



Protecting, Maintaining and Improving the Health of Minnesotans

Office of Health Facility Complaints Investigative Report
PUBLIC

Facility:

Mahnomen Health Center
414 West Jefferson
Mahnomen, MN 56557
Mahnomen County

Report #: H5238012

Date: July 25, 2014

Date of Visit: May 8, 2014

By: Jill Hagen, R.N., Special Investigator

Time of Visit: 10:30 a.m.-3:45 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 exploitation occurred when the alleged perpetrator (AP) diverted narcotic medications from residents. The AP documented controlled medications given to residents #1, #2, #3, #4, #5, #6, #7, #8, and #9 on shifts that the AP was not working.

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 exploitation did occur when the AP took several hydrocodone tablets, a narcotic medication (amount unknown) that belonged to residents #1, #2, #3, #4, #5, #7, #8, and #9 for the AP's personal use.

Resident #1 received hydrocodone/acetaminophen a narcotic opiate pain medication 5/325 mg (milligrams) every 6 hours prn (as needed) for generalized arthritis pain.

Resident #2 received hydrocodone/acetaminophen 10/325 mg every 4 hours for moderate pain following a femur fracture (upper leg).

Resident #3 was prescribed hydrocodone/acetaminophen (Lortab) 10/325 mg every 4 hours when awake and 1 tablet prn, not to exceed 5 doses in 24 hours for neck and back pain.

Resident #4 received hydrocodone/acetaminophen (Norco) 5/325 mg every 8 hours prn for generalized pain.

Resident #5 received hydrocodone/acetaminophen 5/325 mg every 4 hours prn for headaches and knee pain.

Resident #7 received hydrocodone/acetaminophen 5/325 mg every 6 hours prn for generalized pain.

Resident #8 received hydrocodone/acetaminophen 5/325 mg every 4 hours prn for generalized pain.

Resident #9 received hydrocodone/acetaminophen 5/325 mg every 4 to 6 hours for generalized pain due to osteoporosis.

Management staff said in one month, the AP documented dispensing more hydrocodone to residents than other staff. Following an investigation and four days following the alleged drug diversion, management suspended the AP from employment and contacted the local police. The AP agreed to a urine drug screen that was positive for opiates. With the results of the urine drug screen, management staff terminated the AP from employment.

Interview with the AP established the AP admitted to taking the hydrocodone from the residents. The AP confirmed taking only hydrocodone and no other types of narcotic medications. The AP said s/he began taking hydrocodone during the last month of employment at the facility. The AP denied withholding medications from residents when they requested medication for pain. The AP admitted to taking approximately 30 tablets of hydrocodone every week. The AP's employment at the facility was approximately for two and one-half months. The AP admitted to taking medications from residents #1, #2, #3, #4, #5, #7, #8, and #9. The AP denied taking hydrocodone from resident #6, stating the resident had pain and needed the pain medication.

According to the police, the AP admitted to taking the hydrocodone tablets for her personal use.

Interviews with residents #1, #2, #7, #8, and #9 established they had received their pain medications when requested. Due to their poor short and long-term memory, residents #3, #4, and #5 were not able to be interviewed. Resident #6 had passed away.

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 policies in place to govern the handling and control of narcotic medications and the consequences of theft from residents. The facility trained the AP on policies regarding exploitation and vulnerable adult protection.

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 Met**

The facility was found to be in compliance with Federal Regulations for Long Term Care Facilities (42 CFR, Part 483, subpart B). No deficiencies were issued.

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.

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 9 - Financial exploitation

"Financial exploitation" means:

(a) In breach of a fiduciary obligation recognized elsewhere in law, including pertinent regulations, contractual obligations, documented consent by a competent person, or the obligations of a responsible party under section 144.6501, a person:

(1) engages in unauthorized expenditure of funds entrusted to the actor by the vulnerable adult which results or is likely to result in detriment to the vulnerable adult; or

(2) fails to use the financial resources of the vulnerable adult to provide food, clothing, shelter, health care, therapeutic conduct or supervision for the vulnerable adult, and the failure results or is likely to result in detriment to 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 type="checkbox"/> Treatment Sheets |
| <input checked="" type="checkbox"/> Facility Incident Reports | <input checked="" type="checkbox"/> Physician Progress Notes |
| <input type="checkbox"/> ADL (Activities of Daily Living) Flow Sheets | <input type="checkbox"/> Laboratory and X-ray Reports |
| <input checked="" type="checkbox"/> Physician Orders | <input type="checkbox"/> Social Service Notes |
| <input checked="" type="checkbox"/> Nurses Notes | <input type="checkbox"/> Meal Intake Records |
| <input type="checkbox"/> Activities Reports | <input type="checkbox"/> Weight Records |
| <input type="checkbox"/> Therapy and/or Ancillary Services Records | <input checked="" type="checkbox"/> Assessments |
| <input type="checkbox"/> Skin Assessments | <input checked="" type="checkbox"/> Care Plan Records |

Other pertinent medical records:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Hospital Records | <input type="checkbox"/> Ambulance/Paramedics | <input type="checkbox"/> Medical Examiner Records | <input type="checkbox"/> Death Certificate |
| <input checked="" type="checkbox"/> Police Report | | | |

Additional facility records:

- | | |
|--|--|
| <input type="checkbox"/> Resident/Family Council Minutes | <input checked="" type="checkbox"/> Personnel Records/Background Check, etc. |
| <input checked="" type="checkbox"/> Staff Time Sheets, Schedules, etc. | <input checked="" type="checkbox"/> Facility In-service Records |

Facility Internal Investigation Reports

Facility Policies and Procedures

Call Light Audits

Other, specify: _____

Number of additional resident(s) reviewed: Eight

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: Resident

Interviews: The following interviews were conducted during the investigation:

Interview with complainant(s): Yes No N/A Specify: This was a 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: Contacted the families of all involved residents and spoke with the families of residents #1, #2, #3, #4, #6, #8. The other families did not return the phone call.

Did you interview the resident(s) identified in allegation: Yes No N/A Specify: Residents #1, #2, #7, #8, #9

Did you interview additional residents: Yes No

Total number of resident interviews: Five

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

Tennessee Warning given as required: Yes No

Total number of staff interviews: Seven

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
- 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: Storage and security of narcotic medications

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
 Mahnomen City Police Department
 Mahnomen County Attorney
 Mahnomen City Attorney

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

PRINTED: 05/30/2014
FORM APPROVED
OMB NO. 0938-0391

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|--|--|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245238 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 05/27/2014 |
|--|--|--|---|

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|--|--|
| NAME OF PROVIDER OR SUPPLIER MAHNOMEN HEALTH CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 414 WEST JEFFERSON AVENUE, PO BOX 396 MAHNOMEN, MN 56557 |
|--|--|

| (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 |
|--------------------|--|---------------|---|----------------------|
|--------------------|--|---------------|---|----------------------|

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| F 000 | <p>INITIAL COMMENTS</p> <p>An abbreviated standard survey was conducted to investigate complaint #H5238012. Mahnomen Health Center is in compliance with 42 CFR Part 483, subpart B, requirements for Long Term Care Facilities.</p> | F 000 | | |
|-------|---|-------|--|--|

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.

Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00353 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 05/27/2014 |
|--|---|---|---|

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER MAHNOMEN HEALTH CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 414 WEST JEFFERSON AVENUE, PO BOX 396 MAHNOMEN, MN 56557 |
|--|--|

| (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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| 2 000 | <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 conducted to investigate complaint #H5238012. No correction orders are issued.</p> | 2 000 | | |
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Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE