



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
November 30, 2023

Administrator
The Emeralds At St Paul LLC
420 Marshall Avenue
Saint Paul, MN 55102

RE: CCN: 245295
Cycle Start Date: October 27, 2023

Dear Administrator:

On November 28, 2023, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

A handwritten signature in black ink, appearing to read 'M. Poepping'.

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
November 7, 2023

Administrator
The Emeralds At St Paul LLC
420 Marshall Avenue
Saint Paul, MN 55102

RE: CCN: 245295
Cycle Start Date: October 27, 2023

Dear Administrator:

On October 27, 2023, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

ELECTRONIC PLAN OF CORRECTION (ePoC)

Within **ten (10) calendar days** after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved.

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by an "F" and/or an "E" tag), i.e., the plan of correction should be directed to:

Terri Ament, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Duluth Technology Village
11 East Superior Street, Suite 290
Duluth, Minnesota 55802-2007
Email: teresa.ament@state.mn.us
Office: (218) 302-6151 Mobile: (218) 766-2720

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

If substantial compliance with the regulations is not verified by January 27, 2024 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by April 27, 2024 (six months after the

The Emeralds At St Paul LLC

November 7, 2023

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identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

INFORMAL DISPUTE RESOLUTION (IDR) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Nursing Home Informal Dispute Process
Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies.

All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at:

https://mdhprovidercontent.web.health.state.mn.us/lrc_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at:

https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

Feel free to contact me if you have questions.

Sincerely,



Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us



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Electronically delivered

November 7, 2023

Administrator
The Emeralds At St Paul LLC
420 Marshall Avenue
Saint Paul, MN 55102

Re: Event ID: BSEK11

Dear Administrator:

The above facility survey was completed on October 27, 2023 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

Electronically posted is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Poepping'.

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

F609 (D)- REPORTING OF ALLEGED VIOLATIONS

IMMEDIATE CORRECTIVE ACTION:

Identified culinary staff was suspended pending investigation on 10/23/2023 and terminated on 10/27/2023. Identified RN staff received education to the facilities Abuse Prevention Policy and appropriate HR action.

CORRECTIVE ACTION AS IT APPLIES TO OTHERS:

The Abuse Prevention Policy and Procedure was reviewed and remains current.

Staff educated on Abuse Prevention Policy and Procedure related to timely reporting and types of abuse including emotional abuse.

DATE OF COMPLIANCE: 11/16/2023

RECURRENCE WILL BE PREVENTED BY:

Audit of facilities OHFC reports to ensure allegations of abuse are reported to the appropriate state agency following the facilities Abuse Prevention Policy specific to timely reporting. Audits will be completed weekly x 4 weeks then monthly x 2 months. The results of these audits will be shared with the facility QAPI Committee to either increase, decrease, or discontinue the audits.

CORRECTIONS WILL BE MONITORED BY:

Administrator or Designee will be responsible party



Notice of Suspension Pending Investigation

I TOMIKA Presley acknowledge that I have been notified of my suspension on 10/23/23 (date) at 3:30pm (time) in relation to emotional abuse allegation.

I understand I will not be able to use PTO for the time that I was suspended and that I will be paid for the time I missed if the issue is determined to be unsubstantiated. I also understand that while I am suspending pending investigation that I will be available for questioning via phone and that I may be called to return to my next shift at any time once the investigation is completed.

refused to sign
Employee Signature

10/23/23
Date

Date and result of resolution: 10/27/23 termed.

Department Director Signature

Date

[Signature]
HR Director Signature

10/27/23
Date

[Signature]
Administrator Signature

10/27/23
Date

*Witness #1: Jordin Miller Admin

*Witness #2: Kayla Hawkins HR

1

2

3



October 27th, 2023

Dear Tomika Presley,

This letter confirms our discussion today informing you that your employment with The Emeralds at St. Paul is terminated effective immediately due to substantiated emotional abuse toward a resident.

Your final paycheck will be processed as normal and direct deposited into your account on file.

Your personal belongings were collected and provided to you during this meeting.

If you have health insurance benefits, they will continue through the end of the month and your rights to continue coverage under COBRA will be provided to you by mail. If you contribute to a retirement plan, you can contact Principal regarding your retirement plan distribution options. Benefits contact information is included as a supplement to this letter.

Should you have further questions, please contact me directly using my contact information below.

Sincerely,

A handwritten signature in black ink, appearing to read "Jordin Miller", is written over a faint, larger version of the same signature.

Jordin Miller
Associate Administrator
Emeralds at St. Paul
jmiller@monarchmn.com



Educational Moment

Employee Name: Ashley BahToday's Date: 10/26/23Person Providing Education: Jordin MillerTopic of Education: Timely Reporting

Reason for Educational Moment:

☐ Behavioral☒ Performance

During the Educational Moment, we discussed:

• types of abuse, timely reporting, reporting to admin

Applicable Policy: Vulnerable Adult Abuse Policy has been read, signed and dated by employee.

And agreed that going forward you will:

• ensure to notify admin/DON for any and all incidents that are reported to nurse manager in a timely manner

I acknowledge that I received and understand this Educational Moment.

Employee Print Name: Ashley BahDate: 10/26/23Employee Signature: [Signature]Date: 10/26/23Person Providing Education Print Name: Jordin Miller Date: 10/26/23Person Providing Education Signature: [Signature] Date: 10/26/23

Applied

Applied
Applied
Applied

Applied

Applied

Applied

Applied

Applied

Applied

Applied

* Ashley Bah



POLICY TITLE
Abuse Prohibition/Vulnerable Adult Plan
POLICY STATEMENT
The philosophy of Monarch Healthcare Management is to provide quality long-term care in a loving and caring atmosphere. In accordance with Monarch Healthcare Management philosophy, this plan has been written to comply with the Minnesota Statute (626.557) and Federal Guidelines regarding the prevention of maltreatment of vulnerable adults in health care centers.
POLICY IMPLEMENTATION
Purpose: 1. To ensure that residents are not subjected to abuse by anyone, including, but not limited to, facility staff, other residents, consultants or volunteers, staff of other agencies serving the individual, family members or legal guardians, friends or other individuals, or self-abuse. 2. To ensure that all incidents of alleged or suspected abuse/neglect are promptly reported and then investigated. 3. To ensure that all incidents involving injuries of unknown origin are promptly investigated to determine probable cause of unknown origin injuries and are reported. 4. To identify and remedy any abusive situations. 5. To prevent injuries. 6. To ensure that a complete review of existing incidents is documented.
POLICY INTERPRETATION AND IMPLEMENTATION
Please see Abuse Prevention Plan Definitions for specific definitions.
Response/Reporting: 1. <u>All staff</u> is responsible for reporting any situation that is considered abuse or neglect along with injuries of unknown origin (including suspicious bruises, skin tears, or other injuries), misappropriation of resident property, or involuntary seclusion. A completed incident report will be routed per facility procedure. 2. <u>Immediate Supervisor</u> will be notified immediately, assess the situation to determine if any emergency treatment or action is required. Immediately, upon learning of the incident, staff will take necessary steps to protect residents from possible subsequent incidents of misconduct or injury while the matter is being investigated. If this is an injury of unknown origin, the Nurse will also attempt to determine the cause of the injury. The Nurse will also ensure that any potential for further abuse is eliminated by taking one of the following actions: a. If this is staff to resident alleged or suspected abuse, the staff person will be immediately suspended until the investigation is completed. b. If it is resident to resident abuse, the abused resident will be removed to a safe environment and all other residents' safety will be ensured. 3. <u>Notification</u> the facility Administrator immediately of any incidents of resident abuse, alleged or suspected abuse, injury of unknown origin, neglect, financial exploitation, or involuntary seclusion will occur immediately. In case of absence of the Administrator, staff will follow the chain of command for notification. If the alleged perpetrator is one's supervisor or department head, the person(s) will notify their supervisor.

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Handwritten mark or symbol on the right margin.

**Minnesota Department of Health (MDH)/
Office of Health Facility Complaints (OHFC)**

1. Suspected Abuse shall be reported to OHFC online reporting process **not later than 2 hours after forming the suspicion of abuse.**
2. Suspicion of Neglect, Exploitation, or Misappropriation of resident property must be reported to OHFC online reporting process **not later than 2 hours if the incident resulted in serious bodily injury.**
3. If the suspected Neglect, Exploitation, or Misappropriation of resident property did not result in serious bodily injury, the reports must be made within 24 hours.
4. Five-day follow-up reports are still required. The Director of Nursing, Social Worker, and other department directors will be notified as needed. If the alleged perpetrator is one's supervisor or department head, the person(s) will notify their supervisor.
5. Notify the Minnesota Department of Health (MDH) on the notification website immediately after discovery of incident. Minnesota Department of Health website is <https://apps.health.state.mn.us/nhir/>

Incidents to be Reported:

Incidents that must be reported to MDH include:

- a. Mistreatment - inappropriate treatment or exploitation of a resident.
- b. Neglect - Neglect is the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress
- c. Abuse - Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology. Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.
- d. Photographs - The taking and use of photographs or recordings in any manner that would demean or humiliate a resident. The use of any type of equipment (e.g., cameras, smart phones, and other electronic devices) to take, keep or distribute photographs and recordings on social media.
- e. Injuries of unknown source - an injury should be classified as an "injury of unknown source" when both of the following conditions are met:
 - The source of the injury was not observed by any person or the source of the injury could not be explained by the resident; and,
 - The injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time.

f. Avoidable Accidents: an accident occurred because the facility failed to:

- Identify environmental hazards and/or assess individual resident risk of an accident, including the need for supervision and/or assistive devices; and/or
- Evaluate/analyze the hazards and risks and eliminate them, if possible, or, if not possible, identify and implement measures to reduce the hazards/risks as much as possible; and/or
- Implement interventions, including adequate supervision and assistive devices, consistent with a resident's needs, goals, care plan and current professional standards of practice in order to eliminate the risk, if possible, and, if not, reduce the risk of an accident; and/or
- Monitor the effectiveness of the interventions and modify the care plan as necessary, in accordance with current professional standards of practice.

❖ ***NOTE:** This includes all serious injuries that are determined to be avoidable based on the above criteria--examples of serious injury include, but are not limited to: falls with major injury (including fractures, closed head injury, internal bleeding and death), burns, medication errors with adverse effects or potential for adverse effects, or other resident incidents.

g. Misappropriation of resident property

h. Resident to resident abuse

i. Elopement

j. Involuntary seclusion

k. Financial exploitation –

- Including resident providing gifts to staff or volunteers
- Having residents provide any payment in cash or checks to staff or volunteers
- Having resident sign over POA to staff

Filing Initial Report and Investigative Reports:

6. Each facility should receive a facility user identification, password, and instructions for filing initial report and investigative report via the electronic system by mail from Minnesota Department of Health.
7. Staff will print off copy of confirmation/tracking number after report is made.
8. An investigative report must be submitted within five (5) working days (Monday through Friday, excluding holidays) of the incident. Information must be entered on the website above. Once the investigative report is submitted, a copy of that confirmation should be printed and stapled to the investigative report.

Notifying Physician/Family:

9. Notify the physician and as appropriate the family, regarding the facts of the situation. If there is alleged or suspected abuse/neglect or an injury of unknown origin inform them that an investigation is in progress.

MAARC Reporting:

Utilizing the Minnesota Adult Abuse Reporting Center (MAARC):

1. The following scenarios should be reported directly to MAARC:
 - a. If the Vulnerable Adult is not a facility resident.
 - b. The Vulnerable Adult discharges from facility against medical advice, including residents who do not return from a Leave Of Absence. *All discharges that are against medical advice need to be reported to MAARC within 24 hours.
 - c. The alleged maltreatment occurred prior to facility admission.

Investigation/Protection

The Investigation Team (including, but not limited to the Administrator, Director of Nursing, Nurse Manager, and Social Worker) will review all Incident Reports regarding residents including those that indicate an injury of unknown origin, abuse, neglect, misappropriation of resident property, or involuntary seclusion no later than the next working day following the incident. Investigation will begin immediately in accordance with Federal Law. Staff will take immediate and appropriate actions to prevent further abuse, neglect, exploitation, and mistreatment from occurring while the investigation is in progress. The Investigation Team will determine if further investigation is needed. The designated person will notify the designated agency in the state as soon as possible after reviewing the Vulnerable Adult Report. The designated person will also complete and submit any reports required by the State. The Investigation Team will continue the investigation. Investigation may include interviewing staff, residents, or other witnesses to the incident. Corrective action based on the investigation will be completed (e.g., change of procedure, training, discipline or discharge of staff, etc.). All documentation will be kept in a confidential file in the facility in accordance with State Law. A summary which identifies trends or patterns will be forwarded to the QAPI committee at least quarterly.

Administration or other designated staff will report the results of all investigations to the State Survey and Certification Agency and other officials in accordance with State Law, and within five (5) working days of the incident.

The Social Worker and other staff as appropriate will provide ongoing support and counseling to the resident and family as needed. Facility will ensure proper follow up communication related to the incident across all shifts and to practitioners and resident representatives as applicable.

Screening:

1. The Minnesota Department of Health requires Criminal Background Studies to be completed on all facility employees (Sections 144.40 to 144.58). Potential employees are screened for a history of abuse, neglect, or mistreating residents. Licensing verification checks, and Nursing Assistant Registry checks are completed on facility employees when indicated.
2. Supporting Documentation:
 - a. Personnel Policies
 - b. Criminal Background Study Policy
 - c. Hiring/Transferring Policy and Procedure

Training:

1. Monarch Healthcare Management provides corporate orientation to all new employees. At this time Residents' Rights and Vulnerable Adult Law Policies and Procedures are reviewed and staff receives an employee policy book which outlines these policies/procedures. All new employees receive training on how to report alleged abuse/neglect at this time. All employees of Monarch Healthcare Management receive annual in-service training on Residents' Rights and Vulnerable Adult Policies and Procedures. In addition to this, employees receive additional training on interventions to deal with aggressive residents

and residents exhibiting catastrophic reactions.

3. Employees (covered individuals or not) are encouraged to report any reasonable suspicion of a crime and will be protected against any retaliation for their reporting.

Any of the following could be considered retaliation against an employee and will not be condoned:

- a. Discharging
 - b. Demoting
 - c. Suspending
 - d. Threatening
 - e. Harassing or
 - f. Denying promotion or other employment-related benefit.
4. If the employee/covered individual suspects retaliation by the facility for reporting his or her reasonable suspicion of a crime, the employee may file a complaint with the state Survey Agency.

- Employees will be notified, by the conspicuous posting of a sign or signs, of their
5. right to file a complaint against the facility to the state Survey Agency if the facility retaliated against the employee after the employee reported a reasonable suspicion of a crime.

Prevention:

1. Each referral received is assessed through the pre-admission medical screening process for susceptibility to abuse by individuals and their risk of abusing others. This assessment includes risk of self-abuse. Plans are developed and measures taken to minimize risks. Ongoing assessments are completed with each quarterly care conference.
2. The Interdisciplinary Care Plan Team reviews residents requiring Behavior Interventions at least quarterly during the quarterly care conference and/or during Behavior Management Committee meetings to develop behavior plans with consideration of restraint proper options, to develop individual care plans to prevent injury, to ensure residents are not subjected to aggressive incidents by other residents, to identify and remedy aggressive situations.
3. Residents and families are informed of Residents' Rights and Grievance Procedure without fear of retribution or reprisal, upon admission to the facility and annually through Resident Council.
4. Department Directors are updated regarding falls and resident incidents each morning at the Touch Base Meeting and are responsible for ongoing supervision of subordinates regarding abuse prevention.
5. Identification and analysis of physical environmental factors that may make abuse and neglect more likely to occur is completed and reviewed by the QAPI committee.

Revisions:

Date

2/2/2023

By

Policy Committee





'Abuse and Neglect' Policy Acknowledgement

Abuse and Neglect

Monarch Healthcare Management and each of its skilled nursing facilities and assisted living communities are committed to providing an environment free from abuse, neglect and misappropriation of client property. Because of our high standards of employing staff with integrity and professionalism, extra scrutiny will be used to determine the safe employability of anyone found in violation of abuse, neglect or misappropriation of client property by a court of law even if it is 'set aside' by Minnesota Department of Human Services (MDHS), or if they have a substantiated finding entered in the Minnesota Nursing Assistant Registry, Minnesota Board of Nursing or Licensed Social Worker Registry.

Upon notification from NetStudy (MDHS' background study system) that an employee has been found disqualified to work at our facility without direct supervision, either from the initial criminal background study or the ongoing scanning for disqualifying actions, we will notify the staff member that we are in receipt of this information and effective immediately, they are no longer allowed onsite until we receive follow-up notification that the disqualification has been 'set aside' AND upon review by the Administrator and VP Human Resources, it is decided that the staff member likely does not pose a risk.

Employees receive the same notification from MDHS via mail, including remedies that they can take to request reconsideration for the information be 'set aside'. If the employee does not actively pursue reconsideration, as evidenced by continual communication with the HR Director, they will be removed from payroll (60) days from the initial date of the notice from MDH.

If while employed you are accused or suspected of client abuse, neglect or misappropriation of client property, you will be suspended and asked to vacate the premises immediately, pending a complete investigation. Whether or not this time will be paid is dependent upon if the claim(s) are found to be substantiated. If the findings lead to an unsubstantiated claim, your suspension will end and you will be paid for any time you missed during this period; you may be assigned additional training upon your return. If the claims are substantiated, a determination of your employment status and/or corrective action will be made depending on the nature and severity of the issue(s). At minimum, you will be required to complete additional education courses and receive formal corrective action that will be placed in your personnel file.

TYPES OF ABUSE

Below are some examples of abuse; this list is not exhaustive but represents a larger scope of what may constitute abuse. Some instances of abuse are unintentional but will be addressed through corrective action as they are not be tolerated. Please proactively ask questions if you do not understand or want further information about abuse. Open communication and education are the best measures to prevent abuse to our residents and tenants.

Residents may show signs of abuse through sudden change in behavior or new anxiousness/fearfulness of caregivers.

Emotional or Psychological. Verbal attacks, threats, rejection, isolation, or belittling acts that cause or could cause mental anguish, pain, or distress to a vulnerable adult.

Exploitation. Knowingly taking advantage of a resident for personal gain through the use of manipulation, intimidation, threats or coercion.

Financial. Use of a resident's money, belongings or resources for your or another person's benefit. Theft of a resident's personal belongings or coercing a vulnerable adult to sign a will or turn over their assets is considered financial abuse. Accepting gifts from residents is strictly prohibited and considered abuse.

Neglect. A pattern of willfully failing to provide care to a resident. Abandonment of assignment, failure to provide adequate food or hydration, or unmet physical needs are examples of neglect. Unintentional neglect refers to staff competency, such as when a caregiver does not have the skills or knowledge to care for a dependent person. Abandonment includes leaving a vulnerable adult, who is confused or dependent, alone in a situation where they cannot help themselves.

Physical. The use of physical force including pinching, pushing, shoving, shaking, slapping, hitting, kicking, pulling hair or burning. Force feeding or unnecessary roughness during feeding or oral care can also be considered physical abuse. Signs of physical abuse include sudden change in resident behavior, red marks, and injuries of unknown origin.

Sexual. Any kind of sexual contact with residents is considered non-consensual since a vulnerable adult cannot provide consent. Touching, rape, coerced nudity or sexually explicit photography are examples of sexual abuse.

Social Media or Internet. Using the internet to demean a resident is a form of abuse. Taking a resident's picture or recording without their knowledge and written consent is a violation of privacy and confidentiality. Keeping or distributing through multimedia messages or on social media, pictures or recordings of residents that are demeaning or humiliating is a form of mental abuse.

Verbal. Often referred to as mental or emotional abuse since verbal threats may result in emotional or psychological distress. Name calling, manipulating, criticizing, threatening or intimidating a resident are examples of verbal abuse. Signs of verbal abuse may include new anxiousness or fearfulness in the presence of a caregiver.

I have read and understand the *Abuse and Neglect* policy. I understand my questions are welcome and I will ask the Social Services Director, DON and/or Administrator for clarification on any questions regarding this policy.

Employee Print Name: _____

Position: _____

Employee Signature: _____

Date: _____

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Abuse Prohibition/Vulnerable Adult Policy

The philosophy of Monarch Healthcare Management is to provide quality long-term care in a loving and caring atmosphere. In accordance with Monarch Healthcare Management philosophy, this plan has been written to comply with Minnesota Statute (626.557) and Federal Guidelines for prevention of maltreatment of vulnerable adults in health care centers.

Purpose:

1. To protect residents against abuse by anyone, including, but not limited to, facility staff, other residents, consultants or volunteers, staff of other agencies serving the individual, family members or legal guardians, friends or other individuals, or self-abuse.
2. To promptly report, document and investigate all incidents of alleged or suspected abuse/neglect.
3. To promptly investigate, report and determine probable cause of unknown origin injuries.
4. To identify and remedy any potentially abusive situations.

Policy interpretation and implementation

1. All staff are responsible for reporting any situation that is considered abuse or neglect along with injuries of unknown origin (including suspicious bruises, skin tears, or other injuries), misappropriation of resident property, or involuntary seclusion. A completed incident report will be routed per facility procedure.
2. A Supervisor will be notified immediately and will assess the situation to determine if any emergency treatment or action is required. Immediately, upon learning of the incident, staff will take necessary steps to protect residents from possible subsequent incidents of misconduct or injury while the matter is being investigated. If this is an injury of unknown origin, a Nurse will also attempt to determine the cause of the injury. The Nurse will take one of the following actions to mitigate any potential for further abuse:
 - a. If this is staff to resident alleged or suspected abuse, the staff person will be immediately suspended until the investigation is completed and HR will be notified.
 - b. If it is resident to resident abuse, the abused resident will be removed to a safe environment.
3. Notification to the facility Administrator will occur immediately for any incidents of resident abuse, alleged or suspected abuse, injury of unknown origin, neglect, financial exploitation, or involuntary seclusion. If the Administrator is absent or unavailable, staff will follow the chain of command for notification. If the alleged perpetrator is a supervisor or department head, the person(s) will notify the alleged perpetrator's supervisor or the Vice President of Social Services & Behavioral Health.

Incidents to be Reported:

Incidents that must be reported to MDH include:

- a. **Mistreatment** - inappropriate treatment or exploitation of a resident.
- b. **Neglect** – Neglect is the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress.
- c. **Abuse** – Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain, or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology. Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.
- d. **Photographs** - The taking and use of photographs or recordings in any manner that would demean or humiliate a resident. The use of any type of equipment (e.g., cameras, smart phones, and other electronic devices) to take, keep or distribute photographs and recordings on social media unless with prior written consent of the resident and in compliance with Monarch's social media and electronic use policies and guidelines.
- e. **Injuries of unknown source** – an injury should be classified as an “injury of unknown source” when **both** of the following conditions are met:
 - a. The source of the injury was not observed by any person, or the source of the injury could not be explained by the resident; and,
 - b. The injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is in an area not generally vulnerable to trauma), or the number of injuries observed at one point in time or the incidence of injuries over time.
- f. **All serious injuries, even those considered accidental.**
 - Examples of serious injury include but are not limited to falls with major injury (including fractures, closed head injury, internal bleeding and death), burns, medication errors with adverse effects or potential for adverse effects, or other resident incidents.
- g. **Misappropriation of resident property**
- h. **Resident to resident abuse**
- i. **Elopement**
- j. **Involuntary seclusion**- defined as separation of a resident from other residents or from her/his room or confinement to her/his room (with or without roommates) against the resident's will, or the will of the resident representative.
- k. **Financial exploitation**
 - Including but not limited to:
 - Residents provide gifts to staff or volunteers.
 - Residents or families provide any payment in cash or checks to staff or volunteers.
 - Having residents sign over POA to staff.

How and when to report to the Minnesota Department of Health (MDH)/ Office of Health Facility Complaints (OHFC)

1. Suspected Abuse shall be reported to OHFC online reporting process not later than 2 hours after forming the suspicion of abuse.
2. Suspicion of Neglect, Exploitation, or Misappropriation of resident property must be reported to OHFC online reporting process not later than 2 hours if the incident resulted in serious bodily injury.
3. If the suspected Neglect, Exploitation, or Misappropriation of resident property did not result in serious bodily injury, the reports must be made within 24 hours.
4. Five-day follow-up reports are still required. The Director of Nursing, Social Worker, and other department directors will be notified as needed. If the alleged perpetrator is a supervisor or department head, the person(s) will notify the alleged perpetrator's supervisor or the Vice President of Social Services & Behavioral Health.
5. Notify the Minnesota Department of Health (MDH) on the notification website immediately after discovery of incident. Minnesota Department of Health website is <https://apps.health.state.mn.us/nhir/>

Filing Initial Report and Investigative Reports:

1. Each facility should receive a facility user identification, password, and instructions for filing initial reports and investigative reports via the electronic system by mail from Minnesota Department of Health.
2. Staff will print a copy of the confirmation/tracking number after the report is made.
3. An investigative report must be submitted within five (5) working days (Monday through Friday, excluding holidays) of the incident. Information must be entered via the website above. Once the investigative report is submitted, a copy of that confirmation should be printed and stapled to the investigative report.

Notifying Physician/Family:

1. Notify the physician and as appropriate the family, regarding the facts of the situation.
2. If there is alleged or suspected abuse/neglect or an injury of unknown origin inform them that an investigation is in progress.

Utilizing the Minnesota Adult Abuse Reporting Center (MAARC):

The following scenarios should be reported directly to MAARC:

- a. If the Vulnerable Adult is not a facility resident.
- b. The Vulnerable Adult discharges from facility against medical advice, including residents who do not return from a Leave of Absence. *All discharges that are against medical advice need to be reported to MAARC within 24 hours.
- c. The alleged maltreatment occurred prior to facility admission.

Investigation/Protection

1. Investigation will begin immediately in accordance with Federal Law.
2. Staff will take immediate and appropriate actions to prevent further abuse, neglect, exploitation, and mistreatment from occurring while the investigation is in progress.

3. The facility's Investigation Team will review all Incident Reports regarding residents including those that indicate an injury of unknown origin, abuse, neglect, misappropriation of resident property, or involuntary seclusion no later than the next working day following the incident.
4. The Investigation Team will determine if further investigation is needed.
5. The designated person will notify the designated agency in the state as soon as possible after reviewing the Vulnerable Adult Report. The designated person will also complete and submit any reports required by the State.
6. The Investigation Team will continue the investigation. Investigation may include interviewing staff, residents, or other witnesses to the incident.
7. Corrective action based on the investigation will be completed (e.g., change of procedure, training, discipline or discharge of staff, etc.).
8. All documentation will be kept in a confidential file in the facility in accordance with State Law. A summary which identifies trends or patterns will be forwarded to the QAPI committee at least quarterly.
9. Administration or other designated staff will report the results of all investigations to the State Survey and Certification Agency and other officials in accordance with State Law, and within five (5) working days of the incident.
10. Social Services and other staff, as appropriate, will provide ongoing support and counseling to the residents and family as needed.
11. The facility will provide proper follow up communication related to the incident across all shifts and to practitioners and resident representatives as applicable.

Prevention

Employee Screening:

1. The Minnesota Department of Health requires Criminal Background Studies to be completed on all facility employees (Sections 144.40 to 144.58). Potential employees are screened for a history of abuse, neglect, or mistreating residents. Licensing verification checks, and Nursing Assistant Registry checks are completed on facility employees when indicated.

Supporting Documentation:

1. Personnel Policies
2. Criminal Background Study Policy
3. Hiring/Transferring Policy and Procedure

Training:

1. Monarch Healthcare Management provides corporate orientation to all new employees. Residents' Rights and Vulnerable Adult Law Policies and Procedures are reviewed, and staff receive an employee policy book which outlines these policies/procedures.
2. All new employees receive training on how to report alleged abuse/neglect upon hire.
3. All employees of Monarch Healthcare Management receive annual in-service training on Residents' Rights and Vulnerable Adult Policies and Procedures. In addition to this, employees receive additional training on interventions to deal with aggressive residents and residents exhibiting catastrophic reactions.

Anti-retaliation:

Employees (covered individuals or not) are encouraged to report any reasonable suspicion of a crime and will be protected against any retaliation for their reporting.

Any of the following could be considered retaliation against an employee and will not be condoned:

- a. Termination
- b. Demotion
- c. Suspension
- d. Threatening
- e. Harassment
- f. Denial of promotion or other employment-related benefit.

If the employee/covered individual suspects retaliation by the facility for reporting his or her reasonable suspicion of a crime, the employee should report such suspicions or concerns to their supervisor, HR Director, Administrator or the Anonymous Compliance Hotline at 888-579-1848. The employee also has the right to file a complaint with the state Survey Agency.

Employees will be notified, by the conspicuous posting of a sign or signs, of their right to file a complaint against the facility to the state Survey Agency if the facility retaliated against the employee after the employee reported a reasonable suspicion of a crime.

Prevention:

1. Each referral received is assessed through the pre-admission medical screening process for susceptibility to abuse by individuals and their risk of abusing others. This assessment includes risk of self-abuse. Plans are developed and measures taken to minimize risks. Ongoing assessments are completed with each quarterly care conference.
2. The Interdisciplinary Care Plan Team reviews residents requiring behavioral interventions at least quarterly and/or during Target Behavior meetings to develop individual behavior plans.
3. Residents and families are informed of the Residents' Rights and Grievance procedure upon admission to the facility and annually through Resident Council.
4. Department Directors are updated regarding falls and resident incidents and are responsible for ongoing supervision of subordinates regarding abuse prevention.
5. Identification and analysis of physical environmental factors that may make abuse and neglect more likely to occur is completed and reviewed by the QAPI committee.

Revisions:

Date	By
2/2023	Policy Committee
7/2023	Policy Committee
8/2023	Policy Committee

= done

First Name	Last Name	Job Title
Alemayehu	Abate	CNA Emeralds at St Paul
Gulet	Abdi	RN Emeralds at St Paul
Muhib	Abdullahi	RN Emeralds at St Paul
Muna	Adbul-Salaam	Nurse Aide in Training Emeralds at St Paul
Fartun	Ahmed	RN Emeralds at St Paul
Ayan	Ahmed	RN Emeralds at St Paul
Ayan	Ahmed	Nurse Aide in Training Emeralds at St Paul
Najma	Ahmed	Nurse Aide in Training Emeralds at St Paul
David	Ajagbe	RN Emeralds at St Paul
Sakirat	Akintan	LPN Emeralds at St Paul
Hiwot	Alemu	RN Emeralds at St Paul
Ayan	Ali	RN Emeralds at St Paul
Ifrah	Alim	CNA Emeralds at St Paul
Gbessimile	Amegandji	Culinary Services Aide Emeralds at St Paul
Maria	Andrade	Social Services Director Emeralds at St Paul
Agnes	Angwenyi	RN Emeralds at St Paul
Ruth	Antal	MDS Coordinator Emeralds at St Paul
Tegest	Ashenafi	CNA Emeralds at St Paul
Kristina	Audette	Therapeutic Rec Director Emeralds at St Paul
Caroline	Avwunudiogba	RN Emeralds at St Paul
Roseline	Avwunudiogba	RN Emeralds at St Paul
Ayan	Aware	RN Emeralds at St Paul
Ashley	Bah	RN Nurse Manager Emeralds at St Paul
Roxanne	Bailey	LPN Emeralds at St Paul
Worku	Bedanie	RN Emeralds at St Paul
Antaeus	Berryhill	CNA Emeralds at St Paul
Helen	Beyene	RN Emeralds at St Paul
Nasra	Bihi	RN Supervisor Emeralds at St Paul LOA
Fatu	Blackie	CNA Emeralds at St Paul
Jeremy	Byers	Maintenance Director Emeralds at St Paul
Margarita	Clifton	Therapeutic Recreation Aide Emeralds at St Paul
Alicia	Coenen	CNA Emeralds at St Paul
Molly	Conway	CNA Emeralds at St Paul
Tammy	Curtis	LPN Care Coordinator Emeralds at St Paul
Newoan	Dagher	CNA Emeralds at St Paul
Habibo	Dakhane	LPN Emeralds at St Paul
Habtamu	Denego	RN Emeralds at St Paul
Nixon	Dolley	CNA Emeralds at St Paul
Faith	Doyen	CNA Emeralds at St Paul
Keith	Duncan	Receptionist Emeralds at St Paul
Osamamyi	Edomwonyi	RN Emeralds at St Paul
Tsehay	Engidaye	Culinary Services Aide Emeralds at St Paul

Provector	Evans	Culinary Services Cook Emeralds at St Paul
Amanda	Freeman	CNA Emeralds at St Paul <i>terminated</i>
Heidi	Frison	CNA Emeralds at St Paul
James	Garubanda	RN Emeralds at St Paul
Newton	Githuku	RN Emeralds at St Paul
Ivelisse	Gonzalez	Admissions Coordinator Emeralds at St Paul
Patrick	Green	Culinary Services Director Emeralds at St Paul
Savannah	Greenhill	CNA Emeralds at St Paul
Nakeithia	Harris	CNA Emeralds at St Paul
Kayla	Hawkins	HR Director Emeralds at St Paul
Gretchen	Henderson	Social Services Designee Emeralds at St Paul
Samantha	Hill	CNA Emeralds at St Paul
Farhiya	Hirsi	Therapeutic Recreation Aide Emeralds at St Paul
Fartun	Hirsi	CNA Emeralds at St Paul
Barron	Holtz	Business Office Manager Emeralds at St Paul
Rachel	Hraban	Nurse Aide in Training Emeralds at St Paul
Sahro	Hussein	RN Emeralds at St Paul
Firdaus	Ibrahim	RN Emeralds at St Paul
Angela	Ihenatu	LPN Emeralds at St Paul
Warsan	Jama	CNA Emeralds at St Paul <i>LOA</i>
Lisa	Jones	Receptionist Emeralds at St Paul
Rita	Kalema	Respiratory Therapy Director Emeralds at St Paul
Haajara	Kalif	CNA Emeralds at St Paul <i>terminated</i>
Abigail	Kriese	CNA Emeralds at St Paul
Whitney	Kuykendall	CNA Emeralds at St Paul
Seray	Lansana	RN Emeralds at St Paul
Pao	Lee	Health Information Assistant Emeralds at St Paul
Florencia	Lopez	CNA Emeralds at St Paul
Bayized	Mafiz	Receptionist Emeralds at St Paul
Daphne	Magana	Culinary Services Aide Emeralds at St Paul
Zahra	Mahi	RN Emeralds at St Paul
Daishaina	Malave	Receptionist Emeralds at St Paul
Maryia	Mamantava	RN Emeralds at St Paul
Loretta	Manuel	Culinary Services Aide Emeralds at St Paul
Tasha	Martin	CNA Emeralds at St Paul
Kimberly	Mccrary	Receptionist Emeralds at St Paul
Alison	McQuade	Social Services Designee Emeralds at St Paul
Brianna	Mishler	Receptionist Emeralds at St Paul
Hamdi	Mohamed	RN Emeralds at St Paul
Samsam	Mohhamed	Culinary Services Aide Emeralds at St Paul
Fakiya	Nebi	Culinary Services Aide Emeralds at St Paul
Salma	Noor	LPN Emeralds at St Paul
Adjo	Noutonkou	Culinary Services Aide Emeralds at St Paul
Chekwa	Nwosu	LPN Emeralds at St Paul
Jane	Nyabwanga	CNA Emeralds at St Paul
Prince	Odagwe	RN Nurse Manager Emeralds at St Paul
Adebowale	Olagunju	RN Emeralds at St Paul

Asha	Omer	RN Emeralds at St Paul
Maimuna	Osman	RN Emeralds at St Paul LOA
Love	Parker	Culinary Services Aide Emeralds at St Paul
Katrina	Parks	LPN Emeralds at St Paul
Carrie	Patterson	RN Emeralds at St Paul
Tomika	Presley	Culinary Services Cook Emeralds at St Paul termed
Reina	Rivera	Trained Medication Aide Emeralds at St Paul
Douglas	Royster	Culinary Services Cook Emeralds at St Paul termed
Deana	Rubinchik	Respiratory Therapist Emeralds at St Paul
Priyanka	Sah	LPN Emeralds at St Paul
Hamdi	Said	RN Emeralds at St Paul
Bontu	Saida	CNA Emeralds at St Paul
Amina	Saleban	CNA Emeralds at St Paul
Justin	Schlender	Culinary Services Aide Emeralds at St Paul
Joyce	Seeyon	CNA Emeralds at St Paul
Samuel	Shekpeh	CNA Emeralds at St Paul
Kpoto	Smith	CNA Emeralds at St Paul
Lauren	Smith	MDS Coordinator Emeralds at St Paul
Tynika	Smith	CNA Emeralds at St Paul
Melissa	Steiner	Culinary Services Aide Emeralds at St Paul
Abe	Sufi	CNA Emeralds at St Paul
Dawit	Tesfagiorgis	RN Emeralds at St Paul
Elfinesh	Teshome	RN Emeralds at St Paul
Ermias	Teshome	Culinary Services Aide Emeralds at St Paul
Nicole	Thomas	Scheduling Coordinator Emeralds at St Paul
Olivia	Tuklo	CNA Emeralds at St Paul
Kashmere	Vaughn	CNA Emeralds at St Paul
Adem	Wako	LPN Emeralds at St Paul
Zach	Walsh	Health Information Manager Emeralds at St Paul
Selina	Warren	Culinary Services Cook Emeralds at St Paul
Charlotte	Weigel-Reding	CNA Emeralds at St Paul
Beatrice	Wieden	RN Emeralds at St Paul
Sherrita	Williams	CNA Emeralds at St Paul
Josiah	Willis	Nurse Aide in Training Emeralds at St Paul
Aynalem	Yagilu	Culinary Services Aide Emeralds at St Paul
Yeng	Yang	CNA Emeralds at St Paul
Isaac	Yawson	CNA Emeralds at St Paul
Dehnein	Zeh	CNA Emeralds at St Paul





THE EMERALDS

At ST. PAUL

Types of Abuse & Timely Reporting Abuse

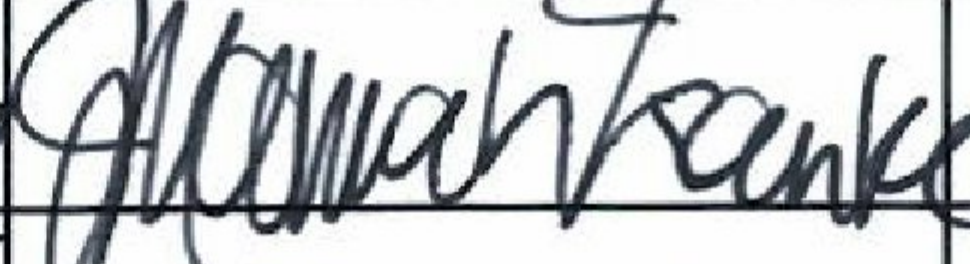
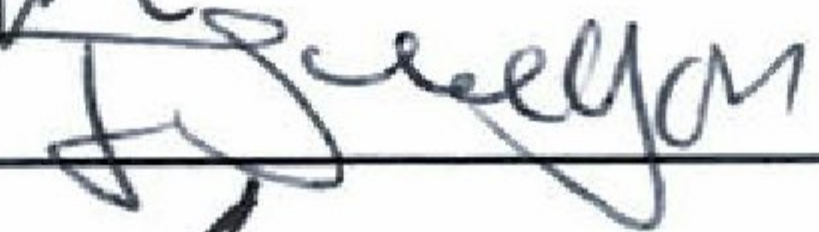
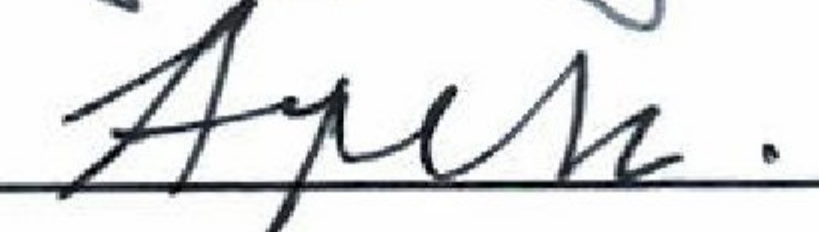
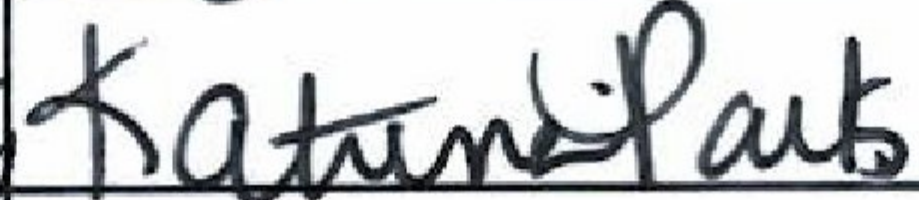
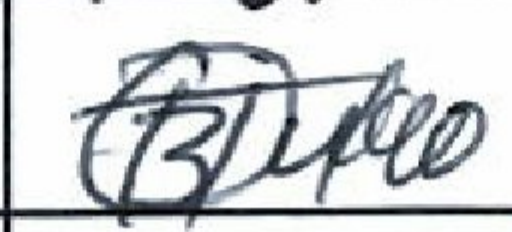
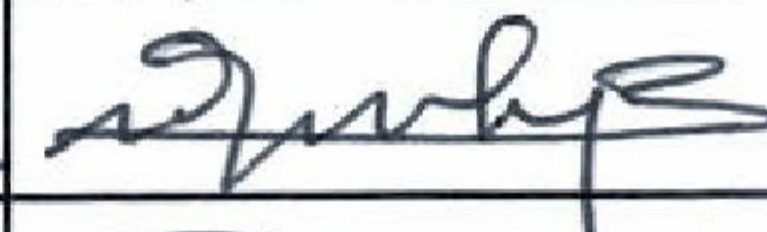
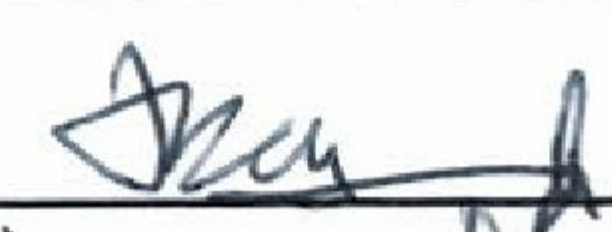
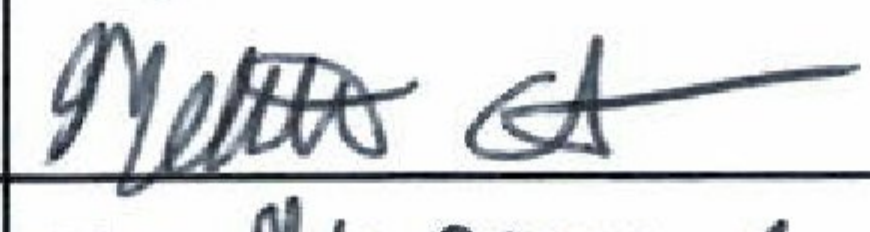
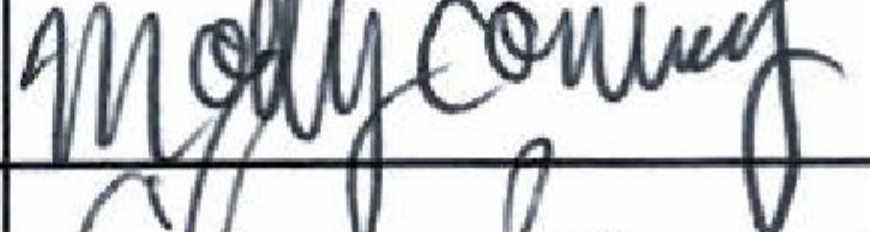
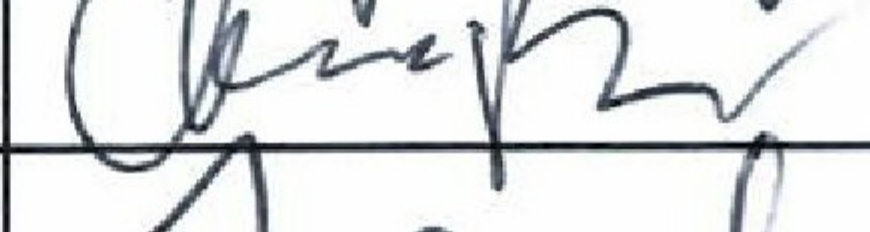
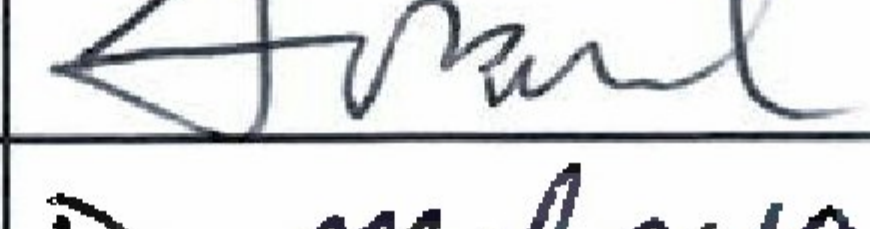
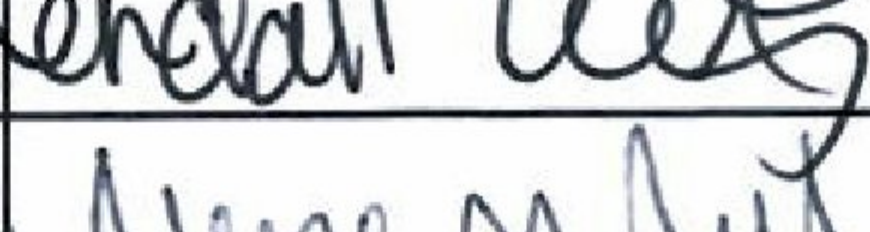
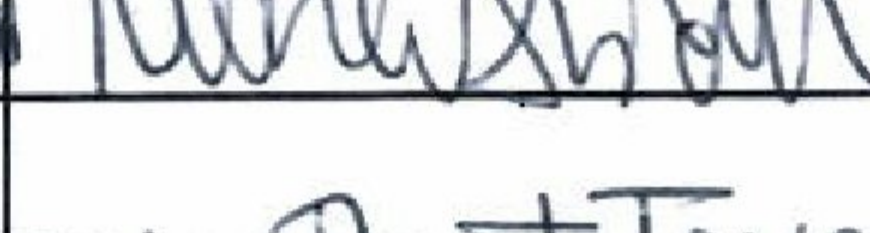
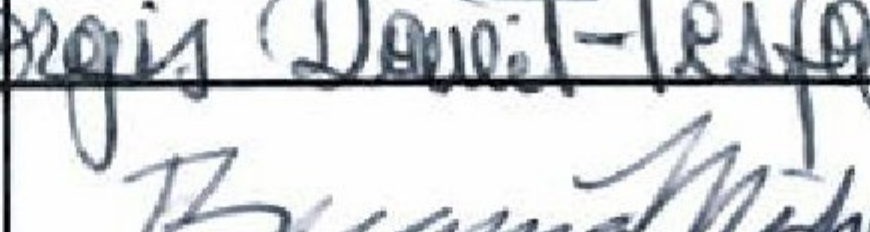
Date initiated: 10/23/2023

Date	Printed Name	Signature
10/23	Jordin Miller	millr
10/23	Kimberly McCrary	K. McCrary
10/23	Keith Duncan	K. Duncan
10/23	Renna Rana	Renna Rana
10/23	Agla	Agla
10/23	Maria Andrade	M. Andrade
10/23	Jan Niles	Jan Niles
10/23	Ter Derryhull	Ter Derryhull
10/23	Alison McGuade	alison mcguade
10/23	Liam Smith	Liam Smith
10/23	Romco Odrago	Romco Odrago
10/23/23	Zach Walsh	Zach Walsh
10/23/23	Ivelisse Gonzalez	Ivelisse Gonzalez

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Date	Printed Name	Signature	Position
10-23	Louie Parker		Culinary Aid
10-24-2023	Mannah Frank		OTR
10/23/23	Joyce Seeyon		CNA
✓✓✓	Isaac Y.		!!!
10/23/23	Helen Byers		RN
10-23-23	Katrina Park		LPW.
10/23/23	Olivia T		CNA
10/23/23	Worke Bedanie		RN
10/23/23	Zahra		RN
10/23/23	James Garbando		RN
10-25-23	Heidi Frison		CNA
10-23-23	Melissa Stern		Dietary
10/25/23	Molly Conway		CNA
10-25-23	Chab Reddy		CNA
10/26/23	Ashley Bah		RN
11/10/23	Daishirana M.		Receptionist
11/10/23	Whitney Kuykendall		CNA
11/10/23	Muna Abdulhadi		Natx
11/10/23	Dimitrios Tzeng		RN
11/12/23	Brianna Mishler		Reception

Received of Mr. J. H. Smith \$100.00
for the purchase of land.

Witness my hand and seal this 1st day of
January 1900.

John H. Smith

Notary Public

My commission expires this 1st day of

January 1900.

John H. Smith

Notary Public

My commission expires this 1st day of

January 1900.

John H. Smith

Notary Public

Date	Printed Name	Signature	Position
11-14-23	Gretchen Henderson	Gretchen Henderson	SS
11-14-23	Laura Smith	Laura Smith	RN
11-14-23	Melissa Stewart	Melissa Stewart	Dietary
11/14/23	Selina Hansen	Selina Hansen	COOK
11/14/23	Annaleen Yagino	Annaleen Yagino	dietary
11/14/23	Sam Sammons	Sam Sammons	Dietary
11/14/23	Rosellene A	Rosellene A	RN
11/14/23	Beatrice Nie	Beatrice Nie	RN
11/14/23	Don Lee	Don Lee	HUC
11/14/23	Florence Lopez	Florence Lopez	CNA
11/14/23	Alida Corra	Alida Corra	CNA
11/14/2023	Mannah Frank	Mannah Frank	OTR/LCC
11/14/2023	Dante W	Dante W	OTR/LCC
11/14/23	Kashmere Vaughn	Kashmere Vaughn	CNA
11/14/23	Charles W. Wynn	Charles W. Wynn	SN
11/14/23	Patricia Gibbs	Patricia Gibbs	Dietary Supp
11/14/23	Barbara Holtz	Barbara Holtz	SN
11/14/23	Nirmal K. Samal	Nirmal K. Samal	DOR
11/14/23	Alison McQuade	Alison McQuade	SS
11/14/23	Nicole Thomas	Nicole Thomas	Schel.



THE EMERALDS

At ST. PAUL

Types of Abuse & Timely Reporting Abuse

Date	Printed Name	Signature
11/10/23	Barnes Holtz	Barnes Holtz
11/10/23	Hayla Hawkins	Hayla Hawkins
11/10/23	Margaret Ciftm	Margaret Ciftm
11-10-23	Roxanne Bailey	Roxanne Bailey
11/10/23	OSA Edomwonyi	OSA Edomwonyi
11/10/23	Newcom Dagher	N. Dagher
11/10/23	Alisa Green	Alisa Green
11/10/23	Ronco Odogwe	Ronco Odogwe
11/11	Isaac T.	Isaac T.
11/10/23	Joyce Seegon	J. Seegon
11/14/23	Angela Ihenatu	Angela Ihenatu
11/16/23	Ruth Antal	Ruth Antal
16/23	Tsehay Engidaw	Tsehay Engidaw

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THE EMERALDS

At ST. PAUL

Types of Abuse & Timely Reporting Abuse

Date	Printed Name	Signature
11/10/23	Eatimesh Tesheme	
11/10/23	Dehnein Zeh	D. Zeh
11/10/23	Fatu Blackie	
11/10/23	Jane Nyabwaga	
11/10/23	Fartun Hirsi	fartun
11/10/23	Heidi Frison	Heidi Frison
11/11/23	Kpoto Smith	Kpoto
11/12/23	Savannah Greenhill	
11/16/23	Ashly Ashby	
11/16/23	Samant Ha Hill	

*ALL STAFF MUST READ & SIGN!

THANK
YOU

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THE EMERALDS

At ST. PAUL

Types of Abuse & Timely Reporting Abuse

Date	Printed Name	Signature
11/10/23	Jeremy Bros	Jan Russell
11/10/23	Mania Andrade	Mania Andrade
11/10/23	Ayana Ahmed	Ayana Ahmed
11/10/23	Tammy Curtis	Tammy Curtis
11/10/23	Mitchell Henderson	Mitchell Henderson
11/10/23	Abby Krack	Abigail Hill
11/11/23	Reina Rivera	Reina Rivera
11/11/23	Hamdi Said	Hamdi Said
11/11/23	Tynika Smith	Tynika Smith
11/12/23	Michelle Smith	Michelle Smith
11/13/23	[Signature]	[Signature]
11/13/23	Dany Davis	Dany Davis
11-14-23	[Signature]	Cher Bradley

11/16/23

* ALL STAFF MUST READ & SIGN! THANK YOU!

[illegible]

Handwritten text, likely bleed-through from the reverse side of the page. The text is faint and illegible.

Date	Printed Name	Signature	Position
11.16.2023	Alex Abate	texted policy	on-call CNA
11.16.2023	Najma Ahmed	texted policy	on-call NAIT
11.16.2023	David Ajagbe	texted policy	PT RN
11.16.2023	Ibrah Alim	texted policy	CNA
11.16.2023	Gbessimile Amegandji	texted policy	culinary aide
11.16.2023	Kristina Audette	texted policy	TR Director
11.16.2023	Caroline Arwunudiogba	texted policy	on-call RN
11.16.2023	Ayan Aware	texted policy	RN
11.16.2023	Habibo Dakhane	texted policy	RN
11.16.2023	Nixon Dolley	texted policy	CNA
11.16.2023	Faith Doyen	texted policy	on-call CNA
11.16.2023	Provector Evans	texted policy	culinary cook
11.16.2023	KeKe Harris	texted policy	TMA
11.16.2023	Rachel Hbran	over the phone education	NAIT
11.16.2023	Josiah Willis	over the phone education	NAIT
11.16.2023	Sahro Hussein	texted policy	RN
11.16.2023	Firdaus Ibrahim	texted policy	RN
11.16.2023	Rita Kalema	texted policy	RT Director
11.16.2023	Bayized Matiz	texted policy	receptionist
11.16.2023	Maryiah	texted policy	on-call RN

Mamantava

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Date	Printed Name	Signature	Position
11.16.2023	Tasha Martin	texted policy	CNA- new
11.16.2023	Fakiya Nebi	texted policy	on-call culinary
11.16.2023	Salma Noor	texted policy	on-call LPN
11.16.2023	Adjo NOUTONKON	texted policy	culinary aide
11.16.2023	Chekwa NWOSE	texted policy	on-call LPN
11.16.2023	Ade Olagunju	texted policy	on-call RN
11.16.2023	Asha omer	texted policy	on-call RN
11.16.2023	Carrie Patterson	texted policy	on-call RN
11.16.2023	Priyanka Sah	texted policy	Training LPN
11.16.2023	Bonni Saidi	texted policy	CNA
11.16.2023	Amina Saleban	texted policy	on-call CNA
11.16.2023	TUSTIN Schlender	texted policy	culinary aide
11.16.2023	Samuel shekpan	texted policy	CNA
11.16.2023	Ermals Teshome	texted policy	culinary service aide
11.16.2023	Adem Wako	texted policy	LPN
11.16.2023	Sherrita Williams	texted policy	CNA
11.16.2023	Yeng Yang	texted policy	CNA



Date: 11/13/23

TITLE/AREA TO MONITOR: F609 Reporting of Alleged Violations

Statement of standard or indicator: (Explanation of what will be audited, how often, and results discussed at QAPI)

Audits of OHFC reports specific to timely reporting to be completed weekly x4 weeks then monthly x2 months

ITEM OR INDICATOR	Sample # 1		Sample # 2		Sample # 3		Sample # 4		Sample # 5	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Was the OHFC report submitted to MDH on time?	N/A								➤	

Provide a summary and included action below for any negative responses identified above

Summary of findings: No reportables during lookback period.

Completed by:

1

1917

2

1917

3

1917



Date: 11/20/2023

TITLE/AREA TO MONITOR: F609 Reporting of Alleged Violations

Statement of standard or indicator: (Explanation of what will be audited, how often, and results discussed at QAPI)

Audits of OHFC reports specific to timely reporting to be completed weekly x4 weeks then monthly x2 months

ITEM OR INDICATOR	Sample # 1		Sample # 2		Sample # 3		Sample # 4		Sample # 5	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Was the OHFC report submitted to MDH on time?	NA									

Provide a summary and included action below for any negative responses identified above

Summary of findings: No reports submitted to OHFC during this
look back period.

Completed by: [Signature]

1904

1904

1904

1904

1904



Date: 11/27/2023

TITLE/AREA TO MONITOR: F609 Reporting of Alleged Violations

Statement of standard or indicator: (Explanation of what will be audited, how often, and results discussed at QAPI)

Audits of OHFC reports specific to timely reporting to be completed weekly x4 weeks then monthly x2 months

ITEM OR INDICATOR	Sample # 1 ^{11/25/23}		Sample # 2		Sample # 3		Sample # 4		Sample # 5	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Was the OHFC report submitted to MDH on time?	X									

Provide a summary and included action below for any negative responses identified above

Summary of findings: Resident altercation reported to Administrator on 11/25/2023 @ 1811. Administrator reported incident to OHFC @ 1901.

Completed by: Lydia Raymussen

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