

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

February 7, 2019

Administrator St Johns Lutheran Home 901 Luther Place Albert Lea, MN 56007

Re: Reinspection Results - Complaint Number H5338029

Dear Administrator:

On December 24, 2018 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 December 7, 2018. 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,

Kumala Fiske Downing

Kamala Fiske-Downing Licensing and Certification Program Minnesota Department of Health P.O. Box 64900 St. Paul, MN 55164-0900 Telephone: (651) 201-4112 Fax: (651) 215-9697 Email: Kamala.Fiske-Downing@state.mn.us

cc: Licensing and Certification File



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

January 4, 2019

Administrator St Johns Lutheran Home 901 Luther Place Albert Lea, MN 56007

RE: Project Number H5338029

Dear Administrator:

On December 4, 2018, we informed you that we would recommend enforcement remedies based on the deficiencies cited by this Department for an abbreviated standard survey, completed on November 21, 2018. This survey found the most serious deficiencies in your facility to be a pattern of deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level E) as evidenced by the electronically attached CMS-2567 whereby corrections are required.

On December 7, 2018, an abbreviated standard survey was completed by the Minnesota Department of Health, Office of Health Facility Complaints, 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 to be isolated deficiencies that constituted actual harm that was not immediate jeopardy (Level G), as evidenced by the attached CMS-2567, whereby corrections are required.

Sections 1819(h)(2)(D) and (E) and 1919(h)(2)(C) and (D) of the Act and 42 CFR 488.417(b) require that, regardless of any other remedies that may be imposed, denial of payment for new admissions must be imposed when the facility is not in substantial compliance 3 months after the last day of the survey identifying noncompliance. Thus, the CMS Region V Office concurs, is imposing the following remedy and has authorized this Department to notify you of the imposition:

• Mandatory denial of payment for new Medicare and Medicaid admissions effective February 21, 2019. (42 CFR 488.417 (b))

In addition, this Department recommended to the CMS Region V Office the following actions:

• Civil money penalty. (42 CFR 488.430 through 488.444)

The CMS Region V Office will notify you of their determination regarding the imposed remedies, Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) prohibition, and appeal St. Johns Lutheran Home January 4, 2019 Page 2 rights.

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.

DEPARTMENT CONTACT

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

Holly Kranz, Unit Supervisor Mankato District Office Licensing and Certification Program Health Regulation Division Minnesota Department of Health 12 Civic Center Plaza, Suite #2105 Mankato, MN 56001 Email: holly.kranz@state.mn.us Phone: (507) 344-2742 Fax: (507) 344-2723

ELECTRONIC PLAN OF CORRECTION (ePoC)

An ePoC for the deficiencies must be submitted within ten calendar days of your receipt of this letter. Your ePoC must:

- Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;

- Address how the facility will identify other residents having the potential to be affected by the same deficient practice;

- Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;

- Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system;

- Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State. If the plan of correction is unacceptable for any reason, the State will notify the facility. If the plan of correction is acceptable, the State will notify the facility. Facilities should be cautioned that they are ultimately accountable for their own compliance, and that responsibility is not St. Johns Lutheran Home January 4, 2019 Page 3

> alleviated in cases where notification about the acceptability of their plan of correction is not made timely. The plan of correction will serve as the facility's allegation of compliance; and,

> - Submit electronically to acknowledge your receipt of the electronic 2567, your review and your ePoC submission.

The state agency may, in lieu of a 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:

- Optional denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417 (a));
- Per day civil money penalty (42 CFR 488.430 through 488.444).

Failure to submit an acceptable ePoC could also result in the termination of your facility's Medicare and/or Medicaid agreement.

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 their respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC and CMS Region V Office approval, a revisit of your facility may be conducted to verify that substantial compliance with the regulations has been attained. The revisit would occur after the date you identified that compliance was achieved in your plan of correction. If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and we will recommend that the remedies imposed be discontinued effective the date of the on-site verification. Compliance is certified as of the date of the third revisit.

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

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by May 21, 2019 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is

St. Johns Lutheran Home January 4, 2019 Page 4

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.

INFORMAL DISPUTE RESOLUTION

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: <u>http://www.health.state.mn.us/divs/fpc/profinfo/ltc/ltc_idr.cfm</u>

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 plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: <u>http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm</u>

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,

Kumala Fiske Downing

Kamala Fiske-Downing Licensing and Certification Program Minnesota Department of Health P.O. Box 64900 St. Paul, MN 55164-0900 Telephone: (651) 201-4112 Fax: (651) 215-9697 Email: <u>Kamala.Fiske-Downing@state.mn.us</u>

DEPART	MENT OF HEALTH	AND HUMAN SERVICES			APPROVED
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES		OMB NO	. 0938-0391
	OF DEFICIENCIES IF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		G	E SURVEY IPLETED
		245338	B. WING		C / 07/2018
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	07/2010
ST JOHN	IS LUTHERAN HOME			901 LUTHER PLACE ALBERT LEA, MN 56007	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC 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 COMMENT	ſS	F 00	0	
	12/7/18 to investiga Johns Lutheran Co compliance with 42 requirements for Lo #H5338029 was su	urvey was conducted on te complaint #H5338029. St mmunity was NOT found in CFR Part 483, subpart B, ong Term Care Facilities. bstantiated at F689.			
	as your allegation of Department's accept enrolled in ePOC, y at the bottom of the	f correction (POC) will serve f compliance upon the ptance. Because you are your signature is not required first page of the CMS-2567 ic submission of the POC will tion of compliance.			
F 689 SS=G	on-site revisit of you validate that substa regulations has bee your verification. Free of Accident Ha	acceptable electronic POC, an ur facility may be conducted to intial compliance with the en attained in accordance with azards/Supervision/Devices 1)(2)	F 68	9	1/11/19
	supervision and ass accidents.	resident receives adequate sistance devices to prevent NT is not met as evidenced			
	Based on observat review, the facility fa implement interven	ion, interview and document ailed to develop and tions to minimize the risk of dents (R1) who was reviewed		 F689 □ 1.) Corrective action for the alleged deficient practice: Resident R1□s plan of care was updated to state Cool any hot 	
LABORATORY	DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGI	NATURE	TITLE	(X6) DATE
Electron	ically Signed				01/10/2019

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.

PRINTED: 01/14/2019

		AND HUMAN SERVICES				FORM	01/14/201 APPROVE 0938-039
TATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		245338	B. WING _			(12/())7/2018
NAME OF	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	12/	<i></i>
ST JOHN	IS LUTHERAN HOME	<u>.</u>			D1 LUTHER PLACE LBERT LEA, MN 56007		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETIC DATE
F 689	Continued From page 1 for accidents, who had a history of difficulty managing food and liquids during eating activities. R1 sustained actual harm when she received a burn to the sternum requiring a physician visit and referral to a burn clinic. Findings include:		F 68	89	beverages before serving. Use a lic cup. Use a lip plate for meals. Eat r in the solarium/assisted table. Never leave resident unattended with mean hot liquids. Inform family and friend her need for assistance and not to so her hot coffee. The care plan was a	meals er al or s of serve	
	R1's current diagno disorder, major dep weakness, history o	osis listing included: anxiety pressive disorder, muscle of falls with fractures, syncopal osteoporosis and chronic			updated to state that she requires to tray set up, assist of 1 to start/finish can feed herself part of her meal wi cues/encouragement and adaptive silverware. Education was provided staff during report at change of shift days (12/7/18-12/10/18), and the nu	otal 1, but ith I to t x 3	
	(MDS) assessment as having a brief in (BIMS) score of "13 R1 understands an	ent quarterly minimum data set t dated 9/25/18, identified R1 terview for mental status 8" (meaning cognitively intact). d is understood. R1 eats set up help. No impairments in tremities.			newsletter with paycheck distributio 12/14/18 and 1/11/18, reminding sta Residents that require assistance w meals, this includes observation an cueing needs, should never be left with their meal, as they are at risk w assistance, and Do not leave reside who require assistance with eating	on on aff that vith d alone vithout ents,	
	A quarterly nutrition identified R1 as bei R1 does not utilize and has no skin co			drinking, unsupervised with any hot liquids.2.) Corrective action taken for thos residents having the potential to be affected by the alleged deficient practice.	se		
	identified R1 with n	sessment dated 9/24/18, o skin impairments. R1's skin daily cares and during weekly			Residents who require assistance v eating, including cueing and observ have the potential to be affected. 1. Education was provided to staff dur report at change of shift x 3 days (1	vith vation,) ring	
	as having an altera to syncope/collapse care plan further in recall, understands independent with e	ent plan of care, identifies R1 tion in thought process related e and impaired glucose. The dicated: R1 has good memory and is understood. R1 is ating with assistance of tray condiments/containers. R1			-12/10/18), and the nursing newslet with paycheck distribution on 12/14, and 1/11/18, reminding staff that Residents that require assistance w meals, this includes observation an cueing needs, should never be left with their meal, as they are at risk w	tter /18 vith d alone	

Facility ID: 00138

If continuation sheet Page 2 of 11

TATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
				NG		0
		245338	B. WING _			07/2018
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI 901 LUTHER PLACE	PCODE	
				ALBERT LEA, MN 56007		
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F 689	Continued From pa	ae 2	F 68	39		
	related to weakness awareness. (The ca supervision while has assistance with eati assistance with eati assistant (NA) care impaired vision, and understands and is NA care plan identified eating with assist to supervision for sign plan did not include hot coffee or requirit Review of the progr 10:18 a.m. indicated as having more diffi indicated options we was implemented. Review of the nursi did not reveal any m burn injury to R1's se evidence of a physi completed by a lice coffee on herself. The evidence of any oth being completed ov monitor the extent of this event. Review not reveal any chard	h vision and physical mobility, s and impaired safety are plan did not include andling hot coffee or requiring ing). A current nursing plan identified R1 as having d indicated the resident usually understood. Additionally, the fied R1 as independent with o set up tray, and requires staff is of choking. (The NA care e supervision while handling ing assistance with eating). ress notes dated 10/6/18, at d dietary staff had reported R1 iculty feeding herself. The note ere discussed and a lip plate ng progress notes for 11/21/18 nention of a coffee spill or shoulder or chest, nor any cal assessment being nsed nurse after R1 spilled The notes did not contain per monitoirng or skin checks ver the next 24 hours to of the injury sustained during of R1's current care plan did ages were made to reflect R1's reased supervision with hot		 assistance, and Do not leave who require assistance williquids. 2.) A policy and p implemented in regards to includes updating the plareflect changes implemented further burns. Copies of the available for nurses to pice paychecks on 1/11/18. 3. Managers were given an complete that looked at wirequired assistance with a sincluding cueing and obstatheir plan of care reflected plan of care reflected plan of care was to be up Nurse Managers will com January 11, 2019. 3.) Measures/Systematice place to assure the alleged practice does not re-occu. Managers will complete reflects this. A burn policy implemented. Education staff reminding them that require assistance with mobservation and cueing, seating and drinking, unsure any hot liquids. 	with eating and ith any hot rocedure was o burns, and n of care to nted to prevent his were ck up with their) Nurse auditing form to which residents their meals, ervation, and if d this. If not, the plate this by c changes put in ed deficient ur: Nurse nonthly audits on sistance with ir plan of care //procedure was was provided to residents who neals, including should never be as they are at nd not to leave sistance with	
	indicated R1 was no area from the uppe R1 also was noted	ted 11/23/18, at 5:56 a.m. oted to have an open blistered r chest to between the breast. to have an intact blister on the sured 4 cm (centimeters)		 4.) Corrective actions wi ensure the alleged deficie not re-occur: Continued a Managers of residents wi assistance with eating, and 	ent practice will audits by Nurse no require	

