



Protecting, Maintaining and Improving the Health of Minnesotans

Office of Health Facility Complaints Investigative Report
PUBLIC

Facility:

Mission Nursing Home
3401 East Medicine Lake BLVD
Plymouth, MN 55441
Hennepin County

Report #: H5546047

Date: August 8, 2014

Date of Visit: June 30, July 1, July 2, 2014 By: William Nelson, R.N., Special Investigator
Time of Visit: 10:30 a.m. - 4:15 p.m., 5:40 a.m.-3:45 p.m., 7:45 a.m. - 1:00 p.m.

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

- Facility Self Report
- Complaint

Allegation(s): It is alleged that two residents were neglected when staff failed to adequately supervise the residents. One of the residents had a history of sexually inappropriate behaviors.

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

- Federal Regulations for Hospital Conditions of Participation (42 CFR, Part 482)
- Federal Regulations for Long Term Care Facilities (42 CFR Part 483, subpart B)
- Federal Regulations for ICF/IID (42 CFR Part 483, subpart I)
- Federal Regulations for HHA (Home Health Agencies) (42 CFR, Part 484)
- Federal Regulations for CAH (Critical Access Hospital) (42 CFR, Part 485)
- Federal Regulations for EMTALA (42 CFR Part 489)
- State Licensing Rules for Boarding Care Homes (MN Rules Chapter 4655)
- State Licensing Rules for Nursing Homes (MN Rules Chapter 4658)
- State Licensing Rules for Supervised Living Facilities (MN Rules Chapter 4665)
- State Licensing Rules for Home Care (MN Rules Chapter 4668)

- State Statutes for Maltreatment of Minors (MN Statutes, section 626.556)
 State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557)
 State Statutes Chapters 144 and 144A

Conclusion:

Minnesota Vulnerable Adults Act (MN 626.557)

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

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

Based on a preponderance of evidence neglect of supervision did occur when staff failed to adequately supervise two residents after an incident of sexual activity. The facility failed to develop and implement a supervision plan after the first incident of sexual activity that would ensure both residents safety.

Resident #1 (R1) was a long term resident at the facility. R1 had diagnosis that included Alzheimer's disease. R1's most recent Brief Interview for Mental Status (BIMS) resulted in a score of 5 out of 15, which indicated severe impairment with decision-making skills. R1 has a power of attorney (POA) for health care decision-making. R1 wandered the unit frequently and required staff to redirect R1 when R1 went into other resident's rooms.

Resident #2 (R2) was a recent admission to the facility. R2's diagnosis included dementia with behaviors-disinhibited type which resulted in R2 making sexual comments to female residents and female staff at R2's previous placement. R2's most recent BIMS resulted in a score of 10 out of 15, which indicated moderate impairment. R2 has a POA for health care decision-making. R2 required frequent interventions for sexually inappropriate statements and actions directed toward the female staff.

R2 was admitted to the facility after a recent history of sexually inappropriate behaviors at R2's previous placement. Within two days of admission to the facility R2 had exposed himself to staff, made sexually suggestive statements to staff, grabbed female staff and walked down the hall naked. Interventions listed on the care plan to address R2's supervision needs related to behaviors were to administer as needed medications and to redirect R2 as needed. There was no further plan developed to direct staff on the resident's needs.

During an interview, the guardian indicated that R2 was a quiet, private person before the onset of dementia. R2 would not have approved of the sexual behavior. The family would not consent to R2 being in a relationship now because they believe the behavior is secondary to R2's dementia.

R1 and R2 were roommates at the facility. On the third day after admission of R2, a staff member entered their room to deliver pillows and observed R1 performing oral sex on R2. The staff member immediately reported this to the nurse and the nurse stopped the activity. The staff separated the residents and moved R1 to a different room. The plan was to keep the residents separated and to monitor R1 and R2 closely. The facility did not provide clear direction or detail to the staff on how to monitor the residents. Interviews of nursing staff, social service staff and the Director of Nursing revealed that the term monitor closely had no specific directions for staff to follow. The next morning a staff member entered R2's room and observed R2 performing oral sex on

R1. The staff removed R1 from the room. The plan remained to monitor R1 and R2 closely. There was no further plan developed to direct the staff for the residents supervision needs. Approximately 45 minutes later a staff member entered R2's room and found R2 lying nude on his bed and R1 sitting on the bed with his pants opened and his penis exposed. The staff separated the residents. The staff changed the plan to keep R1 and R2 separated to placing R1 by the nurses' station area until R2 was transferred to the hospital. Approximately one hour later R2 was transferred to the hospital by ambulance due to R2's sexual aggression.

Mitigating Factors:

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

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

The facility failed to ensure a safe environment by not providing adequate directions to staff on supervision level descriptions. The facility failed to evaluate the supervision plan and increase the supervision level of two residents after the residents repeated the sexual behavior while the initial supervision level was in place.

