



Protecting, Maintaining and Improving the Health of Minnesotans

Office of Health Facility Complaints Investigative Report
PUBLIC

Facility:

Kenyon Sunset Home
127 Gunderson Boulevard
Kenyon, MN 55946
Goodhue County

Report #: H5379012

Date: May 26, 2015

Date of Visit: February 5, 2015
Time of Visit: 9:15 a.m. – 2:00 p.m.

By: Deborah Neuberger, R.N., Special Investigator

- Type of Facility:**
- Nursing Home
 - SLF
 - Hospital
 - HHA
 - ICF/IID
 - Other: _____
 - Home Care Provider/Assisted Living
 - Home Care

- Facility Self Report
- Complaint

Allegation(s): It is alleged that a resident was neglected when staff failed to monitor the resident after having surgery and the resident developed severe wounds, and sepsis requiring hospitalization, and the need for further surgery for wounds and pressure ulcers.

An unannounced visit was made at this facility and an investigation was conducted under:

- Federal Regulations for Hospital Conditions of Participation (42 CFR, Part 482)
- Federal Regulations for Long Term Care Facilities (42 CFR Part 483, subpart B)
- Federal Regulations for ICF/IID (42 CFR Part 483, subpart I)
- Federal Regulations for HHA (Home Health Agencies) (42 CFR, Part 484)
- Federal Regulations for CAH (Critical Access Hospital) (42 CFR, Part 485)
- Federal Regulations for EMTALA (42 CFR Part 489)
- State Licensing Rules for Boarding Care Homes (MN Rules Chapter 4655)
- State Licensing Rules for Nursing Homes (MN Rules Chapter 4658)
- State Licensing Rules for Supervised Living Facilities (MN Rules Chapter 4665)

- State Licensing Rules for Home Care (MN Rules Chapter 4668)
- State Statutes for Maltreatment of Minors (MN Statutes, section 626.556)
- State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557)
- State Statutes Chapters 144 and 144A

Conclusion:**Minnesota Vulnerable Adults Act (MN 626.557)**

Under the Minnesota Vulnerable Adults Act (MN. 626.557):

- Abuse Neglect Financial Exploitation was:
 Substantiated Not Substantiated Inconclusive based on the following information:

Based on a preponderance of evidence, neglect occurred when facility staff failed to monitor and respond to the resident's condition. Staff members delayed contacting the resident's physician related to a condition change eventually resulting in hospitalization. The resident later died at the hospital.

The resident had diagnoses that included Coronary Artery Disease, Diabetes and Venous Stasis Ulcers with chronic, non-healing ulcers present on admission. The resident had a fall at the facility and was admitted to the hospital for hip pain. The resident underwent surgery related to a broken hip and was readmitted back to the facility on 1/16/2015. On 1/29/2015, nursing staff members removed the staples from R1's hip and noted the wound was red and inflamed; the resident's nurse practitioner assessed the resident's wound the same day. The nurse practitioner was concerned about an infection and had ordered a wound culture. During the nurse practitioner's exam there was no purulence or fever. The nurse practitioner ordered staff to monitor the resident and notify the physician or nurse practitioner of any changes. Temperatures recorded during this period are as follows: 1/29/2015 at 9:18 p.m. – 97.3, 1/30/2015 at 1:35 a.m. – 97.5, 1/30/2015 at 10:00 p.m. – 97.7, 1/31/2015 at 3:15 a.m. – 100.4 (no other temperatures were documented on 1/31/2015). Documentation noted on 1/31/2015, the resident refused to eat lunch. Staff did not assess the resident's temperature at lunchtime nor did the nursing staff contact the resident's medical provider related to the change of condition that included loss of appetite and fever of 100.4. The next morning, on 2/1/2015, the resident's temperature at 7:02 a.m. remained at 100.4. Documentation identified that the resident's temperature remained at 100.4 for 28 hours and the staff did not notify the NP or MD of the change of condition. On 2/1/15 at 11:10 a.m. the resident's temperature was 102.4 degrees. The resident was difficult to awaken, and refused breakfast. Staff members contacted the resident's on-call physician who ordered the resident sent to the hospital for evaluation.

During an interview, the resident's nurse practitioner stated the resident's incision was red, but had no drainage when s/he saw the resident on 1/29/2015. The resident's nurse practitioner stated s/he did a wound culture in an effort to determine if the resident had an infection. The nurse practitioner stated that although sepsis can present itself quickly, s/he would have expected contact with the on-call physician when the resident developed a low-grade fever and poor appetite on 1/31/2015, as this represented a change in the resident's condition.

Hospital record review revealed the resident's admission diagnoses included altered mental status and a fever of 102.7 degrees. The resident underwent surgery for removal of the hip hardware, but later died with the principal problem noted to be sepsis.

The resident's death certificate revealed the cause of death listed as Ventricular Fibrillation, Sepsis, and Coronary Artery Disease.

The allegation that neglect occurred when the resident developed severe wounds while at the facility is inconclusive. Although the resident developed new open areas to his/her heels, there is evidence the resident was active, using his/her heels to propel him/herself about the facility and the facility made attempts to prevent pressure areas. The resident was noncompliant with prevention interventions.

Mitigating Factors:

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

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

Although the facility had policies in place to notify the physician of changes in resident condition, several staff over 24 hours failed to follow those policies and did not call the resident's physician in a timely manner.

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

Compliance:

Federal Regulations for Long Term Care Facilities (42 CFR, Part 483, subpart B) – Compliance Not Met

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

Deficiencies are issued on form 2567: Yes No If no, specify: _____

(The 2567 will be available on the MDH website.)

State Licensing Rules for Nursing Homes (MN Rules Chapter 4658) – Compliance Not Met

The requirements under State Licensing Rules for Nursing Homes (MN Rules Chapter 4658) were not met.

State licensing orders were issued: Yes No If no, specify: _____

(State licensing orders will be available on the MDH website.)

State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557) – Compliance Met
The facility was found to be in compliance with State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557). No state licensing orders were issued.

Facility Corrective Action:

The facility took the following corrective action(s):

Definitions:

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.

Minnesota Statutes, section 626.5572, subdivision 17 - Neglect

"Neglect" means:

(a) The failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to, food, clothing, shelter, health care, or supervision which is:

(1) reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult; and

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

(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.

The Investigation included the following:

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

Medical Records

Care Guide

Medication Administration Records

Treatment Sheets

Facility Incident Reports

Physician Progress Notes

ADL (Activities of Daily Living) Flow Sheets

Laboratory and X-ray Reports

Physician Orders

Social Service Notes

Nurses Notes

Meal Intake Records

Activities Reports

Weight Records

Therapy and/or Ancillary Services Records

Assessments

Skin Assessments

Care Plan Records

Other pertinent medical records:

Hospital Records Ambulance/Paramedics Medical Examiner Records Death Certificate

Police Report

Additional facility records:

Resident/Family Council Minutes

Personnel Records/Background Check, etc.

Staff Time Sheets, Schedules, etc.

Facility In-service Records

Facility Internal Investigation Reports

Facility Policies and Procedures

Call Light Audits

Other, specify: _____

Number of additional resident(s) reviewed: 3

Were residents selected based on the allegation(s)? Yes No N/A Specify: _____

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

Yes No N/A Specify: The resident was deceased.

Interviews: The following interviews were conducted during the investigation:

Interview with complainant(s): Yes No N/A Specify: _____

If unable to contact complainant, attempts were made on:
Date/time: _____ Date/time: _____ Date/time: _____

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

Did you interview the resident(s) identified in allegation: Yes No N/A Specify: The resident was deceased.

Did you interview additional residents: Yes No

Total number of resident interviews: 6

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

Tennessee Warning given as required: Yes No

Total number of staff interviews: 7

Physician interviewed: Yes No

Nurse Practitioner interviewed: Yes No

Interview with Alleged Perpetrator(s): Yes No N/A Specify: None identified.

Attempts to contact: Date/time: _____ Date/time: _____ Date/time: _____

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

Were contacts made with any of the following:

Emergency personnel Police Officers Medical Examiner Other: Specify _____

Observations were conducted related to:

- Wound Care
- Medication Pass
- Meals
- Personal Care
- Dignity/Privacy Issues
- Restorative Care
- Nursing Services
- Safety Issues
- Facility Tour
- Infection Control
- Cleanliness
- Injury

Use of Equipment

Transfers

Incontinence

Call Light

Other: _____

Was any involved equipment inspected: Yes No N/A

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

Were photographs taken: Yes No Specify: _____

- xc: Health Regulation Division - Licensing & Certification
- Minnesota Board of Examiners for Nursing Home Administrators
- Minnesota Board of Nursing
- Goodhue County Medical Examiners
- Goodhue County Attorney
- Kenyon City Attorney

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/26/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245379	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/12/2015
NAME OF PROVIDER OR SUPPLIER KENYON SUNSET HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 127 GUNDERSON BOULEVARD KENYON, MN 55946		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS An abbreviated standard survey was conducted to investigate case #H5379012. As a result, the following deficiency is issued. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of the CMS-2567 form. Electronic submission of the POC will be used as verification of compliance.	F 000			
F 157 SS=G	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of	F 157			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			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.

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F 157	<p>Continued From page 1 this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and document review the facility failed to notify with the resident's physician when there was a significant change in the resident's condition for 1 of 4 (R1) residents. Actual harm occurred when the resident developed sepsis, was hospitalized and later died related to the infection.</p> <p>Findings include:</p> <p>Medical record reviewed revealed R1 had diagnoses that included Coronary Artery Disease, Diabetes and Venous Stasis Ulcers.</p> <p>Nursing notes revealed R1 had a fall at the facility and was admitted to the hospital 1/12/2015 for hip pain. R1 underwent surgery related to a broken hip and was readmitted back to the facility on 1/16/2015. On 1/29/2015 the staples were removed from R1's hip and staff noted the wound was not healing as expected and was red and inflamed. On 1/29/2015, Nurse Practitioner (NP)-D assessed R1's wound, performed a wound culture and ordered staff to monitor the resident and notify the physician or nurse practitioner of any changes. On 1/31/2015 at 3:15 a.m. R1 had a fever of 100.4 degrees and refused to eat lunch. No physician was contacted related to this change. On 2/1/2015, R1 had a fever of 102.4 degrees and refused breakfast.</p>	F 157		
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F 157	<p>Continued From page 2</p> <p>Staff members contacted R1's on-call physician who ordered the resident sent to the hospital for evaluation.</p> <p>During an interview on 2/5/2015 at 11:35 a.m. Licensed Practical Nurse (LPN)-C stated on 1/31/2015 the resident did not have an appetite at lunch time. R1's temperature was not taken at that time. The next morning, 2/1/2015, LPN-C rechecked the resident about 9:00 a.m. and found the fever to be 102.4 degrees. LPN-C called the physician on 2/1/2015 and the resident went to the hospital.</p> <p>During an interview on 2/6/2015 at 12:00 p.m. NP-D stated R1's incision was red, but had no drainage when she saw R1 on 1/29/2015. NP-D stated she did a wound culture to determine if the resident had an infection. NP-D stated the on-call physician should have been called when R1 developed a low grade fever and poor appetite on 1/31/2015, as this represented a change in the resident's condition. NP-D stated she was later notified by the facility that R1 died in the hospital.</p> <p>Hospital Record review revealed the resident was admitted to the hospital on 2/1/2015 with altered mental status and a fever of 102.7 degrees. The resident underwent surgery for removal of the hip hardware, but later died on 2/4/2015 with the principal problem noted to be sepsis.</p> <p>R1's death certificate dated 2/4/2015 was reviewed and revealed R1's cause of death listed as Ventricular Fibrillation, Sepsis, and Coronary Artery Disease.</p> <p>The policy titled Resident Change of Condition MD/NP Notification dated revised 12/12/2011 was</p>	F 157		
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F 157	Continued From page 3 reviewed and revealed under Procedure: 1. Between the hours of 8:00 a.m. and 10:00 p.m. seven days a week, attending physicians or physician on-call is to be notified of all condition or health status changes.	F 157			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00145	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/12/2015
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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">NH LICENSING CORRECTION ORDER</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>INITIAL COMMENTS: A complaint investigation was conducted to investigate complaint #H5379012. The following correction order is issued:</p> <p>The facility has agreed to participate in the electronic receipt of State licensure orders</p>	2 000		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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2 000	Continued From page 1 consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. Then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health.	2 000		
2 265	MN Rule 4658.0085 Notification of Chg in Resident Health Status A nursing home must develop and implement policies to guide staff decisions to consult physicians, physician assistants, and nurse practitioners, and if known, notify the resident's legal representative or an interested family member of a resident's acute illness, serious accident, or death. At a minimum, the director of nursing services, and the medical director or an attending physician must be involved in the development of these policies. The policies must have criteria which address at least the appropriate notification times for: A. an accident involving the resident which results in injury and has the potential for requiring physician intervention; B. a significant change in the resident's physical, mental, or psychosocial status, for example, a deterioration in health, mental, or psychosocial status in either life-threatening	2 265		

Minnesota Department of Health

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2 265	<p>Continued From page 2</p> <p>conditions or clinical complications;</p> <p>C. a need to alter treatment significantly, for example, a need to discontinue an existing form of treatment due to adverse consequences, or to begin a new form of treatment;</p> <p>D. a decision to transfer or discharge the resident from the nursing home; or</p> <p>E. expected and unexpected resident deaths.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review the facility failed to notify with the resident's physician when there was a significant change in the resident's condition for 1 of 4 (R1) residents. Actual harm occurred when the resident developed sepsis, was hospitalized and later died related to the infection.</p> <p>Findings include:</p> <p>Medical record reviewed revealed R1 had diagnoses that included Coronary Artery Disease, Diabetes and Venous Stasis Ulcers.</p> <p>Nursing notes revealed R1 had a fall at the facility and was admitted to the hospital 1/12/2015 for hip pain. R1 underwent surgery related to a broken hip and was readmitted back to the facility on 1/16/2015. On 1/29/2015 the staples were removed from R1's hip and staff noted the wound was not healing as expected and was red and inflamed. On 1/29/2015, Nurse Practitioner (NP)-D assessed R1's wound, performed a wound culture and ordered staff to monitor the resident and notify the physician or nurse</p>	2 265		

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2 265	<p>Continued From page 3</p> <p>practitioner of any changes. On 1/31/2015 at 3:15 a.m. R1 had a fever of 100.4 degrees and refused to eat lunch. No physician was contacted related to this change. On 2/1/2015, R1 had a fever of 102.4 degrees and refused breakfast. Staff members contacted R1's on-call physician who ordered the resident sent to the hospital for evaluation.</p> <p>During an interview on 2/5/2015 at 11:35 a.m. Licensed Practical Nurse (LPN)-C stated on 1/31/2015 the resident did not have an appetite at lunch time. R1's temperature was not taken at that time. The next morning, 2/1/2015, LPN-C rechecked the resident about 9:00 a.m. and found the fever to be 102.4 degrees. LPN-C called the physician on 2/1/2015 and the resident went to the hospital.</p> <p>During an interview on 2/6/2015 at 12:00 p.m. NP-D stated R1's incision was red, but had no drainage when she saw R1 on 1/29/2015. NP-D stated she did a wound culture to determine if the resident had an infection. NP-D stated the on-call physician should have been called when R1 developed a low grade fever and poor appetite on 1/31/2015, as this represented a change in the resident's condition. NP-D stated she was later notified by the facility that R1 died in the hospital.</p> <p>Hospital Record review revealed the resident was admitted to the hospital on 2/1/2015 with altered mental status and a fever of 102.7 degrees. The resident underwent surgery for removal of the hip hardware, but later died on 2/4/2015 with the principal problem noted to be sepsis.</p> <p>R1's death certificate dated 2/4/2015 was reviewed and revealed R1's cause of death listed as Ventricular Fibrillation, Sepsis, and Coronary</p>	2 265		

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NAME OF PROVIDER OR SUPPLIER KENYON SUNSET HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 127 GUNDERSON BOULEVARD KENYON, MN 55946
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 265	<p>Continued From page 4</p> <p>Artery Disease.</p> <p>The policy titled Resident Change of Condition MD/NP Notification dated revised 12/12/2011 was reviewed and revealed under Procedure: 1. Between the hours of 8:00 a.m. and 10:00 p.m. seven days a week, attending physicians or physician on-call is to be notified of all condition or health status changes.</p> <p>SUGGESTED METHOD OF CORRECTION: The administrator or designee could review/update policies regarding physician notification of a change in resident condition, train staff on the policies, and monitor that the policies are being implemented.</p> <p>TIME PERIOD FOR CORRECTION: Thirty (30) days.</p>	2 265		

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number 245379	(Y2) Multiple Construction A. Building _____ B. Wing _____	(Y3) Date of Revisit 3/17/2015
Name of Facility KENYON SUNSET HOME		Street Address, City, State, Zip Code 127 GUNDERSON BOULEVARD KENYON, MN 55946

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix F0157 Reg. # 483.10(b)(11) LSC _____	Correction Completed 03/17/2015	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____	Reviewed By MN/kfd	Date: 03/24/2015	Signature of Surveyor: _____ 10567	Date: 03/17/2015
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
Followup to Survey Completed on: 2/12/2015		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO		

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number 00145	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 3/17/2015
Name of Facility KENYON SUNSET HOME	Street Address, City, State, Zip Code 127 GUNDERSON BOULEVARD KENYON, MN 55946	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>20265</u> Reg. # <u>MN Rule 4658.0085</u> LSC _____	Correction Completed 03/17/2015	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____	Reviewed By <u>MN/kfd</u>	Date: <u>03/24/2015</u>	Signature of Surveyor: _____ 10567	Date: <u>03/17/2015</u>
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
Followup to Survey Completed on: <u>2/12/2015</u>		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO		