

Office of Health Facility Complaints Investigative Report PUBLIC

Facility Name: Meeker Manor Rehab Center Facility Address: 600 South Davis Avenue			Report Number: H5361011	Date of Visit: December 15, 2016	
			Time of Visit: Date Conclude 8:00 a.m 4:45 p.m. March 9, 2017		
Facility City: Litchfield	· · ·			d Title: cial Investigator	
State: Minnesota	ZIP: 55355	County: Meeker			
Nursing Home ■					

Allegation(s):

It is alleged that neglect occurred when a resident received two fentanyl patches instead of one patch. The resident became unresponsive with hypotension needing immediate medical intervention.

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

Conclusion:

Based on a preponderance of evidence, neglect is substantiated. The facility failed to ensure staff were implementing the policy and procedure for administration and destruction of the resident's fentanyl patch. The resident became unresponsive and was sent to the hospital. The hospital determined the resident had two sets of fentanyl patches on.

The resident has severe cognitive impairment and requires staff assistance with all activities of daily living. The residents physician order directed staff to apply 37.5 mcg fentanyl patch every three days for pain. The order instructed licensed staff to remove the old fentanyl patch with a second nurse to co-sign and verify the removal.

One day, the resident was being assisted with cares by direct care staff, began to vomit, and became unresponsive. The resident stopped breathing and CPR was initiated by nursing. The resident began to respond, and was transported to the hospital by ambulance. After the resident was admitted to the hospital, hospital staff discovered the resident had two sets of fentanyl patches on. The hospital removed the fentanyl patches and the resident began to wake up and recover. The diagnoses for hospital admission included medication error with duplicate fentanyl patches present. The resident was admitted to the hospital overnight and returned to the facility the following day.

When interviewed, the nurse who applied the fentanyl patch prior to the resident being admitted to the hospital stated s/he thought the other set of fentanyl patches had been removed from the resident before

Facility Name: Meeker Manor Rehab Center

placing the new fentanyl patch. The nurse was aware of the facility policy that directed two staff to witness and sign off the disposal of the fentanyl patch after removal, however, the nurse stated there was no place to document the second nurses signature.

Report Number: H5361011

When staff were interviewed, they stated when removing any resident's fentanyl patch two nurses should be present and both nurses should document the destruction. However, staff stated the facility did not have a place for the second nurse to sign off they witnessed the destruction of the fentanyl patch.

Review of the residents medication administration record and the narcotic book included only one nurse's signature for the destruction and administration of the fentanyl patch.

Minnesota Vulnerab	le Adults Act (Minnesota Statu	ates, section 626.557)								
Under the Minnesota	Under the Minnesota Vulnerable Adults Act (Minnesota Statutes, section 626.557):									
☐ Abuse	Neglect Neglect	☐ Financial Exploitation								
Substantiated ■	☐ Not Substantiated	☐ Inconclusive based on the following information:								
Mitigating Factors: The "mitigating factors	ors" in Minnesota Statutes, sec	etion 626.557, subdivision 9c (c) were considered and it was								
	☐ Individual(s) and/or ☒ Fac	· ·								
		bloitation. This determination was based on the following:								
administration and	destruction of an opioid medic	ring the facility policy and procedure for proper cation. The facility failed to have a system set up for staff and destruction policy and procedure.								
substantiated against possible inclusion of	t an identified employee, this re the finding on the abuse regist	to appeal the maltreatment finding. If the maltreatment is eport will be submitted to the nurse aide registry for try and/or to the Minnesota Department of Human Services provisions of the background study requirements under								
Compliance:										
-		(42 CFR, Part 483, subpart B) - Compliance Not Met for Long Term Care Facilities (42 CFR, Part 483, subpart B),								
Deficiencies are issu	ed on form 2567: 🗵 Yes	□ No								
(The 2567 will be av	ailable on the MDH website.)									
-	_ ·	es Chapter 4658) - Compliance Not Met Nursing Homes (MN Rules Chapter 4658) were not met.								

State licensing orders were issued: x Yes □ No (State licensing orders will be available on the MDH website.) State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557) - Compliance Not Met The requirements under State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557) were not met. State licensing orders were issued: X Yes □ No (State licensing orders will be available on the MDH website.) State Statutes Chapters 144 & 144A - Compliance Not Met - Compliance Not Met The requirements under State Statues for Chapters 144 &144A were not met. State licensing orders were issued: x Yes □ No (State licensing orders will be available on the MDH website.) **Compliance Notes: Facility Corrective Action:** The facility took the following corrective action(s): **Definitions:** Minnesota Statutes, section 626.5572, subdivision 17 - Neglect

Report Number: H5361011

"Neglect" means:

Facility Name: Meeker Manor Rehab Center

- (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.

Facility Name: Meeker Manor Rehab Center Report Number: H5361011

Minnesota Statutes, section 626.5572, subdivision 19 - Substantiated

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

The Investigation included the following:

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

- Medical Records
- Care Guide
- | Medication Administration Records
- **X** Nurses Notes
- **X** Assessments
- Physician Orders
- **▼** Treatment Sheets
- **X** Physician Progress Notes
- Social Service Notes
- Skin Assessments
- **X** Facility Incident Reports
- ▼ Laboratory and X-ray Reports
- ADL (Activities of Daily Living) Flow Sheets

Other pertinent medical records:

| Hospital Records | Ambulance/Paramedics

Additional facility records:

- Resident/Family Council Minutes
- X Staff Time Sheets, Schedules, etc.
- | Facility Internal Investigation Reports
- **X** Call Light Audits
- Personnel Records/Background Check, etc.
- | Facility In-service Records

Facility Name: Meeker Manor Rehab Center

Number of additional resident(s) reviewed: Eight

 \bigcirc N/A

Interview with complainant(s)

Yes

Time:

Were residents selected based on the allegation(s)?

• Yes

If unable to contact complainant, attempts were made on:

Interviews: The following interviews were conducted during the investigation:

Date:

O No

 \bigcirc N/A

Time:

X Facility Policies and Procedures

O No

Specify:

Specify:

Yes

Date:

Specify:

Report Number: H5361011 Were resident(s) identified in the allegation(s) present in the facility at the time of the investigation? Time:

Interview wit	th family: (Yes		/A Specify:								
	, 0	(s) identified in alle									
•	Yes										
Did you inter											
•	er of resident inter	_	C								
Interview wit	th staff: Yes	○ No ○ N/A	Specify:								
Tennessen V	Varnings										
Tennessen W	Varning given as re	quired: • Yes	○ No								
Total numbe	er of staff interviev	vs: Eight									
Physician Int	erviewed: OYes	No									
Nurse Practit	tioner Interviewed	:	No								
Physician Ass	sistant Interviewe	d: ○Yes • 1	No								
Interview wit	th Alleged Perpetr	ator(s): O Yes	○ No ● N/A	Specify:							
Attempts to	contact:										
Date:	Time:	Date:	Time:	Date:	Time:						
If unable to o	contact was subpo	ena issued: O Ye	s, date subpoena v	vas issued							
Were contac	ts made with any	of the following:									
☐ Emerge	ncy Personnel 🔲	Police Officers [☐ Medical Exami	iner 🗌 Other:	Specify						
		P	age 5 of 6								

O No

 \bigcirc N/A

Date:

Facility Name: Meeker Manor Rehab Center

Obs	ervations were conducted related to:
X	Personal Care
X	Nursing Services
X	Infection Control
X	Medication Pass
X	Dignity/Privacy Issues
X	Safety Issues
X	Facility Tour
Was	s any involved equipment inspected: Yes No N/A s equipment being operated in safe manner: Yes No N/A re photographs taken: Yes No Specify:
cc:	
Hea	Ith Regulation Division - Licensing & Certification
Min	nesota Board of Examiners for Nursing Home Administrators
The	Office of Ombudsman for Long-Term Care
Litc	hfield Police Department
Litc	hfield City Attorney
Me	eker County Attorney

Report Number: H5361011

PRINTED: 01/27/2017 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		E SURVEY PLETED
							D
		245361	B. WING			01/2	24/2017
NAME OF	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
MEEKEF	MANOR REHABILIT	ATION CENTER, LLC			00 SOUTH DAVIS AVENUE ITCHFIELD, MN 55355		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 000	INITIAL COMMEN	TS	FO	000			
F 333 SS=G	An abbreviated state to investigate case following deficiencie enrolled in ePOC a required at the bott CMS-2567 form. EPOC will be used a 483.45(f)(2) RESID SIGNIFICANT MED (f)(2) Residents are medication errors. This REQUIREMED by: Based on interview failed to ensure meaccording to facility prevent significant residents, R1, who pain. This resulted the resident went up the hospital. R1 was Fentanyl patches of Findings include: R1's admission Mir 12/12/16, indicated cognitive impairmeassistance with all a R1's physician order fentanyl Patch 37.5	andard survey was conducted #H5361011. As a result, the es are issued. The facility is not therefore a signature is not om of the first page of the Electronic submission of the siverification of compliance. DENTS FREE OF DERRORS If there of any significant of the serification was administered and record review, the facility edication was administered and policy and procedure to medication error for 1 of 8 received a Fentanyl patch for in actual harm for R1 when nresponsive and was sent to as found to have two sets of n. Inimum Data Set dated the resident had severe and required extensive ADL's (activity's of daily living). For Set dated 11/29/16, directed to more in more more more more more more more more	F3				
		ncg patch to equal 37.5 mcg in, "Remove old patch[s], 2nd nd verify removal."					
LABORATOR	V DIDECTORIO CE PRO: "	DED/OLIDALIED DEDDEOENTATIVE/O 0:0:	LATLICE		T.T. C		(VE) DATE
LABORA! OR	Y DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGN	VALURE		TITLE		(X6) DATE

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.

AND BLAN OF CODDECTION DENTIFICATION NUMBER.				E CONSTRUCTION		E SURVEY PLETED	
		245361	B. WING			I	C 24/2017
NAME OF F	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE	1 01/2	24/2011
MEEKER	MANOR REHABILITA	ATION CENTER, LLC		60	00 SOUTH DAVIS AVENUE ITCHFIELD, MN 55355		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 333	R1's facility Admiss Face Sheet dated 1 received Fentanyl F R1's Progress note "Apply 25 mcg transbedtime every 3 da 2nd nurse to co-sig last night to equal 3 practical nurse-H]." R1's Progress Note 8:00 p.m. resident suse the bathroom fe "Writer took her and up she became unrespons checked code statu When writer got bavomited more and Writer with help of ther on floor. All of breathing, became (apical) Writer start compressions. Write compressions and more vomiting." "A [8:15 p.m.] and tool When res left she were received."	ion/ Readmission Assessment 1/29/16, indicated the resident	F3	333			
	removed. They renulated up and is doing mu	m 11/30/16 that had not been noved them. She has woken ch better." The assessment of "Syncope multifactorial."					

	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	1, ,	NG		MPLETED
		245361	B. WING		01	C / 24/2017
	PROVIDER OR SUPPLIER	ATION CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP CO 600 SOUTH DAVIS AVENUE LITCHFIELD, MN 55355		<i> </i>
(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 CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X6) COMPLETION DATE
F 333	combination of post dehydration, and many patches particles and the primary diagnosedation, medication multifactorial. Review of R1's Me (MAR) for November Patch 72 hour 37.5 transdermally at beday(s) for pain *Reco-sign and verify in Fentanyl patches conly had one nurse R1's MAR for Decersident received Fentanyl patches conly had one nurse R1's MAR for Decersident received Fentanyl patches conly had one nurse R1's MAR for Decersident received Fentanyl patches conly had one nurse R1's MAR for Decersident received Fentanyl patches conly had one nurse R1's MAR for Decersident received Fentanyl patches con 11/29/16, and one nurse R1's MAR for Decersident received Fentanyl patches and received Fentanyl patches and received Fentanyl patches and received Fentanyl patches primary diagnostic patches and received Fentanyl patches primary diagnostic patches p	stoperative anemia, diarrhea, nedication error with duplicate present." fer Form, Medical Summary sician dated 12/4/16, indicated sis for the hospital stay was on error syncope, and dication Administration Record per 2016, directed, "Fentanyl is may be a move old patch, 2nd nurse to removal.*" R1 received the per 11/29/16, however, the MAR		33		
	licensed practical removal of a Fenta tissue and flushed after removing a pathe patch but is no it down the toilet. I does not sign witness	on 12/15/16, at 9:00 a.m. nurse (LPN)-C stated after anyl patch it is wrapped in a down the toilet. LPN-C stated atch another nurse is shown talways present when flushing LPN-C stated the second nurse essing the destruction because or two nurses to sign in the			·	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION	COM	E SURVEY PLETED
		245361	B. WING			l	C 24/2017
	PROVIDER OR SUPPLIER	ATION CENTER, LLC		6	TREET ADDRESS, CITY, STATE, ZIP CODE 00 SOUTH DAVIS AVENUE .ITCHFIELD, MN 55355		,,
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 333	residents medical r When interviewed of LPN-D stated two rof the Fentanyl pate be signing on the reis not always a spondestruction. When interviewed of LPN-E stated two repatch destruction, it is spot for the second witnessed. LPN-E electronic MAR for on how the initial method that the computer would area for a second redestruction. When interviewed of director of nursing expected to have the Fentanyl patches a in the narcotic book reviewed residents who had been on Fendiscovered staff has signatures when definitely patches on urse witnessed the remember specification and stated the other witnessing the designatches because the state of the stat	ecord. on 12/15/16, at 9:45 a.m. hurses witness the destruction ches and both nurses should esidents MAR, however, there it for both nurses to sign the on 12/15/16, at 9:50 a.m. hurses witness the Fentanyl however, there is not always a nurse to sign it was also stated the facility used an all residents and depending edication order was placed in determine if there was an hurse to sign for the on 12/15/16, at 3:25 p.m. (DON) stated staff were we nurses destroying the used and both should be signing off at DON stated she had MAR's and narcotic records fentanyl patches and do not been obtaining two	FS	333			