Facility ID: 00138

If continuation sheet Page 3 of 11

		& MEDICAID SERVICES	1		OMB NO.			
	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION		E SURVEY PLETED		
		245338	B. WING			C 0 7/2018		
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD		07/2010		
	NS LUTHERAN HOME	:		901 LUTHER PLACE ALBERT LEA, MN 56007				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETIC DATE		
F 689	wide. The note indis she spilled hot coffe home with her fami 11/22/18. A subseq 10:32 a.m. on 11/22 found during the nig chest. The note ind spilled coffee on he by the night staff but this note. Staff spol burn had happened outing on 11/22/18, the burn the previou facility to visit and r on her shoulder at the A MD/NP Fax Com 11/23/18 indicated area on her chest fi herself "2 days age area was 8 centime fax was returned si 11/26/18, with orde twice daily and app A progress note em a.m. indicated R1's were pink in color v further indicated the reddenend area on well and included, " progress note at 8: and abdomen to be be peeling, and des reddened area was resident's chin. The this was caused by and included, "Wait	cated R1 had reported to staff ee on herself while she was at ly celebrating Thanksgiving on uent progress note entry at 3/18, indicated R1 had been ght with pink itchy skin on her licated R1 had told staff she'd erself. Blistering was reported ut had subsided by the time of ke with F-B who indicated the d at the facility prior to her and he was already aware of us day, when he came to the noted R1 holding a washcloth the time of his visit. munication Form, dated R1 had a burned and blistered rom spilling hot coffee on 0 [11/21/18]" and the blistered eters by 18 centimeters. The gned by the provider on rs to clean the affected area	F 68	of their plans of care. Any inco- will be corrected immediately education provided. The DON will report the findings of the a QA committee for recommence ensure ongoing compliance.	and or designee udits to the			

		AND HUMAN SERVICES			FORM	01/14/2019 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		245338	B. WING		C 12/07/2018	
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	•	
ST JOHN	IS LUTHERAN HOME		-	01 LUTHER PLACE ALBERT LEA, MN 56007		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 689	Continued From pa and will continue to	-	F 689			
	p.m. indicated a ph	note dated 11/26/18, at 4:15 ysician order had been aseline to R1's burned skin				
	included, "[R1's] ch greenish in color ur to certified nurse pr obtained an order f day (bid)." A progre 10:09 a.m. indicate wide at the sternal from sternum to the described the burn	ted 11/28/18, at 10:09 a.m. est skin remains intact but is inderneath the skin. Reported ractitioner (CNP)-A and or silvadene cream twice a iss note dated 11/29/18, at d R1's burns measured 7cm region and 16 cm in length a abdominal region. The note as having "yellowish and kudate noted throughout" the				
	indicated a physicia for R1 to continue v a day) for 2 weeks. indicated R1 had be	ted 11/28/18 at 11:04 a.m., an's order had been received with silvadene cream bid (twice At that time, the note also een examined by CNP-A who lesion/burn was showing early				
	indicated an appoir	ted 11/30/18, at 2:09 p.m. htment had been made for R1 ht care on 12/1/18, to assess				
	F-A and the facility CNP-B from urgent reported to the facil	ted 12/1/18, at 2:20 p.m. een taken to urgent care by staff received a call from care at that time. CNP-B lity staff he had filed a ate Agency related to R1's				

If continuation sheet Page 5 of 11

		AND HUMAN SERVICES				FORM	01/14/2019 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		E CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		245338	B. WING _			C 12/07/2018	
NAME OF	PROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE	-	
ST JOHI	NS LUTHERAN HOME				01 LUTHER PLACE LBERT LEA, MN 56007		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 689	burns. The note ind staff F-A reported to happened at the her resided. A referral w be seen on 12/3/18 evaluation and treat appointment, orders cream treatment to A progress note dat returned from an ap Clinic with orders to cream treatment. During observation 12/7/18, at 8:54 a.m floor north assisted assistant (NA)-A wat meal preparation at spoon. R1 was furt grab a piece of toas During the meal, N/ which R1 consume down on the table in During observation on 12/7/18, at 10:09 change supplies, w and removed gauze The area was clear and measurements red and superficial burn measuring 8 c RN-B identified two soft scab like areas by 3 cm, and 1 cm Silver sulfadiazine to applied, nonstick pa	icated CNP-B had told facility o him R1's burns had ealth care facility where she was made by CNP-B for R1 to 3, at Regions Burn Center for tment. Prior to the s were to continue silvadene the burns. ted 12/3/18, indicated R1 opointment at Regions Burn o continue with the silvadene of the breakfast meal on n. R1 was sitting in the first dining room. Nursing as observed to assist R1 with hod fed R1 bites of egg from a ther observed to independently st from her plate, and eat it. A-A handed R1 a glass of milk d, and R1 set the glass back	F 6	89			

If continuation sheet Page 6 of 11

		AND HUMAN SERVICES				FORM	01/14/2019 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,			(X3) DATE COM	E SURVEY PLETED
		245338	B. WING				C 07/2018
NAME OF I	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
ST JOHN	IS LUTHERAN HOME				001 LUTHER PLACE ALBERT LEA, MN 56007		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 689	stated identified the signs and symptom A physician visit pro- during an urgent ca was seen at urgent R1 was examined a the area of the stern notch to just below on the abdomen bil described as having heart area with no s the burn. The note identified but indica to Regions Burn Ce treatment. Orders to CNP-B indicated R often was unable to home staff gave he few days before Th Thanksgiving) whic indicated he had co where R1 resides to vulnerable adult (V/ note further indicate had spilled hot coffe family over Thanks received from the fa required to file a vu related to potential During interview on assistant (NA)-B sta had poor vision, and and fluids. NA-B fur to guide and assist last couple of mont	e area was healing with no as of infection. bgress note dated 12/1/18, are visit. CNP-B indicated R1 care with a burn to the chest. and observed to have a burn in num from the sternoclavicular the xiphoid, with some burns aterally. The area was g honey crusted skin over the swelling around the edges of indicated no infection was ted a referral had been made enter for a consult for o continue silvadene cream. 1's family (F)-B reported R1 o feed herself, and the nursing r hot coffee on 2 occasions (a anksgiving and the day of h she spilled on her chest. F-B ontacted the nursing home o inform them he had filed a A) complaint. The progress ed the facility informed him R1 ee while out on an outing with giving. Due to the information amily, CNP-B indicated he was Inerable adult to the State neglect. 12/7/18, at 9:18 a.m. nursing ated R1 was shaky at times, d had a tendency to spill food rther stated staff had needed R1 with food and fluids for the	F	589			

If continuation sheet Page 7 of 11

	-	I AND HUMAN SERVICES E & MEDICAID SERVICES			FORM	: 01/14/2019 APPROVED . 0938-0391
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	LE CONSTRUCTION	(X3) DAT CON	E SURVEY IPLETED
		245338	B. WING			C / 07/2018
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
ST JOH	NS LUTHERAN HOME	1		901 LUTHER PLACE ALBERT LEA, MN 56007		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 689	a.m. NA-B stated si beverages to R1's I R1 will grab the bey to help her. NA-B si shakiness varied da spilling coffee other with family on Than coffee wasn't allow assistance to drink required no special beverages. During interview on registered nurse (R coffee in the afterna ago and had obtain RN-B stated since to increased supervisi RN-B stated the bui identified by night si 11/23/18, and had to RN-B stated she had chest at that time b painful. RN-B said to the resident had be had notified the phy wasn't sure when the During a telephone at 10:00 a.m., F-A stated h occurred on Thanks F-A stated he had to may have burned h could not verify. F- able to give more in occured and where	taff can ususally guide lips and let go, but sometimes verage before staff are ready stated R1's ability and aily. NA-B was not aware of R1 r than when she had went out hksgiving, and further stated ed for R1 unless she had it. NA-B also stated R1 I equipment to drink n 12/7/18, at 9:57 a.m. RN)-B stated R1 had spilled oon at the facility a week or so hed a superficial pink area. that time R1 had received ion of her meals and coffee. Im to R1's chest area was shift staff the morning of been brought to her attention. ad assessed the area to R1's but it was not red, weeping or the area had appeared as if een rubbing it. RN-B stated she ysician per fax at that time, but he burn had occurred. e interview with F-A on 12/7/18 stated he was aware of R1's be did not think R1's burns sgiving while out with family. thought F-B had told him R1 herself at the nursing home, but -A further stated F-B may be nformation on when R1's burn	F 689			

Facility ID: 00138

If continuation sheet Page 8 of 11

	-	AND HUMAN SERVICES					FORM	01/14/2019 APPROVED 0938-0391
STATEMENT	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · /		E CONSTRUCTION		(X3) DATE COM	E SURVEY PLETED
		245338	B. WING					C 0 7/2018
NAME OF	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP COD)E		
ST JOHN	NS LUTHERAN HOME				01 LUTHER PLACE LBERT LEA, MN 56007			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD	BE	(X5) COMPLETION DATE
F 689	stated R1 had requ meals in the last mo shakiness. NA-A fur to guide or prompt I her mouth. NA-A sta needs assistance a when drinking it." During observation 12:45 p.m. with the (CDM), the tempera noted to be 188.6 d dispensed directly f carafe the facility w distribution. The CI insulated to help ke 4-6 hours, however reheating coffee for During a telephone p.m., CNP-B stated Care on 12/1/18, re chest area. CNP-B was not getting the had been spilling ho skin burns. CNP-B him the nursing hor anything about the I application treatmel examined by a mec he felt R1's burns to significant enough f intervention to inclu Clinic. During an interview (DON) on 12/7/18, a	ired more assistance with onth or so due to her rther stated R1 required help her to eat and get the glass to ated R1 "can have coffee, but and staff must stay with her and interview on 12/7/18, at certified dietary manager ature of the facility coffee was legrees Fahrenheit when from the coffee machine into a rould typically use for DM stated the carafes were eep hot liquids warm for about r, the facility often ended up	F 6	89				

If continuation sheet Page 9 of 11

		AND HUMAN SERVICES				FORM	APPROVED	
	<u>TS FOR MEDICARE</u> OF DEFICIENCIES	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MU	TIE	PLE CONSTRUCTION	MB NO. 0938-0391 (X3) DATE SURVEY		
	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:			G		IPLETED	
						(С	
		245338	B. WING			12/0	07/2018	
NAME OF F	PROVIDER OR SUPPLIER	•		;	STREET ADDRESS, CITY, STATE, ZIP CODE			
ST JOHN	IS LUTHERAN HOME				901 LUTHER PLACE			
					ALBERT LEA, MN 56007			
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	v	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETION	
PREFIX TAG		SC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROP		DATE	
					DEFICIENCY)			
–								
F 689	Continued From pa	-	F 6	385	9			
		he DON stated that she had						
		stigation related to the burns. rough staff interview it was						
		I spilled hot coffee on herself at						
	the facility on 11/21	/18 and had obtained a small						
		nt shoulder that subsided a						
		The DON further stated that						
		was determined F-B had If the resident had spilled hot						
		hile with family on 11/22/18						
		lebrating Thanksgiving. The						
	DON stated she as	sumed interventions had been						
		1 spilled hot coffee on herself						
	on 11/21/18, but co made with the resid	nfirmed no changes had been						
	Indue with the resid	ient's plan of care.						
	RN-A stated during	interview on 12/7/18, at 11:44						
		coffee on herself about 3						
		but had not gotten burned.						
		time she'd felt it was an ecause it was a visitor that						
		e and not one of the staff						
	0	rther stated she was aware of						
		t shoulder on 11/21/18, after						
		coffee on herself. RN-A stated						
		instructed not to leave R1						
		ot coffee, however, this teen added to the plan of						
		be aware of. RN-A further						
		ntly experienced a decline in						
		red increased supervision and						
		ing. RN-A also said R1's						
	of care would be up	was next week and the plan						
		Maled at that time.						
	During interview on	12/7/18, at 12:05 p.m.						
		urse (LPN)-A stated F-A told						
		coffee when out with family for						
	I hanksgiving. LPN	I-A further stated she was not						

