected: Yes No N/A

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

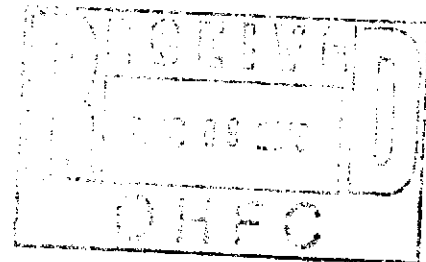
Were photographs taken: Yes No Specify: _____

xc: Division of Compliance Monitoring - Licensing & Certification
Minnesota Board of Examiners for Nursing Home Administrators
Minnesota Board of Nursing
Rochester Police Department
Olmsted County Attorney
Rochester City Attorney

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

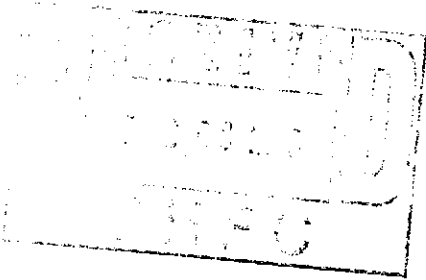
PRINTED: 11/25/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245153	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/01/2013
NAME OF PROVIDER OR SUPPLIER MADONNA TOWERS OF ROCHESTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 4001 19TH AVENUE NORTHWEST ROCHESTER, MN 55901		
(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 1</p> <p>indicated that R1 was at risk for falls and revealed that R1 required the assistance of 2 staff for transfers with a Hoyer lift and a TABS alarm was to be on at all times. A nursing assistant assignment sheet dated 8/9/2013 was reviewed and revealed that staff were directed to toilet R1 every three hours with assistance of two staff and the Hoyer lift and not to leave R1 unattended on the toilet.</p> <p>A fall safety event report dated 8/15/2013 was reviewed and revealed that R1 was found on R1's bathroom floor on 8/15/2013 after an unwitnessed fall. At the time of the fall, R1 complained of left hip pain and Hospice was called. Hospice gave orders to staff to administer as needed (PRN) pain medication.</p> <p>A hospice clincial note dated 8/15/2013 at 4:10 p.m. revealed that hospice was alerted by the facility that R1 was found on the floor and complaining of left hip pain. Hospice advised staff to provide R1 with PRN pain medication.</p> <p>A hospice clincial noted dated 8/15/2013 at 4:56 p.m. revealed that Hospice staff spoke with R1's family who decided to have R1 transferred to the emergency room for x-rays and evaluation due to R1's complaints of left hip pain.</p> <p>Hospital records dated 8/16/2013 indicated that R1 was evaluated on 8/15/2013 and found to have a left pelvic fracture and returned to the facility on 8/15/2013 to continue on hospice services.</p>	F 323			



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F 323	<p>Continued From page 2</p> <p>An internal investigation dated 8/19/2013 was reviewed and revealed that R1 was found on the floor in R1's bathroom on 8/15/2013 and was later diagnosed with a left pelvic fracture. Prior to the fall on 8/15/2013, NA-A had left R1 unattended on the toilet and had went on break. NA-A told another nursing assistant (NA-B) that s/he was going on break, but did not tell NA-B that R1 was on the toilet; NA-B later found R1 on the floor.</p> <p>An interview with the nurse (RN-C) on 9/4/2013 at 3:00 p.m. revealed that RN-C was working at the time R1 was discovered on the floor. RN-C stated that R1 had a history of self-transfer attempts and when staff discovered R1 on the floor, RN-C assumed R1 attempted a self-transfer in the bathroom. RN-C stated that staff did not indicate that R1 had been left unattended in the bathroom.</p> <p>An interview with NA-B on 9/23/2013 at 3:55 pm. revealed that NA-B had discovered R1 on the floor on 8/15/2013. NA-B stated that NA-A had stated that NA-A was going on break and shortly after, NA-B found R1 on the floor when NA-B went to answer R1's call light. NA-B stated that when NA-A went on break that NA-B did not know R1 was left on the toilet unattended. NA-B stated that all resident's with TABS alarms are not to be left unattended on the toilet.</p> <p>An interview with an administrative nurse (RN-D) on 9/25/2013 at 10:30 a.m. revealed that RN-D</p>	F 323		

