

Office of Health Facility Complaints Investigative Report PUBLIC

Facility Name: Golden LivingCenter Twin Rivers			Report Number: H5298059	Date of Visit: January 5, 2017		
Facility Address: 305 Fremont Street		Time of Visit: 9:30 a.m. to 6:45 p.m.	Date Concluded:			
Facility City: Anoka			Investigator's Name and Arthur Biah, RN, Special			
State: Minnesota	ZIP: 55303	County: Anoka				
Nursing Home ■		4				

Allegation(s):

It is alleged a resident was neglected when staff provided inadequate care to a resident resulting in the development of pressure ulcer.

- ▼ Federal Regulations for Long Term Care Facilities (42 CFR Part 483, subpart B)
- | State Licensing Rules for Nursing Homes (MN Rules Chapter 4658)
- State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557)
- State Statutes Chapters 144 and 144A

Conclusion:

Based on preponderance of evidence, neglect occurred when the resident's sacral pressure ulcer was not monitored, became worse, and the resident was hospitalized with an unstageable, sacral pressure ulcer that measured seven centimeters (cm) by five cm.

The resident resided in the facility for approximately three weeks. The resident was admitted to the facility with pain in the left hip wich affected the resident's mobility. The resident needed two staff for transfers from sitting to standing and one staff for dressing, personal hygiene, and incontinence care. The resident was occasionally incontinent of bowel and bladder. The resident's care plan required two staff to reposition him/her every two hours to prevent skin breakdown.

On admission, the resident had a small pressure ulcer of the sacrum, described by the facility's admitting nurse as excoriation. The nurse did not measure or provide the location of the pressure ulcer. The resident had a physician order to apply Calazime ointment twice a day to the buttocks. The licensed staff completed a comprehensive skin assessment that indicated the resident had a pressure ulcer. The assessment indicated the resident was at risk of pressure ulcers due to decreased mobility, impaired sensory perception, and bowel and bladder incontinence. The resident's initial care plan identified a sacral pressure ulcer and included interventions to reposition the resident every two hours. A few days later, the resident's care plan was finalized. The finalized care plan did not mention the sacral pressure ulcer or interventions to treat the sacral pressure ulcer identified in the resident's initial care plan.

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During the approximate three-week stay at the facility, the weekly wound evaluation flow sheets did not include documentation of the sacral pressure ulcer. The facility did not monitor the resident's sacral pressure ulcer for deterioration or improvements. Multiple facility staff stated the resident's sacral pressure ulcer would bleed during incontinence care and the nurse was notified. Two nurses stated they were aware of the sacral pressure ulcer, applied the Calazime treatment, but did not measure the sacral pressure ulcer, or report it to the facility's wound nurse. There was no further assessment and monitoring of the sacral pressure ulcer.

One day before the resident was transferred to the hospital, a family member observed the resident's care, and saw the resident's sacral pressure ulcer was worse than it was on admission. The family member immediately reported this to the administration. Facility staff then assessed the sacral pressure ulcer, described it as bleeding, and spreading across large areas of both sides of the buttocks. The staff did not measure the the sacral pressure ulcer, but notified the resident's physician of the deteriorated condition. The physician ordered a new treatment, a Silvasorb dressing twice a day to promote and protect healing. The new physician order replaced the previous order for a Calazime ointment.

On the day the resident went to the hospital, a family member was visited the resident, was concerned the sacral pressure ulcer was not adequately cared for, and contacted emergency service. The hospital record indicated the resident was admitted with a diagnosis of an unstageable decubitus ulcer of the sacrum. The resident was in the hospital for seven days, transferred to another facility, and died eight days later.

The resident's rounding physician at the facility was interviewed and stated she was not aware of the resident's sacral pressure ulcer during the resident's stay at facility.

The resident's death certificate indicated the resident died due to cardiorenal syndrome and left ventricular systolic heart dysfunction.

☐ Abuse ☐ Neglect ☐ Financial	57)
	tion 626.557):
⊠ Substantiated	Exploitation
	sive based on the following information:
Mitigating Factors: The "mitigating factors" in Minnesota Statutes, section 626.557, substituted that the ☐ Individual(s) and/or ☒ Facility is responsible ☐ Abuse ☒ Neglect ☐ Financial Exploitation. This determined that admission policy to assess or observe risk of skin breather facility's policy requires staff to assess and monitor wound statuaddresses pressure ulcers and/or skin integrity concerns. The facility	e for the ermination was based on the following: akdown within 24 hours of admission. It weekly and have a care plan that

The responsible party will be notified of their right to appeal the maltreatment finding. If the maltreatment is

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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.