Facility ID: 00138

If continuation sheet Page 10 of 11

PRINTED: 01/14/2019

	-	AND HUMAN SERVICES					FORM	01/14/2019 APPROVED 0938-0391
STATEMENT	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		E CONSTRUCTION		(X3) DATE COMI	E SURVEY PLETED
		245338	B. WING					C 07/2018
NAME OF I	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE			
ST JOHN	NS LUTHERAN HOME				D1 LUTHER PLACE LBERT LEA, MN 56007			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	x	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD B	BE	(X5) COMPLETION DATE
F 689	to R1 and coffee. L coffee, she can hav During interview on stated R1 had gone Thanksgiving day 1 had returned she'd cares, and had noti and under breasts w however, could not stained with coffee During interview on stated she had give snack cart on 11/21 filled a styrofoam co NA-D stated almost call light on becaus NA-D said she'd an noted the coffee ha shoulder. NA-D stated resident to spill coff frequntly spilled oth why only a 1/4 cup the resident. NA-D and assist [R1] to d	entions or precautions related PN-A stated, "If [R1] wants ve it." 12/7/18, at 12:10 p.m. NA-C e out with family on 1/22/18. NA-C stated after R1 assisted R1 with evening ified the nurse her chest area was rashy in appearance, recall R1's clothing being upon her return to the facility. 12/7/18, at 3:40 p.m. NA-D en R1 a cup of coffee from the 1/18. NA-D stated she had up about 1/4 full of coffee. t immediately R1 had put her e she'd spilled the coffee. hswered the light, and had ad been spilled on R1's ted she'd looked at R1's skin iced the area was pink, sh cloth, and had notified the I she had never known the fee but was aware that she her liquids indicating that was of coffee had been provided to stated, "Now staff need to sit	F 6	89				

Facility ID: 00138

If continuation sheet Page 11 of 11



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

January 4, 2019

Administrator St. Johns Lutheran Home 901 Luther Place Albert Lea, MN 56007

Re: State Nursing Home Licensing Orders - Complaint Number H5338029

Dear Administrator:

A complaint investigation was completed on December 7, 2018. At the time of the investigation, the investigator assessed compliance with Minnesota Department of Health Nursing Home Rules. The investigator from the Minnesota Department of Health, Office of Health Facility Complaints, noted one or more violations of these rules. These state licensing orders are issued in accordance with Minnesota Statute section 144.653 and/or Minnesota Statute Section 144A.10. If, upon reinspection, it is found that the violations cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.

To assist in complying with the licensing order(s), a "suggested method of correction" has been added. This provision is being suggested as one method that you can follow to correct the cited violation. Please remember that this provision is <u>only a suggestion</u> and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the violation within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

The State licensing orders are delineated on the Minnesota Department of Health order form. The Minnesota Department of Health is documenting the state licensing orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for nursing homes. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute after the statement, "This Rule is not met as evidenced by." Following investigator's findings are the Suggested Method of Correction and the Time Period For Correction.

PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

St. Johns Lutheran Home January 4, 2019 Page 2

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

When all licensing orders are corrected, the form should be signed and returned electronically to:

Holly Kranz, Unit Supervisor Mankato District Office Licensing and Certification Program Health Regulation Division Minnesota Department of Health 12 Civic Center Plaza, Suite #2105 Mankato, MN 56001 Email: holly.kranz@state.mn.us Phone: (507) 344-2742 Fax: (507) 344-2723

You may request a hearing on any assessments that result from non-compliance with these licensing orders by providing a written request to the Department within 15 days of receipt of a notice of assessment for non-compliance.

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.

Sincerely,

Kumala Fiske Downing

Kamala Fiske-Downing Licensing and Certification Program Minnesota Department of Health P.O. Box 64900 St. Paul, MN 55164-0900 Telephone: (651) 201-4112 Fax: (651) 215-9697 Email: <u>Kamala.Fiske-Downing@state.mn.us</u>

SVQN NH Orders EPOC

Minneso	ta Department of He	alth				
-	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		00138	B. WING		(12/0) 7/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
	IS LUTHERAN HOME	901 I UTH	ER PLACE			
	IS LUTHERAN HOME	ALBERT I	EA, MN 56	007		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
2 000	Initial Comments		2 000			
	*****ATTE	NTION*****				
	NH LICENSING	CORRECTION ORDER				
	144A.10, this correct pursuant to a surver found that the defic herein are not correct not corrected shall with a schedule of f the Minnesota Depa Determination of wh corrected requires of requirements of the	hether a violation has been compliance with all a rule provided at the tag				
	When a rule contain comply with any of lack of compliance. re-inspection with a result in the assess	ale number indicated below. Ins several items, failure to the items will be considered Lack of compliance upon any item of multi-part rule will ment of a fine even if the item aring the initial inspection was				
	that may result from orders provided that the Department wit	hearing on any assessments n non-compliance with these a written request is made to hin 15 days of receipt of a ent for non-compliance.				
	12/7/18, to investig	rS: gation was conducted on ate complaint #H5338029. As g orders are issued.				
	electronic receipt or consistent with the	eed to participate in the f State licensure orders Minnesota Department of				
ABORATOR	epartment of Health 7 DIRECTOR'S OR PROVIE ically Signed	DER/SUPPLIER REPRESENTATIVE'S SIGI	NATURE	TITLE		(X6) DATE 01/10/19

STATE FORM

If continuation sheet 1 of 12

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	СОМ	E SURVEY PLETED C
		00138	B. WING		12/07/2018	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY,	STATE, ZIP CODE		
ST JOHN	IS LUTHERAN HOME		HER PLACE LEA, MN 56	007		
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF CORF	RECTION	(X5)
PRÉFIX TAG	(YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)		COMPLET DATE
2 000	Continued From pa	ge 1	2 000			
	http://www.health.st obul.htm The State delineated on the at Department of Heal electronically. Althous necessary for State the word "corrected Then indicate in the process, under the date your orders will	Ith orders being submitted bugh no plan of correction is Statutes/Rules, please enter " in the box available for text. e electronic State licensure heading completion date, the Il be corrected prior to itting to the Minnesota				
2 835	Proper Nursing Car Subp. 2. Criteria fo	r determining adequate and	2 835			1/11/19
	adequate and prope Evidence of adequa	ate care and kind and ent at all times. Privacy must				
	by: Based on observati review, the facility fa implement intervent injury for 1 of 3 resi for accidents, who h	tions to minimize the risk of dents (R1) who was reviewed nad a history of difficulty		Corrected		
	activities. R1 susta received a burn to t	liquids during eating ined actual harm when she he sternum requiring a referral to a burn clinic.				
	Findings include:					

IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00138			COM	E SURVEY PLETED C 07/2018
	STREET A				
	901				
IS LUTHERAN HOME			07		
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
Continued From pa	ge 2	2 835			
R1's current diagno disorder, major dep weakness, history o	o sis listing included: anxiety pressive disorder, muscle of falls with fractures, syncopal				
(MDS) assessment as having a brief int (BIMS) score of "13 R1 understands and independently with	dated 9/25/18, identified R1 terview for mental status " (meaning cognitively intact). d is understood. R1 eats set up help. No impairments ir				
identified R1 as bei R1 does not utilize	ng independent with eating. adaptive devices during eating	9			
identified R1 with ne	o skin impairments. R1's skin				
as having an alterat to syncope/collapse care plan further ind recall, understands independent with ea set up and opening has impairment with related to weakness awareness. (The ca supervision while has assistance with eat assistance with eat assistant (NA) care impaired vision, and	tion in thought process related and impaired glucose. The dicated: R1 has good memory and is understood. R1 is ating with assistance of tray condiments/containers. R1 h vision and physical mobility, s and impaired safety are plan did not include andling hot coffee or requiring ing). A current nursing plan identified R1 as having d indicated the resident usually				
	OF CORRECTION PROVIDER OR SUPPLIER IS LUTHERAN HOME SUMMARY STA (EACH DEFICIENCY) REGULATORY OR L Continued From pa R1's current diagno disorder, major dep weakness, history of episodes (fainting), kidney disease. Review of the currer (MDS) assessment as having a brief inti- (BIMS) score of "13 R1 understands an independently with upper and lower ex A quarterly nutrition- identified R1 as bei R1 does not utilize and has no skin cou A quarterly skin ass- identified R1 with n- is assessed during bathing. Review of the currer as having an altera- to syncope/collapse care plan further into- recall, understands independent with ea- set up and opening has impairment with related to weakness- awareness. (The ca- supervision while h- assistance with eat assistant (NA) care impaired vision, and	OF CORRECTION IDENTIFICATION NUMBER: 00138 00138 PROVIDER OR SUPPLIER STREET AI IS LUTHERAN HOME 901 LUT SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 R1's current diagnosis listing included: anxiety disorder, major depressive disorder, muscle weakness, history of falls with fractures, syncopal episodes (fainting), osteoporosis and chronic kidney disease. Review of the current quarterly minimum data set (MDS) assessment dated 9/25/18, identified R1 as having a brief interview for mental status (BIMS) score of "13" (meaning cognitively intact). R1 understands and is understood. R1 eats independently with set up help. No impairments ir upper and lower extremities. A quarterly nutritional assessment dated 9/25/18, identified R1 as being independent with eating. R1 does not utilize adaptive devices during eating and has no skin concerns. A quarterly skin assessment dated 9/24/18, identified R1 with no skin impairments. R1's skin is assessed during daily cares and during weekly bathing. Review of the current plan of care, identifies R1 as having an alteration in thought process related to syncope/collapse and impaired glucose. The care plan further indicated: R1 has good memory recall, understands and is understood. R1 is independent with eating with assistance of tray set up and opening condiments/containers. R1 has impairment with vision and physical mobility, related to weakness and impaired safety awareness. (The care plan did not include supervision while handling hot offee or requiring assistant (NA) care plan id	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 00138 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, ST SILUTHERAN HOME 901 LUTHER PLACE ALBERT LEA, MN 560 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX Continued From page 2 2 835 R1's current diagnosis listing included: anxiety disorder, major depressive disorder, muscle weakness, history of falls with fractures, syncopal episodes (fainting), osteoporosis and chronic kidney disease. 2 835 Review of the current quarterly minimum data set (MDS) assessment dated 9/25/18, identified R1 as having a brief interview for mental status (BIMS) score of "13" (meaning cognitively intact). R1 understands and is understood. R1 eats independently with set up help. No impairments in upper and lower extremities. A quarterly nutritional assessment dated 9/25/18, identified R1 as being independent with eating. R1 does not utilize adaptive devices during eating and has no skin concerns. A quarterly skin assessment dated 9/24/18, identified R1 with no skin impairments. R1's skin is assessed during daily cares and during weekly bathing. Review of the current plan of care, identifies R1 as having an alteration in thought process related to syncope/collapse and impaired glucose. The care plan further indicated: R1 has good memory recall, understands and is understood. R1 is independent with eating with assistance of tray set up and opening condiments/containers. R1 has impairment with vision and physical mobility, r	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 00138 B. WING *ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SLUTHERAN HOME 901 LUTHER PLACE ALBERT LEA, MN 56007 SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WIST BE PRECEDED BY FULL REQULATORY OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLAN OF COntinued From page 2 2 835 Continued From page 2 2 835 2 835 R1's current diagnosis listing included: anxiety disorder, major depressive disorder, muscle weakness, history of falls with fractures, syncopal episodes (fainting), osteoporosis and chronic kidney disease. 2 835 Review of the current quarterly minimum data set (MDS) assessment dated 9/25/18, identified R1 as having a brief interview for mental status (BIMS) score of "13" (meaning cognitively intact). R1 uderstands and is understood. R1 eats independently with set up help. No impairments in upper and lower extremities. A quarterly nutritional assessment dated 9/25/18, identified R1 with no skin impairments. R1's skin is assessed during daily cares and during weekly bathing. Review of the current plan of care, identifies R1 as having an alteration in thought process related to syncope/collapse and impaired glucose. The care plan further indicated: R1 has good memory recail, understands and is understood. R1 is independent with eating with assistance of tray set up and opening condiments/containers. R1 has impairment with vision and physical mobility, related to weakness and impaired safety awareness. (The care plan did not include supervision while handling hot coffee or requiring assistoare with eating. A current n	OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: 12/ 00138 B. WING 12/ PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 901 LUTHER PLACE ALBERT LEA, MN 56007 SIMMARY STATEMENT OF DEFICIENCIES ID IS LUTHERAN HOME 901 LUTHER PLACE ALBERT LEA, MN 56007 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION SICULD BE IEACH DEFICIENCY MUST BE PRECEDED BY FULL PRETRY CROSS-REFERENCE Continued From page 2 2 835 CROSS-REFERENCE Continued From page 2 2 835 2 835 Review of the current quarterly minimum data set (MDS) assessment dated 9/25/18, identified R1 as having a brief interview for mental status GRMS Size of 113" (meaning cognitively intact). R1 does not utilize adaptive devices during eating and has no skin concerns. R1 eats skin in assessment dated 9/25/18, identified R1 as having an alteration in thought process related to syncope/collapse and impaired glucose. The care plan further indicated: R1 has good memory recal, understands and is understood. R1 is independent with eating. R1 does not utilize adaptive devices areal effort weakness, filter and brief indicated: R1 has good memory recal, understands and is understood. R1 is independent with eating. R1 does not utilize adaptive devices related to syncope/collapse and impaired glucose. The care plan further indicated: R1 has good memory recal, understands and is understood. R1 is independent with eating. A current rursing as

