MDH Minnesota Department of Health

Office of Health Facility Complaints Investigative Report
PUBLIC

Facility Name:	Report Number:	Date of Visit:
Capitol View Transitional Care	H5534013	October 25, 2016
Facility Address:	**Time of Visit:**	**Date Concluded:**
640 Jackson Street	12:15 p.m. to 4:30 p.m.	March 2, 2017
Facility City:	**Investigator's Name and Title:**	
Saint Paul	Carol Bode, R.N., Special Investigator	

State:	ZIP:	County:
Minnesota	55101	Ramsey

☒ **Nursing Home**

Allegation(s):
It is alleged that three residents were exploited when the alleged perpetrator (AP) took the residents' narcotic medication several times a week that resulted in residents not getting their pain medication.

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

Conclusion:
Based on a preponderance of evidence, financial exploitation occurred when the alleged perpetrator (AP) took multiple narcotic medication from three resident's over approximately two months. There was no indication any of the residents suffered any pain as a result.

Resident #1 and #2 were at the facility for post operative care and were receiving narcotic medication for pain. Resident #3 was receiving narcotics for leg pain.

During Resident #1's discharge, the nurse reviewed the remaining narcotic medication with Resident #1. Resident #1 stated s/he did not request or received the amount of pain medication doses that were recorded in the record as administered. The nurse notified administration of the discrepancy. Additional residents were interviewed and similar comments were obtained from Resident #2 and Resident #3.

Resident #1 was interviewed stating s/he did not take as many medications as documented by the facility. The Resident only took one narcotic at any given time and the documentation indicated she received two tablets.

Resident #2 was interviewed and stated s/he did not like to take narcotics and denied taking all the narcotics documented in the medical record.

Resident #3 was not available for interview.

The AP was interviewed and admitted to taking narcotics from residents residing in the facility. The AP stated she would sign out two medications, give one to the resident and keep the other. In addition, the AP would sign out a narcotic medication when the resident didn't ask for it and keep it for her/himself. The AP was unable to identify which residents, how often, or how much narcotic medication was taken from the residents.

Based on a review of resident #1, #2, and #3's medical records it is suspected that the AP took between 20-30 narcotics.

The facility reported the incident to the Board of Nursing and terminated the AP.

Minnesota Vulnerable Adults Act (Minnesota Statutes, section 626.557)

Under the Minnesota Vulnerable Adults Act (Minnesota Statutes, section 626.557):

☐ Abuse ☐ Neglect ☒ Financial Exploitation

☒ Substantiated ☐ Not Substantiated ☐ Inconclusive based on the following information:

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 had policies and procedures in place to prevent drug diversion and financial exploitation. The AP was trained on the facilities policies and procedures pertaining to financial exploitation.

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

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

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

State licensing orders were issued: ☒ Yes ☐ No

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

State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557) - Compliance Not Met
The requirements under State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557) were not met.

State licensing orders were issued: ☒ Yes ☐ No

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

State Statutes Chapters 144 & 144A – Compliance Not Met - Compliance Not Met
The requirements under State Statues for Chapters 144 &144A were not met.

State licensing orders were issued: ☒ Yes ☐ No

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

Compliance Notes:

Facility Corrective Action:

The facility took the following corrective action(s):

Definitions:

Minnesota Statutes, section 626.5572, subdivision 9 - Financial exploitation

"Financial exploitation" means:

(b) In the absence of legal authority a person:

(1) willfully uses, withholds, or disposes of funds or property of a vulnerable adult;

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

- [x] Care Guide
- [x] Medication Administration Records
- [x] Nurses Notes
- [x] Assessments
- [x] Physician Orders
- [x] Physician Progress Notes
- [x] Care Plan Records
- [x] Facility Incident Reports

Other pertinent medical records:

Additional facility records:

- [x] Resident/Family Council Minutes
- [x] Staff Time Sheets, Schedules, etc.
- [x] Facility Internal Investigation Reports
- [x] Personnel Records/Background Check, etc.
- [x] Facility In-service Records
- [x] Facility Policies and Procedures

Number of additional resident(s) reviewed: Three

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: Discharged

Interviews: The following interviews were conducted during the investigation:

Interview with complainant(s) ◉ Yes ○ No ○ N/A

Specify: _____

If unable to contact complainant, attempts were made on:

Date:	Time:	Date:	Time:	Date:	Time:

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

Did you interview the resident(s) identified in allegation:

◉ Yes ○ No ○ N/A Specify: _____

Did you interview additional residents? ◯ Yes ◉ No

Total number of resident interviews: Two

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

Tennessen Warnings

Tennessen Warning given as required: ◉ Yes ◯ No

Total number of staff interviews: Six

Physician Interviewed: ◯ Yes ◉ No

Nurse Practitioner Interviewed: ◯ Yes ◉ No

Physician Assistant Interviewed: ◯ Yes ◯ No

Interview with Alleged Perpetrator(s): ◉ Yes ◯ No ◯ N/A Specify: _____

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:

☒ Nursing Services
☒ Call Light
☒ Infection Control
☒ Medication Pass
☒ Cleanliness
☒ Dignity/Privacy Issues
☒ Facility Tour

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: _____

cc:

Health Regulation Division - Licensing & Certification

Minnesota Board of Examiners for Nursing Home Administrators

Minnesota Board of Nursing

Minnesota Board of Pharmacy

The Office of Ombudsman for Long-Term Care

Saint Paul Police Department

Ramsey County Attorney

Saint Paul City Attorney

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245534	A. BUILDING _____ B. WING _____	C 01/11/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPITOL VIEW TRANSITIONAL CARE CENTER	**640 JACKSON STREET SAINT PAUL, MN 55101**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An abbreviated standard survey was conducted to investigate case #H5534013. As a result, the following deficiencies are issued. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of the CMS-2567 form. Electronic submission of the POC will be used as verification of compliance.	F 000		
F 225 SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the	F 225		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 225	Continued From page 1 investigation is in progress. The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on interview and document review the facility failed to report timely an allegation of misappropriation of property to the state agency and the administrator for three of three residents (R1, R2, and R3) reviewed when staff diverted narcotic medication. Findings include: R1's record was reviewed. R1 was admitted to the facility on June 4, 2016 with diagnoses that included spondylosisthesis in the lumbar region. R1 was cognitively intact. R1's care plan dated 6/4/2016, indicated post-op pain monitoring and medication as ordered., reposition as needed, notify physician as needed. Medication administration record (MAR) dated 6/4/2016 to 6/23/2016, showed oxycodone five (5) milligrams (mg) 1-2 tablets as needed every four hours for pain. In addition, tylenol 650 mg every eight (8) hours for pain as needed. During the facilities investigation it was identified R1 was missing eight 5 mg tablets over 19 day admission. R2's record was reviewed. R2 was admitted to	F 225		

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F 225	Continued From page 2	F 225		

the facility on May 12, 2016 with diagnoses that included a crushing injury with fractured femur and a cervical fracture. R2 was cognitively intact. R2's care plan dated 6/1/2016, indicated post-op pain monitoring and medication as ordered, reposition as needed, notify physician as needed. Medication administration record (MAR) dated 5/12/2016 to 7/1/2016, showed oxycodone 5 mg every eight hours as needed for pain, and to offer before and after therapies. In addition tylenol 650 mg every four (4) to eight (8) hours for pain as needed. During the facilities investigation, it was identified R2 was missing six to ten, 5 mg tablets over the 43 day admission.

R3's record was reviewed. R3 was admitted to the facility on May 20, 2016 with diagnoses that included osteomyelitis, left ankle and foot, cellulitis of left lower limb, methicillin susceptible staphylococcus aureus infection. R3 was cognitively intact. R3's care plan dated 5/20/2016, indicated post-op pain monitoring and medication as ordered, reposition as needed, notify physician as needed. Medication administration record (MAR) dated 5/20/2016 to 6/28/2016, showed oxycodone 5 mg every 6 hours for pain as needed for pain. During the facilities investigation, it was identified R3 was missing six 5 mg tablets over the 39 day admission.

The alleged misappropriation of R1, R2, and R3's narcotic's was not reported to state agency immediately for 42 days after the allegation and the five day investigation was not submitted to the state agency as required.