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

Compliance:

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

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

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

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

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

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

State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557) – Compliance Met

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

State Statutes Chapters 144 & 144A – Compliance Met

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

Facility Corrective Action:

The facility took the following corrective action(s):

Definitions:

Minnesota Statutes, section 626.5572, subdivision 17 - Neglect

"Neglect" means:

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

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

Minnesota Statutes, section 626.5572, subdivision 19 - Substantiated

"Substantiated" means a preponderance of the evidence shows that an act that meets the definition of maltreatment occurred.

The Investigation included the following:

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

Medical Records

Care Guide

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: attempted, due to dementia resident unable to give accurate information.

Did you interview additional residents: Yes No

Total number of resident interviews: 11

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

Tennessen Warning given as required: Yes No

Total number of staff interviews: 11

Physician interviewed: Yes No

Nurse Practitioner interviewed: Yes No

Interview with Alleged Perpetrator(s): Yes No N/A Specify: Out of facility

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

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

Were contacts made with any of the following:

Emergency personnel Police Officers Medical Examiner Other: Specify _____

Observations were conducted related to:

- Wound Care
- Medication Pass
- Meals
- Personal Care
- Dignity/Privacy Issues
- Restorative Care

Nursing Services

Safety Issues

Facility Tour

Infection Control

Cleanliness

Injury

Use of Equipment

Transfers

Incontinence

Call Light

Other: _____

Was any involved equipment inspected: Yes No N/A

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

Were photographs taken: Yes No Specify: _____

xc: Division of Compliance Monitoring - Licensing & Certification
Minnesota Ombudsman for Mental Health and Developmental Disabilities
Plymouth Police Department
Hennepin County Attorney
Plymouth City Attorney
Minnesota Board of Examiners for Nursing Home Administrators

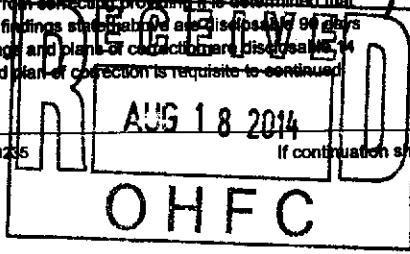
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/31/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245546	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/29/2014
NAME OF PROVIDER OR SUPPLIER MISSION NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3401 EAST MEDICINE LAKE BOULEVARD PLYMOUTH, MN 55441	
(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 complaint # H5546046 and #H5546047. There are no deficiencies issued for # H5546046. Regarding H5546047-As a result, the following deficiency is issued for H5546047-.	F 000	Resident1's behaviors and cognition were reviewed by the interdisciplinary team (IDT) on 06/23/2014. Resident 2 was sent to the Crisis Unit at Hennepin County Medical Center on 06/21/2014. He remained there through 06/30/2014 when he was discharged from Mission Nursing Home.	
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interviews and document review, the facility failed to provide adequate supervision for 2 out of 4 residents (R1,R2,R3, R4) who engaged in sexual activity. Findings include: R1's medical record was reviewed and revealed that R1 had a diagnosis of Alzheimer's Disease. A Brief Interview for Mental Status (BIMS) completed on 6/4/14 revealed a score of 5 out of 15, indicating severe impairment with decision making skills. R1 has a substitute decision maker. R1's care plan, last review date 6/10/14, revealed that R1 had episodes of wandering and had a	F 323	Other residents with sexual behaviors toward others or a history of sexual behaviors toward others were reviewed by the IDT to assure that there was an effective safety plan in place to protect them and other residents. Care plans were reviewed to assure that Resident-specific interventions were documented. The facility's process for pre-admission screening for behaviors toward others was reviewed and revised as needed to assure that sexual behavioral histories are requested from referral sources and/or family/decision-makers and	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: ADMINISTRATOR DATE: 8/13/14

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 shall be reported and disseminated 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 must be disseminated 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.



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

PRINTED: 07/31/2014
FORM APPROVED
OMB NO. 0938-0391

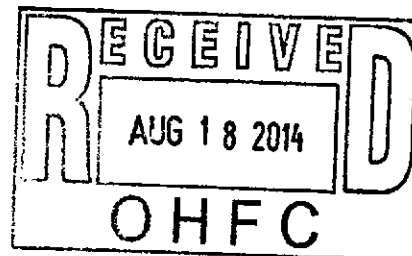
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245546	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/29/2014
NAME OF PROVIDER OR SUPPLIER MISSION NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3401 EAST MEDICINE LAKE BOULEVARD PLYMOUTH, MN 55441		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 323	<p>Continued From page 1</p> <p>remote history of making sexually suggestive remarks to female staff and touching female residents. Interventions identified included offering one to one time with staff and provide assistance in finding his way to locations, as needed.</p> <p>R2's medical record revealed that R2 was admitted on 6/17/14 and had a diagnosis of dementia with behaviors-disinhibited type. Prior to admission R2's disinhibited sexual behavior was sexually touching and making sexually suggestive statements to female residents and female staff. BIMS completed on 6/21/2014 revealed a score of 10 out of 15, indicating moderate impairment. R2 has a substitute decision maker.</p> <p>R2's care plan dated 6/19/14 revealed that R2 had a recent history of sexual behaviors (verbal and physical) with female staff and, prior to admission, female residents. Interventions included having two staff present when providing cares or while in R2's room.</p> <p>A document dated 6/12/14, titled "Summary of Events", was sent by R2's previous placement. This document revealed that during R2's stay he had multiple incidents of touching female residents, he exposed himself to others and made sexually suggestive statements to female staff and female residents.</p> <p>R2's progress notes dated 6/17/14 to 6/19/14 were reviewed and revealed that R2 had multiple incidents of making sexual statements to female staff and of touching/grabbing female staff.</p> <p>A progress note dated 6/19/14 at 1:30 p.m. revealed that nursing staff had called R2's Nurse</p>	F 323	<p>the information is reviewed prior to agreeing to admit a resident. The IDT will review admission referral information when current or recent past sexual behaviors toward others is indicated in referral information. Residents admitted with current or recent sexual behaviors toward others will have a behavior management plan of care developed at the time of admission. Staff involved in pre-admission screening of residents was educated about the process. Residents who are able to and wish to engage in a consensual sexual relationship will have privacy provided by staff as needed.</p> <p>The facility policy for resident safety monitoring was reviewed and revised as needed to assure that the process for increased frequency of resident safety monitoring is clear. Residents' behaviors that may be exploitative of others or create an unsafe environment for other residents and/or staff will be reported to the Director of Social Work and the DON</p>		



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

PRINTED: 07/31/2014
FORM APPROVED
OMB NO. 0938-0391

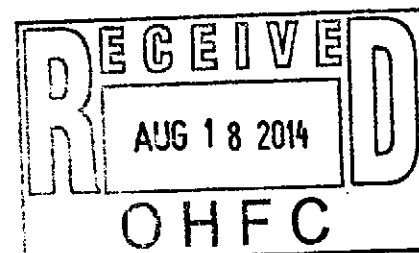
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245546	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/29/2014
NAME OF PROVIDER OR SUPPLIER MISSION NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3401 EAST MEDICINE LAKE BOULEVARD PLYMOUTH, MN 55441	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 323	<p>Continued From page 2</p> <p>Practitioner (NP) regarding R2's sexual behavior and the NP requested that R2's primary physician evaluate him.</p> <p>R2's physician's note dated 6/19/14 revealed that the physician discontinued Provera 20 milligrams (mg) daily, Aricept 20 mg. daily, Namenda 28 mg. daily, Vistaril 50 mg every four hours as needed and Sudafed 30 mg every six hours as needed. R2's physician increased R2's Seroquel dose from 25 mg. daily to 50 mg. twice a day. R2's physician added Seroquel 50 mg every four hours as needed and Haldol 5 mg. intramuscularly (IM) as needed.</p> <p>R2's progress note dated 6/20/14 at 2:11 p.m. by Registered Nurse (RN)-G revealed that staff went into R1 and R2's bedroom and found R1 performing oral sex on R2. The nursing staff separated R1 and R2. R1 was moved to another bedroom and R2 remained in his room without a roommate. There is no documentation in the record to identify if this sexual relationship was consensual.</p> <p>R2's progress note dated 6/21/14 at 11:30 a.m. by Licensed Practical Nurse (LPN)-F revealed that at 9:22 a.m. staff found R1 and R2 in R2's room and R2 was performing oral sex on R1. Staff separated R1 and R2 immediately and sent R1 out of the room. There is no documentation in the record to identify if this sexual relationship was consensual or of changing interventions to prevent a re-occurrence.</p> <p>R2's progress note dated 6/21/14 at 11:30 a.m. by LPN-F revealed that at 10:40 a.m. staff found R1 in R2's room, R2 was lying nude on the bed and R1 was sitting on the bed with his genitalia</p>	F 323	<p>or RN on-call at the time the behavior is identified to assure that an appropriate safety plan is in place. Direct care staff was educated about reporting unsafe behaviors and about when and how to implement increased resident safety monitoring.</p> <p>A quarterly assessment of residents' behaviors will completed their care plans will be reviewed and revised as needed. New or increased residents' behaviors toward others will be discussed by the IDT to assure that appropriate interventions are in place.</p> <p>Incidents of residents' exploitative or unsafe behaviors, the safety plan implemented and its' effectiveness will be reported to the QA Committee and the Committee's recommendations for additional actions will be reported.</p> <p>Compliance date: August 30, 2014</p>	