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F 323	<p>Continued From page 3</p> <p>was informed of R1's fall on 8/16/2013. RN-D stated that when RN-D began to investigate the cause of R1's fall, RN-D became aware that R1's care plan was not followed at the time of R1's fall on 8/15/2013. RN-D confirmed that NA-A was interviewed by RN-D and admitted to leaving R1 unattended on the toilet on 8/15/2013. RN-D also confirmed that R1 was diagnosed with a left pelvic fracture on 8/15/2013. RN-D also confirmed that resident's with TABS alarms are not to be left unattended on the toilet.</p> <p>NA-A was interviewed on 9/30/2013 at 3:45 p.m. and confirmed that on 8/15/2013 NA-A left R1 on the toilet unattended. NA-A stated that s/he had assisted R1 to the toilet using the Hoyer lift and was assisted by an unknown staff member who was in training. NA-A then stated that s/he told NA-B that NA-A was going on break and NA-B stated that s/he would "be right there" to assist R1. NA-A stated that s/he trusted that NA-B would be there to care for R1, and stated that NA-A had never left R1 unattended on the toilet before this incident and knew that R1 should not be left unattended. NA-A stated that when NA-A returned from break NA-A was informed of R1's fall but did not know how the fall occurred. NA-A stated that staff have access to resident care plans and carry with them the care plans of the residents. NA-A also confirmed that NA-A had received training on following resident's care plans and knew that resident's with TABS alarms should not be left unattended.</p>	F 323		
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Attachment 1

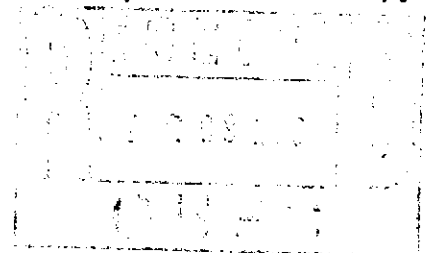
483.25 (h) Tag F323 Accident Hazards, Supervision, Devices

Madonna Towers of Rochester submits this plan of response regarding Tag F323 solely to maintain certification in the Medicare and Medical Assistance Programs. Submission of this corrective action does not constitute an admission of noncompliance with any requirement and is not a legal admission that a deficiency in practice exists or that this deficiency was correctly cited. We wish to preserve our right to dispute these findings in their entirety. This plan of correction is prepared and/or executed as a means to continuously improve the quality of care, to comply with all state and federal regulatory requirements and constitutes the facility's allegation of compliance.

Madonna Towers of Rochester has reviewed its policies and procedures to ensure that the residents' environment remains safe and as free of accident hazards as possible and that each resident receives adequate supervision to reduce the risk of accidents and injury. The interdisciplinary care team comprehensively assesses each resident to identify risks and develops a plan of care addressing safety risks with interventions to enhance mobility and promote safety. The facility's *Accident Occurrence and Investigation Protocol* policy was reviewed. Minor revisions were made to improve clarity.

The facility staff assesses the resident's need for supervision and enabling/transfer devices at the time of admission; the resident's needs are reassessed quarterly and whenever there is a change in the resident's behavior, physical condition, and/or cognition that impacts safety and functional status. The resident's care plan is modified as necessary to assure maximum function with minimal risk of injury.

During the mandatory meetings December 3, 2013, all staff were reinstructed on 1) the regulatory mandate to ensure that the residents' environment remains as free of accidents hazards as possible and to report identified risks/hazards 2) the need to provide adequate supervision and enabling devices to reduce the risk of accidents/injury 3) the importance of following the resident's plan of care for safe transfers and 4) job performance expectations that include being aware of and following the resident's plan of care. The updated policy, *Accident Occurrence and Investigation Protocol*, was reviewed with the staff and the licensed nurses were provided with a copy of the policy.