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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
(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
(State licensing orders will be available on the MDH website.)
State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557) - Compliance Not Met The requirements under State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557) were not met.
State licensing orders were issued: 🗵 Yes 🗌 No
(State licensing orders will be available on the MDH website.)
State Statutes Chapters 144 & 144A – Compliance Not Met - Compliance Not Met The requirements under State Statues for Chapters 144 & 144A were not met.
State licensing orders were issued: 🗵 Yes 🗌 No
(State licensing orders will be available on the MDH website.)
Compliance Notes:
Facility Corrective Action:

The facility took the following corrective action(s):

The facility reviewed its admission process with emphasis on skin assessment, reporting, and documentation. Licensed staff were educated on thorough skin check on admission, during bathing, and cares. Nursing assistants were educated on reporting skin and other conditions that are new, worse, or unusual. The facility initiated a delegated nurse manager to work alongside the director of nursing to measure wounds, audit admissions, and skin documentation. The facility's quality committee will monitor compliance with skin and wound care.

Facility Name: Golden LivingCenter Twin

Rivers

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Definitions:

Minnesota Statutes, section 626.5572, subdivision 17 - Neglect

"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.

Minnesota Statutes, section 626.5572, subdivision 19 - Substantiated

"Substantiated" means a preponderance of the evidence shows that an act that meets the definition of maltreatment occurred.

The Investigation included the following:

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

- ▼ Medical Records
- **X** Care Guide
- Nurses Notes
- **X** Assessments
- **X** Physician Orders
- Treatment Sheets
- | Physician Progress Notes

Fac	cility Name: Golden LivingCenter Twin	Report Number: H5298
X X X	Meal Intake Records Social Service Notes Skin Assessments Facility Incident Reports	
Otl ×	her pertinent medical records: Hospital Records Death Certificate Police Report	,
X X X	ditional facility records: Resident/Family Council Minutes Staff Time Sheets, Schedules, etc. Facility Internal Investigation Reports Facility Policies and Procedures mber of additional resident(s) reviewed: Five	
Spe We	ere residents selected based on the allegation(s)? Yes No N/A ecify: ere resident(s) identified in the allegation(s) present in the facility at the time of the Yes No N/A ecify: Deceased	e investigation?
Inte Spe	rerviews: The following interviews were conducted during the investigation: erview with complainant(s) Yes No N/A ecify: nable to contact complainant, attempts were made on: te: Time: Date: Time: Date:	Time:
Did Did Tot	erview with family: Yes No N/A Specify: You interview the resident(s) identified in allegation: Yes No N/A Specify: Deceased You interview additional residents? Yes No tal number of resident interviews:Four erview with staff: Yes No N/A Specify:	

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Tennessen Warnings				
Tennessen Warning given as r	equired: • Yes	○ No		
Total number of staff intervie	ws: <u>Five</u>			
Physician Interviewed: OYes	s No			
Nurse Practitioner Interviewe	d: ○Yes • I	No ·		
Physician Assistant Interviewe	ed: ○Yes •	No		
Interview with Alleged Perpet	rrator(s): O Yes	○ No ● N/A	Specify:	
Attempts to contact:				
Date: Time:	Date:	Time:	Date:	Time:
If unable to contact was subpo	oena issued: O Ye	s, date subpoena w	as issued	
Were contacts made with any	of the following:		•	
Emergency Personnel x	Police Officers [Medical Examir	ner 🗌 Other: S	pecify
Observations were son to sta	d milatad tax			
Observations were conducte Wound Care	d related to:			
Personal Care				
Nursing Services				
Cleanliness				
▼ Dignity/Privacy Issues				
▼ Facility Tour				
Incontinence				
Was any involved equipment	inspected: ○ Yes	● No ○ N/A		
Was equipment being operate	_	○ Yes ○ No	N/A	
Were photographs taken:	Yes No S	pecify:		
cc:				
Health Regulation Division - I	Licensing & Certific	ation		•
Minnesota Board of Examine	rs for Nursing Hom	ne Administrators		
The Office of Ombudsman fo	r Long-Term Care			
Anoka Police Department				

