



Minnesota Department of Health

Office of Health Facility Complaints Investigative Report PUBLIC

Facility Name: Green Lea Senior Living			Report Number: H5536003	Date of Visit: September 7, 2016
Facility Address: 115 Lyndale Street N			Time of Visit: 8:30 a.m. - 5:00 p.m.	Date Concluded: December 28, 2016
Facility City: Mabel			Investigator's Name and Title: Pam Hovdet, RN	
State: Minnesota	ZIP: 55954	County: Fillmore		

☒ **Nursing Home**

Allegation(s):

It is alleged that a resident was abused when the alleged perpetrator (AP) pushed the resident's forehead down and covered his/her face with unused disposable brief.

- ☒ 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, abuse occurred when the alleged perpetrator (AP) pushed the resident's head down onto the bed, and covered the resident's face with an unused disposable brief while providing personal cares to the resident.

The resident was diagnosed with delusional disorders, Alzheimer's disease, and generalized anxiety disorder. The resident was severely cognitively impaired and required assistance with all activities of daily living.

One evening two staff and the AP were assisting the resident with bedtime cares as the resident sat on the edge of the bed. The AP placed a hand over the resident's face and pushed the resident's head down on the bed, forcing the resident into a lying position. The resident started to crying and yell for help. The AP then took a clean disposable brief and placed it over the resident's face for three to four seconds before removing it. The resident continued to cry while making statements about getting "beat up". One of the staff left the room to inform the nurse about the AP's treatment towards the resident, while the other staff member and the AP continued with personal cares. The AP then aggressively removed the resident's pants. The other staff member intervened to complete the cares. The AP laughed and left the resident's room. Staff immediately reported the AP's actions to the charge nurse and the assistant director of nursing, who then notified the director of nursing and the executive director. The AP was suspended and escorted out of the facility pending an investigation. The executive director notified the police.

The resident was interviewed and unable to remember the incident.

Attempts to interview the AP were unsuccessful. The AP was terminated from employment with the facility.

Minnesota Vulnerable Adults Act (Minnesota Statutes, section 626.557)

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

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Abuse | <input type="checkbox"/> Neglect | <input type="checkbox"/> Financial Exploitation |
| <input checked="" type="checkbox"/> Substantiated | <input type="checkbox"/> Not Substantiated | <input type="checkbox"/> 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 and report abuse. The AP's personnel file had evidence of training in the Vulnerable Adults Act. Staffing levels were reviewed for the day and shift the abuse occurred and the staffing level was comparable to other days.

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:

State Licensing Rules for Nursing Homes (MN Rules Chapter 4658) – Compliance Met

The facility was found to be in compliance with State Licensing Rules for Nursing Homes (MN Rules Chapter 4658). No state orders were issued.

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.

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 Statutes Chapters 144 & 144A – Compliance Not Met - Compliance Not Met

The requirements under State Statutes for Chapters 144 & 144A were not met.

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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 2 - Abuse

"Abuse" means:

(b) Conduct which is not an accident or therapeutic conduct as defined in this section, which produces or could reasonably be expected to produce physical pain or injury or emotional distress including, but not limited to, the following:

- (1) hitting, slapping, kicking, pinching, biting, or corporal punishment 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
- ☒ Care Guide
- ☒ Medication Administration Records
- ☒ Nurses Notes
- ☒ Assessments
- ☒ Physician Orders
- ☒ Treatment Sheets
- ☒ Physician Progress Notes
- ☒ Care Plan Records
- ☒ Social Service Notes
- ☒ Facility Incident Reports
- ☒ ADL (Activities of Daily Living) Flow Sheets

Other pertinent medical records:

- ☒ Police Report ☒ Other, specify: _____

Additional facility records:

- ☒ Resident/Family Council Minutes
- ☒ Staff Time Sheets, Schedules, etc.
- ☒ Facility Internal Investigation Reports
- ☒ Personnel Records/Background Check, etc.
- ☒ Facility In-service Records
- ☒ 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: _____

Interviews: The following interviews were conducted during the investigation:

Interview with complainant(s) ☒ Yes ☐ No ☐ N/A

Specify: _____

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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: Seven

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

Tennessean Warnings

Tennessean Warning given as required: ☒ Yes ☐ No

Total number of staff interviews: 14

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:
09/26/2016	11:30am	10/14/2016	9:30am	10/26/2016	1:30pm

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 Assistant Cty. Attorney

Observations were conducted related to:

- ☒ Personal Care
- ☒ Nursing Services
- ☒ Call Light
- ☒ Cleanliness
- ☒ Dignity/Privacy Issues
- ☒ Safety Issues
- ☒ Facility Tour

Was any involved equipment inspected: ☐ Yes ☐ No ☒ N/A

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

Were photographs taken: ☐ Yes ☒ No Specify: _____

cc:

Health Regulation Division - Licensing & Certification

The Office of Ombudsman for Long-Term Care

Fillmore County Sheriff

Fillmore County Attorney

Mabel City Attorney

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

PRINTED: 12/28/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245536		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/22/2016	
NAME OF PROVIDER OR SUPPLIER GREEN LEA SENIOR LIVING				STREET ADDRESS, CITY, STATE, ZIP CODE 115 NORTH LYNDAL, RR 2 BOX 49 MABEL, MN 55954			
(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			F 000			
F 223 SS=D	<p>An abbreviated standard survey was conducted to investigate case #H5536003. As a result, the following deficiency is issued. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of the CMS-2567 form. Electronic submission of the POC will be used as verification of compliance.</p> <p>483.13(b), 483.13(c)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION</p> <p>The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.</p> <p>The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure one of four residents (R1) was free from abuse when a nursing assistant pushed a resident down and covered the resident's face with an unused disposable brief.</p> <p>Findings include:</p> <p>R1's medical record was reviewed and the admission record identified diagnoses of Alzheimer's disease, delusional disorders and generalized anxiety disorder.</p> <p>R1's quarterly Minimum Data Set (MDS) dated 8/12/16, indicated R1 required extensive assistance with activities of daily living (ADL's).</p>			F 223			

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 223	<p>Continued From page 1</p> <p>The Brief Interview for Mental Status (BIMS) score dated 8/12/16, identified R1 had severe cognitive impairment.</p> <p>An interview with NA-C was conducted on 9/7/16, at 3:00 p.m., and established NA-C, NA-A and NA-D were assisting R1 with evening cares as R1 sat on the edge of the bed. NA-C stated NA-A place a hand over R1's face and pushed R1's head down on the bed and into a lying position which caused R1 to cry and scream for help. NA-A then placed a clean brief over R1's face for three to four seconds before removing the brief. R1 continued to cry and made statements about getting beat up. NA-C left R1's room and informed the assistant director of nursing (ADON) about NA-A's treatment towards R1.</p> <p>An interview with NA-D was conducted on 9/23/16, at 3:30 p.m. NA-D stated while assisting NA-A and NA-C with personal cares, NA-A place a hand over R1's face and pushed R1's head back onto the pillow. While R1 cried and screamed for help, NA-A place a clean brief over R1's face. R1 continued to cry and make statements about getting beat up. NA-D stated NA-C left the room and NA-A aggressively removed R1's pants, so NA-D took over the cares and NA-A laughed and left the room. NA-D stated NA-A later sent a text message indicating NA-A was walked out of the facility because NA-A was rough towards R1.</p> <p>An interview with the ADON was conducted on 9/21/16, at 4:00 pm. The ADON stated NA-C immediately called and reported NA-A's treatment towards R1, so the ADON contacted the DON and administrator. The ADON went to the facility and informed NA-A's of his/her suspension</p>	F 223			

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F 223	<p>Continued From page 2</p> <p>pending an investigation, and escorted NA-A out of the building.</p> <p>An interview with the director of nursing (DON) was conducted on 9/7/16, at 3:30 p.m. The DON stated the ADON contacted him/her about NA-C's report so the DON went to the facility to investigate the report.</p> <p>An interview with the administrator was conducted on 9/7/16, at 4:15 p.m. The administrator stated the police were notified of the incident and completed an investigation, and subsequently NA-A was terminated from employment.</p> <p>A competency evaluation checklist dated 1/21/16, indicated NA-A was competent regarding the facility Vulnerable Adult and Resident Rights components. The employee handbook signed by NA-A on 1/21/16, indicated all employees are expected to comply with the facility/company, state and federal laws related to Vulnerable Adults, and failure to follow policy, procedure and/or standards of practice could result in disciplinary action.</p> <p>The "Mabel Healthcare Center Policy On Abuse, Neglect, and Misappropriation of Property" dated 05/01, defined abuse as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish.</p> <p>A Green Lea Senior Living Notice of Discharge form dated 6/24/16, indicated on 6/15/16, NA-A violated facility policy in regard to Vulnerable Adults and Resident's rights while providing cares to a resident. This was unacceptable conduct</p>	F 223			

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F 223	Continued From page 3 and will result in termination effective 6/24/16. The police department referred the case to the county attorney. An interview with the assistant county attorney was conducted on 10/3/16, at 3:00 p.m. and revealed the judge found evidence to charge NA-A and a jury trial was scheduled. Attempts to interview the AP were unsuccessful.	F 223			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00124	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/22/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GREEN LEA SENIOR LIVING

**115 NORTH LYNDAL, RR 2 BOX 49
MABEL, MN 55954**

(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	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: A complaint investigation was conducted to investigate complaint #H5536003. As a result, the following correction order is issued. The facility has agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at</p>	2 000		