	OF CORRECTION	IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION		PLETED
		245361	B. WING				C 24/2017
	PROVIDER OR SUPPLIER	ATION CENTER, LLC		600	REET ADDRESS, CITY, STATE, ZIP CODE O SOUTH DAVIS AVENUE I CHFIELD, MN 55355	1 01/1	2-1/2011
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 333	destruction. RN-F Fentanyl Patch from in a cup and destroend of the shift with The facility policy to Application and De	stated when she removed a many resident she puts them byed them all at once at the nanother nurse. tled Fentanyl Removal, struction dated 10/2013,	F3	333			
F 431 SS=G	medication room (v sides), complete Fe Medication Disposa nurses wrapping us paper and flushing licensed nurses muthe proper form for 483.45(b)(2)(3)(g)(like)	e used patch to the locked without touching adhesive entanyl destruction log or all Form, with two licensed sed fentanyl patch in toilet down the sewer. Two ust verify destruction and sign proof of destruction." h) DRUG RECORDS, BUGS & BIOLOGICALS	F4	431			
	drugs and biologica them under an agre §483.70(g) of this p unlicensed personr	ovide routine and emergency als to its residents, or obtain eement described in part. The facility may permit nel to administer drugs if State ly under the general ensed nurse.			•		
	pharmaceutical ser that assure the acc dispensing, and ad	facility must provide vices (including procedures eurate acquiring, receiving, ministering of all drugs and the needs of each resident.					
		tation. The facility must se services of a licensed					
		ystem of records of receipt and ntrolled drugs in sufficient					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		E CONSTRUCTION		E SURVEY PLETED
		245361	B. WING	•			24/ 2017
	PROVIDER OR SUPPLIER	ATION CENTER, LLC		S'	TREET ADDRESS, CITY, STATE, ZIP CODE 00 SOUTH DAVIS AVENUE ITCHFIELD, MN 55355	<u> </u>	24/2017
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 431	(3) Determines that that an account of a maintained and per (g) Labeling of Drug Drugs and biological labeled in accordar professional principappropriate access instructions, and the applicable. (h) Storage of Drug (1) In accordance with facility must stolocked compartment controls, and perminave access to the (2) The facility must permanently affixed controlled drugs list Comprehensive Drug Control Act of 1976 abuse, except whe package drug distributed access to the package drug distributed accept whe package drug distributed to ensure podisposal of Fentance of 8 residents, R1, R8, reviewed who pain. This resulted	accurate reconciliation; and t drug records are in order and all controlled drugs is riodically reconciled. gs and Biologicals. als used in the facility must be nce with currently accepted bles, and include the fory and cautionary e expiration date when gs and Biologicals. with State and Federal laws, ore all drugs and biologicals in ints under proper temperature it only authorized personnel to keys. It provide separately locked, d compartments for storage of ted in Schedule II of the ug Abuse Prevention and s and other drugs subject to in the facility uses single unit ibution systems in which the ininimal and a missing dose can	F	131			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		E CONSTRUCTION	СОМ	E SURVEY PLETED
		245361	B. WING			1	24/2017
	PROVIDER OR SUPPLIER	ATION CENTER, LLC		6	TREET ADDRESS, CITY, STATE, ZIP CODE 00 SOUTH DAVIS AVENUE ITCHFIELD, MN 55355	, , , , ,	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 431	Fentanyl patches of Findings include: R1's admission Mir 12/12/16, indicated cognitive impairme assistance with all with the series of the se	as found to have two sets of n. nimum Data Set dated the resident had severe nt and required extensive ADL's (activity's of daily living). ers dated 11/29/16, directed formic (micrograms) apply ap	F 4	431	DEFICIENCY)		
	8:00 p.m. R1 told the bathroom for a BM took her and just be became very pale, became unresponsishe came back she became unresponsi	e dated 12/3/16, indicated at the nurse she had to go to [bowel movement]. "Writer efore wanted to get her up she tilted her head back and sive for a few seconds. When e had a big emesis. She sive again and writer quickly us which was a 'full code' CPR.					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		(X3). DATE SURVEY COMPLETED		
		245361	B. WING				C 24/2017
	PROVIDER OR SUPPLIER			6	TREET ADDRESS, CITY, STATE, ZIP CODE 00 SOUTH DAVIS AVENUE ITCHFIELD, MN 55355	1 01/2	24/2011
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 431	vomited more and by Writer with help of I her on floor. All of a breathing, became (apical) Writer start compressions. Wri 6 compressions and more vomiting." "A [8:15 p.m.] and tool When res left she with the result of the property of the primary from the admission was, combination of post dehydration, and mission was, completed by Physical Sedation; med [memorited by Physical Sedation; memorited	ck to her she was alert." "She became unresponsive again. NA/R [nursing assistant] laid a sudden res stopped unresponsive, and no pulse ed CPR starting with chest ter did approx [approximately] did res responded, woke up; did mbulance arrived at 2015 k res to ER [emergency room]. was alert and pleasant." ess Note- Final report dated "After admission, staff found of patches from 12/3/16, plus in 11/30/16 that had not been noved them. She has woken chibetter." The assessment of "Syncope multifactorial, toperative anemia, diarrhea, edication error with duplicate resent." er Form, Medical Summary icician dated 12/4/16, indicated sis for the hospital stay was, edication] error syncope; dication Administration Record er 2016, directed, "Fentanyl mcg/ hr apply 12.5 mcg dtime every 3 move old patch, 2nd nurse to emoval.*" R1 received the in 11/29/16, however, the MAR	F 4	131			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ` ′		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		245361	B. WING				24/2017
	PROVIDER OR SUPPLIER	ATION CENTER, LLC		6	TREET ADDRESS, CITY, STATE, ZIP CODE 00 SOUTH DAVIS AVENUE ITCHFIELD, MN 55355	<u> </u>	L-1/2011
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPODE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 431	However, the MAR signature. Review of R1's Nar resident received a on 11/29/16, and or Record only had or When interviewed or registered nurse (R Fentanyl patches on urse witness the or remember specifica and stated the other witnessing the destroyed them all with another nurse. R2's admission MD resident had no coor required limited assembles as R2's physician order fentanyl patch 72 in patch transdermally remove per scheduling. The MAR had light of Fentanyl patch was times. The MAR had light of R2's MAR for Nove Fentanyl patch was times. The MAR had light of R2 in patch transyl patch was times. The MAR had light of R2 in MAR had light of Fentanyl patch was times. The MAR had light of R2 in MAR had l	entanyl Patches on 12/2/16. only had one nurses cotic Record indicated the 12.5 mcg and a 25 mcg patch 12/2/16. The Narcotic renurses signature. on 12/15/16, at 3:55 p.m. (N)-F stated she removed R1's in 12/2/16, and had another lestruction. RN-F could not ally who the other nurse was, or nurse did not sign off ruction of the Fentanyl patch's no where for a second AR verifying the destruction. She removed a Fentanyl Patch he put them in a cup and at once at the end of the shift of S dated 11/7/16, indicated the gnitive impairment and sistance with ADL's. Pers dated 12/15/16, directed hour 25 mcg/ hr. Apply one y every 72 hours for pain and alle.	F 4	131			
		15, 2016. R2 received a new					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED C		
		245361	B. WING				24/2017
	PROVIDER OR SUPPLIER	ATION CENTER, LLC		STREET ADDRESS, CITY, STATE, ZI 600 SOUTH DAVIS AVENUE LITCHFIELD, MN 55355	P CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG		ION SHOULD HE APPROPE	BE	(X5) COMPLETION DATE
F 431	only one nurse sign patch disposals. R2's Individual Nard from November 1, 2 The Narcotic Recording at the Narcotic Recor	cotic Record was reviewed 2016 to December 15, 2016. In the dated 10/5/16, indicated the ecognitive impairment and assistance with all ADL's. The dated 12/15/16, directed and 25 mcg/ hr apply one yin the afternoon every 3 at nurse to remove, second 16 MAR indicated the nurses signature six out of 10 marses signature six out of 10 marses signature six out of 10 marses edisposals. The dated 12/22/16, indicated the gnitive impairment and was signature and was signature and was signature in pairment and signature in pairment and signature in pairment and signature in pairment and signature in pairment	F 4	31			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED			
		245361	B. WING			l	24/ 2017
NAME OF E	PROVIDER OR SUPPLIER	2-10001			TREET ADDRESS, CITY, STATE, ZIP CODE	1 01/2	24/2017
IVAIVIL OI I	HOVIDER OR SOLT EIER				00 SOUTH DAVIS AVENUE		
MEEKER	MANOR REHABILITA	ATION CENTER, LLC		-	ITCHFIELD, MN 55355		
(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 CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 431	Continued From pa	ge 10	F 4	31			
	one patch transder	ry 72 hour 12 mcg/ hr apply mally every 72 hours for pain, v 3 days, and remove per					
	received the Fentar	16, MAR indicated the resident hyl patch 10 times. The MAR s signature for all 10					
	through December Fentanyl patch four	16, MAR was reviewed 15, 2016. R4 received the times. The MAR had only e for all four disposals.					
	from November 1 2	cotic record was reviewed 2016, to December 15, 2016. I had only one nurses 14 times.					
	resident had severe	dated 11/3/16, indicated the cognitive impairment and assistance with all ADL's.					
	Fentanyl patch evel one patch transderi	ers dated 12/15/16, directed ry 72 hours, 25 mcg/ hr apply mally every three days for patch, second nurse to co-sign					
	received Fentanyl p	16, MAR indicated the resident patch 10 times. The MAR had nature six out of 10 times.					
	through December	16, MAR was reviewed 15, 2016. R5 received the times. All four disposals were nurse.					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING					(X3) DATE SURVEY COMPLETED	
		245361	B. WING					24/ 2017
	PROVIDER OR SUPPLIER	ATION CENTER, LLC		STREET ADDRE		DE	01/2	L4/2011
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EAC	OVIDER'S PLAN OF CORR I CORRECTIVE ACTION S REFERENCED TO THE AF DEFICIENCY)	HOULD	BE	(X5) COMPLETION DATE
F 431	from November 1, 2 The Narcotic record signature 10 out of R6's quarterly MDS resident had severe required extensive at R6's physician order Fentanyl patch ever one patch transdern Remove old patch, verify removal. R6's November 20 received Fentanyl ponly one nurses signature nine out of R7's quarterly MDS resident had moder required extensive at R7's physician order Fentanyl patch ever one patch transdern R7's physician order required extensive at R7's physician order patch transdern signature nine out of R7's physician order required extensive at R7's physician order patch transdern patch transdern signature nine out of R7's physician order required extensive at R7's physician order patch transdern patch transdern signature nine out of R7's physician order patch transdern patch transdern signature nine out of R7's physician order patch transdern patch transdern signature nine out of R7's physician order patch transdern patch transdern signature nine out of R7's physician order patch transdern patch pat	cotic Record was reviewed 2016 to December 15, 2016. If had only one nurses 14 times. I dated 11/2/16, indicated the ecognitive impairment and assistance with all ADL's. I dated 12/15/16, directed ry 72 hours 12 mcg/ hr. Apply mally every 3 days for pain. second nurse to co-sign and 16, MAR indicated the resident eatch 10 times. The MAR had nature two out of 10 times. I 6 MAR was reviewed through 6. R6 received the Fentanyl II five were signed by two cotic Record was reviewed 2016 to December 15, 2016. If had only one nurses	F 4	31				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l ' ′	TIPLE CONSTRUCTION	, cov	(X3) DATE SURVEY COMPLETED		
		245361	B. WING			C / 24/2017	
	PROVIDER OR SUPPLIER	ATION CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP CO 600 SOUTH DAVIS AVENUE LITCHFIELD, MN 55355			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	X (EACH CORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 431	R7's November 20 received Fentanyl ponly one nurses sign R7's December 20 December 15, 2016 patch five times. An urses. R7 Individual Narco November 1, 2016 Narcotic record had nine out of 15 times. R8's quarterly MDS resident had no cogrequired extensive. R8's physician order Fentanyl patch everone patch transder pain. Remove old and verify removal. R8's November 20 received Fentanyl phad only one nurse times. R8's December 20 December 15, 2010 patch five times. An urses.	16, MAR indicated the resident patch 10 times. The MAR had gnature two out of 10 times. 16 MAR was reviewed through 6. R7 received the Fentanyl III five were signed by two out of December 15, 2016. The donly one nurses signature is. 26 dated 11/17/16, indicated the gnitive impairment and assistance with all ADL's. 27 ers dated 12/15/16, directed ry 72 hours 25 mcg/ hr. Apply mally every three days for patch, second nurse to co-sign 16, MAR indicated the resident patch eight times. The MAR is signature five out of eight 16 MAR was reviewed through 16. R8 received the Fentanyl III five were signed by two out of Record was reviewed from to December 15, 2016. The donly one nurse signature	F4	31			

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l ' '		LE CONSTRUCTION	CX3) DATE SURVEY COMPLETED		
		245361	B. WING				24/2017	
	PROVIDER OR SUPPLIER	TATION CENTER, LLC		6	TREET ADDRESS, CITY, STATE, ZIP CODE 600 SOUTH DAVIS AVENUE LITCHFIELD, MN 55355		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE .	(X5) COMPLETION DATE	
F 431	licensed practical removal of a Fentatissue and flushed after removing a pathe patch but is not it down the toilet. It does not sign without there is no where fresidents medical at the work of the Fentanyl pathe signing on the ris not always a spodestruction. When interviewed LPN-E stated two patch destruction, spot for the second witnessed. LPN-E electronic MAR for on how the initial mathe computer would	on 12/15/16, at 9:00 a.m. nurse (LPN)-C stated after nyl patch it is wrapped in a down the toilet. LPN-C stated atch another nurse is shown t always present when flushing LPN-C stated the second nurse essing the destruction because or two nurses to sign in the	F	431				
	director of nursing expected to have the Fentanyl patches and in the narcotic book reviewed residents who had been on Fentanyl experience.	on 12/15/16, at 3:25 p.m. (DON) stated staff were wo nurses destroying the used and both should be signing off k. DON stated she had MAR's and narcotic records Fentanyl patches and ad not been obtaining two estroying them.						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		245361	B. WING			1	C 24/2017
	PROVIDER OR SUPPLIER			600	REET ADDRESS, CITY, STATE, ZIP CODE SOUTH DAVIS AVENUE CHFIELD, MN 55355	1 01,2	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 431	Application and Desindicated, "Take the medication room (wind sides), complete Fe Medication Disposa nurses wrapping us paper and flushing licensed nurses mu	ge 14 struction dated 10/2013, e used patch to the locked without touching adhesive entanyl destruction log or all Form, with two licensed sed fentanyl patch in toilet down the sewer. Two list verify destruction and sign proof of destruction."	F	431			

FORM APPROVED Minnesota Department of Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ C B. WING 00775 01/24/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 600 SOUTH DAVIS AVENUE MEEKER MANOR REHABILITATION CENTER, I LITCHFIELD, MN 55355 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 2 000 2 000 Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. **INITIAL COMMENTS:** A complaint investigation was conducted to investigate complaint #H5361011. As a result, the following correction orders are issued. The facility has agreed to participate in the electronic

Minnesota Department of Health

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

receipt of State licensure orders consistent with

the Minnesota Department of Health Informational Bulletin 14-01, available at

TITLE

(X6) DATE

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			<u>,</u>	
		00775	B. WING			, 4/2017	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE			
MEEKER	MANOR REHABILIT	ATION CENTER I	H DAVIS AV LD, MN 553				
(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 21545	http://www.health.s obul.htm The Stat delineated on the a Department of Hea electronically. Althonecessary for State the word "corrected Then indicate in the process, under the date your orders with electronically submit Department of Hea	tate.mn.us/divs/fpc/profinfo/inf e licensing orders are ttached Minnesota Ith orders being submitted ough no plan of correction is e Statutes/Rules, please enter I" in the box available for text. e electronic State licensure heading completion date, the II be corrected prior to itting to the Minnesota	2 000 21545				
21040	A nursing home mu. A. Its medication percent as described Guidelines for Codd 42, section 483.25 the State Operation Surveyors for Long incorporated by refine purposes of this particular (1) a discrepar prescribed and who administered to result (2) the adminimedications. B. It is free of a serror. A significant (1) an error discomfort or jeopas safety; or (2) medication requires the medic be titrated to a spermedication error compared to the safety of the safety of the safety; or (2) medication error compared to the safety of the safety of the safety; or (2) medication error compared to the safety of the safety						

Minnesota Department of Health STATE FORM

Minnesota Department of Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: ____ C B. WING 01/24/2017 00775 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **600 SOUTH DAVIS AVENUE** MEEKER MANOR REHABILITATION CENTER, I LITCHFIELD, MN 55355 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Continued From page 2 21545 21545 toxicity. All medications are administered as prescribed. An incident report or medication error report must be filed for any medication error that occurs. Any significant medication errors or resident reactions must be reported to the physician or the physician's designee and the resident or the resident's legal guardian or designated representative and an explanation must be made in the resident's clinical record. C. All medications are administered as prescribed. An incident report or medication error report must be filed for any medication error that occurs. Any significant medication errors or resident reactions must be reported to the physician or the physician's designee and the resident or the resident's legal guardian or designated representative and an explanation must be made in the resident's clinical record. This MN Requirement is not met as evidenced by: Based on interview and record review, the facility failed to ensure medication was administered according to facility policy and procedure to prevent significant medication error for 1 of 8 residents, R1, who received a Fentanyl patch for pain. This resulted in actual harm for R1 when the resident went unresponsive and was sent to the hospital. R1 was found to have two sets of Fentanyl patches on. Findings include: R1's admission Minimum Data Set dated 12/12/16, indicated the resident had severe cognitive impairment and required extensive assistance with all ADL's (activity's of daily living).

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND FLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:			
		00775	B. WING		01/2	; 4/2017
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
MEEKEF	MANOR REHABILIT	ATION CENTER 1	H DAVIS AVI			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
21545	Continued From pa	age 3	21545			
21545	R1's physician orderentanyl Patch 37. 12.5 mcg and 25 mevery 3 days for panurse to co-sign and R1's facility Admiss Face Sheet dated received Fentanyl R1's Progress note "Apply 25 mcg transbedtime every 3 days and nurse to co-sign last night to equal 3 practical nurse-H]." R1's Progress Note 8:00 p.m. resident use the bathroom for "Writer took her and up she became unresons checked code state When writer got be avomited more and Writer with help of her on floor. All of breathing, became (apical) Writer star compressions. Writer took armore vomiting." "A [8:15 p.m.] and too	ers dated 11/29/16, directed 5 mcg (micrograms) apply ncg patch to equal 37.5 mcg in, "Remove old patch[s], 2nd nd verify removal." sion/ Readmission Assessment 11/29/16, indicated the resident Patch 37.5 mcg. e dated 11/30/16, indicated, isdermally [on the skin] at a sys for pain, Remove old patch, and verify removal. Placed 37.5 mcg patch per [licensed]				
		ress Note- Final report dated "After admission, staff found				

Minnesota Department of Health STATE FORM

Minnesota Department of Health
STATEMENT OF DEFICIENCIES (X1)

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		·			c	1
		00775	B. WING		01/24	4/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		
MEEKER	MANOR REHABILITA	ATION CENTER I	H DAVIS AVI LD, MN 5535			
(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 SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
	her old patches from removed. They remup and is doing must the admission was, combination of possible dehydration, and more and patches per R1's Patient Transf Completed by Physisthe primary diagnossedation, medication multifactorial. Review of R1's Med (MAR) for Novemb Patch 72 hour 37.5 transdermally at beday(s) for pain *Recosign and verify rentanyl patches of only had one nurse R1's MAR for Decersident received Fersident received Fersident received Fersident received and 11/29/16, and of Record only had or dates. When interviewed licensed practical removal of a Fental	I patches from 12/3/16, plus m 11/30/16 that had not been noved them. She has woken ch better." The assessment of "Syncope multifactorial, toperative anemia, diarrhea, edication error with duplicate resent." er Form, Medical Summary sician dated 12/4/16, indicated sis for the hospital stay was on error syncope, and dication Administration Record er 2016, directed, "Fentanyl mcg/ hr apply 12.5 mcg addime every 3 move old patch, 2nd nurse to emoval.*" R1 received the n 11/29/16, however, the MAR	21545			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		c	
		00775	B. WING			4/2017
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MEEKEF	MANOR REHABILIT	ATION CENTER I	H DAVIS AVI LD, MN 553!			
(V4) ID	SHMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	COMPLETE DATE
21545	Continued From pa	ge 5	21545			
	the patch but is not it down the toilet. L does not sign witne there is no where for residents medical r. When interviewed of LPN-D stated two rof the Fentanyl patch be signing on the reis not always a spo	always present when flushing .PN-C stated the second nurse ssing the destruction because or two nurses to sign in the				
	LPN-E stated two r patch destruction, h	on 12/15/16, at 9:50 a.m. nurses witness the Fentanyl nowever, there is not always a I nurse to sign it was				
	electronic MAR for on how the initial m the computer would	also stated the facility used an all residents and depending pedication order was placed in d determine if there was an nurse to sign for the				
·	director of nursing expected to have to Fentanyl patches a in the narcotic bool reviewed residents who had been on F	on 12/15/16, at 3:25 p.m. (DON) stated staff were we nurses destroying the used and both should be signing off k. DON stated she had MAR's and narcotic records Fentanyl patches and ad not been obtaining two estroying them.				
	registered nurse (F Fentanyl patches of nurse witnessed the remember specific	on 12/15/16, at 3:55 p.m. RN)-F stated she removed R1's on 12/2/16, and had another e disposal. RN-F could not ally who the other nurse was, er nurse did not sign off				

Minnesota Department of Health STATE FORM

Minnesota Department of Health
STATEMENT OF DEFICIENCIES (X1)

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ANDFLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:			
		00775	B. WING		01/2	4/2017
NAME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
MEEKER	MANOR REHABILIT	ATION CENTER	TH DAVIS AVI LD, MN 553!			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
21545	patches because the second signature of destruction. RN-F Fentanyl Patch from in a cup and destroemd of the shift with the facility policy to application and Desindicated, "Take the medication room (vides), complete Form Medication Disposation nurses wrapping us paper and flushing licensed nurses must the proper form for SUGGESTED MET The facility administ (DON) or designed	cruction of the Fentanyl here was no where for a sin the MAR verifying the stated when she removed a many resident she puts them byed them all at once at the nanother nurse. Itled Fentanyl Removal, struction dated 10/2013, e used patch to the locked without touching adhesive entanyl destruction log or all Form, with two licensed sed fentanyl patch in toilet down the sewer. Two just verify destruction and sign proof of destruction."	21545			
	ongoing monitoring following policy and administering and	ducate staff, and implement an system to ensure all staff are diprocedures when disposing Fentanyl Patches. R CORRECTION: Ten (10)				
21630	MN Rule 4658.135 Medications; Destr		21630			
		on of medications. tions of controlled substances ursing home after death or				

Minnesota Department of Health STATE FORM

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		c	
		00775	B. WING			4/2017
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		•
MEEKEF	MANOR REHABILIT	ATION CENTER I	'H DAVIS AV LD, MN 553			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECT!	ON	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	COMPLETE DATE
21630	Continued From pa	ge 7	21630			
21630	discharge of a resic prescribed, or any of discontinued perma manner recommen or the consultant physhamacist must further instructions and for kept on file in the nature B. Unused portion drugs remaining in death or discharge were prescribed or discontinued perma according to part 6 be returned to the part of the par	dent for whom they were controlled substance anently must be destroyed in a ded by the Board of Pharmacy narmacist. The board or the rnish the necessary ms, a copy of which must be ursing home for two years. tions of other prescription the nursing home after the of the resident for whom they any prescriptions anently, must be destroyed 800.6500, subpart 3, or must be date, quantity, name of ption number, signature of the recident must be recorded on the record review, the facility icy and procedures for platches were followed for 8 R2, R3, R4, R5, R6, R7, and	21630			
	pain. This resulted the resident went u	received a Fentanyl patch for in actual harm for R1 when nresponsive and was sent to as found to have two sets of n.				
	Findings include:					
	12/12/16, indicated	nimum Data Set dated the resident had severe nt and required extensive			***************************************	

Minnesota Department of Health

(X3) DATE SURVEY

Minnesota Department of Health

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:	COMPLETED		
		00775	B. WING		C 01/24/2017
	PROVIDER OR SUPPLIER	STREET AD ATION CENTER 1 600 SOUT	DRESS, CITY, S' I'H DAVIS AVE I'LD, MN 5535		
(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 SHOUL CROSS-REFERENCED TO THE APPROPROFICIENCY)	D BE COMPLETE
21630	assistance with all A R1's physician order Fentanyl Patch 37.5 12.5 mcg and 25 mevery 3 days for panurse to co-sign an R1's facility Admiss Face Sheet dated freceived Fentanyl Face Sheet dated freceived Fentany	ADL's (activity's of daily living). Pers dated 11/29/16, directed formics (micrograms) apply and patch to equal 37.5 mcg in, "Remove old patch, 2nd diverify removal." John Readmission Assessment (1/29/16, indicated the resident Patch 37.5 mcg. John Regress Notes indicated the edated 11/30/16, directed staff insdermally [on the skin] at ys for pain, Remove old patch, in and verify removal. "Placed 37.5 mcg patch per [licensed]			

(X2) MULTIPLE CONSTRUCTION

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		С	
		00775	B. WING			4/2017
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MEEKEF	MANOR REHABILIT	ATION CENTER I	H DAVIS AV LD, MN 553			
(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 SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
21630	R1's hospital Progr 12/4/16, indicated, her current Fentany her old patches from removed. They remup and is doing must the admission was, combination of post dehydration, and more fentanyl patches pure Patient Transf Completed by Physical Transfer T	k res to ER [emergency room]. vas alert and pleasant." ess Note- Final report dated "After admission, staff found yl patches from 12/3/16, plus m 11/30/16 that had not been moved them. She has woken ch better." The assessment of "Syncope multifactorial, toperative anemia, diarrhea, redication error with duplicate resent." er Form, Medical Summary sician dated 12/4/16, indicated is for the hospital stay was, redication] error syncope; dication Administration Record er 2016, directed, "Fentanyl mcg/ hr apply 12.5 mcg and the every 3 move old patch, 2nd nurse to removal.*" R1 received the in 11/29/16, however, the MAR	21630	DEFICIENCY		
	When interviewed	on 12/15/16, at 3:55 p.m.				

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ` '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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		00775	B. WING	The second secon	01/2	24/2017	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
MEEKE	MANOR REHABILIT	ATION CENTER 600 SOUT	TH DAVIS AV	ENUE			
WELKE	I WARON HEHADIEH	LITCHFIE	LD, MN 553	55			
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21630	Fentanyl patches on urse witness the coremember specification and stated the other witnessing the dest because there was signature on the Marker stated when a from any resident sidestroyed them all with another nurse. R2's admission MD resident had no correquired limited assemble as R2's physician order fentanyl patch 72 lipatch transdermally remove per schedule R2's MAR for Nove Fentanyl patch was times. The MAR high all 10 Fentanyl patch four only one nurse sign patch disposals. R2's Individual Narfrom November 1,	IN)-F stated she removed R1's n 12/2/16, and had another destruction. RN-F could not ally who the other nurse was, or nurse did not sign off truction of the Fentanyl patch's no where for a second AR verifying the destruction. She removed a Fentanyl Patch she put them in a cup and at once at the end of the shift of S dated 11/7/16, indicated the gnitive impairment and sistance with ADL's. Pers dated 12/15/16, directed hour 25 mcg/ hr. Apply one y every 72 hours for pain and alle. Pember 2016, indicated the sapplied and removed 10 ad only one nurse signature for ch disposals. 16, MAR was reviewed 15, 2016. R2 received a new r times. The MAR contained nature for all four Fentanyl recotic Record was reviewed 2016 to December 15, 2016. rd had only one nurses	21630				
		S dated 10/5/16, indicated the e cognitive impairment and					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			1 ` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		•
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(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
21630	Continued From pa	ige 11	21630			
	required extensive	assistance with all ADL's.				
	R3's physician orders dated 12/15/16, directed Fentanyl patch 72 hour 25 mcg/ hr apply one patch transdermally in the afternoon every 3 day(s) for pain. First nurse to remove, second nurse to co-sign.					
R3's November 2016 MAR indicated the Fentanyl patch was applied and removed 10 times. The MAR had only one nurses signature six out of 10 times.						
	December 15, 2016	16 MAR was reviewed through 6. R3 received the Fentanyl The MAR had a second nurses e disposals.				
	from November 1,	cotic record was reviewed 2016, to December 15, 2016. d had only one nurses of 15 times.				
		S dated 12/22/16, indicated the gnitive impairment and was II ADL's.		•		
	Fentanyl patch eve one patch transder	ers dated 12/15/16, directed ery 72 hour 12 mcg/ hr apply mally every 72 hours for pain, y 3 days, and remove per				
	received the Fenta	16, MAR indicated the resident nyl patch 10 times. The MAR es signature for all 10				
		16, MAR was reviewed 15, 2016. R4 received the				

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BUILDING.		С	
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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
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(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) COMPLETE DATE
21630	Continued From pa	nge 12	21630			
		times. The MAR had only e for all four disposals.				
	from November 1 2	cotic record was reviewed 2016, to December 15, 2016. d had only one nurses 14 times.				
	resident had severe	dated 11/3/16, indicated the cognitive impairment and assistance with all ADL's.				
	Fentanyl patch eve one patch transder	ers dated 12/15/16, directed ry 72 hours, 25 mcg/ hr apply mally every three days for patch, second nurse to co-sign				
	received Fentanyl p	16, MAR indicated the resident patch 10 times. The MAR had gnature six out of 10 times.				
	through December	16, MAR was reviewed 15, 2016. R5 received the r times. All four disposals were d nurse.				
	from November 1,	cotic Record was reviewed 2016 to December 15, 2016. d had only one nurses 14 times.				
	resident had severe	S dated 11/2/16, indicated the e cognitive impairment and assistance with all ADL's.				r
	Fentanyl patch eve one patch transder	ers dated 12/15/16, directed ery 72 hours 12 mcg/ hr. Apply mally every 3 days for pain. second nurse to co-sign and				

PRINTED: 01/27/2017 FORM APPROVED Minnesota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: __ C B. WING 00775 01/24/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **600 SOUTH DAVIS AVENUE** MEEKER MANOR REHABILITATION CENTER. I LITCHFIELD, MN 55355 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) 21630 Continued From page 13 21630 verify removal. R6's November 2016, MAR indicated the resident received Fentanyl patch 10 times. The MAR had only one nurses signature two out of 10 times. R6's December 2016 MAR was reviewed through December 15, 2016. R6 received the Fentanyl patch five times. All five were signed by two nurses. R6's Individual Narcotic Record was reviewed from November 1, 2016 to December 15, 2016. The Narcotic record had only one nurses signature nine out of 15 times. R7's quarterly MDS dated 11/10/16, indicated the resident had moderate cognitive impairment and required extensive assistance with all ADL's. R7's physician orders dated 12/15/16, directed Fentanyl patch every 72 hours 50 mcg/hr. Apply one patch transdermally every 72 hours for pain. Remove old patch, second nurse to co-sign and verify removal. R7's November 2016, MAR indicated the resident received Fentanyl patch 10 times. The MAR had only one nurses signature two out of 10 times. R7's December 2016 MAR was reviewed through December 15, 2016. R7 received the Fentanyl patch five times. All five were signed by two

nurses.

nine out of 15 times.