Facility Name: Golden LivingCenter Twin Rivers

Report Number: H5298059

Anoka County Attorney

Anoka City Attorney

PRINTED: 05/01/2017 FORM APPROVED OMB NO. 0938-0391

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F 000	INITIAL COMMEN	тѕ	F 00	00		
	case number identi	s been revised to update the ified in this document. The the document with cover ary 21, 2017.				
F 314 SS=G	to investigate case following deficiency enrolled in ePOC a required at the bott CMS-2567 form. EPOC will be used a 483.25(b)(1) TREA	ndard survey was conducted #H5298059. As a result, the v is issued. The facility is nd therefore a signature is not om of the first page of the electronic submission of the is verification of compliance. TMENT/SVCS TO PRESSURE SORES	F 31	4		3/7/17
	(b) Skin Integrity -(1) Pressure ulcers comprehensive ass facility must ensure	sessment of a resident, the				
	professional standa pressure ulcers and ulcers unless the in	res care, consistent with ards of practice, to prevent d does not develop pressure idividual's clinical condition they were unavoidable; and				
	necessary treatment professional standar healing, prevent inf from developing. This REQUIREMENT by: Based on interview	oressure ulcers receives nt and services, consistent with ards of practice, to promote ection and prevent new ulcers NT is not met as evidenced y and record review, the facility		F 314		
ABOBATORY	•	e healing of a pressure ulcer DER/SUPPLIER REPRESENTATIVE'S SIGN	IATI IRE	TITLE		(X6) DATE

Electronically Signed

00/00/004

02/23/2017

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.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION	(X3) DATE COMI	E SURVEY PLETED
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F 314	for one of five resisacral ulcer was nand required hosp. Findings include: R1's medical recoadmitted with a dispolyneuropathy, hours pulmonary diseas failure, and spinal Review of R1's coadted December pressure ulcer (unassessment identiulcer due to a prewith mobility, impaincontinence of bladiabetic neuropath assessment included in the position. It indicates and blanched (turned the position of the pressure plan did not identified in the pressure plan did not identified in the position of the position of the position of the pressure plan did not identified in	idents (R1) reviewed when R1's not monitored, became worse, bitalization. Indicated R1 was agnoses of pain in left hip, eart failure, chronic obstructive e (COPD), chronic respiratory stenosis. Imprehensive skin assessment 10, 2016 indicated R1 had a aknown location). This ified R1 at risk for pressure sure ulcer, needing assistance aired sensory perception, adder and bowel, pain, and hy. R1's comprehensive skin ded a tissue tolerance test. The est was done in the lying ed the resident's skin was reduced white) with gentle pressure. In was to reposition every two oblerance test was documented end. In of care, not dated, indicated the ulcer. R1's immediate care for the location of R1's pressure not on the pressure ulcer. In of care, and on to the pressure ulcer.	F3	314	a. R- 1 discharged to hospital on 2017, with no expected return. The resident care plan cannot be update b. All residents assessments for integrity will be reviewed at next scheduled quarterly MDS assessment and annual assessments. Between February 27 and 28, 2017 skin aud were performed on all residents in DON or designee will perform a vision skin check on all new admissions the ensure proper identification of all slips issues on initial data collection. Recurrently identified with pressure ultimate are monitored during weekly wound rounds, new tissue tolerances will be completed at next wound round an plans will be updated accordingly. c. Policy and procedure for skin in reviewed and remains current. Education to staff on assistance provided as a planned utilizing care sheets. Education for nursing assistants regarding the reporting of skin issues they observed uring their routine daily cares of residents utilizing the stop and wate Additional education to licensed nuregarding wound monitoring, documentation and reporting new of worsening pressure ulcers/wounds NP, or designee. d. DNS or designee complete we audit of 5 residents for repositioning	erefore, ed. r skin ents n its facility. ual o kin sidents cers d be d care htegrity ucation care cation care to MD, ekly	
	indicated Calazime	e ointment or house barrier cocks two times, every morning			wound documentation, or skin assessments. Audit results and stowatch tool will be reviewed at mont	op and	

