MDH Minnesota Department of Health

Office of Health Facility Complaints Investigative Report
PUBLIC

Facility Name:	Report Number:	Date of Visit:
Golden LivingCenter Twin Rivers	H5298059	January 5, 2017
Facility Address:	**Time of Visit:**	**Date Concluded:**
305 Fremont Street	9:30 a.m. to 6:45 p.m.	April 18, 2017
Facility City:	**Investigator's Name and Title:**	
Anoka	Arthur Biah, RN, Special Investigator	

State:	ZIP:	County:
Minnesota	55303	Anoka

☒ **Nursing Home**

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.

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.

Minnesota Vulnerable Adults Act (Minnesota Statutes, section 626.557)

Under the Minnesota Vulnerable Adults Act (Minnesota Statutes, section 626.557):

☐ Abuse ☒ Neglect ☐ Financial Exploitation

☒ Substantiated ☐ Not Substantiated ☐ Inconclusive based on the following information:

Mitigating Factors:

The "mitigating factors" in Minnesota Statutes, section 626.557, subdivision 9c (c) were considered and it was determined that the ☐ Individual(s) and/or ☒ Facility is responsible for the

☐ Abuse ☒ Neglect ☐ Financial Exploitation. This determination was based on the following:

The facility has admission policy to assess or observe risk of skin breakdown within 24 hours of admission. The facility's policy requires staff to assess and monitor wound status weekly and have a care plan that addresses pressure ulcers and/or skin integrity concerns. The facility did not ensure the policy was followed.

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

substantiated against an identified employee, this report will be submitted to the nurse aide registry for possible inclusion of the finding on the abuse registry and/or to the Minnesota Department of Human Services for possible disqualification in accordance with the provisions of the background study requirements under Minnesota 245C.

Compliance:

Federal Regulations for Long Term Care Facilities (42 CFR, Part 483, subpart B) - Compliance Not Met
The requirements under the Federal Regulations for Long Term Care Facilities (42 CFR, Part 483, subpart B), were not met.

Deficiencies are issued on form 2567: ☒ Yes ☐ No

(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.

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
- ☒ Care Guide
- ☒ Nurses Notes
- ☒ Assessments
- ☒ Physician Orders
- ☒ Treatment Sheets
- ☒ Physician Progress Notes
- ☒ Care Plan Records

☒ Meal Intake Records
☒ Social Service Notes
☒ Skin Assessments
☒ Facility Incident Reports

Other pertinent medical records:

☒ Hospital Records ☒ Death Certificate
☒ Police Report

Additional facility records:

☒ Resident/Family Council Minutes
☒ Staff Time Sheets, Schedules, etc.
☒ Facility Internal Investigation Reports
☒ Facility Policies and Procedures

Number of additional resident(s) reviewed: Five

Were residents selected based on the allegation(s)? ◉ Yes ○ No ○ N/A

Specify: _____

Were resident(s) identified in the allegation(s) present in the facility at the time of the investigation?

○ Yes ◉ No ○ N/A

Specify: Deceased

Interviews: The following interviews were conducted during the investigation:

Interview with complainant(s) ◉ Yes ○ No ○ N/A

Specify: _____

If unable to contact complainant, attempts were made on:

Date:	Time:	Date:	Time:	Date:	Time:

Interview with family: ◉ Yes ○ No ○ N/A Specify: _____

Did you interview the resident(s) identified in allegation:

○ Yes ◉ No ○ N/A Specify: Deceased

Did you interview additional residents? ◉ Yes ○ No

Total number of resident interviews: Four

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

Tennessen Warnings

Tennessen Warning given as required: ◉ Yes ○ No

Total number of staff interviews: Five

Physician Interviewed: ○ Yes ◉ No

Nurse Practitioner Interviewed: ○ Yes ◉ No

Physician Assistant Interviewed: ○ Yes ◉ No

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

Attempts to contact:

Date:	Time:	Date:	Time:	Date:	Time:

If unable to contact was subpoena issued: ○ Yes, date subpoena was issued _____ ○ No

Were contacts made with any of the following:

☐ Emergency Personnel ☒ Police Officers ☐ Medical Examiner ☐ Other: Specify _____

Observations were conducted related to:

☒ Wound Care

☒ Personal Care

☒ Nursing Services

☒ Cleanliness

☒ Dignity/Privacy Issues

☒ Facility Tour

☒ Incontinence

Was any involved equipment inspected: ○ Yes ◉ No ○ N/A

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

Were photographs taken: ○ Yes ◉ No Specify: _____

cc:

Health Regulation Division - Licensing & Certification

Minnesota Board of Examiners for Nursing Home Administrators

The Office of Ombudsman for Long-Term Care

Anoka Police Department

Anoka County Attorney

Anoka City Attorney

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245298	A. BUILDING _____ B. WING _____	C 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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS *****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. An abbreviated standard survey was conducted to investigate case #H5298059. As a result, the following deficiency is issued. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of the CMS-2567 form. Electronic submission of the POC will be used as verification of compliance.	F 000		
F 314 SS=G	483.25(b)(1) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES (b) Skin Integrity - (1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to promote the healing of a pressure ulcer	F 314	F 314	3/7/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 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.

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F 314	Continued From page 1 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 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.	F 314	a. R- 1 discharged to hospital on 1-22-2017, with no expected return. Therefore, resident care plan cannot be updated. b. All residents□ assessments for skin integrity will be reviewed at next scheduled quarterly MDS assessments and annual assessments. Between February 27 and 28, 2017 skin audits were performed on all residents in facility. DON or designee will perform a visual skin check on all new admissions to ensure proper identification of all skin issues on initial data collection. Residents currently identified with pressure ulcers are monitored during weekly wound rounds, new tissue tolerances will be completed at next wound round and care plans will be updated accordingly. c. Policy and procedure for skin integrity reviewed and remains current. Education to staff on assistance provided as care planned utilizing care sheets. Education for nursing assistants regarding the reporting of skin issues they observe during their routine daily cares of residents utilizing the stop and watch tool. Additional education to licensed nurses regarding wound monitoring, documentation and reporting new or worsening pressure ulcers/wounds to MD, NP, or designee. d. DNS or designee complete weekly audit of 5 residents for repositioning, wound documentation, or skin assessments. Audit results and stop and watch tool will be reviewed at monthly	

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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 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'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 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	QAPI meeting and the frequency of audits will be changed depending on the results of the audits.	

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F 314	Continued From page 3	F 314		

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 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 admitted to a hospital with a diagnosis of unstageable decubitus ulcer of the sacrum.

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F 314	Continued From page 4 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.	F 314		

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2 000	Initial Comments *****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. A complaint investigation was conducted to	2 000		

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2 000	Continued From page 1 investigate complaint #H5298059. As a result, the following correction orders are issued. The facility has agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. Then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health.	2 000		
2 900	MN Rule 4658.0525 Subp. 3 Rehab - Pressure Ulcers Subp. 3. Pressure sores. Based on the comprehensive resident assessment, the director of nursing services must coordinate the development of a nursing care plan which provides that: A. a resident who enters the nursing home without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates, and a physician authenticates, that they were unavoidable; and B. a resident who has pressure sores receives necessary treatment and services to promote healing, prevent infection, and prevent new sores from developing.	2 900		3/7/17

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2 900	Continued From page 2 This MN Requirement is not met as evidenced by: Based on interview and record review, the facility 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 dressing application to the pressure ulcer.	2 900	Corrected.	

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2 900	Continued From page 3 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'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 indicated R1's family member called 911 for emergency services to treat R1's sacral pressure	2 900		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00866	A. BUILDING: _____ B. WING _____	C 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 4 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 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	2 900		

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2 900	Continued From page 5 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. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	2 900		
21850	MN St. Statute 144.651 Subd. 14 Patients & Residents of HC Fac.Bill of Rights Subd. 14. Freedom from maltreatment.	21850		3/7/17

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21850	Continued From page 6 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 by: Based on interview and record review, the facility 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. . The facility policy and procedure titled Skin	21850	Corrected.	

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21850	Continued From page 7 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 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	21850		

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21850	Continued From page 8 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'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	21850		

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21850	Continued From page 9 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 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 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	21850		

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21850	Continued From page 10 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. 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. 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. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	21850		

MDH
Minnesota
Department
of Health

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.

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

MDH
Minnesota
Department
of Health

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