R7 Individual Narcotic Record was reviewed from November 1, 2016 to December 15, 2016. The Narcotic record had only one nurses signature

Minnesota Department of Health
STATEMENT OF DEFICIENCIES (X1)

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, 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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
21630	Continued From pa	ige 14	21630				
	R8's quarterly MDS	dated 11/17/16, indicated the gnitive impairment and assistance with all ADL's.					
	Fentanyl patch eve one patch transder	ers dated 12/15/16, directed ry 72 hours 25 mcg/ hr. Apply mally every three days for patch, second nurse to co-sign					
	received Fentanyl p	16, MAR indicated the resident patch eight times. The MAR is signature five out of eight					
	December 15, 2016	16 MAR was reviewed through 6. R8 received the Fentanyl II five were signed by two					
	November 1, 2016	otic Record was reviewed from to December 15, 2016. The d only one nurse signature ss.					
	licensed practical n removal of a Fenta tissue and flushed after removing a pa the patch but is not it down the toilet. L does not sign witne	on 12/15/16, at 9:00 a.m. surse (LPN)-C stated after nyl patch it is wrapped in a down the toilet. LPN-C stated atch another nurse is shown always present when flushing LPN-C stated the second nurse essing the destruction because or two nurses to sign in the ecord.					
	LPN-D stated two r	on 12/15/16, at 9:45 a.m. nurses witness the destruction ches and both nurses should esidents MAR, however, there					

Minnesota Department of Health

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUILDING:		C	
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NAME OF	PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, S	STATE, ZIP CODE		
MEEKEF	R MANOR REHABILIT	AHON CENTER. I	TH DAVIS AV LD, MN 553			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / 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) COMPLETE DATE
21630	Continued From pa	ge 15	21630			
	is not always a spo destruction.	t for both nurses to sign the				
	LPN-E stated two r patch destruction, r spot for the second witnessed. LPN-E electronic MAR for on how the initial m	on 12/15/16, at 9:50 a.m. nurses witness the Fentanyl nowever, there is not always a nurse to sign it was also stated the facility used an all residents and depending edication order was placed in d determine if there was an nurse to sign for the				
	When interviewed on 12/15/16, at 3:25 p.m. director of nursing (DON) stated staff were expected to have two nurses destroying the used Fentanyl patches and both should be signing off in the narcotic book. DON stated she had reviewed residents MAR's and narcotic records who had been on Fentanyl patches and discovered staff had not been obtaining two signatures when destroying them.					
	Application and De indicated, "Take the medication room (v sides), complete Fe Medication Disposa nurses wrapping us paper and flushing licensed nurses mu	tled Fentanyl Removal, struction dated 10/2013, e used patch to the locked without touching adhesive entanyl destruction log or al Form, with two licensed sed fentanyl patch in toilet down the sewer. Two ust verify destruction and sign proof of destruction."				
	The facility adminis (DON) or designee	THOD OF CORRECTION: trator and director of nursing could review facility policies ducate staff and implement an				

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
74121241	or cornicorion	DENTI TOTALION HOMBELL	A. BUILDING:			
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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 CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
21630	Continued From pa	ge 16	21630			
	ongoing monitoring system to ensure all staff are following facility policy's and procedures for disposal of Fentanyl patch.					
	TIME PERIOD FOR (21) days.	R CORRECTION: Twenty-one				
21850	MN St. Statute 144 Residents of HC Fa	.651 Subd. 14 Patients & ac.Bill of Rights	21850			
	Residents shall be defined in the Vulne "Maltreatment" mea section 626.5572, sintentional and non physical pain or injuconduct intended to distress. Every res non-therapeutic che except in fully docu authorized in writing resident's physiciar period of time, and protect the resident others. This MN Requirement by: Based on interview failed to ensure 1 of from maltreatment not administered and facility policy and procession of the sure of the sur	om from maltreatment. free from maltreatment as erable Adults Protection Act. ans conduct described in subdivision 15, or the -therapeutic infliction of ary, or any persistent course of o produce mental or emotional ident shall also be free from emical and physical restraints, mented emergencies, or as g after examination by a n for a specified and limited only when necessary to from self-injury or injury to ent is not met as evidenced and record review, the facility f 8 residents, R1, was free when a Fentanyl patch was and/ or destroyed according to rocedure. This resulted in when the resident became				
	unresponsive and v	was sent to the hospital. R1 two sets of Fentanyl patches				

Minnesota Department of Health

		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	COMPLETED	
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NAME OF	FROVIDER OR SUFFLIER			•			
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240.15	CUMMADVICTA			PROVIDER'S PLAN OF	CORRECTION	0/5)	
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21850	Continued From pa	ge 17	21850				
	Findings include:						
	12/12/16, indicated	nimum Data Set dated the resident had severe					
	cognitive impairment and required extensive assistance with all ADL's (activity's of daily living).						
	R1's physician orders dated 11/29/16, directed Fentanyl Patch 37.5 mcg (micrograms) apply 12.5 mcg and 25 mcg patch to equal 37.5 mcg every 3 days for pain, "Remove old patch[s], 2nd nurse to co-sign and verify removal."						
	R1's facility Admiss	ion/ Readmission Assessment					
	Face Sheet dated 1 received Fentanyl F	11/29/16, indicated the resident Patch 37.5 mcg.					
	"Apply 25 mcg tran bedtime every 3 da 2nd nurse to co-sig	dated 11/30/16, indicated, sdermally [on the skin] at ys for pain, Remove old patch, in and verify removal. Placed 37.5 mcg patch per [licensed					
	8:00 p.m. resident suse the bathroom further took her an	e dated 12/3/16, indicated, At stated to nurse that she had to or a BM [bowel movement]. d just before wanted to get her by pale, tilted her head back					
	and became unres	ponsive for a few seconds. ack she had a big emesis. She sive again and writer quickly)				
	checked code statu When writer got ba	us which was a 'full code' CPR. ck to her she was alert." "She became unresponsive again.					
	Writer with help of her on floor. All of	NA/R [nursing assistant] laid a sudden res stopped					
		unresponsive, and no pulse ted CPR starting with chest					