An event report dated 6/24/2016 indicated licensed practical nurse (LPN)-A was suspected diverting narcotics from residents occurring

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between 5/12/2016 to 6/24/2016. The facilities investigation indicated the medications were diverted. LPN-A admitted to the administrator and human resources manager of the diversion. An internal investigation indicated 20-26 tablets missing from R1 eight tablets of oxycodone, R2 six tabletsof oxycodone, and R3 6-10 tablets of oxycodone diverted. A report was made to the board of nursing. The event was not reported to state agency (SA) immediately.

An interview on October 25th 2016, at 12:50 p.m, human resources (HR)-E stated LPN-A was suspended during the investigation of the diverted narcotics. LPN-A admitted to HR-E and the administrator being responsible for the diversion and was terminated on June 28, 2016.

An interview on October 25, 2016, at 3:30 p.m., the administrator stated when R1 was being discharged from the facility. During the discharge process, a nurse asked to verify the remaining narcotics. It was identified R1 had not received all of the medication documented given to R1. An investigation ensued. Licensed practical nurse (LPN)-A was identified as a suspect. LPN-A was suspended pending the narcotic diversion investigation. On June 28, 2016, LPN-A was terminated, and reported to the board of nursing. The administrator stated this event was not reported immediately to the SA.

An interview on October 27, 2016 at 3:58 p.m, LPN-A admitted to diverting narcotics from residents. LPN-A stated being unable to remember who the residents were or amounts taken. LPN-A admitted to signing out two narcotic and giving the resident and the LPN would take the other one for example. LPN-A said the

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F 225	Continued From page 4 residents always got some pain medication. The facility policy and procedure entitled patient abuse, neglect, and mistreatment dated January 2013 indicated each resident shall be free from abuse, neglect, mistreatment, exploitation and misappropriation of property. Abuse shall include: misappropriation of property, physical abuse, mental abuse, verbal abuse and neglect. All incidences must be reported immediately to the state agency (SA).	F 225		
F 226 SS=D	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on interview and document review the facility failed to implement their policy to immediately report an allegation of misapproriation of property to the state agency (SA) for three of three residents (R1, R2, R3) reviewed when staff diverted narcotic medications. Findings include: The facility policy and procedure entitled patient abuse, neglect, and mistreatment dated January 2013 indicated each resident shall be free from abuse, neglect, mistreatment, exploitation and misappropriation of property. Abuse shall include:	F 226		

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F 226	Continued From page 5 misappropriation of property, physical abuse, mental abuse, verbal abuse and neglect. All incidences must be reported immediately to the SA. The alleged narcotic diversion was not reported to state agency immediately as required by regulation and policy for 42 days and the five day investigation was not submitted to the state agency. R1's record was reviewed. R1 was admitted to the facility on June 4, 2016 with diagnoses that included spondylosisthesis in the lumbar region. R1 was cognitively intact. R1's care plan dated 6/4/2016, indicated post-op pain monitoring and medication as ordered., reposition as needed, notify physician as needed. Medication administration record (MAR) dated 6/4/2016 to 6/23/2016, showed oxycodone five (5) milligrams (mg) 1-2 tablets as needed every four hours for pain. In addition tylenol 650 mg every eight (8) hours for pain as needed. During the facilities investigation it was identified R1 was missing eight 5 mg tablets over 19 day admission. R2's record was reviewed. R2 was admitted to the facility on May 12, 2016 with diagnoses that included a crushing injury with fractured femur and a cervical fracture. R2 was cognitively intact. R2's care plan dated 6/1/2016, indicated post-op pain monitoring and medication as ordered, reposition as needed, notify physician as needed. Medication administration record (MAR) dated 5/12/2016 to 7/1/2016, showed oxycodone 5 mg every eight hours as needed for pain, and to offer before and after therapies. In addition tylenol 650 mg every four (4) to eight (8) hours for pain as needed. During the facilities investigation, it was	F 226		

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identified R2 was missing six to ten, 5 mg tablets over the 43 day admission.

R3's record was reviewed. R3 was admitted to the facility on May 20, 2016 with diagnoses that included osteomyelitis, left ankle and foot, cellulitis of left lower limb, methicillin susceptible staphylococcus aureus infection. R3 was cognitively intact. R3's care plan dated 5/20/2016, indicated post-op pain monitoring and medication as ordered, reposition as needed, notify physician as needed. Medication administration record (MAR) dated 5/20/2016 to 6/28/2016, showed oxycodone 5 mg every 6 hours for pain as needed for pain. During the investigation, it was identified R3 was missing six 5 mg tablets over the 39 day admission.

An event report dated June 24, 2016, indicated licensed practical nurse (LPN)-A suspected narcotic diversion occurring May 12, 2016, to June 24, 2016. The facilities investigation indicated the medications were diverted. LPN-A admitted to the administrator and human resources manager of the diversion. An internal investigation indicated 20-26 tablets missing from R1 eight tablets of oxycodone, R2 six tabletsof oxycodone, and R3 6-10 tablets of oxycodone diverted. A report was made to the board of nursing. The event was not reported to state agency (SA) immediately.

An interview on October 25, 2016, at 3:30 p.m. administrator stated during resident ((R)-1 was being discharged from the facility. During the discharge process, a nurse asked to verify the remaining narcotics. It was identified R1 had not received all of the medicaiton documented given to R1. An investigation ensued. Licensed

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F 226	Continued From page 7 practical nurse (LPN)-A was identified as a suspect. LPN-A was suspended pending the narcotic diversion investigation. On June 28, 2016, LPN-A was terminated, and reported to the board of nursing. An interview on October 27, 2016 at 3:58 p.m. LPN-A admitted to diverting narcotics from residents. LPN-A stated being unable to remember who the residents were or amounts taken. LPN-A admitted to signing out two and giving the resident one for example. LPN-A said the residents always got some pain medication and has been in treatment for this problem.	F 226		

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	00498	A. BUILDING: _____ B. WING _____	C 01/11/2017

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2 000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: A complaint investigation was conducted to investigate complaint #H5534013. As a result the following correction orders are issued. When corrections are completed, please sign and date, make a copy of these orders and return the original to the Minnesota Department of Health, Division of Compliance Monitoring, Office of	2 000		

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2 000	Continued From page 1 Health Facility Complaints; 85 East Seventh Place, Suite 220, St. Paul, Minnesota, 55164-0970.	2 000		
21850	MN St. Statute 144.651 Subd. 14 Patients & Residents of HC Fac.Bill of Rights Subd. 14. Freedom from maltreatment. Residents shall be free from maltreatment as defined in the Vulnerable Adults Protection Act. "Maltreatment" means conduct described in section 626.5572, subdivision 15, or the intentional and non-therapeutic infliction of physical pain or injury, or any persistent course of conduct intended to produce mental or emotional distress. Every resident shall also be free from non-therapeutic chemical and physical restraints, except in fully documented emergencies, or as authorized in writing after examination by a resident's physician for a specified and limited period of time, and only when necessary to protect the resident from self-injury or injury to others. This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure residents three of three resident (R1, R2, and R3) reviewed were free from maltreatment when an employee financially exploited R1, R2, and R3 by diverting narcotic medication. Findings include: R1's record was reviewed. R1 was admitted to the facility on June 4, 2016 with diagnoses that included spondylosisthesis in the lumbar region. R1 was cognitively intact. R1's care plan dated	21850		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00498	A. BUILDING: _____ B. WING _____	C 01/11/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPITOL VIEW TRANSITIONAL CARE CENTEF	640 JACKSON STREET SAINT PAUL, MN 55101

(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
21850	Continued From page 2 6/4/2016, indicated post-op pain monitoring and medication as ordered., reposition as needed, notify physician as needed. Medication administration record (MAR) dated 6/4/2016 to 6/23/2016, showed oxycodone five (5) milligrams (mg) 1-2 tablets as needed every four hours for pain. In addition tylenol 650 mg every eight (8) hours for pain as needed. During the facilities investigation it was identified R1 was missing eight 5 mg tablets over 19 day admission. R2's record was reviewed. R2 was admitted to the facility on May 12, 2016 with diagnoses that included a crushing injury with fractured femur and a cervical fracture. R2 was cognitively intact. R2's care plan dated 6/1/2016, indicated post-op pain monitoring and medication as ordered, reposition as needed, notify physician as needed. Medication administration record (MAR) dated 5/12/2016 to 7/1/2016, showed oxycodone 5 mg every eight hours as needed for pain, and to offer before and after therapies. In addition tylenol 650 mg every four (4) to eight (8) hours for pain as needed. During the facilities investigation, it was identified R2 was missing six to ten, 5 mg tablets over the 43 day admission. R3's record was reviewed. R3 was admitted to the facility on May 20, 2016 with diagnoses that included osteomyelitis, left ankle and foot, cellulitis of left lower limb, methicillin susceptible staphylococcus aureus infection. R3 was cognitively intact. R3's care plan dated 5/20/2016, indicated post-op pain monitoring and medication as ordered, reposition as needed, notify physician as needed. Medication administration record (MAR) dated 5/20/2016 to 6/28/2016, showed oxycodone 5 mg every 6 hours for pain as needed for pain. During the investigation, it was identified R3 was missing six 5 mg tablets over	21850		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00498	A. BUILDING: _____ B. WING _____	C 01/11/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPITOL VIEW TRANSITIONAL CARE CENTEF	640 JACKSON STREET SAINT PAUL, MN 55101

(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
21850	Continued From page 3 the 39 day admission. The narcotic diversion was not reported to state agency immediately as required by regulation and policy for 42 days, in addition, a five day investigation was not submitted to the state agency. An event report dated June 24, 2016, indicated licensed practical nurse (LPN)-A suspected narcotic diversion occurring May 12, 2016, to June 24, 2016. The facilities investigation indicated the medications were diverted. LPN-A admitted to the administrator and human resources manager of the diversion. An internal investigation indicated 20-26 tablets missing from R1 eight tablets of oxycodone, R2 six tabletsof oxycodone, and R3 6-10 tablets of oxycodone diverted. A report was made to the board of nursing. The event was not reported to state agency (SA) immediately. An interview with Human Resources (HR)-E on October 25th 2016, at 12:50 p.m. stated LPN-A was suspended during the investigation of the diverted narcotics. LPN-A admitted to HR-E and the administrator being responsible for the diversion and was terminated on June 28, 2016. An interview on October 25, 2016, at 3:30 p.m. administrator stated during resident ((R)-1 was being discharged from the facility. During the discharge process, a nurse asked to verify the remaining narcotics. It was identified R1 had not received all of the medicaiton documented given to R1. An investigation ensued. Licensed practical nurse (LPN)-A was identified as a suspect. LPN-A was suspended pending the narcotic diversion investigation. On June 28, 2016, LPN-A was terminated, and reported to the	21850		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00498	A. BUILDING: _____ B. WING _____	C 01/11/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPITOL VIEW TRANSITIONAL CARE CENTEF	640 JACKSON STREET SAINT PAUL, MN 55101

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21850	Continued From page 4 board of nursing. An interview on October 27, 2016 at 3:58 p.m. LPN-A admitted to diverting narcotics from residents. LPN-A stated being unable to remember who the residents were or amounts taken. LPN-A admitted to signing out two and giving the resident one for example. LPN-A said the residents always got some pain medication and has been in treatment for this problem. An interview on October 31, 2016, at 10:53 a.m. officer (O)-C stated the event was not reported to the police and on October 31, 2016, at 11:23 a.m. security (S)-B confirmed. The facility policy and procedure entitled patient abuse, neglect, and mistreatment dated January 2013 indicated each resident shall be free from abuse, neglect, mistreatment, exploitation and misappropriation of property. Abuse shall include: misappropriation of property, physical abuse, mental abuse, verbal abuse and neglect. All incidences must be reported immediately to the state agency (SA). The diversion was not reported to state agency immediately as required by regulation and policy for 42 days, in addition, a five day investigation was not submitted to the state agency. SUGGESTED METHOD OF CORRECTION: The administrator could in-service all staff on the need to immediately reporting suspected abuse/neglect to the designated state agency/common entry point according to the facility's policy. The director of nurses' could monitor incident reports for implementation of this requirement.	21850		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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CAPITOL VIEW TRANSITIONAL CARE CENTEF	640 JACKSON STREET SAINT PAUL, MN 55101