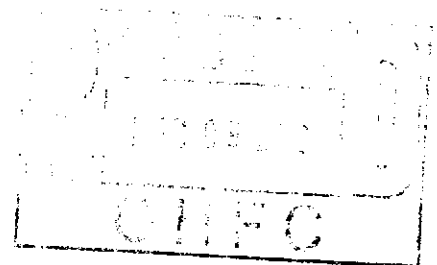


The circumstances and causal factors of the August 18, 2013 fall of Resident Number 1 were thoroughly investigated by the administrative staff and interdisciplinary care team following the facility's related policies and procedures. No system failures or weaknesses were identified. The resident's fall risk assessment, identified safety concerns, care plan interventions for enhancement of function and reducing the risk of injury, and the care instructions documented on the nursing assistant assignment sheet were reviewed and found to be accurate at the time of the resident's fall and ongoing.

The investigation/analysis found that the causal factor of the fall was one nursing assistant failing to follow the resident's plan of care. The nursing assistant who left the resident in the bathroom unsupervised had received proper instruction regarding the plan of care and provision of services for all residents, but knowingly failed to follow the safety plan of care for Resident Number 1. This nursing assistant's employment with Madonna Towers Living Community was terminated.

To monitor compliance with the following the residents' safety plan of care, the licensed nurses will conduct random audits of care delivery each shift until resurvey. The audits will focus on compliance with the care plan/nursing assistant care guides for use of alarms/lifts and supervision in the bathroom. Compliance will be reviewed at the quarterly Quality Council Committee meeting.

Completion date: December 10, 2013

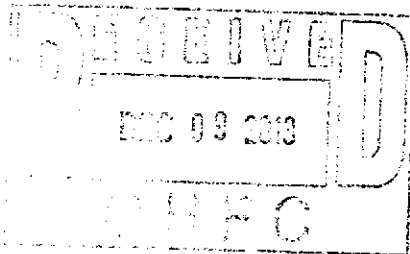


Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00419	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/01/2013
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2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: A complaint investigation was initiated to investigate complaint #H5153016, as a result the following licensing orders is issued:</p>	2 000	 <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.</p>	
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Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Beth Redden

TITLE

Administrative / Health Serv.

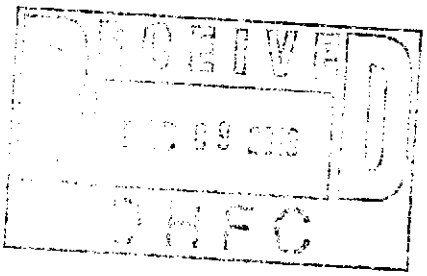
(X6) DATE

12/6/13

Minnesota Department of Health

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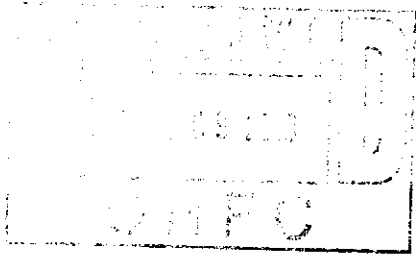
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2 000	Continued From page 1	2 000	<p>The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyors findings are the Suggested Method of Correction and Time period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.</p>	
2 830	<p>MN Rule 4658.0520 Subp. 1 Adequate and Proper Nursing Care; General</p> <p>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.</p>	2 830		

Minnesota Department of Health

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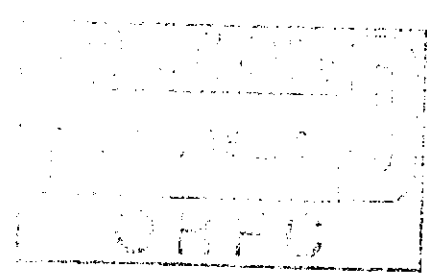
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2 830	<p>Continued From page 2</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure adequate supervision during toileting for 1 of 3 (R1) reviewed for falls. This resulted in actual harm to R1 who fell and sustained a pelvic fracture.</p> <p>Findings include:</p> <p>R1's medical record was reviewed and revealed that R1 was admitted to the facility with diagnosis that included dementia and chronic pain and was enrolled in Hospice. A brief interview for mental status (BIMS) assessment dated 7/5/2013 indicated that R1 had severe cognitive impairment. A fall risk assessment dated 7/11/2013 revealed that R1 was at risk for falls due to a history of falls, dementia and poor safety awareness. R1's careplan dated 3/27/2013 indicated that R1 was at risk for falls and revealed that R1 required the assistance of 2 staff for transfers with a Hoyer lift and a TABS alarm was to be on at all times. A nursing assistant assignment sheet dated 8/9/2013 was reviewed and revealed that staff were directed to toilet R1 every three hours with assistance of two staff and the Hoyer lift and not to leave R1 unattended on the toilet.</p> <p>A fall safety event report dated 8/15/2013 was reviewed and revealed that R1 was found on R1's bathroom floor on 8/15/2013 after an unwitnessed</p>	2 830		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00419	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/01/2013
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NAME OF PROVIDER OR SUPPLIER MADONNA TOWERS OF ROCHESTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4001 19TH AVENUE NORTHWEST ROCHESTER, MN 55901
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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
2 830	<p>Continued From page 3</p> <p>fall. At the time of the fall, R1 complained of left hip pain and Hospice was called. Hospice gave orders to staff to administer as needed (PRN) pain medication.</p> <p>A hospice clincial note dated 8/15/2013 at 4:10 p.m. revealed that hospice was alerted by the facility that R1 was found on the floor and complaining of left hip pain. Hospice advised staff to provide R1 with PRN pain medication.</p> <p>A hospice clincial noted dated 8/15/2013 at 4:56 p.m. revealed that Hospice staff spoke with R1's family who decided to have R1 transferred to the emergency room for x-rays and evaluation due to R1's complaints of left hip pain.</p> <p>Hospital records dated 8/16/2013 indicated that R1 was evaluated on 8/15/2013 and found to have a left pelvic fracture and returned to the facility on 8/15/2013 to continue on hospice services.</p> <p>An internal investigation dated 8/19/2013 was reviewed and revealed that R1 was found on the floor in R1's bathroom on 8/15/2013 and was later diagnosed with a left pelvic fracture. Prior to the fall on 8/15/2013, NA-A had left R1 unattended on the toilet and had went on break. NA-A told another nursing assistant (NA-B) that s/he was going on break, but did not tell NA-B that R1 was on the toilet; NA-B later found R1 on the floor.</p> <p>An interview with the nurse (RN-C) on 9/4/2013</p>	2 830		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00419	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/01/2013
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NAME OF PROVIDER OR SUPPLIER MADONNA TOWERS OF ROCHESTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4001 19TH AVENUE NORTHWEST ROCHESTER, MN 55901
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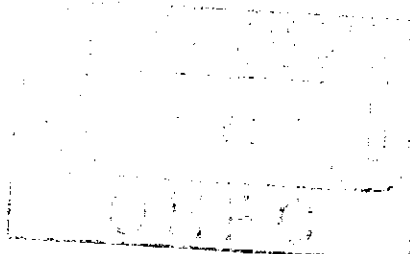
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 830	<p>Continued From page 4</p> <p>at 3:00 p.m. revealed that RN-C was working at the time R1 was discovered on the floor. RN-C stated that R1 had a history of self-transfer attempts and when staff discovered R1 on the floor, RN-C assumed R1 attempted a self-transfer in the bathroom. RN-C stated that staff did not indicate that R1 had been left unattended in the bathroom.</p> <p>An interview with NA-B on 9/23/2013 at 3:55 pm. revealed that NA-B had discovered R1 on the floor on 8/15/2013. NA-B stated that NA-A had stated that NA-A was going on break and shortly after, NA-B found R1 on the floor when NA-B went to answer R1's call light. NA-B stated that when NA-A went on break that NA-B did not know R1 was left on the toilet unattended. NA-B stated that all resident's with TABS alarms are not to be left unattended on the toilet.</p> <p>An interview with an administrative nurse (RN-D) on 9/25/2013 at 10:30 a.m. revealed that RN-D was informed of R1's fall on 8/16/2013. RN-D stated that when RN-D began to investigate the cause of R1's fall, RN-D became aware that R1's care plan was not followed at the time of R1's fall on 8/15/2013. RN-D confirmed that NA-A was interviewed by RN-D and admitted to leaving R1 unattended on the toilet on 8/15/2013. RN-D also confirmed that R1 was diagnosed with a left pelvic fracture on 8/15/2013. RN-D also confirmed that resident's with TABS alarms are not to be left unattended on the toilet.</p> <p>NA-A was interviewed on 9/30/2013 at 3:45 p.m. and confirmed that on 8/15/2013 NA-A left R1 on the toilet unattended. NA-A stated that s/he had</p>	2 830		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00419	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/01/2013
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NAME OF PROVIDER OR SUPPLIER MADONNA TOWERS OF ROCHESTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4001 19TH AVENUE NORTHWEST ROCHESTER, MN 55901
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2 830	<p>Continued From page 5</p> <p>assisted R1 to the toilet using the Hoyer lift and was assisted by an unknown staff member who was in training. NA-A then stated that s/he told NA-B that NA-A was going on break and NA-B stated that s/he would "be right there" to assist R1. NA-A stated that s/he trusted that NA-B would be there to care for R1, and stated that NA-A had never left R1 unattended on the toilet before this incident and knew that R1 should not be left unattended. NA-A stated that when NA-A returned from break NA-A was informed of R1's fall but did not know how the fall occurred. NA-A stated that staff have access to resident care plans and carry with them the care plans of the residents. NA-A also confirmed that NA-A had received training on following resident's care plans and knew that resident's with TABS alarms should not be left unattended.</p> <p>SUGGESTED PERIOD OF CORRECTION: The director of nursing or her designee could develop policies and procedures to ensure residents consistently are provided the appropriate interventions. The director of nursing or her designee could educate all appropriate staff on these policies and procedures. The director of nursing or her designee could develop monitoring systems to ensure ongoing compliance.</p> <p>TIME PERIOD FOR CORRECTION: Thirty (30) Days.</p>	2 830		
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Protecting, Maintaining and Improving the Health of Minnesotans

Post Correction Order Follow-Up/Federal Certification Review Report
PUBLIC DATA

Facility:

Madonna Towers Of Rochester, Inc
4001 19th Avenue Northwest
Rochester, MN 55901
Olmsted County

Report #: H5153016

Date: January 9, 2014

Date of Visit: December 20, 2013
Time of Visit: 11:00 a.m.

By: Carrie Euerle, R.N.
Special Investigator

Nature of Visit

An unannounced visit was made in order to follow-up one federal deficiency and one state licensing order which were issued on November 25, 2013, as the result of an investigation which had been completed on November 1, 2013.

The status of the order is as follow:

1 MN Rule 4658.0520 Subp. 1 – Corrected

See Attached 2567B for status of federal deficiency.

xc: Minnesota Department of Health -Licensing & Certification Division

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number 245153	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 12/20/2013
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Name of Facility MADONNA TOWERS OF ROCHESTER, INC	Street Address, City, State, Zip Code 4001 19TH AVENUE NORTHWEST ROCHESTER, MN 55901
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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).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>F0323</u> Reg. # <u>483.25(h)</u> LSC _____	Correction Completed 12/20/2013	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____ State Agency	Reviewed By <u>CE/KFD</u>	Date: <u>02/25/2014</u>	Signature of Surveyor: _____ 31591	Date: <u>12/20/2014</u>
Reviewed By _____ CMS RO	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on: 11/1/2013	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
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State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number 00419	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 12/20/2013
Name of Facility MADONNA TOWERS OF ROCHESTER, INC	Street Address, City, State, Zip Code 4001 19TH AVENUE NORTHWEST ROCHESTER, MN 55901	

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).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>20830</u> Reg. # <u>MN Rule 4658.0520 Subp.</u> LSC _____	Correction Completed 12/20/2013	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
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ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____	Reviewed By <u>CE/KFD</u>	Date: <u>02/25/2014</u>	Signature of Surveyor: _____ 31591	Date: <u>12/20/2013</u>
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on: 11/1/2013

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**