Minnesota Department of Health

(X3) DATE SURVEY

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
ANDIDAN	OF COMMECTION	IDENTIFICATION NOMBER.	A. BUILDING:		_	
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NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MEEKER	MANOR REHABILIT	AHON CENTER 1	TH DAVIS AV LD, MN 553			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / 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) COMPLETE DATE
21850	compressions. Wrife compressions and more vomiting." "A [8:15 p.m.] and took When res left she with the resident Progritude 12/4/16, indicated, her current Fentany, her old patches from the rold patches from the admission was, combination of post dehydration, and mister patches progression of post dehydration, and mister patches progression. The primary diagnost sedation, medication multifactorial. Review of R1's Med (MAR) for Novemb Patch 72 hour 37.5 transdermally at beday(s) for pain *Recosign and verify right for patches of the primary patc	iter did approx [approximately] d res responded, woke up; did ambulance arrived at 2015 k res to ER [emergency room]. was alert and pleasant." ess Note- Final report dated "After admission, staff found yl patches from 12/3/16, plus m 11/30/16 that had not been moved them. She has woken ch better." The assessment of "Syncope multifactorial, toperative anemia, diarrhea, redication error with duplicate resent." fer Form, Medical Summary sician dated 12/4/16, indicated sis for the hospital stay was on error syncope, and dication Administration Record er 2016, directed, "Fentanyl mcg/ hr apply 12.5 mcg addime every 3 move old patch, 2nd nurse to removal.*" R1 received the m 11/29/16, however, the MAR	21850			
	resident received a	12.5 mcg and a 25 mcg patch n 12/2/16. The Narcotic				

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL		(X3) DATE SURVEY COMPLETED		
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040.15	CHIMAMA DV CT		LD, MN 553		CORRECTION	()(5)	
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21850	Continued From pa	age 19	21850				
	Record only had o dates.	ne nurses signature for both					
	licensed practical is removal of a Fentatissue and flushed after removing a puthe patch but is not it down the toilet. does not sign without here is no where fresidents medical. When interviewed LPN-D stated two of the Fentanyl pathe signing on the removal.	on 12/15/16, at 9:00 a.m. nurse (LPN)-C stated after anyl patch it is wrapped in a down the toilet. LPN-C stated atch another nurse is shown at always present when flushing LPN-C stated the second nurse essing the destruction because for two nurses to sign in the record. on 12/15/16, at 9:45 a.m. nurses witness the destruction to the sand both nurses should residents MAR, however, there of for both nurses to sign the					
	LPN-E stated two patch destruction, spot for the second witnessed. LPN-E electronic MAR for on how the initial in the computer would area for a second destruction.	on 12/15/16, at 9:50 a.m. nurses witness the Fentanyl however, there is not always a d nurse to sign it was also stated the facility used an all residents and depending nedication order was placed in ld determine if there was an nurse to sign for the					
	director of nursing expected to have the Fentanyl patches a in the narcotic book reviewed residents who had been on line.	(DON) stated staff were two nurses destroying the used and both should be signing off ok. DON stated she had s MAR's and narcotic records Fentanyl patches and ad not been obtaining two					

Minnesota Department of Health

STATE FORM

PRINTED: 01/27/2017 FORM APPROVED Minnesota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ C B. WING 00775 01/24/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **600 SOUTH DAVIS AVENUE** MEEKER MANOR REHABILITATION CENTER. I LITCHFIELD, MN 55355 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) 21850 Continued From page 20 21850 signatures when destroying them. When interviewed on 12/15/16, at 3:55 p.m. registered nurse (RN)-F stated she removed R1's Fentanyl patches on 12/2/16, and had another nurse witnessed the disposal. RN-F could not remember specifically who the other nurse was, and stated the other nurse did not sign off witnessing the destruction of the Fentanyl patches because there was no where for a second signature on the MAR verifying the destruction. RN-F stated when she removed a Fentanyl Patch from any resident she puts them in a cup and destroyed them all at once at the end of the shift with another nurse. The facility policy titled Fentanyl Removal, Application and Destruction dated 10/2013, indicated, "Take the used patch to the locked medication room (without touching adhesive sides), complete Fentanyl destruction log or Medication Disposal Form, with two licensed nurses wrapping used fentanyl patch in toilet paper and flushing down the sewer. Two licensed nurses must verify destruction and sign the proper form for proof of destruction." SUGGESTED METHOD OF CORRECTION: The facility administrator and director of nursing (DON) or designee could review facility policies

and procedures, educate staff, and implement an ongoing monitoring system to ensure all staff are

administering and disposing Fentanyl Patches.

TIME PERIOD FOR CORRECTION: Ten (10)

following policy and procedures when

PRINTED: 01/27/2017 **FORM APPROVED** Minnesota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: С B. WING 01/24/2017 00775 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **600 SOUTH DAVIS AVENUE** MEEKER MANOR REHABILITATION CENTER, I LITCHFIELD, MN 55355 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (X5) COMPLETE DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY)



PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Electronically delivered May 17, 2017

Mr. Daniel Strittmater, Administrator Meeker Manor Rehabilitation Center, LLC 600 South Davis Avenue Litchfield, MN 55355

Re: Enclosed Reinspection Results - Complaint Number H5361011

Dear Mr. Strittmater:

On March 6, 2017 an investigator from the Minnesota Department of Health, Office of Health Facility Complaints, completed a reinspection of your facility, to determine correction of licensing orders found during the investigation completed on January 24, 2017. At this time these correction orders were found corrected.

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

Please feel free to call me with any questions.

Sincerely,

Kate JohnsTon, Program Specialist

Program Assurance Unit

Licensing and Certification Program

Health Regulation Division

85 East Seventh Place, Suite 220

P.O. Box 64900

St. Paul, Minnesota 55164-0900

kate.johnston@state.mn.us

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

Enclosure(s)

cc: Licensing and Certification File



PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Electronically delivered May 17, 2017

Mr. Daniel Strittmater, Administrator Meeker Manor Rehabilitation Center, LLC 600 South Davis Avenue Litchfield, MN 55355

RE: Project Number H5361011

Dear Mr. Strittmater:

On February 1, 2017, we informed you that the following enforcement remedy was being imposed:

• State Monitoring effective February 6, 2017. (42 CFR 488.422)

On February 1, 2017, this Department recommended the following enforcement remedy to the Centers for Medicare and Medicaid Services (CMS) for imposition:

- Civil money penalty for the deficiency cited at F333. (42 CFR 488.430 through 488.444)
- Civil money penalty for the deficiency cited at F431. (42 CFR 488.430 through 488.444)

This was based on the deficiencies cited by the Minnesota Department of Health, Office of Health Facility Complaints for an abbreviated standard survey completed on January 24, 2017. The most serious deficiency was found to be isolated deficiencies that constituted actual harm that was not immediate jeopardy (Level G) whereby corrections were required.

On March 6, 2017, the Minnesota Department of Health, Office of Health Facility Complaints completed a Post Certification Revisit to verify that your facility had achieved and maintained compliance with federal certification deficiencies issued pursuant to an abbreviated standard survey, completed on January 24, 2017. We presumed, based on your plan of correction, that your facility had corrected these deficiencies as of February 10, 2017. We have determined, based on our visit, that your facility has corrected the deficiencies issued pursuant to our abbreviated standard survey, completed on January 24, 2017, as of February 28, 2017.

As a result of the revisit findings, the Department is discontinuing the Category 1 remedy of state monitoring effective February 28, 2017.

Meeker Manor Rehabilitation Center, LLC May 17, 2017 Page 2

The CMS Region V Office will notify you of their determination regarding the recommended remedies,

- Civil money penalty for the deficiency cited at F333. (42 CFR 488.430 through 488.444)
- Civil money penalty for the deficiency cited at F431. (42 CFR 488.430 through 488.444)

Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) prohibition, and appeal 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.

Feel free to contact me if you have questions.

Sincerely,

Kate JohnsTon, Program Specialist

Program Assurance Unit

Licensing and Certification Program

Health Regulation Division

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Enclosure(s)

cc: Licensing and Certification File