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### (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 314 Continued From page 2 R1's treatment administration record dated December 2016 indicated licensed staff documented the application of R1's Calazime ointment as prescribed by R1's physician. R1's comprehensive care plan dated December 12, 2016 indicated R1 did not have a pressure ulcer. Nursing progress note dated December 13, 2016 indicated R1 was dependent on two staff for transfers and one staff for all activities of daily living (ADLs). Nursing progress note dated December 17, 2016 indicated R1's family member reported that the resident's left hip pain was increasing with movement. Nursing progress note dated December 20, 2016 indicated R1's family member reported to the Director of Nursing (DON) that the sacral pressure ulcer, contacted R1's physician who			RS LLC		3	05 FREMONT STREET		
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ordered silversorb dressing once daily for R1's sacral ulcer. Nursing progress note dated December 22, 2016 indicated R1's family member called 911 for emergency services to treat R1's sacral pressure ulcer. Review of R1's hospital emergency record dated	F 314	R1's treatment adm December 2016 incommented the apointment as prescri R1's comprehensiv 12, 2016 indicated ulcer. Nursing progress not indicated R1 was dot transfers and one soliving (ADLs). Nursing progress not indicated R1's family resident's left hip paramovement. Nursing progress not indicated that R1 recare to help heal R2. Nursing progress not indicated R1's family Director of Nursing pressure ulcer was admitted to the facily pressure ulcer, contordered silversorb of sacral ulcer. Nursing progress not indicated R1's family progress not indicated R1's family emergency services ulcer.	ninistration record dated dicated licensed staff oplication of R1's Calazime bed by R1's physician. e care plan dated December R1 did not have a pressure ote dated December 13, 2016 ependent on two staff for taff for all activities of daily ote dated December 17, 2016 by member reported that the ain was increasing with ote dated December 20, 2016 eported not receiving adequate 1's sacral pressure ulcer. ote dated December 21, 2016 by member reported to the (DON) that the sacral worse than when R1 was lity. The DON assessed R1's tacted R1's physician who dressing once daily for R1's ote dated December 22, 2016 by member called 911 for set to treat R1's sacral pressure	F3	314	will be changed depending on the r		

PRÉFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 314 Continued From page 3 December 22, 2016 described the ulcer as "large decubital sacral ulcer" with eschar. The sacral pressure ulcer measured 7 centimeters (cm) by 5 cm. The Director of Social Services was interviewed on January 5, 2017 at 2.44 p.m. and stated a family member alerted her that R1's sacral pressure ulcer was larger than when R1 was admitted to the facility. Nursing assistant (NA)-B was interviewed on January 5, 2017 at 3.13 p.m. and stated R1's sacrum was excoriated, open, and bleeding. Licensed practical nurse (LPN)-C was interviewed on January 5, 2017 at 3.42 p.m. and stated R1's sacrum was red and excoriated in the center of the sacrum. LPN-D was interviewed on January 5, 2017 at 4.44 p.m. and stated R1's sacrum was excoriated and bleeding. Licensed practical nurse (LPN)-C was interviewed on January 5, 2017 at 3.42 p.m. and stated R1's sacrum was red and excoriated in the center of the sacrum. LPN-D was interviewed on January 5, 2017 at 4.44 p.m. and stated she is the wound nurse for the facility, but was not aware of R1's sacral pressure ulcer until a family member told her on December 21, 2016. The DON obtained a physician telephone order for scheduled wound		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	TIPLE CONSTRUCTION ING		COM	E SURVEY IPLETED
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dressing once daily instead of the barrier cream application. The DON stated that nurses should have been monitoring R1's excoriation twice a day when they applied the barrier cream to R1's sacrum. She stated nurses were expected to notify her or the physician if excoriation was worse or not healing. The DON stated R1 was admitted to a hospital with a diagnosis of unstageable decubitus ulcer of the sacrum.	F 314	December 22, 2016 decubital sacral ulcoressure ulcer mea cm. The Director of Socion January 5, 2017 family member aler pressure ulcer was admitted to the facil. Nursing assistant (National January 5, 2017 at sacrum was excoriated to the sacrum was excoriated R1's sacrum center of the sacrum center of the sacrum. LPN-D was intervied 4:44 p.m. and state and bleeding. The DON was intervied 4:44 p.m. and state and bleeding. The DON was intervied 5:28 p.m. and state the facility, but was pressure ulcer until December 21, 2016 physician telephone dressing once daily application. The DON have been monitoriday when they appli sacrum. She stated notify her or the phy worse or not healing admitted to a hospit	described the ulcer as "large ber" with eschar. The sacral asured 7 centimeters (cm) by 5 cial Services was interviewed 7 at 2:44 p.m. and stated a rted her that R1's sacral larger than when R1 was ility. NA)-B was interviewed on 3:13 p.m. and stated R1's ated, open, and bleeding. nurse (LPN)-C was uary 5, 2017 at 3:42 p.m. and a was red and excoriated in the m. ewed on January 5, 2017 at ated she is the wound nurse for not aware of R1's sacral a family member told her on 6. The DON obtained a corder for scheduled wound instead of the barrier cream DN stated that nurses should ing R1's excoriation twice a lied the barrier cream to R1's in nurses were expected to ysician if excoriation was g. The DON stated R1 was tal with a diagnosis of	F3	14			

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NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z	IP CODE		
THE EST	ATES AT TWIN RIVER	RS LLC		305 FREMONT STREET			
			L	ANOKA, MN 55303			
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F 314	January 26, 2017 a admitted with a sma she reported R1's w DON. R1's FM-F all executive director the repositioning R1 ev sitting in a chair for	r (FM)-F was interviewed on t 4:20 p.m. and stated R1 was all sacral ulcer. FM-F stated vorsened sacral ulcer to the so reported to the facility's hat staff were not ery two hours and that R1 was up 12 hours at times.	F 3	314			
	Integrity Guideline, licensed staff will de review patients/resion a weekly basis a plan of care will addinterventions. Reside evaluated/observed and existing areas ibruising, skin tears, and venous wounds	and procedure titled Skin not dated, indicated that evelop a routine schedule to dents with wounds or at risk and document findings. The dress problems, goals and lents' skin integrity will be I for risk of skin breakdown ncluding but not limited to wounds, abrasions, arterial and pressure ulcers within ion, quarterly, and with decline					

Minnesota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ С B. WING 00866 02/06/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **305 FREMONT STREET** THE ESTATES AT TWIN RIVERS LLC **ANOKA, MN 55303** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) 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: *****Revised***** This document has been revised to update the case number identified in this document. The document replaces the document with cover letter dated February 21, 2017.

Minnesota Department of Health

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

A complaint investigation was conducted to

Electronically Signed

TITLE

(X6) DATE 02/23/17

winnesc	ota Department of He	aith				
	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
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	following correction has agreed to partic of State licensure or Minnesota Departm Bulletin 14-01, avail http://www.health.stobul.htm The State delineated on the accepartment of Hear electronically. Althor necessary for State the word "corrected Then indicate in the process, under the date your orders will	tate.mn.us/divs/fpc/profinfo/infite licensing orders are attached Minnesota alth orders being submitted ough no plan of correction is estatutes/Rules, please enter d'in the box available for text. electronic State licensure heading completion date, the fill be corrected prior to ditting to the Minnesota				
2 900	Subp. 3. Pressure comprehensive resiof nursing services	sores. Based on the ident assessment, the director must coordinate the jursing care plan which	2 900			3/7/17
	without pressure so pressure sores unle condition demonstra	o enters the nursing home ores does not develop ess the individual's clinical rates, and a physician they were unavoidable; and				
	receives necessary	who has pressure sores by treatment and services to brevent infection, and prevent by eloping.				

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FORM APPROVED Minnesota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C 00866 02/06/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **305 FREMONT STREET** THE ESTATES AT TWIN RIVERS LLC **ANOKA, MN 55303** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) 2 900 Continued From page 2 2 900 This MN Requirement is not met as evidenced by: Based on interview and record review, the facility Corrected. failed to promote the healing of a pressure ulcer for one of five residents (R1) reviewed when R1's sacral ulcer was not monitored, became worse, and required hospitalization. Findings include: R1's medical record was reviewed. R1 was admitted with a diagnoses of pain in left hip, polyneuropathy, heart failure, chronic obstructive pulmonary disease (COPD), chronic respiratory failure, and spinal stenosis. Review of R1's comprehensive skin assessment dated December 10, 2016 indicated R1 had a pressure ulcer (unknown location). This assessment identified R1 at risk for pressure ulcer due to a pressure ulcer, needing assistance with mobility, impaired sensory perception, incontinence of bladder and bowel, pain, and diabetic neuropathy. R1's comprehensive skin assessment included a tissue tolerance test. The tissue tolerance test was done in the lying position. It indicated the resident's skin was red and blanched (turned white) with gentle pressure. R1's intervention was to reposition every two hours. No tissue tolerance test was documented for a sitting position. R1's immediate plan of care, not dated, indicated R1 had a pressure ulcer. R1's immediate care plan did not identify the location of R1's pressure ulcer. R1's interventions included turning and repositioning every two hours, ulcer care, and

Minnesota Department of Health

dressing application to the pressure ulcer.