Minnesota Department of Health

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

TITLE

(X6) DATE

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2 000	Continued From page 1 http://www.health.state.mn.us/divs/fpc/proinfo/info.html The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. Then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health.	2 000			
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 one of four residents (R1) was free from abuse when a nursing assistant pushed a resident down and covered the	21850			

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21850	<p>Continued From page 2</p> <p>resident's face with an unused disposable brief.</p> <p>Findings include:</p> <p>R1's medical record was reviewed and the admission record identified diagnoses of Alzheimer's disease, delusional disorders and generalized anxiety disorder.</p> <p>R1's quarterly Minimum Data Set (MDS) dated 8/12/16, indicated R1 required extensive assistance with activities of daily living (ADL's). The Brief Interview for Mental Status (BIMS) score dated 8/12/16, identified R1 had severe cognitive impairment.</p> <p>An interview with NA-C was conducted on 9/7/16, at 3:00 p.m., and established NA-C, NA-A and NA-D were assisting R1 with evening cares as R1 sat on the edge of the bed. NA-C stated NA-A place a hand over R1's face and pushed R1's head down on the bed and into a lying position which caused R1 to cry and scream for help. NA-A then placed a clean brief over R1's face for three to four seconds before removing the brief. R1 continued to cry and made statements about getting beat up. NA-C left R1's room and informed the assistant director of nursing (ADON) about NA-A's treatment towards R1.</p> <p>An interview with NA-D was conducted on 9/23/16, at 3:30 p.m. NA-D stated while assisting NA-A and NA-C with personal cares, NA-A place a hand over R1's face and pushed R1's head back onto the pillow. While R1 cried and screamed for help, NA-A place a clean brief over R1's face. R1 continued to cry and make statements about getting beat up. NA-D stated NA-C left the room and NA-A aggressively removed R1's pants, so NA-D took over the cares</p>	21850			

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21850	<p>Continued From page 3</p> <p>and NA-A laughed and left the room. NA-D stated NA-A later sent a text message indicating NA-A was walked out of the facility because NA-A was rough towards R1.</p> <p>An interview with the ADON was conducted on 9/21/16, at 4:00 pm. The ADON stated NA-C immediately called and reported NA-A's treatment towards R1, so the ADON contacted the DON and administrator. The ADON went to the facility and informed NA-A's of his/her suspension pending an investigation, and escorted NA-A out of the building.</p> <p>An interview with the director of nursing (DON) was conducted on 9/7/16, at 3:30 p.m. The DON stated the ADON contacted him/her about NA-C's report so the DON went to the facility to investigate the report.</p> <p>An interview with the administrator was conducted on 9/7/16, at 4:15 p.m. The administrator stated the police were notified of the incident and completed an investigation, and subsequently NA-A was terminated from employment.</p> <p>A competency evaluation checklist dated 1/21/16, indicated NA-A was competent regarding the facility Vulnerable Adult and Resident Rights components. The employee handbook signed by NA-A on 1/21/16, indicated all employees are expected to comply with the facility/company, state and federal laws related to Vulnerable Adults, and failure to follow policy, procedure and/or standards of practice could result in disciplinary action.</p> <p>The "Mabel Healthcare Center Policy On Abuse, Neglect, and Misappropriation of Property" dated</p>	21850			

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21850	<p>Continued From page 4</p> <p>05/01, defined abuse as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish.</p> <p>A Green Lea Senior Living Notice of Discharge form dated 6/24/16, indicated on 6/15/16, NA-A violated facility policy in regard to Vulnerable Adults and Resident's rights while providing cares to a resident. This was unacceptable conduct and will result in termination effective 6/24/16.</p> <p>The police department referred the case to the county attorney.</p> <p>An interview with the assistant county attorney was conducted on 10/3/16, at 3:00 p.m. and revealed the judge found evidence to charge NA-A and a jury trial was scheduled.</p> <p>Attempts to interview the AP were unsuccessful.</p> <p>TIME PERIOD TO CORRECT: Twenty-one (21) days</p>	21850			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 245536	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 2/9/2017	Y3
NAME OF FACILITY GREEN LEA SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 115 NORTH LYNDAL, RR 2 BOX 49 MABEL, MN 55954		

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 F0223	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.13(b), 483.13(c)(1)(i)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	02/09/2017	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON
12/22/2016

☐ 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 00124	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/9/2017
NAME OF FACILITY GREEN LEA SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 115 NORTH LYNDAL, RR 2 BOX 49 MABEL, MN 55954	

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	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # MN St. Statute 144.651 Subd. 14	Completed	Reg. #	Completed	Reg. #	Completed
LSC	02/09/2017	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 12/22/2016

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO