MINNESOTA
MDH
DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of Minnesotans

Office of Health Facility Complaints Investigative Report
PUBLIC

Facility:
Anoka Rehab and Living Center
3000 4th Avenue
Anoka, MN 55303
Anoka County

Report #: H5205031

Date: June 20, 2013

Date of Visit: April 29, 2013
Time of Visit: 9:10 a.m.-1:30 p.m.

By: Jolene Bertelsen, R.N., Special Investigator

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

☐ Facility Self Report ☒ Complaint

Allegation(s): **It is alleged** that neglect occurred when a resident was not provided an ordered medication for approximately three weeks resulting in adverse effects.

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:

The preponderance of evidence that a resident was neglected is substantiated. The resident did not receive Coumadin, as ordered by a physician for 17 days. The resident developed discoloration in the left leg and confusion. The resident required hospitalization, was diagnosed with a clot in the left leg, and required three surgeries to increase circulation to the left leg.

Staff interviews and record review established that the resident was admitted to the facility, from the hospital, and due to atrial fibrillation had orders for the medication Coumadin. The order directed staff to hold the Coumadin dose on the day of discharge from the hospital, then give Coumadin 2.5 mg for two days, and then complete an INR lab draw (lab completed to monitor the effectiveness of the anticoagulant medication Coumadin). The order directed staff to update the physician with the lab results for further Coumadin orders. Staff did not ensure that the lab was drawn, or that the results were obtained or called to the physician. The resident did not receive a dose of Coumadin for 17 days. The resident developed discoloration in the left leg, and increased confusion, and was sent to the hospital for evaluation.

Employee (B)/administrative staff was interviewed and stated that on the day of the incident, the day nurse on the floor did not ensure that the lab draw was completed, and the evening nurse did not verify the lab results or notify the physician for additional Coumadin orders. As a result, no additional Coumadin was ordered by the physician, and Coumadin was not administered to the resident for 17 days.

Hospital record revealed that the resident presented to the emergency room with confusion, left lower extremity discoloration and absent pulses. An ultrasound of the left lower extremity showed an acute occlusion as a result of a clot, and an emergent angiogram and thrombectomy was performed to increase circulation to the left leg. Resident #1 required two additional surgeries to increase the circulation to the left leg.

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:

The facility did not have a system in place to ensure that labs results, required for Coumadin monitoring, were verified by the RN's and were called to the physician for follow up orders.

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 Nursing Homes (MN Rules Chapter 4658) – Compliance Met
The facility was found to be in compliance with State Licensing Rules for Nursing Homes (MN Rules Chapter 4658). No state orders were issued.

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.

State Statutes Chapters 144 & 144A – Compliance Met
The facility was found to be in compliance with State Statutes for Chapters 144 & 144A. No state licensing orders were issued.

Facility Corrective Action:

The facility took the following corrective action(s):
Prior to the onsite investigation, the facility initiated a new procedure for INR lab draws and monitoring, and education for all nurses was completed. The nurse now initials in the medication record that the INR blood draw was completed, and again initial when the results are verified and called to the physician. In addition, the

evening supervisors, on a daily basis, monitor and audit to ensure that all INR's are drawn for the day, the physicians are notified of the results, and additional orders are obtained, if applicable. The 24 hour communication sheet now lists each resident on anticoagulant therapy, so the nurses are aware, and are able to check the lab book for labs drawn each day, or ensure labs are completed. All nurses were reeducated on the new system for lab draws, and the education is now included in the general orientation for all new hires to the facility. As a result of the corrective action completed, the facility was issued a deficiency for past noncompliance related to the complaint.

The facility was found to be in compliance on the day of the site visit.

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.

The Investigation included the following:

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

☒ Medical Records	☒ Care Guide
☒ Medication Administration Records	☒ Treatment Sheets
☒ Facility Incident Reports	☒ Physician Progress Notes
☒ ADL (Activities of Daily Living) Flow Sheets	☒ Laboratory and X-ray Reports
☒ Physician Orders	☐ Social Service Notes
☒ Nurses Notes	☐ Meal Intake Records
☐ Activities Reports	☐ 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: 8

Were residents selected based on the allegation(s)? ◉ Yes ○ No ○ N/A Specify: The residents all had orders for the medication Coumadin.

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: The interview was conducted with a family member of resident #1, as the resident was unable to be interviewed.

Did you interview additional residents: ◉ Yes ○ No

Total number of resident interviews: 2

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

Tennessen Warning given as required: ◉ Yes ○ No

Total number of staff interviews: 7

Physician interviewed: ○ Yes ◉ No

Nurse Practitioner interviewed: ○ Yes ◉ No

Interview with Alleged Perpetrator(s): ○ Yes ○ No ◉ N/A Specify: No alleged perpetrator was identified in the complaint.

