Protecting, Maintaining and Improving the Health of Minnesotans

Office of Health Facility Complaints Investigative Report
PUBLIC

Facility:
Red Wing Health Center
1412 West 4th Street
Red Wing, MN 55066
Goodhue County

Report#: H5223078

Date: February 4, 2016

Date of Visit: May 27 and 28, 2015
Time of Visit: 12:30 p.m. to 4:00 p.m.
8:00 a.m. to 12:00 p.m.

By: Elizabeth Swan, RN, Special Investigator

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

☒ Facility Self Report ☐ Complaint

Allegation(s): It is alleged that a resident was financially exploited when a staff, alleged perpetrator (AP) took the resident's pain medication for his/her own personal use.

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 Statutes for Home Care Providers (MN Statutes, section 144A.43 - 144A.483)
☐ 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 preponderance of evidence financial exploitation did occur when the alleged perpetrator (AP) took 39 oxycodone (a narcotic) tablets from the resident for his/her own personal use over a period of approximately a month.

The resident's record revealed the resident was alert and oriented to person, place and time, and was admitted to the facility for rehabilitation following surgical repair of a foot fracture. Physician orders on admission included Oxycodone HCL five milligrams (mg) one tablet for pain.

The nurse practitioner questioned the frequency of refill requests for the resident's Oxycodone because the resident told the nurse practitioner s/he was using less pain medication. A review of facility documentation identified discrepancies in the narcotic record book and actual administration of the narcotic to the resident. Law enforcement was notified by the facility management and the AP was suspended pending the investigation, and was ultimately terminated from his/her position at the facility.

The police report indicated the AP admitted to taking approximately 39 oxycodone tablets from the resident.

The resident was interviewed and verified s/he had received adequate pain control while a resident at the facility.

The AP was contacted, and declined to be interviewed.

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 had adequate policies in place to govern financial exploitation as defined in state statute. The facility is in compliance with regulatory standards for training staff regarding exploitation of vulnerable adults. The AP received vulnerable adult training, but failed to follow professional standards in exercising professional judgment when s/he took the resident's property.

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 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 If no, specify: ___________
(State licensing orders will be available on the MDH website.)

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.

<u>Facility Corrective Action</u>:

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 9 - Financial exploitation
"Financial exploitation" means:

(b) In the absence of legal authority a person:

(1) willfully uses, withholds, or disposes of funds or property of a vulnerable adult;

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
☐ Service Plan
☐ Other, specify: __________

Other pertinent medical records:

☐ Hospital Records ☐ Ambulance/Paramedics ☐ Medical Examiner Records ☐ Death Certificate

☐ Police Report ☐ Other, specify: __________

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: 3

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: Facility self report

If unable to contact complainant, attempts were made on:
Date/time: ____ Date/time: ____ Date/time: ____

Interview with family: ○ Yes ◉ No ○ N/A Specify: Resident alert and oriented and own person

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: 9

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

Tennessen Warning given as required: ◉ Yes ○ No

Total number of staff interviews: 3

Physician interviewed: ○ Yes ◉ No

Nurse Practitioner interviewed: ◉ Yes ○ No

Physician Assistant interviewed: ○ Yes ◉ No

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

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 Specify: _________

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

Were photographs taken: ○ Yes ◉ No Specify: _________

xc: Health Regulation Division - Licensing & Certification
Minnesota Board of Examiners for Nursing Home Administrators
Minnesota Board of Nursing
Red Wing City Police Department
Goodhue County Attorney
Red Wing City Attorney

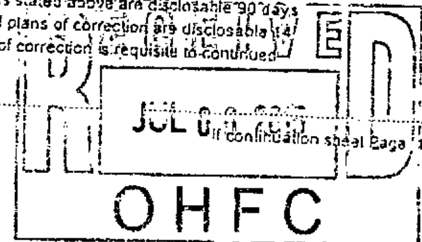
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245223	A. BUILDING ______ B. WING ______	C 06/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RED WING HEALTH CENTER	1412 WEST FOURTH STREET RED WING, MN 55066

(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 conducted to investigate case #H5223078. As a result, the following deficiency is issued.	F 000		
F 333 SS=D	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 document review, the facility failed to ensure one of three (R2) residents reviewed had medications administered as ordered by the physician. The findings include: Resident #2 (R2) was admitted to the facility on December 30, 2014, following a hospital stay for frostbite of the hand and encephalopathy. In addition, the resident had a history of alcohol and drug abuse. On March 31, 2015, the physician discontinued Morphine (narcotic) 30 milligrams (mg) in the morning and 15 mg at bedtime for pain, and ordered Morphine 15 mg by mouth two times a day (BID) for pain. Review of the facility's narcotic log book, revealed that on April 1, 3, 4, 5, 7, 8, 9, 10, 13, 14, and 15, 2015, the licensed practical nurse (LPN)D dispensed Morphine 30 mg tablets and documented R2 received this dose in the a.m. on the above days. The electronic medication administration record (eMAR) for April 2015, only reflected the Morphine 15 mg BID order, and	F 333	F 333 Immediate corrective action: LPN-D was educated on Medication Administration including the Five Rights of Medication Administration. RN-B was educated on removing controlled medication from the medication cart for proper destruction. Action as it applies to others: The Policy and Procedure for Medication Pass was reviewed on 6/25/15 and remains current. The Policy and Procedure for Controlled Drug Count was reviewed on 6/25/15 and remains current All Licensed Nursing staff and TMA's will be educated on the policy of Medication Administration including the Five Rights of Medication Administration by 6/29/15	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Tony Linn
TITLE: Administrator
(X6) DATE: 7-3-15

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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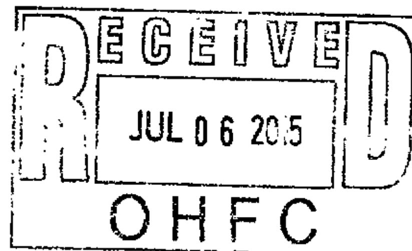
F 333	Continued From page 1 LPN/D initialed on the eMAR that Morphine 15 mg was administered in the a.m. on the above days. The facility policy for Medication Pass revised 8/2010 identified: to distribute medications per physician order in a safe and efficient manner included the following procedure: "Determine the medication name and dose needed and find the corresponding medication in that resident's box or bottle. Check name of resident, room number, drug name and drug dosage between card and MAR. Remember, there is only one box or card per medication, not per time. "If you suspect a discrepancy, refer to resident/patient chart and check order". In addition, the procedure included the five Rights of Medication Administration: Right medication, Right resident, Right dose, Right route and Right time. On May 28, 2015, at 11:30 a.m., interview with registered nurse (RN)B verified the discrepancy of the narcotic log book and signing out of the Morphine 30 mg vs Morphine 15 mg on eleven occurrences following the discontinuation of Morphine 30 mg. RN/B stated Morphine 30 mg was given in error on the above dates and that R2's physician would be notified. RN/B also stated the facility's procedure for discontinuation of a narcotic was not followed. The facility policy for Controlled Drug Count revised 5/2014 included; "When a controlled medication has been discontinued, expired, a resident expires or the resident has been discharged the controlled medications will be removed from the medication cart. The Unit Manager/Supervisor will bring the controlled medication and the controlled medication book to	F 333	All Unit Managers and Supervisors will be re-educated on the policy for Controlled Drug Count including when to remove the controlled medication from the cart for destruction by 6/30/15 Date of completion: 6/30/15 Recurrence will be prevented by: Two random weekly medication audits will be conducted to ensure licensed staff are in compliance. Two random Weekly audits will be conducted to ensure controlled medications that have discontinued, expired, or if the resident has discharged or expired are removed from the medication cart for destruction. All audits will be completed for a period of 90 days and audit results will be reviewed by the QA committee to determine the need for ongoing monitoring.	



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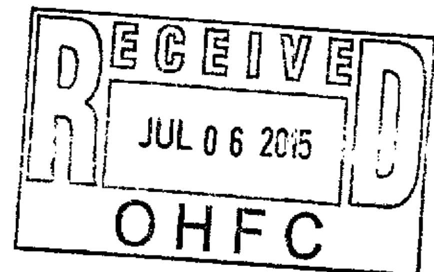
F 333	Continued From page 2 the director of nursing (DON), if the DON is not available the controlled medication will be brought to the Supervisors office and put into a locked cupboard. The unit Manager/Supervisor and DON will document and sign on the controlled medication page that the controlled medication was sent to the DON office for destruction."	F 333	The correction will be monitored by: Ongoing compliance will be monitored by the Director of Nursing and/or designee	



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	00149	A. BUILDING: ______ B. WING: ______	C 06/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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2 000	Initial Comments	2 000		

*****ATTENTION******

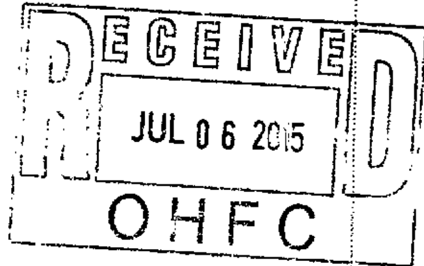
NH LICENSING CORRECTION ORDER

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 #H5223078. As a result, the following correction order is issued.