If continuation sheet 3 of 12

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		00138	B. WING			12/07/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	TATE, ZIP CODE			
ST JOHI	NS LUTHERAN HOME		HER PLACE LEA, MN 560	07			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE	
2 835	eating with assist to supervision for sign plan did not include hot coffee or requir Review of the progr 10:18 a.m. indicate as having more diff indicated options w was implemented. Review of the nursi did not reveal any r burn injury to R1's s evidence of a physic completed by a lice coffee on herself. evidence of any oth being completed ov monitor the extent of this event. Review not reveal any char	ge 3 o set up tray, and requires staff is of choking. (The NA care e supervision while handling ing assistance with eating). ress notes dated 10/6/18, at d dietary staff had reported R1 iculty feeding herself. The note ere discussed and a lip plate ng progress notes for 11/21/18 nention of a coffee spill or shoulder or chest, nor any cal assessment being nsed nurse after R1 spilled The notes did not contain her monitoirng or skin checks ver the next 24 hours to of the injury sustained during of R1's current care plan did nges were made to reflect R1's reased supervision with hot	8				
	indicated R1 was n area from the uppe R1 also was noted abdomen that mea- wide. The note indi- she spilled hot coffe home with her fami 11/22/18. A subseq 10:32 a.m. on 11/23 found during the nig chest. The note indi- spilled coffee on her	ted 11/23/18, at 5:56 a.m. oted to have an open blistered r chest to between the breast. to have an intact blister on the sured 4 cm (centimeters) cated R1 had reported to staff ee on herself while she was at ly celebrating Thanksgiving on uent progress note entry at 8/18, indicated R1 had been ght with pink itchy skin on her icated R1 had told staff she'd prself. Blistering was reported at had subsided by the time of					

STATEMEN	ota Department of He NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	COM	E SURVEY PLETED	
		00138	B. WING			C 12/07/2018	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
ST JOHN	NS LUTHERAN HOME		HER PLACE LEA, MN 560	07			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE	
2 835	burn had happened outing on 11/22/18, the burn the previo facility to visit and r on her shoulder at A MD/NP Fax Com 11/23/18 indicated area on her chest f herself "2 days ag area was 8 centime fax was returned st 11/26/18, with ordet twice daily and app A progress note en a.m. indicated R1's were pink in color v further indicated th reddenend area on well and included, progress note at 8: and abdomen to be be peeling, and der reddened area was resident's chin. The	d at the facility prior to her , and he was already aware of us day, when he came to the noted R1 holding a washcloth the time of his visit. Imunication Form, dated R1 had a burned and blistered from spilling hot coffee on o [11/21/18]" and the blistered aters by 18 centimeters. The igned by the provider on ors to clean the affected area	2 835				
	physician for treatm and will continue to A nursing progress p.m. indicated a ph	ting for an order from the nent to the burned skin areas monitor." note dated 11/26/18, at 4:15 sysician order had been aseline to R1's burned skin					
	areas until healed. A progress note da included, "[R1's] ch greenish in color u	ted 11/28/18, at 10:09 a.m. nest skin remains intact but is nderneath the skin. Reported ractitioner (CNP)-A and					

STATEMEN	DIA Department of He NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			COM	E SURVEY PLETED	
		00138	B. WING			C 12/07/2018	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
ST JOHN	NS LUTHERAN HOME	-	HER PLACE LEA, MN 560	07			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
2 835		age 5 for silvadene cream twice a	2 835				
	day (bid)." A progress note dated 11/29/18, at 10:09 a.m. indicated R1's burns measured 7cm wide at the sternal region and 16 cm in length from sternum to the abdominal region. The note described the burn as having "yellowish and green pockets of exudate noted throughout" the lesion/burn.						
	indicated a physicia for R1 to continue a day) for 2 weeks indicated R1 had b	an's order had been received with silvadene cream bid (twice . At that time, the note also een examined by CNP-A who lesion/burn was showing early					
	indicated an appoir	ated 11/30/18, at 2:09 p.m. ntment had been made for R1 nt care on 12/1/18, to assess					
	indicated R1 had b F-A and the facility CNP-B from urgen reported to the faci complaint to the St burns. The note ind staff F-A reported t happened at the he resided. A referral be seen on 12/3/1 evaluation and trea	rs were to continue silvadene					
nnesota D	returned from an a	tted 12/3/18, indicated R1 ppointment at Regions Burn o continue with the silvadene					

STATEME	Dta Department of He NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	E CONSTRUCTION	СОМ	E SURVEY PLETED
		00138	B. WING		12/	07/2018
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	NS LUTHERAN HOME	901 LUT	HER PLACE			
		ALBERT	LEA, MN 560	07		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
2 835	Continued From pa	ae 6	2 835			
	•	9				
	cream treatment.					
		of the breakfast meal on				
		n. R1 was sitting in the first				
		dining room. Nursing				
		as observed to assist R1 with nd fed R1 bites of egg from a				
		ther observed to independently	,			
	•	st from her plate, and eat it.	'			
		A-A handed R1 a glass of milk				
		d, and R1 set the glass back				
	down on the table in	ndependently.				
	on 12/7/18, at 10:09 change supplies, w and removed gauze The area was clear and measurements red and superficial burn measuring 8 c RN-B identified two soft scab like areas by 3 cm, and 1 cm Silver sulfadiazine applied, nonstick pa and the area was w	of R1's chest burn treatment 5 a.m. RN-B obtained dressing ashed hands, applied gloves, e wrapping to R1's chest area. sed with saline and gauze, obtained. RN-B identified the open chaffed chest area as a em across by 18 cm down. spearate areas of yellowish mid sternum measuring 2 cm by 1 cm to the lower sternum. 1% premoistened gauze was ads were placed over the area grapped with kerlix. RN-B e area was healing with no is of infection.				
	during an urgent ca was seen at urgent R1 was examined a the area of the stern notch to just below	ogress note dated 12/1/18, are visit. CNP-B indicated R1 care with a burn to the chest. and observed to have a burn ir num from the sternoclavicular the xiphoid, with some burns aterally. The area was				
	described as having	g honey crusted skin over the				
		swelling around the edges of				
	the burn. The note	indicated no infection was				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED	
		00138	B. WING	B. WING		C 12/07/2018	
	PROVIDER OR SUPPLIER		T ADDRESS, CITY, STATE, ZIP CODE				
		901 I UT	HER PLACE				
SIJOHN	IS LUTHERAN HOME	ALBERT	LEA, MN 560	07			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE	
2 835	Continued From pa	age 7	2 835				
	to Regions Burn Ce treatment. Orders to CNP-B indicated R often was unable to home staff gave he few days before Th Thanksgiving) whice indicated he had co where R1 resides to vulnerable adult (Va note further indicate had spilled hot coff family over Thanks received from the f	ated a referral had been made enter for a consult for to continue silvadene cream. 1's family (F)-B reported R1 o feed herself, and the nursing er hot coffee on 2 occasions (a nanksgiving and the day of ch she spilled on her chest. F-E ontacted the nursing home o inform them he had filed a A) complaint. The progress ed the facility informed him R1 ee while out on an outing with giving. Due to the information amily, CNP-B indicated he was ilnerable adult to the State neglect.	3				
	assistant (NA)-B st had poor vision, an and fluids. NA-B fu	n 12/7/18, at 9:18 a.m. nursing ated R1 was shaky at times, id had a tendency to spill food rther stated staff had needed R1 with food and fluids for the ths.					
	a.m. NA-B stated s beverages to R1's R1 will grab the bey to help her. NA-B s shakiness varied d spilling coffee other with family on Thar coffee wasn't allow assistance to drink	ent interview 12/7/18, at 9:50 staff can ususally guide lips and let go, but sometimes verage before staff are ready stated R1's ability and aily. NA-B was not aware of R1 r than when she had went out hksgiving, and further stated red for R1 unless she had it. NA-B also stated R1 I equipment to drink					
nesota D		n 12/7/18, at 9:57 a.m. RN)-B stated R1 had spilled					

