MINNESOTA MDH DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of Minnesotans

Office of Health Facility Complaints Investigative Report
PUBLIC

Facility:
Catholic Eldercare on Main
817 Main Street Northeast
Minneapolis, MN 55413
Hennepin County

Report #: H5439024

Date: October 11, 2013

Date of Visit: July 10, 2013
Time of Visit: 9:00 a.m.-1:00 p.m.

By: Jolene Bertelsen, R.N., Special Investigator
Lindsey Krueger, R.N., Special Investigator

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

☒ Facility Self Report ☐ Complaint

Allegation(s): **It is alleged** that neglect of supervision occurred by staff when resident #1 pushed resident #2 causing a pelvic fracture. It is also alleged that resident #1 pushed resident #3 from behind shortly after.

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:

The allegation of neglect is substantiated. The facility failed to provide adequate supervision for Resident #1, which resulted in an incident where Resident #1 pushed two other residents (Resident #2 and Resident #3). Resident #2 experienced increased pain and required increased assistance for cares and ambulation. A pelvic fracture could not be ruled out; however Resident #2 required occupational therapy as a result of the injury. Resident #3 did not sustain an injury from Resident #1.

Resident #1 is alert and oriented to self, and had unpredictable behaviors of aggressions. Resident #1 ambulated around the unit independently, and had a history of wandering in/out of other resident rooms. During his/her approximate one month stay at the facility, the resident had 21 incidents of aggressive behaviors towards other residents and staff. The resident's behaviors also included several occasions of disrobing in the hallway or common living space/television area while other residents were present. Staff continued to monitor and intervene as necessary, and as the resident would allow. Resident #1's supervision plan was for facility staff to re-approach when agitated.

During one incident, Resident #1 became increasingly agitated and wandered the hallways yelling and disrobing. S/he approached Resident #2, who was standing in the doorway of his/her room, and pushed Resident #2 backwards causing him/her to fall to the ground. Following the fall, Resident #2 complained of low back pain. X-rays were taken, pelvic fracture was unable to be ruled out. Resident #2's ambulation was limited as a result of this injury, s/he had to be transferred with a mechanical lift, and required occupational therapy.

After Resident #1 pushed Resident #2, Resident #1 continued down the hallway and approached Resident #3 who was walking in the hallway with his/her walker. Resident #1 pushed Resident #3 from behind, causing Resident #3 to fall to the floor. (Resident #3 was uninjured.) Resident #1 then directed his/her behaviors towards a staff member and 911 was called. Resident #1 was transported to the hospital.

Although the facility implemented several medication changes, interviews and record review verified no other interventions were added to protect the other residents from Resident #1's wandering, aggressive, and unpredictable behaviors. In addition, several family members expressed concerns to facility staff regarding Resident #1's behaviors. No additional interventions were implemented after those concerns were voiced.

Mitigating Factors:

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

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

The facility failed to develop and implement a plan for resident #1 for his/her aggressive behavior, which included assessing behaviors, adding additional interventions to keep other residents safe, or identifying the immediate cause or triggers of Resident #1's behaviors.

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 Home Care (MN Rules Chapter 4668) – Compliance Not Met
The requirements under State Licensing Rules for Home Care (MN Rules Chapter 4668) 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.

State Statutes Chapters 144 & 144A – Compliance Met
The facility was found to be in compliance with State Statutes for Chapters 144 & 144A. No state licensing orders were issued.

Facility Corrective Action:

The facility took the following corrective action(s):

Definitions:

Minnesota Statutes, section 626.5572, subdivision 17 - Neglect
"Neglect" means:

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

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

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	☒ 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: 2

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: _____

Interviews: The following interviews were conducted during the investigation:

Interview with complainant(s): ○ Yes ○ No ◉ N/A Specify: The facility reported the incident.

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: No longer present at the facility

Did you interview additional residents: ◉ Yes ○ No

Total number of resident interviews: 4

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

Tennessen Warning given as required: ◉ Yes ○ No

Total number of staff interviews: 11

Physician interviewed: ○ Yes ◉ No

Nurse Practitioner interviewed: ○ Yes ◉ No

Interview with Alleged Perpetrator(s): ○ Yes ○ No ◉ N/A Specify: No alleged perpetrator was identified in the complaint.