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

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
Anoka City Police Department
Anoka County Attorney
Anoka City Attorney

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245205	A. BUILDING _____ B. WING _____	C 05/29/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANOKA REHABILITATION AND LIVING CENTER	3000 4TH AVENUE ANOKA, MN 55303

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An abbreviated standard survey was initiated on 4/29/2013 to investigate case H5205031. As a result, the following deficiency is issued as past non compliance.	F 000		
F 333 SS=G	483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS The facility must ensure that residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure that 1 of 8 residents reviewed (resident #1) was free from a significant medication error when the resident did not receive 17 doses of the medication Coumadin (anticoagulant medication), resulting in three surgeries for a blood clot in the left leg. Findings include: Resident #1's medical record revealed that resident #1 has diagnoses including atrial fibrillation. She was admitted from the hospital following a vertebral compression fracture for strengthening and rehabilitation. The facility medication administration record (MAR), dated 3/14/2013, verifies that resident #1 was admitted with orders for the medication Coumadin. The orders directed staff to hold the dose of Coumadin on 3/14/2013, give 2.5 mg of Coumadin daily until 3/16/2013, and recheck the INR (International Normalized Ratio--a blood draw to monitor the effectiveness of the medication Coumadin) on 3/17/2013.	F 333	Past noncompliance: no plan of correction required.	

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

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F 333	Continued From page 1	F 333		

Employee (B) was interviewed on 4/29/2013 at 11:31 a.m. and stated that resident #1 was admitted to the facility on 3/14/2013 with orders for Coumadin, and a recheck of the INR on 3/17/2013. She stated that resident #1 did receive the Coumadin, as ordered on 3/15/2013 and 3/16/2013, but did not receive additional dosages of the Coumadin until 4/1/2013. Employee (B) stated that on 4/1/2013, a family member inquired why resident #1 was not receiving Coumadin. The physician was notified and the Coumadin was reordered at the previous dose, with a recheck of the INR to be drawn on 4/3/2013. She verified that resident #1 did not receive 17 doses of Coumadin. Resident #1 was hospitalized on 4/5/2013 for confusion and a blood clot in her left leg. She stated that upon investigation, the lab slip that was to be completed for the lab draw on 3/17/2013 was not found. In addition, a system was not in place for staff to verify that a lab was drawn, the results were confirmed by the nurse, and the physician was updated for additional dosages of the medication.

Individual (G) was interviewed on 5/28/2013 at 10:20 a.m. and stated that while at the facility resident #1 began to develop confusion and delirium (approximately 11 days prior to hospitalization), and on 4/1/2013, she asked facility staff for resident #1's medication record. She inquired why resident #1 had not been given Coumadin at the facility for 17 days. She stated that the facility admitted it was due to a medication error, and resident #1 was restarted on Coumadin at her previous dose that day. On 4/5/2013, resident #1's left leg was noted to be discolored and cool to the touch. She was taken by family to the hospital, and was hospitalized for

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F 333	Continued From page 2	F 333		

a large blood clot in the left leg. Resident #1 has had three surgeries on the left leg as a result of the clot.

Hospital records, dated 4/5/2013, revealed that resident #1 presented to the emergency room with confusion, left lower extremity discoloration and absent pulses in the left leg. An ultrasound of the left lower extremity showed an acute occlusion as a result of a clot, and an emergent angiogram and thrombectomy was performed to increase blood flow to the left leg. Resident #1 required additional surgeries on 4/6/2013 and 4/8/2013 to increase the circulation to the left leg.

Interview with facility staff, record review, and review of the facility's corrective action regarding the incident revealed that the facility had implemented and completed corrective action by 4/25/2013, which was prior to the onsite visit of 4/29/2013. The facility implemented a system to ensure that lab draws are completed and documented in the electronic medical record (emar), and verified by staff. The procedure includes: 1) the nurse will initial in the emar that an INR lab was drawn. 2) The nurse that receives the INR fax results from the lab will initial in the emar that the results were received from the lab, document the results in the emar, and document when the physician was updated. The nurses will also document any additional orders that were received. 3) Beginning 4/2/2013, the PM shift supervisor initiated daily monitoring and audits of all INR lab draws, to ensure that they were complete and the physician was updated. The daily audits are then reviewed by the DON. 4) Beginning 4/2/2013, the PM supervisors began daily monitoring of the 24 hour reports to ensure

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F 333	Continued From page 3 the list included all of the residents on Coumadin therapy. 5) On 4/2/2013, a lab book was placed on each unit, so for staff to verify the labs are drawn for the day and ensure the results of the labs are received. A review of the mandatory re-education was completed and verified that all nurses were re-educated on the new system by 4/25/2013. The implementation of the system was verified on 4/29/13. The records of eight residents on Coumadin therapy were reviewed, and verified the procedure was implemented to ensure the labs were drawn, and verified as completed, and that the results were obtained and called to the physician for additional orders. Several staff interviews, during the course of the investigation, verified knowledge of the new system, and verified the procedure to ensure the labs are drawn, documented in the emar, and the physician is updated.	F 333		

Minnesota Department of Health

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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 #H5205031. No correction orders are issued.	2 000		