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21850	Continued From page 5 TIME PERIOD FOR CORRECTION: Twenty One (21) days.	21850		
21980	MN St. Statute 626.557 Subd. 3 Reporting - Maltreatment of Vulnerable Adults Subd. 3. Timing of report. (a) A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately report the information to the common entry point. If an individual is a vulnerable adult solely because the individual is admitted to a facility, a mandated reporter is not required to report suspected maltreatment of the individual that occurred prior to admission, unless: (1) the individual was admitted to the facility from another facility and the reporter has reason to believe the vulnerable adult was maltreated in the previous facility; or (2) the reporter knows or has reason to believe that the individual is a vulnerable adult as defined in section 626.5572, subdivision 21, clause (4). (b) A person not required to report under the provisions of this section may voluntarily report as described above. (c) Nothing in this section requires a report of known or suspected maltreatment, if the reporter knows or has reason to know that a report has been made to the common entry point. (d) Nothing in this section shall preclude a reporter from also reporting to a law enforcement agency. (e) A mandated reporter who knows or has reason to believe that an error under section 626.5572, subdivision 17, paragraph (c), clause	21980		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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CAPITOL VIEW TRANSITIONAL CARE CENTEF	640 JACKSON STREET SAINT PAUL, MN 55101

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21980	Continued From page 6 (5), occurred must make a report under this subdivision. If the reporter or a facility, at any time believes that an investigation by a lead agency will determine or should determine that the reported error was not neglect according to the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5), the reporter or facility may provide to the common entry point or directly to the lead agency information explaining how the event meets the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5). The lead agency shall consider this information when making an initial disposition of the report under subdivision 9c. This MN Requirement is not met as evidenced by: Based on interview and document review the facility failed to immediately report to the state agency and the administrator the allegation of maltreatment for three of three residents (R1, R2, and R3) reviewed when an employee diverted narcotic medication. Findings include: R1's record was reviewed. R1 was admitted to the facility on June 4, 2016 with diagnoses that included spondylosisthesis in the lumbar region. R1 was cognitively intact. R1's care plan dated 6/4/2016, indicated post-op pain monitoring and medication as ordered., reposition as needed, notify physician as needed. Medication administration record (MAR) dated 6/4/2016 to 6/23/2016, showed oxycodone five (5) milligrams (mg) 1-2 tablets as needed every four hours for pain. In addition tylenol 650 mg every eight (8) hours for pain as needed. During the facilities investigation it was identified R1 was missing	21980		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00498	A. BUILDING: _____ B. WING _____	C 01/11/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPITOL VIEW TRANSITIONAL CARE CENTEF	640 JACKSON STREET SAINT PAUL, MN 55101

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21980	Continued From page 7 eight 5 mg tablets over 19 day admission. R2's record was reviewed. R2 was admitted to the facility on May 12, 2016 with diagnoses that included a crushing injury with fractured femur and a cervical fracture. R2 was cognitively intact. R2's care plan dated 6/1/2016, indicated post-op pain monitoring and medication as ordered, reposition as needed, notify physician as needed. Medication administration record (MAR) dated 5/12/2016 to 7/1/2016, showed oxycodone 5 mg every eight hours as needed for pain, and to offer before and after therapies. In addition tylenol 650 mg every four (4) to eight (8) hours for pain as needed. During the facilities investigation, it was identified R2 was missing six to ten, 5 mg tablets over the 43 day admission. R3's record was reviewed. R3 was admitted to the facility on May 20, 2016 with diagnoses that included osteomyelitis, left ankle and foot, cellulitis of left lower limb, methicillin susceptible staphylococcus aureus infection. R3 was cognitively intact. R3's care plan dated 5/20/2016, indicated post-op pain monitoring and medication as ordered, reposition as needed, notify physician as needed. Medication administration record (MAR) dated 5/20/2016 to 6/28/2016, showed oxycodone 5 mg every 6 hours for pain as needed for pain. During the investigation, it was identified R3 was missing six 5 mg tablets over the 39 day admission. The narcotic diversion was not reported to state agency immediately as required by regulation and policy for 42 days, in addition, a five day investigation was not submitted to the state agency. An event report dated June 24, 2016, indicated	21980		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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21980	Continued From page 8 licensed practical nurse (LPN)-A suspected narcotic diversion occurring May 12, 2016, to June 24, 2016. The facilities investigation indicated the medications were diverted. LPN-A admitted to the administrator and human resources manager of the diversion. An internal investigation indicated 20-26 tablets missing from R1 eight tablets of oxycodone, R2 six tabletsof oxycodone, and R3 6-10 tablets of oxycodone diverted. A report was made to the board of nursing. The event was not reported to state agency (SA) immediately. An interview with Human Resources (HR)-E on October 25th 2016, at 12:50 p.m. stated LPN-A was suspended during the investigation of the diverted narcotics. LPN-A admitted to HR-E and the administrator being responsible for the diversion and was terminated on June 28, 2016. An interview on October 25, 2016, at 3:30 p.m. administrator stated during resident ((R)-1 was being discharged from the facility. During the discharge process, a nurse asked to verify the remaining narcotics. It was identified R1 had not received all of the medicaiton documented given to R1. An investigation ensued. Licensed practical nurse (LPN)-A was identified as a suspect. LPN-A was suspended pending the narcotic diversion investigation. On June 28, 2016, LPN-A was terminated, and reported to the board of nursing. An interview on October 27, 2016 at 3:58 p.m. LPN-A admitted to diverting narcotics from residents. LPN-A stated being unable to remember who the residents were or amounts taken. LPN-A admitted to signing out two and giving the resident one for example. LPN-A said the residents always got some pain medication	21980		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPITOL VIEW TRANSITIONAL CARE CENTEF	640 JACKSON STREET SAINT PAUL, MN 55101

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21980	Continued From page 9 and has been in treatment for this problem. An interview on October 31, 2016, at 10:53 a.m. officer (O)-C stated the event was not reported to the police and on October 31, 2016, at 11:23 a.m. security (S)-B confirmed. The facility policy and procedure entitled patient abuse, neglect, and mistreatment dated January 2013 indicated each resident shall be free from abuse, neglect, mistreatment, exploitation and misappropriation of property. Abuse shall include: misappropriation of property, physical abuse, mental abuse, verbal abuse and neglect. All incidences must be reported immediately to the state agency (SA). The diversion was not reported to state agency immediately as required by regulation and policy for 42 days, in addition, a five day investigation was not submitted to the state agency. SUGGESTED METHOD OF CORRECTION: The administrator could in-service all staff on the need to immediately reporting suspected abuse/neglect to the designated state agency/common entry point according to the facility's policy. The director of nurses' could monitor incident reports for implementation of this requirement. TIME PERIOD FOR CORRECTION: Twenty One (21) days.	21980		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
245534 Y1	A. Building B. Wing Y2	2/14/2017 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPITOL VIEW TRANSITIONAL CARE CENTER	640 JACKSON STREET SAINT PAUL, MN 55101

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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0225 Reg. # 483.13(c)(1)(ii)-(iii), (c)(2) - (4) LSC	Correction Completed 01/20/2017	ID Prefix F0226 Reg. # 483.13(c) LSC	Correction Completed 01/20/2017	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 (INITIALS) AW/KJ	DATE 02/22/2017	SIGNATURE OF SURVEYOR 37786	DATE 02/14/2017
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
1/11/2017	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
00498 (Y1)	A. Building B. Wing (Y2)	2/14/2017 (Y3)

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPITOL VIEW TRANSITIONAL CARE CENTER	640 JACKSON STREET SAINT PAUL, MN 55101

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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix 21850 Reg. # MN St. Statute 144.651 Subd. 14 LSC	Correction Completed 01/20/2017	ID Prefix 21980 Reg. # MN St. Statute 626.557 Subd. 3 LSC	Correction Completed 01/20/2017	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS) AW/KJ	DATE 02/22/2017	SIGNATURE OF SURVEYOR 37786	DATE 02/14/2017
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 1/11/2017	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			