



Protecting, Maintaining and Improving the Health of All Minnesotans

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: H52476405M

Date Concluded: June 26, 2023

Name, Address, and County of Licensee

Investigated:

Kittson Memorial Healthcare Center
1010 South Birch Ave
Hallock, MN 56728
Kittson County

Facility Type: Nursing Home

Evaluator's Name:

Jana Wegener, RN, Special Investigator

Finding: Not Substantiated

Nature of Visit:

The Minnesota Department of Health investigated an allegation of maltreatment, in accordance with the Minnesota Reporting of Maltreatment of Vulnerable Adults Act, Minn. Stat. 626.557, and to evaluate compliance with applicable licensing standards for the provider type.

Initial Investigation Allegation(s):

The alleged perpetrator (AP) neglected a resident when the AP failed to initiate cardiopulmonary resuscitation (CPR) for a resident who requested to be resuscitated (full code) if found with no pulse or respirations. As a result, the resident died.

Investigative Findings and Conclusion:

The Minnesota Department of Health determined neglect was not substantiated. The resident requested to be a full code, meaning if staff found the resident with no pulse and/ or respirations they should do CPR. When the AP found the resident, the resident had obvious signs of irreversible death including dependent lividity (reddish blue discoloration of the skin) and rigor mortis (a stiffening of the joints and muscles that occurs within hours after death). The American Heart Association defined criteria for not initiating CPR when signs of irreversible death are present including rigor mortis, decapitation, or dependent lividity.

The investigator conducted interviews with facility staff members, including administrative staff, nursing staff, and unlicensed staff. The investigation included review of resident admission assessments care plan, medication administration record, hospital discharge summary, nurse's notes, vital signs, video security summary, staff schedules, employee personnel files, facility investigation documentation, and facility policies and procedures.

The resident was admitted to the facility with diagnoses including chronic combined systolic and diastolic heart failure, chronic obstructive pulmonary disease, and knee pain.

The resident's signed admission orders, face sheet, and care sheet, identified the resident was full code status, indicating she wanted CPR.

A facility investigation indicated on surveillance camera footage staff were observed entering and exiting the resident's room and notifying the AP. The investigation indicated the AP identified the resident had no pulse, no respirations, had a distended rigid abdomen, and dependent lividity with rigor mortis. The investigation indicated CPR was not initiated.

When interviewed staff indicated the resident was checked on and sleeping two hours prior to being found with no pulse and respiration.

When interviewed the AP stated she was aware of the resident's full code status, however, the resident had irreversible signs of death including lividity and rigor mortis, so CPR was not initiated.

The American Heart Association section under ethical principles, identified criteria for not initiating CPR when signs of irreversible death are present including rigor mortis, decapitation, or dependent lividity.

In conclusion, neglect is not substantiated.

"Not Substantiated" means:

An investigatory conclusion indicating the preponderance of evidence shows that an act meeting the definition of maltreatment did not occur.

Neglect: Minnesota Statutes, section 626.5572, subdivision 17

"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.

Vulnerable Adult interviewed: No, deceased

Family/Responsible Party interviewed: No, did not respond to interview attempt.

Alleged Perpetrator interviewed: Yes

Action taken by facility:

The facility updated their protocols for identifying the code status of residents, education was provided to all staff.

Action taken by the Minnesota Department of Health:

No further action taken at this time.

cc:

The Office of Ombudsman for Long Term Care

The Office of Ombudsman for Mental Health and Developmental Disabilities

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00321	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/06/2023
NAME OF PROVIDER OR SUPPLIER KITTSON MEMORIAL HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1010 SOUTH BIRCH HALLOCK, MN 56728		
(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
2 000	<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: The Minnesota Department of Health investigated an allegation of maltreatment, complaint H52476405M, in accordance with the Minnesota Reporting of Maltreatment of Vulnerable Adults Act, Minn. Stat. 626.557. No correction orders are issued.</p>	2 000	<p>The Minnesota Department of Health documents the State Licensing Correction Orders using federal software.</p> <p>The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the</p>	

Minnesota Department of Health

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

TITLE

(X6) DATE

Electronically Signed

Minnesota Department of Health

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2 000	Continued From page 1 The facility is enrolled in the electronic Plan of Correction (ePoC) and therefore a signature is not required at the bottom of the first page of the State form. Although no plan of correction is required, it is required that you acknowledge receipt of the electronic documents.	2 000	<p>corresponding text of the state statute/rule number out of compliance are 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."</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>	