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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Tony Lemon | TITLE: Administrator | (X6) DATE: 7-3-15

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2 000	Continued From page 1	2 000	The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.	
21545	MN Rule 4658.1320 A.B.C Medication Errors A nursing home must ensure that: A. Its medication error rate is less than five percent as described in the Interpretive Guidelines for Code of Federal Regulations, title 42, section 483.25 (m), found in Appendix P of the State Operations Manual, Guidance to Surveyors for Long-Term Care Facilities, which is incorporated by reference in part 4658.1315. For purposes of this part, a medication error means:	21545		

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21545	Continued From page 2	21545		

(1) a discrepancy between what was prescribed and what medications are actually administered to residents in the nursing home; or
(2) the administration of expired medications.
B. It is free of any significant medication error. A significant medication error is:
(1) an error which causes the resident discomfort or jeopardizes the resident's health or safety; or
(2) medication from a category that usually requires the medication in the resident's blood to be titrated to a specific blood level and a single medication error could alter that level and precipitate a reoccurrence of symptoms or toxicity. All medications are administered as prescribed. An incident report or medication error report must be filed for any medication error that occurs. Any significant medication errors or resident reactions must be reported to the physician or the physician's designee and the resident or the resident's legal guardian or designated representative and an explanation must be made in the resident's clinical record.
C. All medications are administered as prescribed. An incident report or medication error report must be filed for any medication error that occurs. Any significant medication errors or resident reactions must be reported to the physician or the physician's designee and the resident or the resident's legal guardian or designated representative and an explanation must be made in the resident's clinical record.

This MN Requirement is not met as evidenced by:
Based on interview and document review, the facility failed to ensure one of three (R2) residents

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21545	Continued From page 3	21545		

reviewed had medications administered as ordered by the physician.

The findings include:

Resident #2 (R2) was admitted to the facility on December 30, 2014, following a hospital stay for frostbite of the hand and encephalopathy. In addition, the resident had a history of alcohol and drug abuse. On March 31, 2015, the physician discontinued Morphine (narcotic) 30 milligrams (mg) in the morning and 15 mg at bedtime for pain, and ordered Morphine 15 mg by mouth two times a day (BID) for pain.

Review of the facility's narcotic log book, revealed that on April 1, 3, 4, 5, 7, 8, 9, 10, 13, 14, and 15, 2015, the licensed practical nurse (LPN)D dispensed Morphine 30 mg tablets and documented R2 received this dose in the a.m. on the above days. The electronic medication administration record (eMAR) for April 2015, only reflected the Morphine 15 mg BID order, and LPN/D initialed on the eMAR that Morphine 15 mg was administered in the a.m. on the above days.

The facility policy for Medication Pass revised 8/2010 identified: to distribute medications per physician order in a safe and efficient manner included the following procedure; "Determine the medication name and dose needed and find the corresponding medication in that resident's box or bottle. Check name of resident, room number, drug name and drug dosage between card and MAR. Remember, there is only one box or card per medication, not per time. *If you suspect a discrepancy, refer to resident/patient chart and check order". In addition, the procedure included the five Rights of Medication Administration: Right

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21545	Continued From page 4	21545		

medication, Right resident, Right dose, Right route and Right time.

On May 28, 2015, at 11:30 a.m., interview with registered nurse (RN)B verified the discrepancy of the narcotic log book and signing out of the Morphine 30 mg vs Morphine 15 mg on eleven occurrences following the discontinuation of Morphine 30 mg. RN/B stated Morphine 30 mg was given in error on the above dates and that R2's physician would be notified. RN/B also stated the facility's procedure for discontinuation of a narcotic was not followed.

The facility policy for Controlled Drug Count revised 5/2014 included; "When a controlled medication has been discontinued, expired, a resident expires or the resident has been discharged the controlled medications will be removed from the medication cart. The Unit Manager/Supervisor will bring the controlled medication and the controlled medication book to the director of nursing (DON), if the DON is not available the controlled medication will be brought to the Supervisors office and put into a locked cupboard. The unit Manager/Supervisor and DON will document and sign on the controlled medication page that the controlled medication was sent to the DON office for destruction."

SUGGESTED METHOD OF CORRECTION: The administrator, director of nurses or designee could review and revise policy and procedures for medication administration and controlled medication administration and discontinuation. The administrator or designee could provide education to authorized personnel on medication administration and conduct audits to ensure compliance.

Minnesota Department of Health

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21545	Continued From page 5 TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	21545		

Department of Health and Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB NO. 0938-0390

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	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit
245223	01 - MAIN BUILDING 01	7/6/2015

Name of Facility	Street Address, City, State, Zip Code
RED WING HEALTH CENTER	1412 WEST FOURTH STREET RED WING, MN 55066

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(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix ____ Reg. # NFPA 101 LSC K0033	Correction Completed 06/30/2015	ID Prefix ____ Reg. # NFPA 101 LSC K0076	Correction Completed 06/30/2015	ID Prefix ____ Reg. # NFPA 101 LSC K0144	Correction Completed 05/28/2015
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	Date:	Signature of Surveyor:	Date:
	PS/KJ	08/05/2015	25822	07/06/2015
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: 5/22/2015

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

Department of Health and Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB NO. 0938-0390

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(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
245223	A. Building B. Wing	7/9/2015

Name of Facility	Street Address, City, State, Zip Code
RED WING HEALTH CENTER	1412 WEST FOURTH STREET RED WING, MN 55066

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(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix F0165 Reg. # 483.10(f)(1) LSC	Correction Completed 06/30/2015	ID Prefix F0225 Reg. # 483.13(c)(1)(ii)-(iii), (c)(2) - (4) LSC	Correction Completed 06/30/2015	ID Prefix F0226 Reg. # 483.13(c) LSC	Correction Completed 06/30/2015
ID Prefix F0244 Reg. # 483.15(c)(6) LSC	Correction Completed 06/30/2015	ID Prefix F0248 Reg. # 483.15(f)(1) LSC	Correction Completed 06/30/2015	ID Prefix F0253 Reg. # 483.15(h)(2) LSC	Correction Completed 06/30/2015
ID Prefix F0254 Reg. # 483.15(h)(3) LSC	Correction Completed 06/30/2015	ID Prefix F0279 Reg. # 483.20(d), 483.20(k)(1) LSC	Correction Completed 06/30/2015	ID Prefix F0280 Reg. # 483.20(d)(3), 483.10(k)(2) LSC	Correction Completed 06/30/2015
ID Prefix F0282 Reg. # 483.20(k)(3)(ii) LSC	Correction Completed 06/30/2015	ID Prefix F0312 Reg. # 483.25(a)(3) LSC	Correction Completed 06/30/2015	ID Prefix F0318 Reg. # 483.25(e)(2) LSC	Correction Completed 06/30/2015
ID Prefix F0323 Reg. # 483.25(h) LSC	Correction Completed 06/30/2015	ID Prefix F0328 Reg. # 483.25(k) LSC	Correction Completed 06/30/2015	ID Prefix F0329 Reg. # 483.25(l) LSC	Correction Completed 06/30/2015

Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:
State Agency	SR/KJ	08/05/2015	165022	07/09/2015
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Department of Health and Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB NO. 0938-0390

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(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
245223	A. Building B. Wing	7/9/2015

Name of Facility	Street Address, City, State, Zip Code
RED WING HEALTH CENTER	1412 WEST FOURTH STREET RED WING, MN 55066

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(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix F0353 Reg. # 483.30(a) LSC	Correction Completed 06/30/2015	ID Prefix F0356 Reg. # 483.30(e) LSC	Correction Completed 06/30/2015	ID Prefix F0428 Reg. # 483.60(c) LSC	Correction Completed 06/30/2015
ID Prefix F0431 Reg. # 483.60(b), (d), (e) LSC	Correction Completed 06/30/2015	ID Prefix F0441 Reg. # 483.65 LSC	Correction Completed 06/30/2015		

Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:
State Agency	SR/KJ	08/05/2015	165022	07/09/2015
CMS RO				

Followup to Survey Completed on: 5/21/2015

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

Department of Health and Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB NO. 0938-0390

Post-Certification Revisit Report

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(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
245223	A. Building B. Wing	7/29/2015

Name of Facility	Street Address, City, State, Zip Code
RED WING HEALTH CENTER	1412 WEST FOURTH STREET RED WING, MN 55066

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(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix F0333 Reg. # 483.25(m)(2) LSC	07/29/2015	ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:
State Agency	MN/KJ	08/05/2014	16022	07/29/2015
CMS RO				

Followup to Survey Completed on: 6/1/2015

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

AH Form Approved
8/4/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
00149	A. Building B. Wing	7/29/2015

Name of Facility	Street Address, City, State, Zip Code
RED WING HEALTH CENTER	1412 WEST FOURTH STREET RED WING, MN 55066

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(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix 21545 Reg. # MN Rule 4658.1320 A.B.C LSC	Correction Completed 07/29/2015	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	Date:	Signature of Surveyor:	Date:
	SR/KJ	08/05/2015	16022	07/29/2015
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: 6/1/2015

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