



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically delivered  
July 29, 2020

Administrator  
Richfield A Villa Center  
7727 Portland Avenue South  
Richfield, MN 55423

RE: CCN: 245492  
Cycle Start Date: June 17, 2020

Dear Administrator:

On July 24, 2020, the Minnesota Department(s) of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Douglas Larson'.

Douglas Larson, Enforcement Specialist  
Minnesota Department of Health  
Licensing and Certification Program  
Program Assurance Unit  
Health Regulation Division  
Telephone: 651-201-4118 Fax: 651-215-9697  
Email: doug.larson@state.mn.us

cc: Licensing and Certification File



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically delivered

Administrator  
Richfield A Villa Center  
7727 Portland Avenue South  
Richfield, MN 55423

RE: CCN: 245492  
Cycle Start Date: June 17, 2020

Dear Administrator:

On June 17, 2020, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety, to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

### **ELECTRONIC PLAN OF CORRECTION (ePoC)**

Within **ten (10) calendar days** after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved.

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

## DEPARTMENT CONTACT

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

**Sarah Grebenc, Unit Supervisor**  
**Metro D Survey Team**  
**Licensing and Certification Program**  
**Health Regulation Division**  
**Minnesota Department of Health**  
**85 East Seventh Place, Suite 220**  
**P.O. Box 64900**  
**Saint Paul, Minnesota 55164-0900**  
**Email: sarah.grebenc@state.mn.us**  
**Phone: (651) 201-3792**  
**Fax: (651) 215-9697**

## PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the respective deficiencies (if any) is acceptable.

## VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or

Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

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

If substantial compliance with the regulations is not verified by [Cycle Start + 3 Months()] (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by [Cycle Start + 6 Months()] (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

**Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.**

**INFORMAL DISPUTE RESOLUTION (IDR) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)**

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Nursing Home Informal Dispute Process  
Minnesota Department of Health  
Health Regulation Division  
P.O. Box 64900  
St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: [https://mdhprovidercontent.web.health.state.mn.us/lrc\\_idr.cfm](https://mdhprovidercontent.web.health.state.mn.us/lrc_idr.cfm)

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: [https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\\_8.html](https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html)

Please note that the failure to complete the informal dispute resolution process will not delay the dates

Richfield A Villa Center

Page 4

specified for compliance or the imposition of remedies.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Douglas Larson", with a long horizontal flourish extending to the right.

Douglas Larson, Enforcement Specialist  
Minnesota Department of Health  
Licensing and Certification Program  
Program Assurance Unit  
Health Regulation Division  
Telephone: 651-201-4118 Fax: 651-215-9697  
Email: doug.larson@state.mn.us

cc: Licensing and Certification File

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

PRINTED: 07/13/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245492</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/17/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHFIELD A VILLA CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7727 PORTLAND AVENUE SOUTH RICHFIELD, MN 55423</b>		
(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  On 6/17/20, an abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was found to be not in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.  The following complaint was found to be substantiated : H5492139C with no deficiencies identified.  The following complaint was found to be unsubstantiated H5492140C however a deficiency was identified at F580  The facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance.  Upon receipt of an acceptable electronic POC, an on-site revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.	F 000			
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)  §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which	F 580			7/16/20

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

TITLE

(X6) DATE

Electronically Signed

07/10/2020

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:  <b>245492</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/17/2020</b>
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F 580	Continued From page 1 results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).  §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct	F 580			

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F 580	<p>Continued From page 2</p> <p>part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review the facility failed to timely notify a guardian of sexual abuse allegation for 1 of 3 residents (R3) reviewed for abuse.</p> <p>Findings include:</p> <p>According to Nursing Home Incident Reporting documents, a report was submitted to the state agency (SA) on 6/11/20, which indicated R3 was questioned if anyone asked to touch R3 inappropriately and R3 stated a man came and asked if R3 wanted to feel a man's penis in the hospital. The report indicated the guardian and nurse practitioner were informed immediately and staff were to monitor everyone going into R3's room.</p> <p>R3's quarterly Minimum Data Set (MDS), dated 6/5/20, indicated R3 had mildly impaired cognition based on a Brief Inventory Mental Status score of 12. R3 needed supervision with most activities of daily living (ADLs). R3 required extensive assist from staff for bed mobility. R3 had diagnoses which included bipolar disorder and schizophrenia.</p> <p>A review of the past three months of R3's medical record indicated no hospital stay.</p> <p>During interview on 6/17/20, at 10:49 a.m. R3 stated "a man came in my room and wanted me to touch his penis. He was fully clothed. He was black. I told him no and he left." R3 added it</p>	F 580	<ol style="list-style-type: none"> <li>1. On 6/17/20 the guardian of F3 was notified of the incident that had occurred on 6/11/20.</li> <li>2. All resident incidents will be reported to their guardians as soon as possible.</li> <li>3. Nursing staff have been re-educated on reporting incidents to guardians as soon as possible.</li> <li>4. Administrator/Designee will audit incidents to ensure that they have been reported to guardian for 30 days and then weekly for 3 months to ensure compliance.</li> </ol>		



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F 580	<p>Continued From page 3</p> <p>happened "at night about 20 days ago."</p> <p>R3's undated care plan indicated R3 was a vulnerable adult and indicated to notify the doctor if sensory perceptions worsen, psych consult as needed, remove residents that wander to [R3's] room immediately. The care plan lacked indication to notify the guardian.</p> <p>During interview on 6/17/20, at 11:11 a.m., nurse manager registered nurse (RN)-A stated on 6/11/20, during resident interviews related to a different investigation, R3 made the statement of allegation of attempted sexual abuse. RN-A updated the director of nursing (DON) immediately and updated the care plan. RN-A stated had not updated the guardian. RN-A was updated on the additional information R3 had reported on 6/17/20.</p> <p>During interview by phone on 6/17/20, at 1:12 p.m. guardian (G)-A stated was not aware of an incident from 6/11/20, nor any allegations of attempted sexual abuse. G-A stated "they never notified me about it." G-A stated the facility had left a voicemail about ACP (associated clinic of psychiatry) today (6/17/20) and that was the only contact G-A had with the facility recently. G-A had planned to call the facility back today. G-A stated "they (facility staff) need to notify the guardian right away for occurrences regarding abuse." G-A stated last year was sporadic for notification of changes, however this year had been improving.</p> <p>During interview on 6/17/20, at 3:30 p.m. the facility administrator stated staff have been trained to report immediately for allegations of sexual abuse. The guardian should be notified as</p>	F 580			

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

PRINTED: 07/13/2020  
FORM APPROVED  
OMB NO. 0938-0391

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F 580	<p>Continued From page 4 soon as possible but within 24 hours.</p> <p>During interview on 6/17/20, at 4:00 p.m. the DON stated the guardian should be notified as soon as possible of an allegation of sexual abuse but within 24 hours. DON stated had called the guardian on 6/11/20, and left a message but assumed guardian had chosen not to call back. DON was unable to provide evidence the phone call was made or the guardian had been made aware of the incident on 6/11/20.</p> <p>During interview on 6/17/20, at 4:35 p.m. the DON stated their policy does not give a time frame for updating the guardian. DON stated best practice would be to notify the guardian right away, and to re-attempt if unable to contact.</p> <p>The facility policy titled Abuse, Neglect, Exploitation, Mistreatment and Misappropriation of Resident Property dated 11/28/17, directed the administrator or designee to inform the resident or resident's representative of the report of an incident and that an investigation is being conducted. Further, the administrator would keep the resident or his/her resident representative informed of the progress of an investigation, the findings and any corrective action taken.</p> <p>A policy related to timelines of notification for events and incidents was requested. The administrator stated they do not have that policy.</p>	F 580			



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically delivered  
July 1, 2020

Administrator  
Richfield A Villa Center  
7727 Portland Avenue South  
Richfield, MN 55423

Re: State Nursing Home Licensing Orders  
Event ID: R1IH11

Dear Administrator:

The above facility was surveyed on June 17, 2020 through June 17, 2020 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

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

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at [https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\\_8.html](https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html). The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The 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.

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

Richfield A Villa Center

July 1, 2020

Page 2

"Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement 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.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must 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. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

**Sarah Grebenc, Unit Supervisor  
Metro D Survey Team  
Licensing and Certification Program  
Health Regulation Division  
Minnesota Department of Health  
85 East Seventh Place, Suite 220  
P.O. Box 64900  
Saint Paul, Minnesota 55164-0900  
Email: sarah.grebenc@state.mn.us  
Phone: (651) 201-3792  
Fax: (651) 215-9697**

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.

Please note it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call me with any questions.

Sincerely,



Douglas Larson, Enforcement Specialist  
Minnesota Department of Health

Richfield A Villa Center

July 1, 2020

Page 3

Licensing and Certification Program

Program Assurance Unit

Health Regulation Division

Telephone: 651-201-4118 Fax: 651-215-9697

Email: [doug.larson@state.mn.us](mailto:doug.larson@state.mn.us)

cc: Licensing and Certification File

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00253</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/17/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RICHFIELD A VILLA CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7727 PORTLAND AVENUE SOUTH RICHFIELD, MN 55423</b>
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2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p><b>NH LICENSING CORRECTION ORDER</b></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: On 6/17/20, a survey was conducted to determine compliance of state licensure. Your facility was found to not be in compliance with the MN state licensure.</p> <p>The following complaint was found to be substantiated:</p>	2 000		

Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		07/10/20

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00253</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/17/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RICHFIELD A VILLA CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7727 PORTLAND AVENUE SOUTH RICHFIELD, MN 55423</b>
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2 000	Continued From page 1  H5492139C The following complaint was found to be unsubstantiated: H5492140C.  The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. The following correction orders are issued. Please indicate your electronic plan of correction that you have reviewed these order, and identify the date when they will be corrected.	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 conditions or clinical complications;	2 265		7/16/20

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00253</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/17/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RICHFIELD A VILLA CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7727 PORTLAND AVENUE SOUTH RICHFIELD, MN 55423</b>
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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 2</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 timely notify a guardian of sexual abuse allegation for 1 of 3 residents (R3) reviewed for abuse.</p> <p>Findings include:</p> <p>According to Nursing Home Incident Reporting documents, a report was submitted to the state agency (SA) on 6/11/20, which indicated R3 was questioned if anyone asked to touch R3 inappropriately and R3 stated a man came and asked if R3 wanted to feel a man's penis in the hospital. The report indicated the guardian and nurse practitioner were informed immediately and staff were to monitor everyone going into R3's room.</p> <p>R3's quarterly Minimum Data Set (MDS), dated 6/5/20, indicated R3 had mildly impaired cognition based on a Brief Inventory Mental Status score of 12. R3 needed supervision with most activities of daily living (ADLs). R3 required extensive assist from staff for bed mobility. R3 had diagnoses which included bipolar disorder and schizophrenia.</p>	2 265	Corrected	



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2 265	<p>Continued From page 3</p> <p>A review of the past three months of R3's medical record indicated no hospital stay.</p> <p>During interview on 6/17/20, at 10:49 a.m. R3 stated "a man came in my room and wanted me to touch his penis. He was fully clothed. He was black. I told him no and he left." R3 added it happened "at night about 20 days ago."</p> <p>R3's undated care plan indicated R3 was a vulnerable adult and indicated to notify the doctor if sensory perceptions worsen, psych consult as needed, remove residents that wander to [R3's] room immediately. The care plan lacked indication to notify the guardian.</p> <p>During interview on 6/17/20, at 11:11 a.m., nurse manager registered nurse (RN)-A stated on 6/11/20, during resident interviews related to a different investigation, R3 made the statement of allegation of attempted sexual abuse. RN-A updated the director of nursing (DON) immediately and updated the care plan. RN-A stated had not updated the guardian. RN-A was updated on the additional information R3 had reported on 6/17/20.</p> <p>During interview by phone on 6/17/20, at 1:12 p.m. guardian (G)-A stated was not aware of an incident from 6/11/20, nor any allegations of attempted sexual abuse. G-A stated "they never notified me about it." G-A stated the facility had left a voicemail about ACP (associated clinic of psychiatry) today (6/17/20) and that was the only contact G-A had with the facility recently. G-A had planned to call the facility back today. G-A stated "they (facility staff) need to notify the guardian right away for occurrences regarding abuse." G-A stated last year was sporadic for notification of changes, however this year had</p>	2 265		

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2 265	<p>Continued From page 4</p> <p>been improving.</p> <p>During interview on 6/17/20, at 3:30 p.m. the facility administrator stated staff have been trained to report immediately for allegations of sexual abuse. The guardian should be notified as soon as possible but within 24 hours.</p> <p>During interview on 6/17/20, at 4:00 p.m. the DON stated the guardian should be notified as soon as possible of an allegation of sexual abuse but within 24 hours. DON stated had called the guardian on 6/11/20, and left a message but assumed guardian had chosen not to call back. DON was unable to provide evidence the phone call was made or the guardian had been made aware of the incident on 6/11/20.</p> <p>During interview on 6/17/20, at 4:35 p.m. the DON stated their policy does not give a time frame for updating the guardian. DON stated best practice would be to notify the guardian right away, and to re-attempt if unable to contact.</p> <p>The facility policy titled Abuse, Neglect, Exploitation, Mistreatment and Misappropriation of Resident Property dated 11/28/17, directed the administrator or designee to inform the resident or resident's representative of the report of an incident and that an investigation is being conducted. Further, the administrator would keep the resident or his/her resident representative informed of the progress of an investigation, the findings and any corrective action taken.</p> <p>A policy related to timelines of notification for events and incidents was requested. The administrator stated they do not have that policy.</p> <p>SUGGESTED METHOD OF CORRECTION: The</p>	2 265		

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2 265	Continued From page 5  administrator or designee could develop/revise and implement policies and procedures related to notification of change timelines and educate staff on these requirements. The quality assessment and assurance committee could perform random audits to ensure compliance.  TIME PERIOD FOR CORRECTION: Twenty One (21) days	2 265		