Minnesota Department of Health
STATEMENT OF DEFICIENCIES (X1)

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l .	LE CONSTRUCTION	(X3) DATE	SURVEY
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2 900	Continued From pa	ge 3	2 900			
	R1's physician orde indicated Calazime	er dated December 9, 2016 ointment or house barrier ocks two times, every morning				
	December 2016 inc documented the ap	ninistration record dated dicated licensed staff oplication of R1's Calazime bed by R1's physician.				
		e care plan dated December R1 did not have a pressure				
	indicated R1 was de	ote dated December 13, 2016 ependent on two staff for taff for all activities of daily				
	indicated R1's famil	ote dated December 17, 2016 ly member reported that the ain was increasing with		·		
	indicated that R1 re	ote dated December 20, 2016 ported not receiving adequate 1's sacral pressure ulcer.				
	indicated R1's famil Director of Nursing pressure ulcer was admitted to the facil pressure ulcer, cont	ote dated December 21, 2016 ly member reported to the (DON) that the sacral worse than when R1 was lity. The DON assessed R1's tacted R1's physician who dressing once daily for R1's				
	indicated R1's famil	ote dated December 22, 2016 y member called 911 for s to treat R1's sacral pressure				

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STATE FORM

PRINTED: 05/02/2017 FORM APPROVED Minnesota Department of Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: С B. WING 00866 02/06/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 305 FREMONT STREET THE ESTATES AT TWIN RIVERS LLC **ANOKA, MN 55303** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 2 900 Continued From page 4 2 900 ulcer. Review of R1's hospital emergency record dated December 22, 2016 described the ulcer as "large decubital sacral ulcer" with eschar. The sacral pressure ulcer measured 7 centimeters (cm) by 5 cm. The Director of Social Services was interviewed on January 5, 2017 at 2:44 p.m. and stated a family member alerted her that R1's sacral pressure ulcer was larger than when R1 was admitted to the facility. Nursing assistant (NA)-B was interviewed on January 5, 2017 at 3:13 p.m. and stated R1's sacrum was excoriated, open, and bleeding. Licensed practical nurse (LPN)-C was interviewed on January 5, 2017 at 3:42 p.m. and stated R1's sacrum was red and excoriated in the center of the sacrum. LPN-D was interviewed on January 5, 2017 at 4:44 p.m. and stated R1's sacrum was excoriated and bleeding. The DON was interviewed on January 5, 2017 at 5:28 p.m. and stated she is the wound nurse for the facility, but was not aware of R1's sacral pressure ulcer until a family member told her on

Minnesota Department of Health

December 21, 2016. The DON obtained a physician telephone order for scheduled wound dressing once daily instead of the barrier cream application. The DON stated that nurses should have been monitoring R1's excoriation twice a day when they applied the barrier cream to R1's sacrum. She stated nurses were expected to notify her or the physician if excoriation was worse or not healing. The DON stated R1 was

Minnesota Department of Health (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY COMPLETED STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: С B. WING ___ 00866 02/06/2017

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE ESTATES AT TWIN RIVERS LLC 305 FREMONT STREET ANOKA, MN 55303						
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2 900	Continued From page 5	2 900				
	admitted to a hospital with a diagnosis of unstageable decubitus ulcer of the sacrum.					
	R1's family member (FM)-F was interviewed on January 26, 2017 at 4:20 p.m. and stated R1 was admitted with a small sacral ulcer. FM-F stated she reported R1's worsened sacral ulcer to the DON. R1's FM-F also reported to the facility's executive director that staff were not repositioning R1 every two hours and that R1 was sitting in a chair for up 12 hours at times.					
	The facility policy and procedure titled Skin Integrity Guideline, not dated, indicated that licensed staff will develop a routine schedule to review patients/residents with wounds or at risk on a weekly basis and document findings. The plan of care will address problems, goals and interventions. Residents' skin integrity will be evaluated/observed for risk of skin breakdown and existing areas including but not limited to bruising, skin tears, wounds, abrasions, arterial and venous wounds and pressure ulcers within 24 hours of admission, quarterly, and with decline in condition.					
	SUGGESTED METHOD OF CORRECTION: The Director of Nursing or designated person to review policies and procedures, revise as necessary, educated staff on revisions, and monitor to ensure compliance.	l e				
	TIME PERIOD FOR CORRECTION: Twenty-One (21) days.					
21850	MN St. Statute 144.651 Subd. 14 Patients & Residents of HC Fac.Bill of Rights	21850		3/7/17		
	Subd. 14. Freedom from maltreatment.					
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STATE FORM

PRINTED: 05/02/2017 FORM APPROVED

Minnesota Department of Health (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _____ C B. WING 00866 02/06/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **305 FREMONT STREET** THE ESTATES AT TWIN RIVERS LLC ANOKA, MN 55303 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) 21850 Continued From page 6 21850 Residents shall be free from maltreatment as defined in the Vulnerable Adults Protection Act. "Maltreatment" means conduct described in section 626.5572, subdivision 15, or the intentional and non-therapeutic infliction of physical pain or injury, or any persistent course of conduct intended to produce mental or emotional distress. Every resident shall also be free from non-therapeutic chemical and physical restraints, except in fully documented emergencies, or as authorized in writing after examination by a resident's physician for a specified and limited period of time, and only when necessary to protect the resident from self-injury or injury to others. This MN Requirement is not met as evidenced Based on interview and record review, the facility Corrected. failed to promote the healing of a pressure ulcer for one of five residents (R1) reviewed when R1's sacral ulcer was not monitored, became worse, and required hospitalization. Findings include: The facility policy and procedure titled Reporting and Investigation of Alleged Violations of Federal and State Laws Involving Mistreatment, Neglect, Abuse, Injuries of Unknown Source and Misappropriation of Resident's Property dated September 7, 2016 indicated the facility should take appropriate steps to prevent the occurence of abuse, neglect, injury of unknown origin, and misappropriation of resident property. The policy defined neglect as failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness. .

Minnesota Department of Health

The facility policy and procedure titled Skin

FORM APPROVED Minnesota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ C B. WING 00866 02/06/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **305 FREMONT STREET** THE ESTATES AT TWIN RIVERS LLC **ANOKA, MN 55303** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) 21850 Continued From page 7 21850 Integrity Guideline, not dated, indicated that licensed staff will develop a routine schedule to review patients/residents with wounds or at risk on a weekly basis and document findings. The plan of care will address problems, goals and interventions. Residents' skin integrity will be evaluated/observed for risk of skin breakdown and existing areas including but not limited to bruising, skin tears, wounds, abrasions, arterial and venous wounds and pressure ulcers within 24 hours of admission, quarterly, and with decline in condition. R1's medical record was reviewed. R1 was admitted with a diagnoses of pain in left hip. polyneuropathy, heart failure, chronic obstructive pulmonary disease (COPD), chronic respiratory failure, and spinal stenosis. Review of R1's comprehensive skin assessment dated December 10, 2016 indicated R1 had a pressure ulcer (unknown location). This assessment identified R1 at risk for pressure ulcer due to a pressure ulcer, needing assistance with mobility, impaired sensory perception, incontinence of bladder and bowel, pain, and diabetic neuropathy. R1's comprehensive skin assessment included a tissue tolerance test. The tissue tolerance test was done in the lying position. It indicated the resident's skin was red and blanched (turned white) with gentle pressure. R1's intervention was to reposition every two hours. No tissue tolerance test was documented for a sitting position. R1's immediate plan of care, not dated, indicated

Minnesota Department of Health

R1 had a pressure ulcer. R1's immediate care plan did not identify the location of R1's pressure ulcer. R1's interventions included turning and repositioning every two hours, ulcer care, and

FORM APPROVED Minnesota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED A. BUILDING: __ С B. WING _ 00866 02/06/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 305 FREMONT STREET

THE ESTATES AT TWIN RIVERS LLC 305 FREMONT STREET ANOKA, MN 55303					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
21850	Continued From page 8	21850			
	dressing application to the pressure ulcer.				
	R1's physician order dated December 9, 2016 indicated Calazime ointment or house barrier cream to R1's buttocks two times, every morning and every.				
	R1's treatment administration record dated December 2016 indicated licensed staff documented the application of R1's Calazime ointment as prescribed by R1's physician.				
	R1's comprehensive care plan dated December 12, 2016 indicated R1 did not have a pressure ulcer.				
	Nursing progress note dated December 13, 2016 indicated R1 was dependent on two staff for transfers and one staff for all activities of daily living (ADLs).				
	Nursing progress note dated December 17, 2016 indicated R1's family member reported that the resident's left hip pain was increasing with movement.				
	Nursing progress note dated December 20, 2016 indicated that R1 reported not receiving adequate care to help heal R1's sacral pressure ulcer.				
	Nursing progress note dated December 21, 2016 indicated R1's family member reported to the Director of Nursing (DON) that the sacral pressure ulcer was worse than when R1 was admitted to the facility. The DON assessed R1				
-	admitted to the facility. The DON assessed R1's pressure ulcer, contacted R1's physician who ordered silversorb dressing once daily for R1's sacral ulcer.				
	Nursing progress note dated December 22, 2016				

Minnesota Department of Health

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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21850	Continued From page 9		21850			
	indicated R1's family member called 911 for emergency services to treat R1's sacral pressure ulcer.					
	December 22, 2016 decubital sacral ulc	pital emergency record dated 6 described the ulcer as "large er" with eschar. The sacral sured 7 centimeters (cm) by 5				
	on January 5, 2017 family member aler	ial Services was interviewed at 2:44 p.m. and stated a ted her that R1's sacral larger than when R1 was ity.				
	January 5, 2017 at	NA)-B was interviewed on 3:13 p.m. and stated R1's ated, open, and bleeding.				
		uary 5, 2017 at 3:42 p.m. and was red and excoriated in the				
		ewed on January 5, 2017 at d R1's sacrum was excoriated				
	5:28 p.m. and state the facility, but was pressure ulcer until December 21, 2016 physician telephone dressing once daily application. The DC have been monitorii day when they appli	viewed on January 5, 2017 at d she is the wound nurse for not aware of R1's sacral a family member told her on 3. The DON obtained a corder for scheduled wound instead of the barrier cream bN stated that nurses should ng R1's excoriation twice a led the barrier cream to R1's nurses were expected to				

Minnesota Department of Health

STATE FORM

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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21850	worse or not healin admitted to a hospi unstageable decub R1's family membe January 26, 2017 a admitted with a smashe reported R1's v DON. R1's FM-F al executive director trepositioning R1 ev sitting in a chair for SUGGESTED MET The Director of Nur review policies and	ysician if excoriation was g. The DON stated R1 was tal with a diagnosis of itus ulcer of the sacrum. Ir (FM)-F was interviewed on the tale tale tale tale tale tale tale tal	21850				

Minnesota Department of Health

STATE FORM



PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Electronically delivered April 4, 2017

Ms. Becky Willett, Administrator The Estates at Twin Rivers LLC 305 Fremont Street Anoka, MN 55303

RE: Project Numbers: S5298028 & H5298059

Dear Ms. Willett:

On February 10, 2017, and February 21, 2017, we informed you that we would recommend enforcement remedies based on the deficiencies cited by this Department for a standard survey, completed on January 26, 2017 and an abbreviated standard survey completed February 6, 2017. This survey found the most serious deficiencies to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D); the complaint investigation found the most serious deficiencies in your facility to be isolated deficiencies that constituted actual harm that was not immediate jeopardy (Level G) whereby corrections were required.

On March 29, 2017 the Minnesota Department of Health, Licensing and Certification Program completed a Post Certification Revisit (PCR) by review of your plan of correction, and on March 28, 2017, the Minnesota Department of Health, Office of Health Facility Complaints completed a Post Certification Revisit (PCR) to verify that your facility had achieved and maintained compliance with federal certification deficiencies issued pursuant to a standard survey, completed on January 26, 2017, and an abbrevfiated standard survey completed February 6, 2017. We presumed, based on your plan of correction, that your facility had corrected these deficiencies as of March 7, 2017. Based on our PCR, we have determined that your facility has corrected the deficiencies issued pursuant to our standard survey, completed on January 26, 2017, effective March 7, 2017 and therefore remedies outlined in our letters to you dated February 10, 2017, and February 21, 2017, will not be imposed.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Feel free to contact me if you have questions.

The Estates at Twin Rivers LLC April 4, 2017 Page 2

Sincerely,

Kate JohnsTon, Program Specialist

Program Assurance Unit

Licensing and Certification Program

Health Regulation Division

85 East Seventh Place, Suite 220

P.O. Box 64900

St. Paul, Minnesota 55164-0900

kate.johnston@state.mn.us

Telephone: (651) 201-3992 Fax: (651) 215-9697

Enclosure

cc: Licensing and Certification File



PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Electronically delivered April 4, 2017

Ms. Becky Willett, Administrator The Estates at Twin Rivers LLC 305 Fremont Street Anoka, MN 55303

Re: Enclosed Reinspection Results - Complaint Number S5298028 & H5298059

Dear Ms. Willett:

On March 28, 2017 an investigator from the Minnesota Department of Health, Office of Health Facility Complaints, completed a reinspection of your facility, to determine correction of licensing orders found during the investigation completed on February 6, 2017. At this time these correction orders were found corrected.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the president of your facility's governing body.

Please feel free to call me with any questions.

Sincerely,

Kate JohnsTon, Program Specialist

Program Assurance Unit

Licensing and Certification Program

Health Regulation Division

85 East Seventh Place, Suite 220

P.O. Box 64900

St. Paul, Minnesota 55164-0900

kate.johnston@state.mn.us

Telephone: (651) 201-3992 Fax: (651) 215-9697

Enclosure(s)

cc: Licensing and Certification File