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

PRINTED: 07/31/2014
FORM APPROVED
OMB NO. 0938-0391

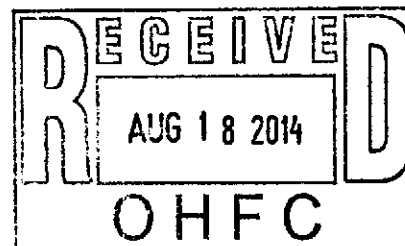
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245546	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/29/2014
NAME OF PROVIDER OR SUPPLIER MISSION NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3401 EAST MEDICINE LAKE BOULEVARD PLYMOUTH, MN 55441		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 323	<p>Continued From page 3</p> <p>exposed. R1 was escorted out of the room immediately and brought to the nurses station where he was monitored.</p> <p>R2's progress note dated 6/21/14 by LPN-F revealed that at 12:50 p.m. R2 was sent to the hospital by ambulance due to his sexual inhibitions.</p> <p>R1 was interviewed on 7/1/14 and did not recall the incidents.</p> <p>Attempts to contact R1's family was unsuccessful.</p> <p>When interviewed on 7/25/14 at 10:20 a.m. the decision maker for R2 stated that the sexually aggressive behavior started in March or April of 2014. R2's decision maker would not consent to R2 being involved in a sexual relationship because she felt that this disinhibited behavior is part of R2's dementia and not something R2 would have done prior to the onset of his dementia.</p> <p>When interviewed on 7/1/14 at 1:20 p.m. Housekeeper (HK)-B reported that on 6/20/14 in the late afternoon she was delivering two pillows to R1 and R2's room. She knocked twice and announced that laundry was delivering pillows. She entered the room and observed R1 performing oral sex on R2 and she left the room. She immediately went to LPN-A and reported what had been observed. HK-B did not go back to the room however she provided a report to social worker (SW)-D.</p> <p>When interviewed on 7/2/14 at 8:15 a.m. LPN-A reported that on 6/20/14 at approximately 1:15</p>	F 323			



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

PRINTED: 07/31/2014
FORM APPROVED
OMB NO. 0938-0391

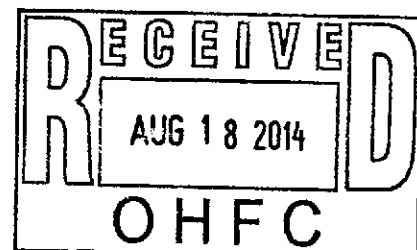
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245546	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/29/2014
NAME OF PROVIDER OR SUPPLIER MISSION NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3401 EAST MEDICINE LAKE BOULEVARD PLYMOUTH, MN 55441		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 323	<p>Continued From page 4</p> <p>p.m. HK-B came up to LPN-A and stated that R1 and R2 were in their room and R1 was performing oral sex on R2. She reported that when she went to the room R1 was pulling up his pants. She assigned Nursing Assistant (NA)-C to stay with R2. LPN-A met with R1 and talked with him, instructed him to not go back to his room. LPN-A contacted SW-D and the decision was made to move R1 to another room and to not have a room mate with R2. LPN-A reported that R2 appeared upset, he left the second floor and went outside of the building. LPN-A and NA-C approached R2. R2 stopped and said he just needed to get some air. She offered R2 an as needed medication to help calm him down and he agreed that would help. She administered Haldol 5 milligrams, intramuscularly. She reported that SW-D had called the DON and the plan was to move R1 to a different room and watch R1 and R2 closely.</p> <p>When interviewed on 7/2/14 at 8:50 a.m. NA-E stated that in report that morning the nurse said that the staff needed to keep a close eye on R1 and R2. He stated it was due to the sexual encounter between R1 and R2. He reported that on 6/21/14 in the morning he saw R2 go into R1's room once and R2 was removed right away by a nurse. He reported that he was not present when the staff found R1 and R2 together in R2's room. He stated that he did not see R2 out of his room the morning of 6/21/14 but R1 was out of his room on the unit. When asked what watch closely meant he said to keep a close eye on them.</p> <p>When interviewed on 7/1/14 at 10:00 a.m. SW-E reported the R2 was new to the facility and sexual behavior was one of the primary issues being addressed. R2's sexual behavior had always</p>	F 323			



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

PRINTED: 07/31/2014
FORM APPROVED
OMB NO. 0938-0391

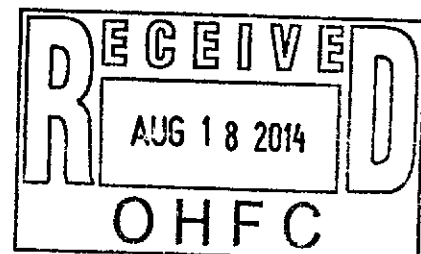
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245548	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/29/2014
NAME OF PROVIDER OR SUPPLIER MISSION NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3401 EAST MEDICINE LAKE BOULEVARD PLYMOUTH, MN 55441	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 323	<p>Continued From page 5</p> <p>been directed towards female staff or female residents while at his previous placement. SW-E reported that after the second incident of sexual contact with R2 she called SW-D and met with R2's family. While meeting with R2's family SW-E discussed R2's sexual activity since he arrived at the facility. R2's family member told SW-E that she consented to send R2 to the hospital to try and adjust R2's medications to make it safe for him and the other residents and staff. SW-E reported that they continued the interventions from the first incident of keeping a close eye on R1 and R2, no staff to go into R2's room alone. SW-E reported that at approximately 11:45 a.m. she completed a BIMS assessment with R2. She reported that R2 did not remember any of the incidents while she was completing the BIMS assessment with him.</p> <p>SW-E reported that R1 had a remote history of making sexually suggestive statements to female staff and touching female residents. The primary behavior they were addressing with R1 was his dementia and the related behavior of wandering into other resident's rooms.</p> <p>When interviewed on 7/2/14 at 11:00 a.m. SW-D reported that on 6/20/2014 in the mid afternoon she was called by LPN-A on second floor and was informed that R1 had been observed performing oral sex on R2. After reviewing the situation with LPN-A and other staff on the unit the decision was made to move R1 to a different room and to have R2 in a private room. SW-D stated that the plan was to monitor R1 and R2 closely, alert all female staff of R2's behavior, assign male staff to R2 as much as possible, no staff were to go into R2's room alone and notify the physician of R2's behavior. SW-D stated that after the decisions were made she notified the</p>	F 323		



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

PRINTED: 07/31/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245546	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/29/2014
NAME OF PROVIDER OR SUPPLIER MISSION NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3401 EAST MEDICINE LAKE BOULEVARD PLYMOUTH, MN 55441	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 323	<p>Continued From page 6</p> <p>Director of Nursing (DON) by phone of the situation. SW-D was called at home on 6/21/14 by SW-E and was informed that R2 was found performing oral sex on R1. SW-E also reported that shortly after the first incident R2 was found naked on his bed and R1 was sitting on the same bed with his pants opened. They continued to keep a close eye on R1 and R2 until R-2 was transferred to the hospital.</p> <p>When interviewed on 7/25/2014 at 10:55 a.m. LPN-F reported that she was informed at shift report on 6/21/14 of the sexual activity between R1 and R2 the day before and that staff needed to keep a close eye on R1 and R2. She relayed this information to all the NA's working. LPN-F reported that on 6/21/14 approximately 9:30 a.m. an NA (name not known) notified her that she observed R2 performing oral sex on R1 in R2's room. When LPN-F arrived R1 and R2 were naked on the bed. LPN-F reported that neither of the residents were visibly upset. LPN-F reported that they removed R1 from the room and that she escorted R1 to his room and told him not to go back to R2's room. LPN-F told the three NA's on the unit to keep a close eye on R1 and R2. The staff had been informed of R1 and R2's sexual activity at the start of the shift. LPN-F reported that within 30 minutes R1 and R2 were found in R2's room by an NA (name not known). R2 was naked and R1 had his pants opened. LPN-F reported this to SW-E and decision was made to transfer R2 to the hospital. LPN-F reported that R1 was monitored by having R1 behind the nurses station and R2 stayed in his room until he was transferred to the hospital.</p> <p>When interviewed on 7/2/14 at 10:30 a.m. the Director of Nursing (DON) reported that she was</p>	F 323		



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

PRINTED: 07/31/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245546	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/29/2014
NAME OF PROVIDER OR SUPPLIER MISSION NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3401 EAST MEDICINE LAKE BOULEVARD PLYMOUTH, MN 55441		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 323	Continued From page 7 not on duty on 6/20/14 or 6/21/14 however she was called by SW-D after the first incident on 6/20/14 between R1 and R2 and on 6/21/14 after the two incidents. The DON agreed with the plan to monitor R1 and R2 closely and to separate their rooms. She agreed with the plan to transfer R2 to the hospital after the 6/21/14 incidents. The DON did not have a descriptive definition of what monitor closely meant and agreed that it could be defined multiple ways. The DON reported that the facility does not have a policy or procedure on changing the level of observation on the units. The DON stated that it is done when needed and the facility will call in staff or reassign staff as needed to provide the higher level of observation. None of this was done on 6/20/14 or 6/21/14.	F 323			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00235	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/29/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MISSION NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3401 EAST MEDICINE LAKE BOULEVARD PLYMOUTH, MN 55441
--	--

(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 # H5546046 and #H5546047. As a result the following deficiency is issued related to H5546047.</p>	2 000	<p>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.</p>	

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

[Handwritten Signature]

TITLE

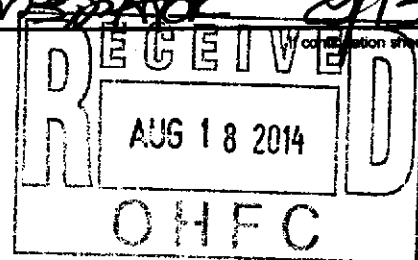
ADMINISTRATOR

(X6) DATE

8/13/14

STATE FORM

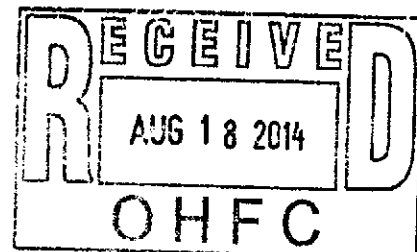
B60M11



1 of 10

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00235	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/29/2014
NAME OF PROVIDER OR SUPPLIER MISSION NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3401 EAST MEDICINE LAKE BOULEVARD PLYMOUTH, MN 55441		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 000	Continued From page 1	2 000	<p>The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyors findings are the Suggested Method of Correction and Time period for Correction.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.</p>	
2 830	<p>MN Rule 4658.0520 Subp. 1 Adequate and Proper Nursing Care; General</p> <p>Subpart 1. Care in general. A resident must receive nursing care and treatment, personal and custodial care, and supervision based on individual needs and preferences as identified in the comprehensive resident assessment and plan of care as described in parts 4658.0400 and 4658.0405. A nursing home resident must be out of bed as much as possible unless there is a written order from the attending physician that the resident must remain in bed or the resident prefers to remain in bed.</p>	2 830		

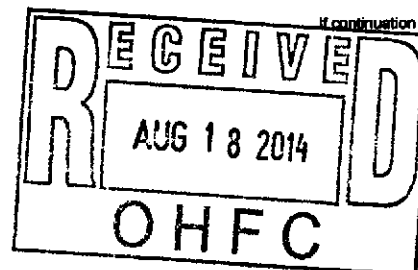


Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00236	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/29/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MISSION NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3401 EAST MEDICINE LAKE BOULEVARD PLYMOUTH, MN 55441
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 830	<p>Continued From page 2</p> <p>This MN Requirement is not met as evidenced by: Based on interviews and document review, the facility failed to provide adequate supervision for 2 out of 4 residents (R1,R2,R3, R4) who engaged in sexual activity.</p> <p>Findings include:</p> <p>R1's medical record was reviewed and revealed that R1 had a diagnosis of Alzheimer's Disease. A Brief Interview for Mental Status (BIMS) completed on 6/4/14 revealed a score of 5 out of 15, indicating severe impairment with decision making skills. R1 has a substitute decision maker.</p> <p>R1's care plan, last review date 6/10/14, revealed that R1 had episodes of wandering and had a remote history of making sexually suggestive remarks to female staff and touching female residents. Interventions identified included offering one to one time with staff and provide assistance in finding his way to locations, as needed.</p> <p>R2's medical record revealed that R2 was admitted on 6/17/14 and had a diagnosis of dementia with behaviors-disinhibited type. Prior to admission R2's disinhibited sexual behavior was sexually touching and making sexually suggestive statements to female residents and female staff. BIMS completed on 6/21/2014 revealed a score of 10 out of 15, indicating moderate impairment. R2 has a substitute decision maker.</p>	2 830		

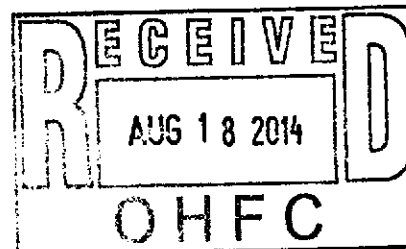


Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00235	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/29/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MISSION NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3401 EAST MEDICINE LAKE BOULEVARD PLYMOUTH, MN 55441
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 830	<p>Continued From page 3</p> <p>R2's care plan dated 6/19/14 revealed that R2 had a recent history of sexual behaviors (verbal and physical) with female staff and, prior to admission, female residents. Interventions included having two staff present when providing cares or while in R2's room.</p> <p>A document dated 6/12/14, titled "Summary of Events", was sent by R2's previous placement. This document revealed that during R2's stay he had multiple incidents of touching female residents, he exposed himself to others and made sexually suggestive statements to female staff and female residents.</p> <p>R2's progress notes dated 6/17/14 to 6/19/14 were reviewed and revealed that R2 had multiple incidents of making sexual statements to female staff and of touching/grabbing female staff.</p> <p>A progress note dated 6/19/14 at 1:30 p.m. revealed that nursing staff had called R2's Nurse Practitioner (NP) regarding R2's sexual behavior and the NP requested that R2's primary physician evaluate him.</p> <p>R2's physician's note dated 6/19/14 revealed that the physician discontinued Provera 20 milligrams (mg) daily, Aricept 20 mg. daily, Namenda 28 mg. daily, Vistaril 50 mg every four hours as needed and Sudafed 30 mg every six hours as needed. R2's physician increased R2's Seroquel dose from 25 mg. daily to 50 mg. twice a day. R2's physician added Seroquel 50 mg every four hours as needed and Haldol 5 mg. intramuscularly (IM) as needed.</p> <p>R2's progress note dated 6/20/14 at 2:11 p.m. by Registered Nurse (RN)-G revealed that staff went into R1 and R2's bedroom and found R1</p>	2 830		

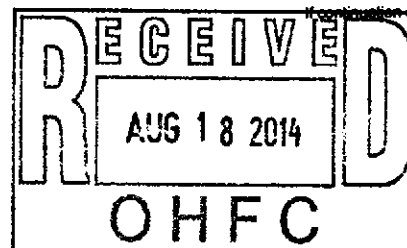


Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00235	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/29/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MISSION NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3401 EAST MEDICINE LAKE BOULEVARD PLYMOUTH, MN 55441
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 830	<p>Continued From page 4</p> <p>performing oral sex on R2. The nursing staff separated R1 and R2. R1 was moved to another bedroom and R2 remained in his room without a roommate. There is no documentation in the record to identify if this sexual relationship was consensual.</p> <p>R2's progress note dated 6/21/14 at 11:30 a.m. by Licensed Practical Nurse (LPN)-F revealed that at 9:22 a.m. staff found R1 and R2 in R2's room and R2 was performing oral sex on R1. Staff separated R1 and R2 immediately and sent R1 out of the room. There is no documentation in the record to identify if this sexual relationship was consensual or of changing interventions to prevent a re-occurrence.</p> <p>R2's progress note dated 6/21/14 at 11:30 a.m. by LPN-F revealed that at 10:40 a.m. staff found R1 in R2's room, R2 was lying nude on the bed and R1 was sitting on the bed with his genitalia exposed. R1 was escorted out of the room immediately and brought to the nurses station where he was monitored.</p> <p>R2's progress note dated 6/21/14 by LPN-F revealed that at 12:50 p.m. R2 was sent to the hospital by ambulance due to his sexual inhibitions.</p> <p>R1 was interviewed on 7/1/14 and did not recall the incidents.</p> <p>Attempts to contact R1's family was unsuccessful.</p> <p>When interviewed on 7/25/14 at 10:20 a.m. the decision maker for R2 stated that the sexually aggressive behavior started in March or April of 2014. R2's decision maker would not consent to</p>	2 830		

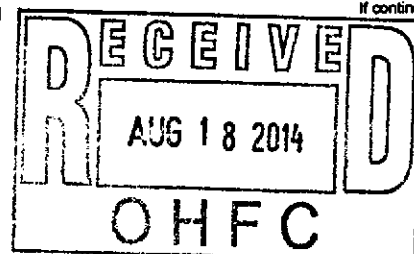


Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00235	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/29/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MISSION NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3401 EAST MEDICINE LAKE BOULEVARD PLYMOUTH, MN 55441
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 830	<p>Continued From page 5</p> <p>R2 being involved in a sexual relationship because she felt that this disinhibited behavior is part of R2's dementia and not something R2 would have done prior to the onset of his dementia.</p> <p>When interviewed on 7/1/14 at 1:20 p.m. Housekeeper (HK)-B reported that on 6/20/14 in the late afternoon she was delivering two pillows to R1 and R2's room. She knocked twice and announced that laundry was delivering pillows. She entered the room and observed R1 performing oral sex on R2 and she left the room. She immediately went to LPN-A and reported what had been observed. HK-B did not go back to the room however she provided a report to social worker (SW)-D.</p> <p>When interviewed on 7/2/14 at 8:15 a.m. LPN-A reported that on 6/20/14 at approximately 1:15 p.m. HK-B came up to LPN-A and stated that R1 and R2 were in their room and R1 was performing oral sex on R2. She reported that when she went to the room R1 was pulling up his pants. She assigned Nursing Assistant (NA)-C to stay with R2. LPN-A met with R1 and talked with him, instructed him to not go back to his room. LPN-A contacted SW-D and the decision was made to move R1 to another room and to not have a room mate with R2. LPN-A reported that R2 appeared upset, he left the second floor and went outside of the building. LPN-A and NA-C approached R2. R2 stopped and said he just needed to get some air. She offered R2 an as needed medication to help calm him down and he agreed that would help. She administered Haldol 5 milligrams, intramuscularly. She reported that SW-D had called the DON and the plan was to move R1 to a different room and watch R1 and R2 closely.</p>	2 830		

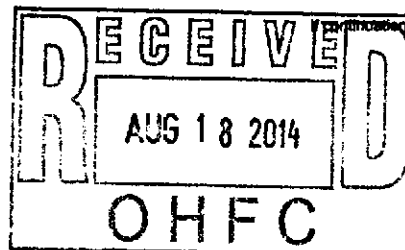


Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00235	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/29/2014
--	---	---	---

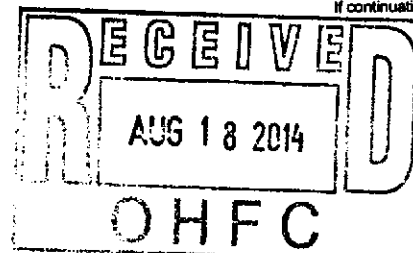
NAME OF PROVIDER OR SUPPLIER MISSION NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3401 EAST MEDICINE LAKE BOULEVARD PLYMOUTH, MN 55441
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 830	<p>Continued From page 6</p> <p>When interviewed on 7/2/14 at 8:50 a.m. NA-E stated that in report that morning the nurse said that the staff needed to keep a close eye on R1 and R2. He stated it was due to the sexual encounter between R1 and R2. He reported that on 6/21/14 in the morning he saw R2 go into R1's room once and R2 was removed right away by a nurse. He reported that he was not present when the staff found R1 and R2 together in R2's room. He stated that he did not see R2 out of his room the morning of 6/21/14 but R1 was out of his room on the unit. When asked what watch closely meant he said to keep a close eye on them.</p> <p>When interviewed on 7/1/14 at 10:00 a.m. SW-E reported the R2 was new to the facility and sexual behavior was one of the primary issues being addressed. R2's sexual behavior had always been directed towards female staff or female residents while at his previous placement. SW-E reported that after the second incident of sexual contact with R2 she called SW-D and met with R2's family. While meeting with R2's family SW-E discussed R2's sexual activity since he arrived at the facility. R2's family member told SW-E that she consented to send R2 to the hospital to try and adjust R2's medications to make it safe for him and the other residents and staff. SW-E reported that they continued the interventions from the first incident of keeping a close eye on R1 and R2, no staff to go into R2's room alone. SW-E reported that at approximately 11:45 a.m. she completed a BIMS assessment with R2. She reported that R2 did not remember any of the incidents while she was completing the BIMS assessment with him.</p> <p>SW-E reported that R1 had a remote history of making sexually suggestive statements to female staff and touching female residents. The primary</p>	2 830		



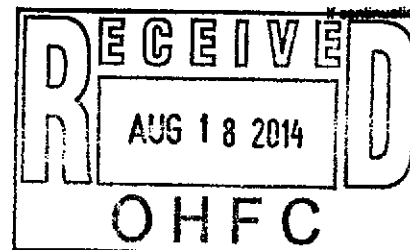
Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00235	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/29/2014
NAME OF PROVIDER OR SUPPLIER MISSION NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3401 EAST MEDICINE LAKE BOULEVARD PLYMOUTH, MN 55441		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 830	Continued From page 7 behavior they were addressing with R1 was his dementia and the related behavior of wandering into other resident's rooms. When interviewed on 7/2/14 at 11:00 a.m. SW-D reported that on 6/20/2014 in the mid afternoon she was called by LPN-A on second floor and was informed that R1 had been observed performing oral sex on R2. After reviewing the situation with LPN-A and other staff on the unit the decision was made to move R1 to a different room and to have R2 in a private room. SW-D stated that the plan was to monitor R1 and R2 closely, alert all female staff of R2's behavior, assign male staff to R2 as much as possible, no staff were to go into R2's room alone and notify the physician of R2's behavior. SW-D stated that after the decisions were made she notified the Director of Nursing (DON) by phone of the situation. SW-D was called at home on 6/21/14 by SW-E and was informed that R2 was found performing oral sex on R1. SW-E also reported that shortly after the first incident R2 was found naked on his bed and R1 was sitting on the same bed with his pants opened. They continued to keep a close eye on R1 and R2 until R-2 was transferred to the hospital. When interviewed on 7/25/2014 at 10:55 a.m. LPN-F reported that she was informed at shift report on 6/21/14 of the sexual activity between R1 and R2 the day before and that staff needed to keep a close eye on R1 and R2. She relayed this information to all the NA's working. LPN-F reported that on 6/21/14 approximately 9:30 a.m. an NA (name not known) notified her that she observed R2 performing oral sex on R1 in R2's room. When LPN-F arrived R1 and R2 were naked on the bed. LPN-F reported that neither of the residents were visibly upset. LPN-F reported	2 830		



Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00235	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/29/2014
NAME OF PROVIDER OR SUPPLIER MISSION NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3401 EAST MEDICINE LAKE BOULEVARD PLYMOUTH, MN 55441		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 830	<p>Continued From page 8</p> <p>that they removed R1 from the room and that she escorted R1 to his room and told him not to go back to R2's room. LPN-F told the three NA's on the unit to keep a close eye on R1 and R2. The staff had been informed of R1 and R2's sexual activity at the start of the shift. LPN-F reported that within 30 minutes R1 and R2 were found in R2's room by an NA (name not known). R2 was naked and R1 had his pants opened. LPN-F reported this to SW-E and decision was made to transfer R2 to the hospital. LPN-F reported that R1 was monitored by having R1 behind the nurses station and R2 stayed in his room until he was transferred to the hospital.</p> <p>When interviewed on 7/2/14 at 10:30 a.m. the Director of Nursing (DON) reported that she was not on duty on 6/20/14 or 6/21/14 however she was called by SW-D after the first incident on 6/20/14 between R1 and R2 and on 6/21/14 after the two incidents. The DON agreed with the plan to monitor R1 and R2 closely and to separate their rooms. She agreed with the plan to transfer R2 to the hospital after the 6/21/14 incidents. The DON did not have a descriptive definition of what monitor closely meant and agreed that it could be defined multiple ways. The DON reported that the facility does not have a policy or procedure on changing the level of observation on the units. The DON stated that it is done when needed and the facility will call in staff or reassign staff as needed to provide the higher level of observation. None of this was done on 6/20/14 or 6/21/14.</p> <p>SUGGESTED METHOD OF CORRECTION: The director of nurses and or designee could review pertinent policies and procedures, revise the policies and the procedures as necessary,</p>	2 830		



Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00235	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/29/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MISSION NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3401 EAST MEDICINE LAKE BOULEVARD PLYMOUTH, MN 55441
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 830	Continued From page 9 re-educate staff and implement a system to monitor to ensure compliance. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	2 830		

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number 00235	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 9/8/2014
Name of Facility MISSION NURSING HOME		Street Address, City, State, Zip Code 3401 EAST MEDICINE LAKE BOULEVARD PLYMOUTH, MN 55441

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

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>20630</u> Reg. # <u>MIN Rule 4668.0620 Subp. 1</u> LSC _____	Correction Completed 08/13/2014	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____	Reviewed By <u>MN/KJ</u>	Date: <u>09/17/2014</u>	Signature of Surveyor: <u>31848</u>	Date: <u>09/08/2014</u>
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on: <u>7/29/2014</u>	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
--	---