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NAME OF	PROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, S	TATE, ZIP CODE			
ST JOH	NS LUTHERAN HOME		HER PLACE LEA, MN 560	07			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
2 835	coffee in the afterna ago and had obtain RN-B stated since f increased supervisi RN-B stated the bui identified by night s 11/23/18, and had k RN-B stated she had chest at that time b painful. RN-B said f the resident had be had notified the phy wasn't sure when th During a telephone at 10:00 a.m., F-A s burns. F-A stated h occurred on Thank F-A stated he had t may have burned h could not verify. F- able to give more in occured and where During interview on stated R1 had requi meals in the last m shakiness. NA-A fu to guide or prompt her mouth. NA-A st needs assistance a when drinking it."	bon at the facility a week or so red a superficial pink area. that time R1 had received ion of her meals and coffee. rn to R1's chest area was hift staff the morning of been brought to her attention. ad assessed the area to R1's ut it was not red, weeping or the area had appeared as if en rubbing it. RN-B stated she visician per fax at that time, but he burn had occurred. interview with F-A on 12/7/18 stated he was aware of R1's e did not think R1's burns sgiving while out with family. hought F-B had told him R1 erself at the nursing home, bur A further stated F-B may be nformation on when R1's burns					

winnes	ota Department of He	alth				
	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			COM	E SURVEY PLETED
		00138	B. WING		C 12/07/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
2 835	insulated to help ke 4-6 hours, however reheating coffee for During a telephone p.m., CNP-B stated Care on 12/1/18, re chest area. CNP-B was not getting the had been spilling ho skin burns. CNP-B him the nursing hor anything about the application treatme examined by a med he felt R1's burns to significant enough f intervention to inclu Clinic. During an interview (DON) on 12/7/18, she'd become away she'd recieved a ca Care on 12/1/18. The completed an invest The DON stated the determined R1 had the facility on 11/21 red area on the righ couple hours later. through interview it reported to two staf coffee on herself w when they were cel DON stated she as put in place after R	ep hot liquids warm for about t, the facility often ended up residents. Interview on 12/7/18 at 12:52 I R1 had been seen at Urgent elated to coffee burns on her stated F-A informed him R1 assistance she needed and ot coffee on herself causing further stated F-B informed me staff had not been doing burn other than a vaseline nt and that R1 had not been dical provider. CNP -B stated of the chest area were for further treatment and de a referral to Regions Burn with the director of nursing at 11:01 a.m. the DON stated re of R1's burn concerns when II from CNP-B from Urgent he DON stated that she had stigation related to the burns. rough staff interview it was spilled hot coffee on herself at /18 and had obtained a small ht shoulder that subsided a The DON further stated that was determined F-B had f the resident had spilled hot hile with family on 11/22/18 ebrating Thanksgiving. The sumed interventions had been 1 spilled hot coffee on herself nfirmed no changes had been		DEFICIENCY)		

If continuation sheet 10 of 12

STATEMEN	ota Department of He NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	E CONSTRUCTION	СОМ	E SURVEY PLETED C				
		00138	B. WING		12/	07/2018				
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE						
ST JOHNS LUTHERAN HOME 901 LUTHER PLACE ALBERT LEA, MN 56007										
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE				
2 835	RN-A stated during a.m. R1 had spilled months ago (9/18), RN-A stated at that isolated situation by gave her the coffee members. RN-A fur R1's reddened righ R1 had spilled hot of the staff had been alone when given h intervention had no care for all staff to l stated R1 had rece condition and requi assistance with eat assessment period of care would be up During interview on licensed practical m her R1 had spilled Thanksgiving. LPN aware of any interv to R1 and coffee. L coffee, she can hav During interview on stated R1 had gone Thanksgiving day 1 had returned she'd cares, and had not and under breasts however, could not	a interview on 12/7/18, at 11:44 d coffee on herself about 3 , but had not gotten burned. t time she'd felt it was an ecause it was a visitor that e and not one of the staff rther stated she was aware of it shoulder on 11/21/18, after coffee on herself. RN-A stated instructed not to leave R1 not coffee, however, this of been added to the plan of be aware of. RN-A further ently experienced a decline in irred increased supervision and ting. RN-A also said R1's I was next week and the plan odated at that time. n 12/7/18, at 12:05 p.m. nurse (LPN)-A stated F-A told coffee when out with family for N-A further stated she was not rentions or precautions related .PN-A stated, "If [R1] wants ve it." n 12/7/18, at 12:10 p.m. NA-C		DEFICIENC	Υ)					
	stated she had give snack cart on 11/21	n 12/7/18, at 3:40 p.m. NA-D en R1 a cup of coffee from the 1/18. NA-D stated she had up about 1/4 full of coffee.								

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •	CONSTRUCTION	COM	E SURVEY PLETED	
		00138	B. WING			12/07/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE			
ST JOH	NS LUTHERAN HOME		HER PLACE LEA, MN 560	07			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE	(X5) COMPLET DATE	
2 835	NA-D stated almost call light on becaus NA-D said she'd an noted the coffee ha shoulder. NA-D stat under her shirt, not obtained a cold was nurse. NA-D stated resident to spill coff frequntly spilled oth why only a 1/4 cup the resident. NA-D and assist [R1] to d A telephone call wa 9:00 a.m. and 12/11 was no return call. SUGGESTED MET director of nursing of revise facility policie eating and drinking revise policies relat hazards, and educa nursing or designed ensure they are rec supervision with ea whether or not they safety. The directo report the findings of assurance committ ensure ongoing cor	t immediately R1 had put her e she'd spilled the coffee. Iswered the light, and had d been spilled on R1's ted she'd looked at R1's skin iced the area was pink, sh cloth, and had notified the she had never known the ee but was aware that she er liquids indicating that was of coffee had been provided to stated, "Now staff need to sit rink coffee." Is placed to F-B on 12/7/18, at 7/18, at 2:30 p.m., but there THOD OF CORRECTION: The or designee could review and es involving assistance with fluids, and/or review and ed to incidents and accident ate all staff. The director of e could audit residents to seiving adequate care and ting activities, and assess need adaptive equipment for r of nursing or designee could of the audits to the quality ee for recommendations to					



Protecting, Maintaining and Improving the Health of All Minnesotans

Office of Health Facility Complaints Investigative Public Report

Report #: H5338030M **Compliance #:** H5338029 Date Concluded: March 26, 2019 Date of Visit: March 1, 2019

Name, Address, and County of Facility Investigated: St. John's Lutheran Home

901 Luther Place Albert Lea, MN 56007

Freeborn County

Facility Type: Nursing Home

Investigator's Name: Peggy Boeck, RN Special Investigator

Finding: Substantiated, facility responsibility

Nature of Visit:

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

Allegation(s):

It is alleged that the facility neglected to develop and implement interventions to minimize the risk of injury for a resident who sustained a burn to the sternum.

Investigative Findings and Conclusion:

Neglect was substantiated. The resident required feeding assistance, but the facility did not

change the care plan or implement interventions for hot beverages. The facility staff gave the resident hot coffee, which she spilled on herself, and sustained second degree burns across her chest and abdomen.

The investigation included interviews with facility staff members, including administrative staff, nursing staff, and dietary staff. The investigator reviewed resident records, facility policies, incident reports, and grievances. The investigator reviewed urgent care records, hospital records, and family provided photos of the resident's burns.

An equal opportunity employer.

The resident admitted to the facility with diagnoses that included dementia, history of falls, essential tremors, and cataracts. The care plan indicated the resident ate independently after staff set up the food tray and opened condiments and containers. The nursing assistant care plan identified the resident as vision impaired and noted she required staff supervision while eating to watch for signs of choking. There were no restrictions on hot beverages, and the resident enjoyed coffee.

The resident ate in the dining room until progression of disease made it difficult for the resident to eat independently. Several months before the incident, staff moved the resident to the solarium for meals, along with others who required assistance with eating. Staff allowed the resident to drink coffee independently.

One morning at breakfast, the resident spilled a cup of coffee on her chest. When a visiting family member came, he noticed a coffee stain and asked the staff to change the resident's shirt in preparation for an outing. The resident returned from the outing, and staff put pajamas on her and assisted the resident to bed. The next morning a staff member noticed an open blister on the resident's chest and an intact blister on the resident's abdomen. The facility attempted to contact the resident's nurse practitioner but, due to a communication mix-up, did not get treatment orders for the burn until three days later.

The facility made no changes to the resident's care plan with regard to hot beverages and assistance with eating.

The resident received examination and treatment at urgent care and ongoing treatment at a burn center.

During interviews, facility staff members said the resident used to be able to feed herself, but decompensated to need total staff assistance with food and beverages. The staff members indicated "all staff" knew this.

During interviews, family members said they had seen the resident with coffee spills on her clothing on several occasions.

In conclusion, neglect was substantiated.

Neglect: Minnesota Statutes, section 626.5572, subdivision 17

"Neglect" means:

(a) The failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to, food, clothing, shelter, health care, or supervision which is:
(1) reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult; and

(2) which is not the result of an accident or therapeutic conduct.

(b) The absence or likelihood of absence of care or services, including but not limited to, food, clothing, shelter, health care, or supervision necessary to maintain the physical and mental health of the vulnerable adult which a reasonable person would deem essential to obtain or maintain the vulnerable adult's health, safety, or comfort considering the physical or mental capacity or dysfunction of the vulnerable adult.

Vulnerable Adult interviewed: No. Unable to interview. Family/Responsible Party interviewed: Yes Alleged Perpetrator interviewed: N/A

Action taken by facility:

The facility updated the resident's care plan to indicate staff were to cool hot beverages and use a cup lid. Staff were to stay with the resident during meals or when having hot beverages. Staff received education.

Action taken by the Minnesota Department of Health:

The facility was found to be in noncompliance. To view a copy of the Statement of Deficiencies and/or correction orders, please visit:

https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.cfm, or call 651-201-4890 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached Statement of Deficiencies.

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

cc: Health Regulation Division – Licensing and Certification
 The Office of Ombudsman for Long-Term Care
 Albert Lea Police Department
 Albert Lea City Attorney
 Freeborn County Attorney

PRINTED: 04/03/2019 FORM APPROVED

Minnesota Department of Health

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	CATION NUMBER:		(X3) DATE SURVEY COMPLETED C 12/07/2018	
		00138				
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
ST JOHN	NS LUTHERAN HOME		HER PLACE LEA, MN 560	07		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION ((EACH CORRECTIVE ACTION SHOULD BE CON CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
2 000	Initial Comments		2 000			
	****ATTEI	NTION*****				
	NH LICENSING	CORRECTION ORDER				
	144A.10, this correct	Minnesota Statute, section ction order has been issued w If upon reinspection it is				

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

STATE FO	ORM	6899	HMXJ11		If continuation sheet 1 of 12
Electr	onically Signed				01/10/19
	a Department of Health ORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIG	NATURE		TITLE	(X6) DATE
	The facility has agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of				
	A complaint investigation was conducted on 12/7/18, to investigate complaint #H5338029. As a result the following orders are issued.				

PRINTED: 04/03/2019 FORM APPROVED

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	
		00138			12/0) 7/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
ST JOHN	NS LUTHERAN HOME		HER PLACE LEA, MN 560	07		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU) CROSS-REFERENCED TO THE APPRC DEFICIENCY)	LD BE	(X5) COMPLETE DATE
2 000	Health Informationa http://www.health.st obul.htm The State delineated on the a Department of Hea electronically. Altho	al Bulletin 14-01, available at tate.mn.us/divs/fpc/profinfo/inf e licensing orders are	2 000			

	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.			
2 835	MN Rule 4658.0520 Subp. 2 A Adequate and Proper Nursing Care; Criteria	2 835		1/11/19
	Subp. 2. Criteria for determining adequate and proper care. The criteria for determining adequate and proper care include: Evidence of adequate care and kind and considerate treatment at all times. Privacy must be respected and safeguarded.			
	This MN Requirement is not met as evidenced by:			
	Based on observation, interview and document review, the facility failed to develop and implement interventions to minimize the risk of injury for 1 of 3 residents (R1) who was reviewed for accidents, who had a history of difficulty		Corrected	

STATE FO	Department of Health RM	6899	HMXJ11	If continuation sheet 2 of 12
Minnesste	Devertue evet of Lie elth			
	Findings include:			
	Eindinge include:			
	physician visit and referral to a burn clinic.			
	activities. R1 sustained actual harm when she received a burn to the sternum requiring a			
	managing food and liquids during eating			
	for accidents, who had a mistory of uniculty			

PRINTED: 04/03/2019 FORM APPROVED

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	
		00138			12/	C 07/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, ST	ATE, ZIP CODE			
ST JOHN	S LUTHERAN HOME		HER PLACE LEA, MN 5600)7			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
	R1's current diagno disorder, major dep weakness, history d episodes (fainting), kidney disease.	ge 2 osis listing included: anxiety oressive disorder, muscle of falls with fractures, syncopal osteoporosis and chronic					

(MDS) assessment dated 9/25/18, identified R1 as having a brief interview for mental status (BIMS) score of "13" (meaning cognitively intact). R1 understands and is understood. R1 eats independently with set up help. No impairments in upper and lower extremities.

A quarterly nutritional assessment dated 9/25/18, identified R1 as being independent with eating. R1 does not utilize adaptive devices during eating and has no skin concerns.

A quarterly skin assessment dated 9/24/18, identified R1 with no skin impairments. R1's skin is assessed during daily cares and during weekly bathing.

Review of the current plan of care, identifies R1 as having an alteration in thought process related to syncope/collapse and impaired glucose. The care plan further indicated: R1 has good memory recall, understands and is understood. R1 is independent with eating with assistance of tray set up and opening condiments/containers. R1 has impairment with vision and physical mobility,

	related to weakness and impaired safety	
	awareness. (The care plan did not include	
	supervision while handling hot coffee or requiring	
	assistance with eating). A current nursing	
	assistant (NA) care plan identified R1 as having	
	impaired vision, and indicated the resident usually	
	understands and is understood. Additionally, the	
	NA care plan identified R1 as independent with	
Minneso	ta Department of Health	

STATE FORM

6899

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If continuation sheet 3 of 12

Minnesota Department of Health

`		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		00138	B. WING		(12/0) 7/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
ST JOHN	NS LUTHERAN HOME		IER PLACE LEA, MN 560	07		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRC DEFICIENCY)	LD BE	(X5) COMPLETE DATE
2 835	Continued From pa	ige 3	2 835			
	supervision for sign plan did not include	o set up tray, and requires staff is of choking. (The NA care supervision while handling ing assistance with eating).				
		ress notes dated 10/6/18, at d dietary staff had reported R1				

as having more difficulty feeding herself. The note indicated options were discussed and a lip plate was implemented.

Review of the nursing progress notes for 11/21/18 did not reveal any mention of a coffee spill or burn injury to R1's shoulder or chest, nor any evidence of a physical assessment being completed by a licensed nurse after R1 spilled coffee on herself. The notes did not contain evidence of any other monitoirng or skin checks being completed over the next 24 hours to monitor the extent of the injury sustained during this event. Review of R1's current care plan did not reveal any changes were made to reflect R1's need for help or increased supervision with hot beverages.

A progress note dated 11/23/18, at 5:56 a.m. indicated R1 was noted to have an open blistered area from the upper chest to between the breast. R1 also was noted to have an intact blister on the abdomen that measured 4 cm (centimeters) wide. The note indicated R1 had reported to staff she spilled hot coffee on herself while she was at

home with her family celebrating Thanksgiving on 11/22/18. A subsequent progress note entry at 10:32 a.m. on 11/23/18, indicated R1 had been found during the night with pink itchy skin on her chest. The note indicated R1 had told staff she'd spilled coffee on herself. Blistering was reported by the night staff but had subsided by the time of this note. Staff spoke with F-B who indicated the			
Minnesota Department of Health			
STATE FORM	⁶⁸⁹⁹ H	HMXJ11	If continuation sheet 4 of 12

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		00138			(12/0	C)7/2018
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2 835	burn had happened outing on 11/22/18, the burn the previou facility to visit and n on her shoulder at t	at the facility prior to her and he was already aware of us day, when he came to the oted R1 holding a washcloth	2 835			

11/23/18 indicated R1 had a burned and blistered area on her chest from spilling hot coffee on herself "2 days ago [11/21/18]" and the blistered area was 8 centimeters by 18 centimeters. The fax was returned signed by the provider on 11/26/18, with orders to clean the affected area twice daily and apply Vaseline.

A progress note entry dated 11/24/18, at 8:47 a.m. indicated R1's chest and abdomen area were pink in color with peeling skin. The note further indicated the resident had been picking a reddenend area on the right side of her chin as well and included, "Will continue to monitor." A progress note at 8:50 a.m. described R1's chest and abdomen to be pink in color and the skin to be peeling, and described a 1 1/2 cm by 2 cm reddened area was noted on the right side of the resident's chin. The note indicated R1 believed this was caused by the hot coffee she'd spilled and included, "Waiting for an order from the physician for treatment to the burned skin areas and will continue to monitor."

A nursing progress note dated 11/26/18, at 4:15

STATE FORM	6899	HMXJ11	If continuation sheet 5 of 12
Minnesota Department of Health			
A progress note dated 11/28/18, at 10:09 a.m. included, "[R1's] chest skin remains intact but is greenish in color underneath the skin. Reported to certified nurse practitioner (CNP)-A and			
p.m. indicated a physician order had been received to apply Vaseline to R1's burned skin areas until healed.			

Minnesota Department of Health

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2 835	Continued From pa	ige 5	2 835			
	day (bid)." A progre 10:09 a.m. indicate wide at the sternal from sternum to the described the burn	or silvadene cream twice a ess note dated 11/29/18, at d R1's burns measured 7cm region and 16 cm in length a abdominal region. The note as having "yellowish and kudate noted throughout" the				

lesion/burn.

A progress note dated 11/28/18 at 11:04 a.m., indicated a physician's order had been received for R1 to continue with silvadene cream bid (twice a day) for 2 weeks. At that time, the note also indicated R1 had been examined by CNP-A who had indicated R1's lesion/burn was showing early signs of healing.

A progress note dated 11/30/18, at 2:09 p.m. indicated an appointment had been made for R1 to be seen at urgent care on 12/1/18, to assess her burns.

A progress note dated 12/1/18, at 2:20 p.m. indicated R1 had been taken to urgent care by F-A and the facility staff received a call from CNP-B from urgent care at that time. CNP-B reported to the facility staff he had filed a complaint to the State Agency related to R1's burns. The note indicated CNP-B had told facility staff F-A reported to him R1's burns had happened at the health care facility where she resided. A referral was made by CNP-B for R1 to

	be seen on 12/3/18, at Regions Burn Center for evaluation and treatment. Prior to the appointment, orders were to continue silvadene cream treatment to the burns.			
	A progress note dated 12/3/18, indicated R1 returned from an appointment at Regions Burn Clinic with orders to continue with the silvadene			
Minnesota	Department of Health			
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Minnesota Department of Health

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2 835	Continued From pa	ige 6	2 835			
	cream treatment.					
	12/7/18, at 8:54 a.n floor north assisted assistant (NA)-A wa	of the breakfast meal on n. R1 was sitting in the first dining room. Nursing as observed to assist R1 with nd fed R1 bites of egg from a				

spoon. R1 was further observed to independently grab a piece of toast from her plate, and eat it. During the meal, NA-A handed R1 a glass of milk which R1 consumed, and R1 set the glass back down on the table independently.

During observation of R1's chest burn treatment on 12/7/18, at 10:05 a.m. RN-B obtained dressing change supplies, washed hands, applied gloves, and removed gauze wrapping to R1's chest area. The area was cleansed with saline and gauze, and measurements obtained. RN-B identified the red and superficial open chaffed chest area as a burn measuring 8 cm across by 18 cm down. RN-B identified two spearate areas of yellowish soft scab like areas mid sternum measuring 2 cm by 3 cm, and 1 cm by 1 cm to the lower sternum. Silver sulfadiazine 1% premoistened gauze was applied, nonstick pads were placed over the area, and the area was wrapped with kerlix. RN-B stated identified the area was healing with no signs and symptoms of infection.

A physician visit progress note dated 12/1/18, during an urgent care visit. CNP-B indicated R1

was seen at urgent care with a burn to the chest. R1 was examined and observed to have a burn in the area of the sternum from the sternoclavicular notch to just below the xiphoid, with some burns on the abdomen bilaterally. The area was described as having honey crusted skin over the heart area with no swelling around the edges of					
the burn. The note indicated no infection was					
Minnesota Department of Health					
STATE FORM	6899	HMXJ11	If continuatio	on sheet 7 of 12	

Minnesota Department of Health

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	to Regions Burn Ce treatment. Orders to CNP-B indicated R often was unable to home staff gave he	ated a referral had been made enter for a consult for o continue silvadene cream. 1's family (F)-B reported R1 o feed herself, and the nursing or hot coffee on 2 occasions (a anksgiving and the day of				

Thanksgiving) which she spilled on her chest. F-B indicated he had contacted the nursing home where R1 resides to inform them he had filed a vulnerable adult (VA) complaint. The progress note further indicated the facility informed him R1 had spilled hot coffee while out on an outing with family over Thanksgiving. Due to the information received from the family, CNP-B indicated he was required to file a vulnerable adult to the State related to potential neglect.

During interview on 12/7/18, at 9:18 a.m. nursing assistant (NA)-B stated R1 was shaky at times, had poor vision, and had a tendency to spill food and fluids. NA-B further stated staff had needed to guide and assist R1 with food and fluids for the last couple of months.

During a subsequent interview 12/7/18, at 9:50 a.m. NA-B stated staff can ususally guide beverages to R1's lips and let go, but sometimes R1 will grab the beverage before staff are ready to help her. NA-B stated R1's ability and shakiness varied daily. NA-B was not aware of R1 spilling coffee other than when she had went out

 with family on Thanksgiving, and further stated coffee wasn't allowed for R1 unless she had assistance to drink it. NA-B also stated R1 required no special equipment to drink beverages. During interview on 12/7/18, at 9:57 a.m. registered nurse (RN)-B stated R1 had spilled 			
Minnesota Department of Health			
STATE FORM	6899	HMXJ11	If continuation sheet 8 of 12

Minnesota Department of Health

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	ago and had obtain RN-B stated since f increased supervisi RN-B stated the bu identified by night s	oon at the facility a week or so ed a superficial pink area. that time R1 had received ion of her meals and coffee. Irn to R1's chest area was shift staff the morning of been brought to her attention.				

RN-B stated she had assessed the area to R1's chest at that time but it was not red, weeping or painful. RN-B said the area had appeared as if the resident had been rubbing it. RN-B stated she had notified the physician per fax at that time, but wasn't sure when the burn had occurred.

During a telephone interview with F-A on 12/7/18 at 10:00 a.m., F-A stated he was aware of R1's burns. F-A stated he did not think R1's burns occurred on Thanksgiving while out with family. F-A stated he had thought F-B had told him R1 may have burned herself at the nursing home, but could not verify. F-A further stated F-B may be able to give more information on when R1's burn occured and where.

During interview on12/7/18, at 10:21 a.m. NA-A stated R1 had required more assistance with meals in the last month or so due to her shakiness. NA-A further stated R1 required help to guide or prompt her to eat and get the glass to her mouth. NA-A stated R1 "can have coffee, but needs assistance and staff must stay with her when drinking it."

During observation and interview on 12/7/18, at 12:45 p.m. with the certified dietary manager (CDM), the temperature of the facility coffee was noted to be 188.6 degrees Fahrenheit when dispensed directly from the coffee machine into a carafe the facility would typically use for distribution. The CDM stated the carafes were			
Minnesota Department of Health			
STATE FORM	6899	HMXJ11	If continuation sheet 9 of 12

Minnesota Department of Health

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	-	ep hot liquids warm for about , the facility often ended up r residents.				
	p.m., CNP-B stated	interview on 12/7/18 at 12:52 R1 had been seen at Urgent lated to coffee burns on her				

chest area. CNP-B stated F-A informed him R1 was not getting the assistance she needed and had been spilling hot coffee on herself causing skin burns. CNP-B further stated F-B informed him the nursing home staff had not been doing anything about the burn other than a vaseline application treatment and that R1 had not been examined by a medical provider. CNP -B stated he felt R1's burns to the chest area were significant enough for further treatment and intervention to include a referral to Regions Burn Clinic.

During an interview with the director of nursing (DON) on 12/7/18, at 11:01 a.m. the DON stated she'd become aware of R1's burn concerns when she'd recieved a call from CNP-B from Urgent Care on 12/1/18. The DON stated that she had completed an investigation related to the burns. The DON stated through staff interview it was determined R1 had spilled hot coffee on herself at the facility on 11/21/18 and had obtained a small red area on the right shoulder that subsided a couple hours later. The DON further stated that through interview it was determined F-B had

	reported to two staff the resident had spilled hot coffee on herself while with family on 11/22/18 when they were celebrating Thanksgiving. The DON stated she assumed interventions had been put in place after R1 spilled hot coffee on herself on 11/21/18, but confirmed no changes had been made with the resident's plan of care.			
Minnesota STATE FO	Department of Health RM	6899	HMXJ11	If continuation sheet 10 of 12

Minnesota Department of Health

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2 835	Continued From pa	ige 10	2 835			
	a.m. R1 had spilled months ago (9/18), RN-A stated at that isolated situation be gave her the coffee	interview on 12/7/18, at 11:44 coffee on herself about 3 but had not gotten burned. time she'd felt it was an ecause it was a visitor that and not one of the staff ther stated she was aware of				

R1's reddened right shoulder on 11/21/18, after R1 had spilled hot coffee on herself. RN-A stated the staff had been instructed not to leave R1 alone when given hot coffee, however, this intervention had not been added to the plan of care for all staff to be aware of. RN-A further stated R1 had recently experienced a decline in condition and required increased supervision and assistance with eating. RN-A also said R1's assessment period was next week and the plan of care would be updated at that time.

During interview on 12/7/18, at 12:05 p.m. licensed practical nurse (LPN)-A stated F-A told her R1 had spilled coffee when out with family for Thanksgiving. LPN-A further stated she was not aware of any interventions or precautions related to R1 and coffee. LPN-A stated, "If [R1] wants coffee, she can have it."

During interview on 12/7/18, at 12:10 p.m. NA-C stated R1 had gone out with family on Thanksgiving day 11/22/18. NA-C stated after R1 had returned she'd assisted R1 with evening cares, and had notified the nurse her chest area

and under breasts was rashy in appearance, however, could not recall R1's clothing being stained with coffee upon her return to the facility.			
During interview on 12/7/18, at 3:40 p.m. NA-D stated she had given R1 a cup of coffee from the snack cart on 11/21/18. NA-D stated she had filled a styrofoam cup about 1/4 full of coffee.			
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STATE FORM	6899	HMXJ11	If continuation sheet 11 of 12

Minnesota Department of Health

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	call light on becaus NA-D said she'd an noted the coffee ha shoulder. NA-D sta under her shirt, not	t immediately R1 had put her se she'd spilled the coffee. swered the light, and had d been spilled on R1's ted she'd looked at R1's skin iced the area was pink, sh cloth, and had notified the				

nurse. NA-D stated she had never known the resident to spill coffee but was aware that she frequntly spilled other liquids indicating that was why only a 1/4 cup of coffee had been provided to the resident. NA-D stated, "Now staff need to sit and assist [R1] to drink coffee."

A telephone call was placed to F-B on 12/7/18, at 9:00 a.m. and 12/17/18, at 2:30 p.m., but there was no return call.

SUGGESTED METHOD OF CORRECTION: The director of nursing or designee could review and revise facility policies involving assistance with eating and drinking fluids, and/or review and revise policies related to incidents and accident hazards, and educate all staff. The director of nursing or designee could audit residents to ensure they are receiving adequate care and supervision with eating activities, and assess whether or not they need adaptive equipment for safety. The director of nursing or designee could report the findings of the audits to the quality assurance committee for recommendations to ensure ongoing compliance.

	IE PERIOD FOR CORRECTION: Twenty-one) days.						
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DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES				PF	RINTED: 04/03/2019 FORM APPROVED
CENTE	RS FOR MEDICARE	E & MEDICAID SERVICES				O	MB NO. 0938-0391
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F 000	INITIAL COMMEN	TS	F (000			
	12/7/18 to investigate Johns Lutheran Co compliance with 42 requirements for Lo	survey was conducted on ate complaint #H5338029. St ommunity was NOT found in 2 CFR Part 483, subpart B, ong Term Care Facilities. Ibstantiated at F689.					

The facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an on-site revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification. F 689 Free of Accident Hazards/Supervision/Devices SS=G | CFR(s): 483.25(d)(1)(2)§483.25(d) Accidents. The facility must ensure that -

§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and

§483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents.

1/11/19

This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review, the facility failed to develop and implement interventions to minimize the risk of injury for 1 of 3 residents (R1) who was reviewed	F689 □ 1.) Corrective action for the alleged deficient practice: Resident R1□s plan of care was updated to state Cool any hot	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		01/10/2019

F 689

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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: HMXJ11

Facility ID: 00138

If continuation sheet Page 1 of 11

		AND HUMAN SERVICES			FORM	04/03/2019 APPROVED 0938-0391
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F 689	Continued From pa	age 1	F 68	39		
for accidents, who had a history of difficulty managing food and liquids during eating activities. R1 sustained actual harm when she received a burn to the sternum requiring a physician visit and referral to a burn clinic.			beverages before serving. Use cup. Use a lip plate for meals. in the solarium/assisted table. leave resident unattended with hot liquids. Inform family and fr her need for assistance and no	Eat meals Never meal or riends of		
	Findings include:			her hot coffee. The care plan w	vas also	

R1's current diagnosis listing included: anxiety disorder, major depressive disorder, muscle weakness, history of falls with fractures, syncopal episodes (fainting), osteoporosis and chronic kidney disease.

Review of the current quarterly minimum data set (MDS) assessment dated 9/25/18, identified R1 as having a brief interview for mental status (BIMS) score of "13" (meaning cognitively intact). R1 understands and is understood. R1 eats independently with set up help. No impairments in upper and lower extremities.

A quarterly nutritional assessment dated 9/25/18, identified R1 as being independent with eating. R1 does not utilize adaptive devices during eating and has no skin concerns.

A quarterly skin assessment dated 9/24/18, identified R1 with no skin impairments. R1's skin is assessed during daily cares and during weekly bathing.

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updated to state that she requires total tray set up, assist of 1 to start/finish, but can feed herself part of her meal with cues/encouragement and adaptive silverware. Education was provided to staff during report at change of shift x 3 days (12/7/18-12/10/18), and the nursing newsletter with paycheck distribution on 12/14/18 and 1/11/18, reminding staff that Residents that require assistance with meals, this includes observation and cueing needs, should never be left alone with their meal, as they are at risk without assistance, and Do not leave residents, who require assistance with eating and drinking, unsupervised with any hot liquids.

2.) Corrective action taken for those residents having the potential to be affected by the alleged deficient practice: Residents who require assistance with eating, including cueing and observation, have the potential to be affected. 1.) Education was provided to staff during report at change of shift x 3 days (12/7/18 -12/10/18), and the nursing newsletter with paycheck distribution on 12/14/18 and 1/11/18, reminding staff that Residents that require assistance with meals, this includes observation and cueing needs, should never be left alone with their meal, as they are at risk without

Review of the current plan of care, identifies R1	
as having an alteration in thought process related	
to syncope/collapse and impaired glucose. The	
care plan further indicated: R1 has good memory	
recall, understands and is understood. R1 is	
independent with eating with assistance of tray	
set up and opening condiments/containers. R1	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: HMXJ11

Facility ID: 00138

If continuation sheet Page 2 of 11

		AND HUMAN SERVICES			FORM	: 04/03/2019 I APPROVED . 0938-0391
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	· · ·	E SURVEY
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		245338	B. WING		12	07/2018
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				ALBERT LEA, MN 56007		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC 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 689 Continued From page 2 has impairment with vision and physical mobility, related to weakness and impaired safety awareness. (The care plan did not include supervision while handling hot coffee or requiring assistance with eating). A current nursing assistant (NA) care plan identified R1 as having impaired vision, and indicated the resident usually		F 68	39 assistance, and Do not leav who require assistance with drinking, unsupervised with liquids. 2.) A policy and proc implemented in regards to b includes updating the plan of reflect changes implemente	eating and any hot cedure was ourns, and of care to		

understands and is understood. Additionally, the NA care plan identified R1 as independent with eating with assist to set up tray, and requires staff supervision for signs of choking. (The NA care plan did not include supervision while handling hot coffee or requiring assistance with eating).

Review of the progress notes dated 10/6/18, at 10:18 a.m. indicated dietary staff had reported R1 as having more difficulty feeding herself. The note indicated options were discussed and a lip plate was implemented.

Review of the nursing progress notes for 11/21/18 did not reveal any mention of a coffee spill or burn injury to R1's shoulder or chest, nor any evidence of a physical assessment being completed by a licensed nurse after R1 spilled coffee on herself. The notes did not contain evidence of any other monitoirng or skin checks being completed over the next 24 hours to monitor the extent of the injury sustained during this event. Review of R1's current care plan did not reveal any changes were made to reflect R1's need for help or increased supervision with hot further burns. Copies of this were available for nurses to pick up with their paychecks on 1/11/18. 3.) Nurse Managers were given an auditing form to complete that looked at which residents required assistance with their meals, including cueing and observation, and if their plan of care reflected this. If not, the plan of care was to be updated. The Nurse Managers will complete this by January 11, 2019.

3.) Measures/Systematic changes put in place to assure the alleged deficient practice does not re-occur: Nurse Managers will complete monthly audits on residents who require assistance with eating, and verify that their plan of care reflects this. A burn policy/procedure was implemented. Education was provided to staff reminding them that residents who require assistance with meals, including observation and cueing, should never be left alone with their meal, as they are at risk without assistance; and not to leave residents, who require assistance with

beverages.	eating and drinking, unsupervised with any hot liquids.
A progress note dated 11/23/18, at 5:56 a.m.	4.) Corrective actions will be monitored to
indicated R1 was noted to have an open blistered	ensure the alleged deficient practice will
area from the upper chest to between the breast.	not re-occur: Continued audits by Nurse
R1 also was noted to have an intact blister on the	Managers of residents who require
abdomen that measured 4 cm (centimeters)	assistance with eating, and the adequacy

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: HMXJ11

Facility ID: 00138

If continuation sheet Page 3 of 11

		AND HUMAN SERVICES			FORM	04/03/2019 APPROVED 0938-0391
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F 689	wide. The note indi she spilled hot coff home with her fami 11/22/18. A subseq 10:32 a.m. on 11/23 found during the nig	nge 3 cated R1 had reported to staff ee on herself while she was at ly celebrating Thanksgiving on uent progress note entry at 3/18, indicated R1 had been ght with pink itchy skin on her licated R1 had told staff she'd	F 6	of their plans of care. Any income will be corrected immediately education provided. The DON will report the findings of the a QA committee for recommend ensure ongoing compliance.	and I or designee audits to the	

spilled coffee on herself. Blistering was reported by the night staff but had subsided by the time of this note. Staff spoke with F-B who indicated the burn had happened at the facility prior to her outing on 11/22/18, and he was already aware of the burn the previous day, when he came to the facility to visit and noted R1 holding a washcloth on her shoulder at the time of his visit.

A MD/NP Fax Communication Form, dated 11/23/18 indicated R1 had a burned and blistered area on her chest from spilling hot coffee on herself "2 days ago [11/21/18]" and the blistered area was 8 centimeters by 18 centimeters. The fax was returned signed by the provider on 11/26/18, with orders to clean the affected area twice daily and apply Vaseline.

A progress note entry dated 11/24/18, at 8:47 a.m. indicated R1's chest and abdomen area were pink in color with peeling skin. The note further indicated the resident had been picking a reddenend area on the right side of her chin as well and included, "Will continue to monitor." A progress note at 8:50 a.m. described R1's chest

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: HMXJ11

Facility ID: 00138

If continuation sheet Page 4 of 11

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F 689	and will continue to A nursing progress p.m. indicated a ph	•	F 6	89			

A progress note dated 11/28/18, at 10:09 a.m. included, "[R1's] chest skin remains intact but is greenish in color underneath the skin. Reported to certified nurse practitioner (CNP)-A and obtained an order for silvadene cream twice a day (bid)." A progress note dated 11/29/18, at 10:09 a.m. indicated R1's burns measured 7cm wide at the sternal region and 16 cm in length from sternum to the abdominal region. The note described the burn as having "yellowish and green pockets of exudate noted throughout" the lesion/burn.

A progress note dated 11/28/18 at 11:04 a.m., indicated a physician's order had been received for R1 to continue with silvadene cream bid (twice a day) for 2 weeks. At that time, the note also indicated R1 had been examined by CNP-A who had indicated R1's lesion/burn was showing early signs of healing.

A progress note dated 11/30/18, at 2:09 p.m. indicated an appointment had been made for R1 to be seen at urgent care on 12/1/18, to assess her burns.

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FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: HMXJ11

Facility ID: 00138

If continuation sheet Page 5 of 11

		AND HUMAN SERVICES	_			F	NTED: 04/03/2019 FORM APPROVED B NO: 0938-0391
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F 689	Continued From pa	ige 5	F	689			
	staff F-A reported to happened at the he resided. A referral v be seen on 12/3/18 evaluation and trea	licated CNP-B had told facility o him R1's burns had ealth care facility where she was made by CNP-B for R1 to 8, at Regions Burn Center for tment. Prior to the s were to continue silvadene					

cream treatment to the burns.

A progress note dated 12/3/18, indicated R1 returned from an appointment at Regions Burn Clinic with orders to continue with the silvadene cream treatment.

During observation of the breakfast meal on 12/7/18, at 8:54 a.m. R1 was sitting in the first floor north assisted dining room. Nursing assistant (NA)-A was observed to assist R1 with meal preparation and fed R1 bites of egg from a spoon. R1 was further observed to independently grab a piece of toast from her plate, and eat it. During the meal, NA-A handed R1 a glass of milk which R1 consumed, and R1 set the glass back down on the table independently.

During observation of R1's chest burn treatment on 12/7/18, at 10:05 a.m. RN-B obtained dressing change supplies, washed hands, applied gloves, and removed gauze wrapping to R1's chest area. The area was cleansed with saline and gauze, and measurements obtained. RN-B identified the red and superficial open chaffed chest area as a

RN- soft by 3 Silve	measuring 8 cm across by 18 cm down. B identified two spearate areas of yellowish scab like areas mid sternum measuring 2 cm cm, and 1 cm by 1 cm to the lower sternum. er sulfadiazine 1% premoistened gauze was		
appl	ied, nonstick pads were placed over the area, the area was wrapped with kerlix. RN-B		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: HMXJ11

Facility ID: 00138

If continuation sheet Page 6 of 11

		AND HUMAN SERVICES			PRINTED: 04/03/2019 FORM APPROVED OMB NO: 0938-0391
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F 689	stated identified the signs and symptom A physician visit pro during an urgent ca	e area was healing with no	F	589	

the area of the sternum from the sternoclavicular notch to just below the xiphoid, with some burns on the abdomen bilaterally. The area was described as having honey crusted skin over the heart area with no swelling around the edges of the burn. The note indicated no infection was identified but indicated a referral had been made to Regions Burn Center for a consult for treatment. Orders to continue silvadene cream. CNP-B indicated R1's family (F)-B reported R1 often was unable to feed herself, and the nursing home staff gave her hot coffee on 2 occasions (a few days before Thanksgiving and the day of Thanksgiving) which she spilled on her chest. F-B indicated he had contacted the nursing home where R1 resides to inform them he had filed a vulnerable adult (VA) complaint. The progress note further indicated the facility informed him R1 had spilled hot coffee while out on an outing with family over Thanksgiving. Due to the information received from the family, CNP-B indicated he was required to file a vulnerable adult to the State related to potential neglect.

During interview on 12/7/18, at 9:18 a.m. nursing

assistant (NA)-B stated R1 was shaky at times, had poor vision, and had a tendency to spill food and fluids. NA-B further stated staff had needed to guide and assist R1 with food and fluids for the last couple of months.	
During a subsequent interview 12/7/18, at 9:50	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: HMXJ11

Facility ID: 00138

If continuation sheet Page 7 of 11

		AND HUMAN SERVICES			PRINTED: 04/03/2019 FORM APPROVED OMB NO: 0938-0391
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F 689	Continued From pa	nge 7	F٤	689	
	beverages to R1's R1 will grab the bey to help her. NA-B s shakiness varied da spilling coffee other	taff can ususally guide lips and let go, but sometimes verage before staff are ready tated R1's ability and aily. NA-B was not aware of R1 r than when she had went out hksgiving, and further stated			

coffee wasn't allowed for R1 unless she had assistance to drink it. NA-B also stated R1 required no special equipment to drink beverages.

During interview on 12/7/18, at 9:57 a.m. registered nurse (RN)-B stated R1 had spilled coffee in the afternoon at the facility a week or so ago and had obtained a superficial pink area. RN-B stated since that time R1 had received increased supervision of her meals and coffee. RN-B stated the burn to R1's chest area was identified by night shift staff the morning of 11/23/18, and had been brought to her attention. RN-B stated she had assessed the area to R1's chest at that time but it was not red, weeping or painful. RN-B said the area had appeared as if the resident had been rubbing it. RN-B stated she had notified the physician per fax at that time, but wasn't sure when the burn had occurred.

During a telephone interview with F-A on 12/7/18 at 10:00 a.m., F-A stated he was aware of R1's burns. F-A stated he did not think R1's burns occurred on Thanksgiving while out with family.

may have burne could not verify.	d thought F-B had told him R1 d herself at the nursing home, but F-A further stated F-B may be e information on when R1's burn ere.	
During interview	on12/7/18, at 10:21 a.m. NA-A	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: HMXJ11

Facility ID: 00138

If continuation sheet Page 8 of 11

		AND HUMAN SERVICES			PRINTED: 04/03/2019 FORM APPROVED OMB NO: 0938-0391
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F 689	stated R1 had required meals in the last meals in the last meals shakiness. NA-A further to guide or prompt her mouth. NA-A st	ige 8 ired more assistance with onth or so due to her rther stated R1 required help her to eat and get the glass to ated R1 "can have coffee, but and staff must stay with her	F 6	89	

During observation and interview on 12/7/18, at 12:45 p.m. with the certified dietary manager (CDM), the temperature of the facility coffee was noted to be 188.6 degrees Fahrenheit when dispensed directly from the coffee machine into a carafe the facility would typically use for distribution. The CDM stated the carafes were insulated to help keep hot liquids warm for about 4-6 hours, however, the facility often ended up reheating coffee for residents.

During a telephone interview on 12/7/18 at 12:52 p.m., CNP-B stated R1 had been seen at Urgent Care on 12/1/18, related to coffee burns on her chest area. CNP-B stated F-A informed him R1 was not getting the assistance she needed and had been spilling hot coffee on herself causing skin burns. CNP-B further stated F-B informed him the nursing home staff had not been doing anything about the burn other than a vaseline application treatment and that R1 had not been examined by a medical provider. CNP -B stated he felt R1's burns to the chest area were significant enough for further treatment and

intervention to include a referral to Regions Burn Clinic.	
During an interview with the director of nursing (DON) on 12/7/18, at 11:01 a.m. the DON stated she'd become aware of R1's burn concerns when she'd recieved a call from CNP-B from Urgent	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: HMXJ11

Facility ID: 00138

If continuation sheet Page 9 of 11

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F 689	Care on 12/1/18. The completed an invest The DON stated the determined R1 had the facility on 11/21 red area on the right	age 9 he DON stated that she had stigation related to the burns. rough staff interview it was spilled hot coffee on herself at /18 and had obtained a small ht shoulder that subsided a The DON further stated that		689				

through interview it was determined F-B had reported to two staff the resident had spilled hot coffee on herself while with family on 11/22/18 when they were celebrating Thanksgiving. The DON stated she assumed interventions had been put in place after R1 spilled hot coffee on herself on 11/21/18, but confirmed no changes had been made with the resident's plan of care.

RN-A stated during interview on 12/7/18, at 11:44 a.m. R1 had spilled coffee on herself about 3 months ago (9/18), but had not gotten burned. RN-A stated at that time she'd felt it was an isolated situation because it was a visitor that gave her the coffee and not one of the staff members. RN-A further stated she was aware of R1's reddened right shoulder on 11/21/18, after R1 had spilled hot coffee on herself. RN-A stated the staff had been instructed not to leave R1 alone when given hot coffee, however, this intervention had not been added to the plan of care for all staff to be aware of. RN-A further stated R1 had recently experienced a decline in condition and required increased supervision and assistance with eating. RN-A also said R1's

assessment period was next week and the plan of care would be updated at that time.				
During interview on 12/7/18, at 12:05 p.m. licensed practical nurse (LPN)-A stated F-A told her R1 had spilled coffee when out with family for Thanksgiving. LPN-A further stated she was not				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: HMXJ11

Facility ID: 00138

If continuation sheet Page 10 of 11

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F 689	aware of any intervention to R1 and coffee. L coffee, she can hav During interview on	entions or precautions related PN-A stated, "If [R1] wants /e it." 12/7/18, at 12:10 p.m. NA-C	F6	689					
	stated R1 had gone Thanksgiving day 1	e out with family on 1/22/18. NA-C stated after R1							

had returned she'd assisted R1 with evening cares, and had notified the nurse her chest area and under breasts was rashy in appearance, however, could not recall R1's clothing being stained with coffee upon her return to the facility.

During interview on 12/7/18, at 3:40 p.m. NA-D stated she had given R1 a cup of coffee from the snack cart on 11/21/18. NA-D stated she had filled a styrofoam cup about 1/4 full of coffee. NA-D stated almost immediately R1 had put her call light on because she'd spilled the coffee. NA-D said she'd answered the light, and had noted the coffee had been spilled on R1's shoulder. NA-D stated she'd looked at R1's skin under her shirt, noticed the area was pink, obtained a cold wash cloth, and had notified the nurse. NA-D stated she had never known the resident to spill coffee but was aware that she frequntly spilled other liquids indicating that was why only a 1/4 cup of coffee had been provided to the resident. NA-D stated, "Now staff need to sit and assist [R1] to drink coffee."

A telephone call was placed to F-B on 12/7/18, at

FORM CMS-2567(02-99) Previous Versions Obsolete	Event ID: HMXJ11	Facility ID: 00138	If continuation sheet Page 11 of 11
was no return call.			
9:00 a.m. and 12/17/18, at 2:30	p.m., but there		