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: Division of Compliance Monitoring - Licensing & Certification
Minnesota Board of Examiners for Nursing Home Administration
Minnesota Board of Nursing
Minneapolis City Police Department
Hennepin County Attorney
Minneapolis City Attorney

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245439	A. BUILDING _____ B. WING _____	C 09/25/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CATHOLIC ELDERCARE ON MAIN	817 MAIN STREET NORTHEAST MINNEAPOLIS, MN 55413

(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 initiated to investigate case #H5439024. As a result, the following deficiencies are issued. **********The exit date has been revised to reflect a date of 09/25/2013**********	F 000	RECEIVED OCT 2 0 2013 OHFC	
F 250 SS=D	483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on document review and interview, the facility failed to provide medically-related social services related to a resident exhibiting sexual behaviors/disrobing in public areas, affecting the welfare of other residents, for 1 of 3 residents (R1) reviewed. Findings include: Medical record review revealed R1 had a diagnosis of Alzheimer's Dementia with behavior disturbances. R1 is alert and oriented to self, and independent in ambulation. R1's Care Plan, dated 5/17/2013 documents that R1 has an alteration in mood/behavior related to dementia, strips clothes, and walks naked on the unit. Interventions dated 7/1/2013 include: Offer R1 a gown when walking around naked and try to	F 250	F 250 Provision of Medically Related Social Services Catholic Eldercare provides medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. R1 was admitted on May 16, 2013 from an assisted living facility where he lived in his own apartment for a number of years. At the time of his admission, we expressed some concern about his ability to adapt to the larger unit. R1's family was supportive and eager to have him at Catholic Eldercare. Our assessment of his past behavior indicated that he could be resistive to care and would need to be reapproached. He was known to have difficulty with communication; however, he had no known incidents of inappropriate conduct with other residents such as disrobing, yelling, or physical aggression.	10-16-13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kimberly Kyry — TITLE: Administrator — (X6) DATE: 10-16-13

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245439	A. BUILDING _____ B. WING _____	C 09/25/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CATHOLIC ELDERCARE ON MAIN	817 MAIN STREET NORTHEAST MINNEAPOLIS, MN 55413

(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 250	Continued From page 1 drape it on him as he allows, administer psychotropic medications as needed, use a calm "let's go" approach to avoid power struggles, and allow R1 to do as much as possible. No interventions were in place to prevent disrobing/masturbating behavior. R1's Progress Notes along with Behavior Event Reports were reviewed from the date of admission on 5/17/2013 through R1 being sent to the hospital on 6/22/2013. During this 5 week period, R1 had 6 days where incidents of disrobing or masturbating in common living space/television area took place. Dates for these incidents include: 5/26/2013, 5/28/2013, 5/31/2013, 6/2/2013, 6/7/2013, and 6/13/2013. In addition 2 of those days had multiple instances. On 6/2/2013 R1 was seen walking naked on the unit and later on in the evening masturbating in the common living space, and on 6/13/2013 R1 was seen masturbating in the common living space and undressed himself 5 times throughout the day. Interview on 7/10/2013 at 10:45 a.m. with Employee (E)/Licensed Practical Nurse revealed that R1 would engage in masturbating behavior in the common living areas while other female residents were around. Employee (E) stated that these female residents would ask to have R1 removed from that area. Employee (E) also stated that R1 was hard to re-direct and at times needed to be reproached. No other interventions were put in place. Interview on 8/19/2013 at 9:40 a.m. with Employee (J)/Social Worker revealed R1 had behaviors including disrobing. Employee (J) stated that several family members of other	F 250	At our first care conference on May 19, 2013, we discussed with the family and his case manager our initial observations that R1 was struggling to adjust to the new environment and whether this was appropriate placement for him. At that time, we had observed that he wandered aimlessly with a dejected look. He would wave his hands in the air and walk away from staff. He was not making connections with others. Our initial care plan for him emphasized clear communication and establishing a trust relationship such as, speaking slowly, smiling, showing him items that would be used for cares, and talking about his family from Anoka and Twins baseball. Family was contacted about medications. His niece who was his surrogate decision-maker, reported concerns when Depakote was started because she thought it affected his communication. Depakote tapering was attempted but unsuccessful. As noted in the survey findings, medication adjustments were made on 5/30/13 and restored on 6/3/13.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245439	A. BUILDING _____ B. WING _____	C 09/25/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CATHOLIC ELDERCARE ON MAIN	817 MAIN STREET NORTHEAST MINNEAPOLIS, MN 55413

(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 250	Continued From page 2 residents on the floor approached her with concerns regarding R1's disrobing in public areas. Employee (J) stated that she informed the family members facility staff were aware of the R1's behaviors and if staff saw a behavior coming on they would "intervene." No additional interventions were implemented regarding family concerns.	F 250	Third Floor Memory Care nurses and social services staff have assessed and reviewed the behavior management care plans of the residents to assure compliance with a specific focus on measures to prevent resident-to -resident altercations. Social Service staff were re-educated on expectations of providing medically related social services and interventions. Our pre-admission and admission policies and procedures were reviewed and revised. The Director of Social Services provided coaching and counseling to social service staff on how to respond to family concerns and documentation of interventions and responses. Our behavior management policy has been reviewed by social service staff. Social Services staff has developed a resident/family complaint log to use	
F 323 SS=G	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on document review and interview, the facility failed to provide adequate supervision to prevent resident to resident altercations for one of one residents (R1) reviewed. This failure affected Resident (R2, R3, R4, and R5) who experience physical aggression from R1. The facilities failure to ensure adequate supervision after continued physical aggression to both residents and staff resulted in harm to R2, who increased pain, limited ambulation, and a possible pelvic fracture injury after R1's physical altercation, and a possible arm injury (unknown if injury occurred) for R6. Findings include:	F 323		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245439	A. BUILDING _____ B. WING _____	C 09/25/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CATHOLIC ELDERCARE ON MAIN	817 MAIN STREET NORTHEAST MINNEAPOLIS, MN 55413

(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 323	Continued From page 3 A review of R1's medical record revealed a diagnosis of Alzheimer's dementia with behavioral disturbances. R1's Care Plan, dated 5/17/2013 documents that R1 has an alteration in mood/behavior related to dementia, wanders on the unit and into other resident rooms, hits out, and exhibits unprovoked aggression with staff and other residents. Interventions dated 7/1/2013 included: to avoid power struggles with R1 and allow him to do as much as possible, administer medications per physician order,and to use a calm and positive approach. No interventions were in place for staff to implement when R1 was physically aggressive with other residents. R1's Progress Notes and Behavior Event Reports were reviewed and revealed the following: On 6/1/2013 at 3:30 p.m., R1 had an altercation with another resident. Staff saw R1 push down another resident. No injuries were noted and interventions included for staff to continue to monitor. On 6/2/2013 at 2:25 p.m., R1 was resistive and combative with cares. R1 was "fighting, beating, and yelling" at staff when staff was attempting to redirect. Four staff were needed to dress and toilet R1. Interventions noted were for staff to continue to monitor R1. On 6/3/2013 at 10:22 a.m., R1 was hitting staff, and lifting/dragging chairs into hallway, wandering into rooms and was difficult to redirect. The progress note documented that R1 was at risk to himself and others. The Nurse Practitioner (NP) was updated and orders for Depakote 500mg AM & PM and 250 mg at 2:00 p.m. were received and implemented.	F 323	as a communication and monitoring tool to assure monitoring and follow-up for all residents/family concerns. Compliance will be audited and monitored by the Director of Social Services using the resident/family complaint log. Reports will be made at QA meetings. Future audits will be at the direction of the QA Committee after review of initial audit results. Completion date for certification purposes only: 10/16/13	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245439	A. BUILDING _____ B. WING _____	C 09/25/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CATHOLIC ELDERCARE ON MAIN	817 MAIN STREET NORTHEAST MINNEAPOLIS, MN 55413

(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 323	Continued From page 4 On 6/4/2013 at 9:51 p.m., revealed that at 6:15 p.m. R1 was angry at staff for trying to redirect him. R1 bumped into R6 who fell to the floor in a sitting position. An arm injury was found the next day to R6 (unknown if injury occurred). Staff was to notify the family and nurse practitioner (NP) on 6/5/2013. No additional interventions were documented. On 6/6/2013 at 2:42 p.m., R1 approached R5 near the elevator and slapped R5 on their upper arm. The progress note revealed that R1 may have been provoked by R5. No injury to either resident was noted. Intervention included was to keep both residents separated. On 6/7/2013 at 6:21 a.m., R1 was awake all night and lifting chairs to throw at staff. R1 kept wandering into another resident's room and the resident was "scared." On the morning of 6/7/2013, staff notified the NP regarding R1's behaviors and Haldol (as needed) was ordered and implemented. On 6/7/2013 at 10:35 a.m. R4 reported that R1 pushed him down. No injury. The progress note indicated that R1 had not been seen in the area but had been up all night going into other resident's rooms. The NP was updated, and medication adjustments were made including: Zoloft was decreased from 50 mg to 25 mg every day and Haldol was increased from 0.25 mg to 0.50 mg every 12 hours (as needed). On 6/7/2013 at 10:54 a.m. the Interdisciplinary Team (IDT) met and noted that R1 does not "appear to understand staff attempts to redirect" and R1 has been having increased behaviors	F 323	F 323 Free of Accident Hazards/Supervision/Devices It is the policy of Catholic Eldercare to ensure that the resident environment remains free of accident hazards as is possible and each resident receives adequate supervision and assistive devices to prevent accidents. In regards to R1, he was discharged to the hospital and then admitted to a geriatric psychiatric facility. Other residents cited in the survey were assessed as reported in the findings. R3, R4, R5, and R6 had no injury or adverse effects. R2 had x-rays at Catholic Eldercare which found a possible pelvic fracture. His ambulation and mobility were limited for awhile requiring increased assistance. R2 attended physical therapy 5 times per week; and on 7/30/13, he was discharged from therapy to restorative nursing.	10-16-13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245439	A. BUILDING _____ B. WING _____	C 09/25/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CATHOLIC ELDERCARE ON MAIN	817 MAIN STREET NORTHEAST MINNEAPOLIS, MN 55413

(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 323	Continued From page 5 involving staff and other residents. On 6/7/2013 at 4:40 p.m., R1 was shouting loudly and verbally at staff, and was physically abusive when staff attempted to redirect him. Haldol was administered. The interventions included to monitor, observe, and encourage R1 to ask for assistance when in need/pain. On 6/8/2013 at 9:50 p.m., R1 was wandering into another resident's room. A family member attempted to re-direct R1. R1 became agitated and hit the family member on the right arm. Haldol 0.25 mg was administered, and staff attempted to redirect R1 away from the other resident's room. No follow-up regarding effectiveness of medication was documented. On 6/11/2013 at 10:14 a.m., a family member of a resident went to the social services office and reported that R1 had shoved her. The family member expressed concern for the other residents and was assured by social services they were working to resolve behavior issues with R1. No follow-up regarding what was being done to resolve behaviors was documented. On 6/11/2013 at 11:00 a.m. R1 was upset with staff, and attempted to hit staff. Haldol was administered, and staff attempts to re-dress R1 were not successful. On 6/13/2013 at 6:37 a.m., R1 was agitated and yelling. R1 was wandering into another resident's room, and was difficult to re-direct. R1 was placed on a on one-to-one for a "couple of hours" and Haldol 0.5 mg was administered, and was "somewhat effective."	F 323	On an 8/19/13 assessment, it was noted that R2 had returned close to baseline. Overall on the third floor, immediately after R1's discharge, the cadence was observed to have been restored for residents and staff. On June 26 and 27, 2013, 84 of approximately 225 staff attended an in-service on "How to Respond when Dementia causes Unpredictable Behavior". Since then the remaining staff have either completed this course or a similar course on behavior management. Our facility behavior management policy was reviewed and updated. At our weekly IDT meetings, we are reviewing all resident-to-resident altercations and interventions and responses. The Supervisor 24-Hour Report has been revised to include a section to identify resident-to-resident altercations to ensure review and follow-up of all residents affected by the situations.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245439	A. BUILDING _____ B. WING _____	C 09/25/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CATHOLIC ELDERCARE ON MAIN	817 MAIN STREET NORTHEAST MINNEAPOLIS, MN 55413

(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 323	Continued From page 6 On 6/13/2013 at 11:19 a.m., social service note revealed that the social worker will visit 1:1 for adjustment issues, as needed, and be available upon request. No documentation found regarding if social worker ever did visit 1:1 with R1. On 6/14/2013 at 12:03 p.m., R1 wandered up and down the halls. R1 kept going into another resident's room, taking her belongings and carrying them around. Haldol was given, and R1 was monitored. No follow-up regarding effectiveness of medication was documented. On 6/17/2013 at 4:18 p.m., a Medical Director note documents that Haldol is being utilized for R1's delusional behaviors, and to minimize loud and aggressive outbursts. A room change plan was documented, and completed. On 6/17/2013 at 6:09 a.m., R1 was up all night wandering into another resident's room. R1 was difficult to re-direct, and hit, kicked and pinched staff all night. The progress note documents that staff will "continue with eye contact and hope to direct hm (sp) easily." On 6/18/2013 on 2:50 p.m., social services note indicates that R1 has continued to display aggressive behaviors since admission, such as striking out and throwing items. Social services will continue to monitor and be available upon request. No documentation was found regarding follow-up of R1's aggressive behaviors by social services. On 6/21/2013 at 11:59 a.m. R1 was agitated and angry after being re-directed out of another resident's room. R1 pushed a staff member down causing wrist and knee injuries. R1 was	F 323	Third Floor Memory Care nurses and social services staff have assessed and reviewed the behavior management care plans of the residents to assure compliance with a specific focus on measures to prevent resident-to -resident altercations. Third Floor Nurse Manager or designee is conducting weekly audits on all three shifts to observe staff implementation of behavior management plans. Results will be reported reported to the QA committee for further direction. Completion date for certification purposes only: 10/16/13	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245439	A. BUILDING _____ B. WING _____	C 09/25/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CATHOLIC ELDERCARE ON MAIN	817 MAIN STREET NORTHEAST MINNEAPOLIS, MN 55413

(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 323	Continued From page 7 walked away and sat in a TV area. No interventions were documented. On 6/22/2013 at 6:24 a.m., R1 was agitated and yelling and tried several times to push another resident down. R1 was difficulty to re-direct, and Haldol was administered. A one-to-one staff was provided for a couple of hours. Interventions included for "staff to continue to monitor and keep other resident's away from him." Specific ways staff were monitoring R1 not listed or documented. On 6/22/2013 at 11:07 a.m. R1 had increased agitated, was angry, and was wandering the halls removing his clothes. R1 pushed R2 backwards, causing the resident to fall to the ground. R2 exhibited pain, x-ray was completed and revealed possible pelvic fracture. Because of this injury R2's ambulation was limited and increased assistance from staff was needed. After R1 pushed R2 to the ground he continued to wander down the hallway, took a fire extinguisher out of the case and attempted to throw the fire extinguisher at a staff person. All family and residents were removed from the area, and R1 was monitored from a distance. R1 appeared to calm down and staff monitored from a distance. A short time later R1 approached R3 who was walking with her walker. R1 pushed R3 from behind who fell to the ground. No injury noted to R3. Staff intervened and walked with R1 down the hall. R1 pushed the staff member against the wall, and R1 began to punch them. Another staff member restrained R1 who continued to push and hit at the staff. Emergency medical services were called and R1 was transported to the hospital.	F 323		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245439	A. BUILDING _____ B. WING _____	C 09/25/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CATHOLIC ELDERCARE ON MAIN	817 MAIN STREET NORTHEAST MINNEAPOLIS, MN 55413

(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 323	Continued From page 8 R2's medical record was reviewed and revealed R2 has impaired cognition. R2's care plan indicated R2 is able to complete upper body dressing with cues but does need assistance with lower body dressing. Prior to the fall on 6/22/2013 R2 was able to ambulate with a walker and able to reach destinations. No documented care plan in place related to history of pain. R3's medical record was reviewed and revealed R3 has impaired cognition. R3's care plan indicated R3 is able to ambulate independently with her walker and is able to groom self and dress independently with supervision. Employee (E)/Licensed Practical Nurse when interviewed on 7/10/2013 at 10:45 a.m. stated that R1 would get agitated over nothing and would hit out or push residents and staff almost daily. Employee (E) also stated that at times she would be afraid to walk past R1 as it would be unknown if he would hit out or push her. Interview with Employee (J)/Social worker on 8/19/2013 at 9:40 a.m. revealed that R1 had behaviors which included striking out at staff and other residents. Employee (J) also stated that R1 had impulsive behaviors without a precipitating event, and on many occasions was unable to be re-directed. Employee (J) stated that she was approached by family members who had concerns regarding R1's impulsive and unpredictable behaviors. Employee (J) said she told family members staff was aware of the behaviors. Although pharmacological interventions were implemented, R1 continued to wander into other	F 323		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245439	A. BUILDING _____ B. WING _____	C 09/25/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CATHOLIC ELDERCARE ON MAIN	817 MAIN STREET NORTHEAST MINNEAPOLIS, MN 55413

(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 323	Continued From page 9 resident rooms, and remove personnel belongings from their rooms, and display physical aggression such as pushing, shoving, and hitting other residents and family members of residents of the unit. No additional follow-up or interventions put in place by the facility to keep resident's safe from R1. The facility failed to identify causes for R1's aggressive behaviors.	F 323		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00984	A. BUILDING: _____ B. WING _____	C 09/25/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CATHOLIC ELDERCARE ON MAIN	817 MAIN STREET NORTHEAST MINNEAPOLIS, MN 55413

(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
2 000	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 initiated to investigate complaint #H5439024. The following correction orders are issued. **********The exit date has been revised to reflect a date of 09/25/2013**********	2 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00984	A. BUILDING: _____ B. WING _____	C 09/25/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CATHOLIC ELDERCARE ON MAIN	817 MAIN STREET NORTHEAST MINNEAPOLIS, MN 55413

(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
2 000	Continued From page 1	2 000	The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.	
2 560	MN Rule 4658.0405 Subp. 2 Comprehensive Plan of Care; Contents Subp. 2. Contents of plan of care. The comprehensive plan of care must list measurable objectives and timetables to meet the resident's long- and short-term goals for medical, nursing, and mental and psychosocial needs that are identified in the comprehensive resident assessment. The comprehensive plan of care must include the individual abuse prevention plan	2 560		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00984	A. BUILDING: _____ B. WING _____	C 09/25/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CATHOLIC ELDERCARE ON MAIN	817 MAIN STREET NORTHEAST MINNEAPOLIS, MN 55413

(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
2 560	Continued From page 2 required by Minnesota Statutes, section 626.557, subdivision 14, paragraph (b). This MN Requirement is not met as evidenced by: Based on interview and record review the facility failed to ensure a comprehensive plan of care was implemented to meet the medical and psychosocial needs for 1 of 3 residents reviewed (R1) . A review of R1's medical record revealed a diagnosis of Alzheimer's dementia with behaviorial disturbances. R1's Care Plan, dated 5/17/2013 documents that R1 has an alteration in mood/behavior related to dementia, developmental delay, resistance to cares, wanders on the unit and into other resident rooms, strips clothes and walks naked on the unit, hits out, and exhibits unprovoked aggression with staff and other residents. Interventions dated 7/1/2013 included: offer R1 a gown when walking around naked and try to drape it on him as he allows, administer psychotropic medications as needed, and us a calm "let's go" approach to avoid power struggles, and allow R1 to do as much as possible, No interventions were in place for staff to implement when R1 was physically aggressive with staff or other residents. A review of R1's progress notes verified that R1 had 21 incidents of aggressive behaviors from 5/16/2013-6/22/2013. The incidents included striking out and pushing other residents and staff, disrobing and masturbating in public areas, and wandering into other resident's rooms, and removing personnel belongings from other resident's rooms. Although several interventions were	2 560	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state Statutes/Rules for Home Care Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute/Rule number and the corresponding text of the state Statute/Rule out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors ' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER ' S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00984	A. BUILDING: _____ B. WING _____	C 09/25/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CATHOLIC ELDERCARE ON MAIN	817 MAIN STREET NORTHEAST MINNEAPOLIS, MN 55413

(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
2 560	Continued From page 3 implemented, no interventions were implemented to protect the other residents on the unit from R1 wandering into their rooms, and removing personnel belongings, masterbating in public areas, or in response to several physical aggressions directed at other residents and family members of residents of the unit. SUGGESTED METHOD OF CORRECTION: The Director of Nursing or designee could review and revise as necessary pertinent policies and procedures to assure they comply with the regulations, retrain staff and develop a monitoring procedure. TIME PERIOD FOR CORRECTION: Thirty (30) Days.	2 560		
2 830	MN Rule 4658.0520 Subp. 1 Adequate and Proper Nursing Care; General Subpart 1. Care in general. A resident must receive nursing care and treatment, personal and custodial care, and supervision based on individual needs and preferences as identified in the comprehensive resident assessment and plan of care as described in parts 4658.0400 and 4658.0405. A nursing home resident must be out of bed as much as possible unless there is a written order from the attending physician that the resident must remain in bed or the resident prefers to remain in bed. This MN Requirement is not met as evidenced by: Based on document review and interview, the	2 830		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00984	A. BUILDING: _____ B. WING _____	C 09/25/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CATHOLIC ELDERCARE ON MAIN	817 MAIN STREET NORTHEAST MINNEAPOLIS, MN 55413

(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
2 830	Continued From page 4 facility failed to provide adequate supervision to prevent resident to resident altercations for one of one residents (R1) reviewed. This failure affected Resident (R2, R3, R4, and R5) who experience physical aggression from R1. The facilities failure to ensure adequate supervision after continued physical aggression to both residents and staff resulted in harm to R2, who increased pain, limited ambulation, and a possible pelvic fracture injury after R1's physical altercation, and a possible arm injury (unknown if injury occurred) for R6. Findings include: A review of R1's medical record revealed a diagnosis of Alzheimer's dementia with behavioral disturbances. R1's Care Plan, dated 5/17/2013 documents that R1 has an alteration in mood/behavior related to dementia, wanders on the unit and into other resident rooms, hits out, and exhibits unprovoked aggression with staff and other residents. Interventions dated 7/1/2013 included: to avoid power struggles with R1 and allow him to do as much as possible, administer medications per physician order,and to use a calm and positive approach. No interventions were in place for staff to implement when R1 was physically aggressive with other residents. R1's Progress Notes and Behavior Event Reports were reviewed and revealed the following: On 6/1/2013 at 3:30 p.m., R1 had an altercation with another resident. Staff saw R1 push down another resident. No injuries were noted and interventions included for staff to continue to monitor. On 6/2/2013 at 2:25 p.m., R1 was resistive and	2 830		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00984	A. BUILDING: _____ B. WING _____	C 09/25/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CATHOLIC ELDERCARE ON MAIN	817 MAIN STREET NORTHEAST MINNEAPOLIS, MN 55413

(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
2 830	Continued From page 5 combative with cares. R1 was "fighting, beating, and yelling" at staff when staff was attempting to redirect. Four staff were needed to dress and toilet R1. Interventions noted were for staff to continue to monitor R1. On 6/3/2013 at 10:22 a.m., R1 was hitting staff, and lifting/dragging chairs into hallway, wandering into rooms and was difficult to redirect. The progress note documented that R1 was at risk to himself and others. The Nurse Practitioner (NP) was updated and orders for Depakote 500mg AM & PM and 250 mg at 2:00 p.m. were received and implemented. On 6/4/2013 at 9:51 p.m., revealed that at 6:15 p.m. R1 was angry at staff for trying to redirect him. R1 bumped into R6 who fell to the floor in a sitting position. An arm injury was found the next day to R6 (unknown if injury occurred). Staff was to notify the family and nurse practitioner (NP) on 6/5/2013. No additional interventions were documented. On 6/6/2013 at 2:42 p.m., R1 approached R5 near the elevator and slapped R5 on their upper arm. The progress note revealed that R1 may have been provoked by R5. No injury to either resident was noted. Intervention included was to keep both residents separated. On 6/7/2013 at 6:21 a.m., R1 was awake all night and lifting chairs to throw at staff. R1 kept wandering into another resident's room and the resident was "scared." On the morning of 6/7/2013, staff notified the NP regarding R1's behaviors and Haldol (as needed) was ordered and implemented. On 6/7/2013 at 10:35 a.m. R4 reported that R1	2 830		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00984	A. BUILDING: _____ B. WING _____	C 09/25/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CATHOLIC ELDERCARE ON MAIN	817 MAIN STREET NORTHEAST MINNEAPOLIS, MN 55413

(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
2 830	Continued From page 6 pushed him down. No injury. The progress note indicated that R1 had not been seen in the area but had been up all night going into other resident's rooms. The NP was updated, and medication adjustments were made including: Zoloft was decreased from 50 mg to 25 mg every day and Haldol was increased from 0.25 mg to 0.50 mg every 12 hours (as needed). On 6/7/2013 at 10:54 a.m. the Interdisciplinary Team (IDT) met and noted that R1 does not "appear to understand staff attempts to redirect" and R1 has been having increased behaviors involving staff and other residents. On 6/7/2013 at 4:40 p.m., R1 was shouting loudly and verbally at staff, and was physically abusive when staff attempted to redirect him. Haldol was administered. The interventions included to monitor, observe, and encourage R1 to ask for assistance when in need/pain. On 6/8/2013 at 9:50 p.m., R1 was wandering into another resident's room. A family member attempted to re-direct R1. R1 became agitated and hit the family member on the right arm. Haldol 0.25 mg was administered, and staff attempted to redirect R1 away from the other resident's room. No follow-up regarding effectiveness of medication was documented. On 6/11/2013 at 10:14 a.m., a family member of a resident went to the social services office and reported that R1 had shoved her. The family member expressed concern for the other residents and was assured by social services they were working to resolve behavior issues with R1. No follow-up regarding what was being done to resolve behaviors was documented.	2 830		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00984	A. BUILDING: _____ B. WING _____	C 09/25/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CATHOLIC ELDERCARE ON MAIN	817 MAIN STREET NORTHEAST MINNEAPOLIS, MN 55413

(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
2 830	Continued From page 7 On 6/11/2013 at 11:00 a.m. R1 was upset with staff, and attempted to hit staff. Haldol was administered, and staff attempts to re-dress R1 were not successful. On 6/13/2013 at 6:37 a.m., R1 was agitated and yelling. R1 was wandering into another resident's room, and was difficult to re-direct. R1 was placed on a on one-to-one for a "couple of hours" and Haldol 0.5 mg was administered, and was "somewhat effective." On 6/13/2013 at 11:19 a.m., social service note revealed that the social worker will visit 1:1 for adjustment issues, as needed, and be available upon request. No documentation found regarding if social worker ever did visit 1:1 with R1. On 6/14/2013 at 12:03 p.m., R1 wandered up and down the halls. R1 kept going into another resident's room, taking her belongings and carrying them around. Haldol was given, and R1 was monitored. No follow-up regarding effectiveness of medication was documented. On 6/17/2013 at 4:18 p.m., a Medical Director note documents that Haldol is being utilized for R1's delusional behaviors, and to minimize loud and aggressive outbursts. A room change plan was documented, and completed. On 6/17/2013 at 6:09 a.m., R1 was up all night wandering into another resident's room. R1 was difficult to re-direct, and hit, kicked and pinched staff all night. The progress note documents that staff will "continue with eye contact and hope to direct hm (sp) easily." On 6/18/2013 on 2:50 p.m., social services note indicates that R1 has continued to display	2 830		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00984	A. BUILDING: _____ B. WING _____	C 09/25/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CATHOLIC ELDERCARE ON MAIN	817 MAIN STREET NORTHEAST MINNEAPOLIS, MN 55413

(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
2 830	Continued From page 8 aggressive behaviors since admission, such as striking out and throwing items. Social services will continue to monitor and be available upon request. No documentation was found regarding follow-up of R1's aggressive behaviors by social services. On 6/21/2013 at 11:59 a.m. R1 was agitated and angry after being re-directed out of another resident's room. R1 pushed a staff member down causing wrist and knee injuries. R1 was walked away and sat in a TV area. No interventions were documented. On 6/22/2013 at 6:24 a.m., R1 was agitated and yelling and tried several times to push another resident down. R1 was difficulty to re-direct, and Haldol was administered. A one-to-one staff was provided for a couple of hours. Interventions included for "staff to continue to monitor and keep other resident's away from him." Specific ways staff were monitoring R1 not listed or documented. On 6/22/2013 at 11:07 a.m. R1 had increased agitated, was angry, and was wandering the halls removing his clothes. R1 pushed R2 backwards, causing the resident to fall to the ground. R2 exhibited pain, x-ray was completed and revealed possible pelvic fracture. Because of this injury R2's ambulation was limited and increased assistance from staff was needed. After R1 pushed R2 to the ground he continued to wander down the hallway, took a fire extinguisher out of the case and attempted to throw the fire extinguisher at a staff person. All family and residents were removed from the area, and R1 was monitored from a distance. R1 appeared to calm down and staff monitored from a distance.	2 830		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00984	A. BUILDING: _____ B. WING _____	C 09/25/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CATHOLIC ELDERCARE ON MAIN	817 MAIN STREET NORTHEAST MINNEAPOLIS, MN 55413

(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
2 830	Continued From page 9 A short time later R1 approached R3 who was walking with her walker. R1 pushed R3 from behind who fell to the ground. No injury noted to R3. Staff intervened and walked with R1 down the hall. R1 pushed the staff member against the wall, and R1 began to punch them. Another staff member restrained R1 who continued to push and hit at the staff. Emergency medical services were called and R1 was transported to the hospital. R2's medical record was reviewed and revealed R2 has impaired cognition. R2's care plan indicated R2 is able to complete upper body dressing with cues but does need assistance with lower body dressing. Prior to the fall on 6/22/2013 R2 was able to ambulate with a walker and able to reach destinations. No documented care plan in place related to history of pain. R3's medical record was reviewed and revealed R3 has impaired cognition. R3's care plan indicated R3 is able to ambulate independently with her walker and is able to groom self and dress independently with supervision. Employee (E)/Licensed Practical Nurse when interviewed on 7/10/2013 at 10:45 a.m. stated that R1 would get agitated over nothing and would hit out or push residents and staff almost daily. Employee (E) also stated that at times she would be afraid to walk past R1 as it would be unknown if he would hit out or push her. Interview with Employee (J)/Social worker on 8/19/2013 at 9:40 a.m. revealed that R1 had behaviors which included striking out at staff and other residents. Employee (J) also stated that R1 had impulsive behaviors without a precipitating event, and on many occasions was unable to be	2 830		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00984	A. BUILDING: _____ B. WING _____	C 09/25/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CATHOLIC ELDERCARE ON MAIN	817 MAIN STREET NORTHEAST MINNEAPOLIS, MN 55413

(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
2 830	Continued From page 10 re-directed. Employee (J) stated that she was approached by family members who had concerns regarding R1's impulsive and unpredictable behaviors. Employee (J) said she told family members staff was aware of the behaviors. Although pharmacological interventions were implemented, R1 continued to wander into other resident rooms, and remove personnel belongings from their rooms, and display physical aggression such as pushing, shoving, and hitting other residents and family members of residents of the unit. No additional follow-up or interventions put in place by the facility to keep resident's safe from R1. The facility failed to identify causes for R1's aggressive behaviors. SUGGESTED METHOD OF CORRECTION: The administrator or designee could review the pertinent policy and procedure for any required revisions. Then, educate staff to ensure they are aware of the pertinent policy and procedure and implement a monitoring system to ensure compliance. TIME PERIOD FOR CORRECTION: Thirty (30) days.	2 830		

MINNESOTA MDH DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of Minnesotans

Post Correction Order Follow-Up/Federal Certification Review Report
PUBLIC DATA

Facility:
Catholic Eldercare On Main
817 Main Street Northeast
Minneapolis, MN 55413
Hennepin County

Report #: H5439024

Date: November 1, 2013

Date of Visit: October 31, 2013
Time of Visit: 9:00 a.m.

By: Lindsey Krueger, R.N.
Special Investigator

Nature of Visit
An unannounced visit was made in order to follow-up two federal deficiencies and two state licensing orders which were issued on October 10, 2013, as the result of an investigation which had been completed on September 25, 2013.

The status of each order is as follow:
1 MN Rule 4658.0405 Subp. 2 - Corrected
2 MN Rule 4658.0520 Subp. 1 - Corrected

See Attached 2567B for status of federal deficiencies.

xc: Minnesota Department of Health -Licensing & Certification Division

Department of Health and Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB NO. 0938-0390

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	(Y2) Multiple Construction	(Y3) Date of Revisit
245439	A. Building B. Wing	10/31/2013

Name of Facility	Street Address, City, State, Zip Code
CATHOLIC ELDERCARE ON MAIN	817 MAIN STREET NORTHEAST MINNEAPOLIS, MN 55413

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 F0250 Reg. # 483.15(g)(1) LSC	Correction Completed 10/31/2013	ID Prefix F0323 Reg. # 483.25(h) LSC	Correction Completed 10/31/2013	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 State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
	MM/KL	12/24/2013	31413	10/31/2013
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:
Followup to Survey Completed on: 9/25/2013			Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?	YES NO

AH Form Approved
12/24/2013

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
00984	A. Building B. Wing	10/31/2013

Name of Facility	Street Address, City, State, Zip Code
CATHOLIC ELDERCARE ON MAIN	817 MAIN STREET NORTHEAST MINNEAPOLIS, MN 55413

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 Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix 20560 Reg. # MN Rule 4658.0405 Subp. 2 LSC	10/31/2013	ID Prefix 20830 Reg. # MN Rule 4658.0520 Subp. 1 LSC	10/31/2013	ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By MM/KL	Date: 12/24/2013	Signature of Surveyor: 31413	Date: 10/31/2013
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:
Followup to Survey Completed on: 9/25/2013			Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?	YES NO