

Office of Health Facility Complaints Investigative Report PUBLIC

Facility Name: Mission Nursing Home			Report Number: H5546053	Date of Visit: February 15, 2017		
Facility Address: 3401 East Medicine L	ake Blvd		Time of Visit: 9:45 a.m. to 6:00 p.m.	Date Concluded: December 29, 2017		
Facility City: Plymouth			Investigator's Name and Title: Arthur Biah, RN, Special Investigator			
State: Minnesota	ZIP: 55441	County: Hennepin				
Nursing Home ■			<u> </u>			

Allegation(s):

It is alleged that neglect occurred when a resident did not receive medication as ordered, and as a result, had several seizures.

- 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 preponderance of evidence, neglect did occur. The facility licensed staff did not administer the resident's anti-seizure medication (Keppra), the resident suffered multiple seizures, had an unwitnessed fall, bit his/her lip and tongue, required manual breathing with Ambu (breathing) bag, and was hospitalized for six days.

The resident was admitted to the facility for long-term care with diagnoses of stroke, seizure disorder, and dementia. The resident had cognitive impairment with inability to completely express his needs without assistance. The resident had history of seizures that was controlled with anti-seizure medication, Keppra. The resident's physician's order indicated the resident was prescribed Keppra liquid of 1000 milligrams/milliliters (mg/ml) to be administered twice daily. The resident had no other anti-seizure medication or therapy ordered. The resident's medication administration record indicated staff administered the medication to the resident as ordered. The record indicated the resident had not refused to take his/her medication for the past two months.

At close to midnight on the day of the incident, the resident was assisted to bed at bedtime and the bed was in the lowest position. During a routine night round, a facility's staff found the resident on the floor,

Facility Name: Mission Nursing Home

Report Number: H5546053

near his/her bed, and the resident was having a seizure. The staff notified the nurse immediately and the emergency medical services (EMS) was called. The staff stated the resident had another seizure as the EMS arrived. The EMS transferred the resident to the hospital for evaluation because of the seizures and the unwitnessed fall.

The hospital's medical record was reviewed and indicated the resident was admitted to the emergency department for seizures. The record indicated the resident's discharge diagnosis was low therapeutic Keppra level. The record indicated the resident had two additional seizures in the emergency room, was non-responsive to voice, and was assisted to breathe with Ambu (breathing) bag. The record indicated the resident appeared to have bitten his/her lip or tongue with blood around the mouth. The record indicated abnormal laboratory results (lactate 8.5, repeat 7.9; venous pH 7.14 with venous pCO2 31), which were interpreted as consistent with seizures. The Keppra level was very low at 2.4 micrograms/milliliter (mcg/ml); normal level 10-40 mcg/ml. The hospital administered a large dose of Keppra to the resident, followed by resumption of his/her usual dose twice daily.

The director of nursing was interviewed and stated after the resident's seizure, s/he investigated why the resident had seizures when s/he had been stable on the current regimen for about a year. The director of nursing found the resident's Keppra bottle contained 250 ml. The director of nursing stated with the resident's order for 10 ml of Keppra twice daily, the resident's Keppra bottle should have been empty two days before the incident. The director of nursing stated s/he interviewed staff responsible for the medication administration. All the staff interviewed indicated they administered the medication and could not explain why the resident's Keppra liquid did not seem to have been used as ordered. The director of nursing stated staff should have given the medication as ordered, document refusal in the resident's progress note if the resident had declined the medication, and notify the resident's physician as needed.

The hospital physician was interviewed and stated the resident was admitted to the hospital with seizures. The blood test for Keppra level was very low at 2.4 mcg/ml (normal expected range: 6-46 mcg/ml). The physician stated with the dosing of 1000 mg/ml twice a day, the low level meant the resident did not receive the medication. The physician attributed the resident's seizures to the low level of Keppra in the resident's blood at the hospital.

The resident was interviewed and did not recall the incident of seizure and the subsequent hospitalization.

Minnesota Vulnerab	ole Adults Act (Minnesota Statu	ites, section 626.557)		
Under the Minnesota	a Vulnerable Adults Act (Minn	nesota Statutes, section 626.557):		
☐ Abuse	Neglect Neglect	☐ Financial Exploitation		
✓ Substantiated✓ Not Substantiated		☐ Inconclusive based on the following information		
Mitigating Factors: The "mitigating fact	ors" in Minnesota Statutes, sec	tion 626.557, subdivision 9c (c) were considered and it was		
	\square Individual(s) and/or \boxtimes Fac			

☐ Abuse ☐ Neglect ☐ Financial Exploitation. This determination was based on the following:
The facility's policy of medication administration was not implemented by multiple staff when a resident did not receive his/her medication as ordered and suffered seizures.
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 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 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 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:
Definitions:

Report Number: H5546053

Minnesota Statutes, section 626.5572, subdivision 17 - Neglect

"Neglect" means:

Facility Name: Mission Nursing Home

⁽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:

Facility Name: Mission Nursing Home Report Number: H5546053

- (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
 - (2) which is not the result of an accident or therapeutic conduct.
- (b) The absence or likelihood of absence of care or services, including but not limited to, food, clothing, shelter, health care, or supervision necessary to maintain the physical and mental health of the vulnerable adult which a reasonable person would deem essential to obtain or maintain the vulnerable adult's health, safety, or comfort considering the physical or mental capacity or dysfunction of the 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:
Doc	cument Review: The following records were reviewed during the investigation:
X	Medical Records
X	Medication Administration Records
X	Nurses Notes
	Physician Orders
X	Physician Progress Notes
X	Care Plan Records
X	Facility Incident Reports
X	Laboratory and X-ray Reports

Other pertinent medical records:

▼ Hospital Records

Additional facility records:

- ▼ Resident/Family Council Minutes
- Staff Time Sheets, Schedules, etc.
- **X** Facility Internal Investigation Reports

Facility Name: Mission Nursing Home

Report Number: H5546053

\sim \sim	NO ()N/A	Specify:			
Yes Oid you interv			O Na	-0.00	
Did you interv	iew additional r	esidents? • Yes	○ No		
Did you interv Total number	iew additional r of resident inte	esidents? • Yes rviews: Four			
Did you interv Total number	iew additional r	esidents? • Yes rviews: Four			
Did you interv Total number	iew additional roof resident inte	esidents? • Yes rviews: Four			
Did you interv Total number Interview with Tennessen Wa	iew additional roof resident inte staff: Yes	esidents? • Yes rviews: Four			
Did you interv Total number Interview with Fennessen Wa	iew additional roof resident inte staff: Yes	esidents? • Yes rviews: Four No N/A equired: • Yes	Specify:		
Did you interv Total number Interview with Fennessen Wa Tennessen Wa Total number	iew additional roof resident intended staff: Yes Arnings Irning given as roof staff intervier	esidents? • Yes rviews: Four No N/A equired: • Yes ws: Five	Specify:		
Did you interv Total number nterview with Fennessen Wa Tennessen Wa Total number Physician Inter	iew additional roof resident intended staff: arnings arning given as roof staff interviewed: viewed: Yes	esidents? • Yes rviews: Four No N/A equired: • Yes ws: Five No	Specify:		
Did you interv Total number nterview with Fennessen Wa Tennessen Wa Total number Physician Inter	iew additional roof resident inte staff: • Yes arnings rning given as roof staff interview viewed: • Yes	esidents? • Yes rviews: Four No N/A equired: • Yes ws: Five No d: Yes N	Specify:		
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Did you interv Total number Interview with Fennessen Wa Tennessen Wa Total number Physician Intervented Physician Assis	iew additional roof resident inte staff: Yes earnings erning given as roof staff interviewed: Yes ener Interviewed: Stant Interviewed:	esidents? • Yes rviews: Four No N/A equired: • Yes ws: Five No d: Yes N	Specify:	Specify:	
Did you interv Total number Interview with Tennessen Wa Tennessen Wa Total number Physician Inter Nurse Practitic	iew additional roof resident inte staff: Yes arnings roof staff interviewed: Yes oner Interviewed: Alleged Perpet	esidents?	Specify:	Specify:	

Facility Name: Mission Nursing Home

Report Number: H5546053

Obs	ervations were conducted related to:
X	Nursing Services
X	Medication Pass
X	Cleanliness
X	Facility Tour
	any involved equipment inspected: Yes No N/A
	equipment being operated in safe manner: O Yes O No N/A
Wer	e photographs taken: O Yes O No Specify:
cc:	
Hea	Ith Regulation Division - Licensing & Certification
Min	nesota Board of Examiners for Nursing Home Administrators
The	Office of Ombudsman for Long-Term Care
Plyn	nouth Police Department
Hen	nepin County Attorney
Plyn	nouth City Attorney

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		LE CONSTRUCTION		E SURVEY IPLETED
		245546	B. WING				C 25/2017
	PROVIDER OR SUPPLIER			3	STREET ADDRESS, CITY, STATE, ZIP CODE 1401 EAST MEDICINE LAKE BOULEVARD PLYMOUTH, MN 55441	<u>, 077</u>	23/2017
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 000	INITIAL COMMENT	rs	FC	000			
F 333 SS=G	to investigate case following deficiency enrolled in ePOC a required at the botto CMS-2567 form. EPOC will be used a 483.45(f)(2) RESID		F3	333			
	483.45(f) Medicatio	n Errors.					
	The facility must en	sure that its-					
	medication errors. This REQUIREMENT by: Based on document facility failed to ensing significant medication residents, (R1), revadministered R1's a	e free of any significant NT is not met as evidenced Int review and interview, the ure residents were free of any on errors for one of four iewed when staff did not anti-seizure medication. R1 was hospitalized for six days.					
	Findings include:						
	admitted to the faci seizure disorder, ar interview for menta January 9, 2016 indicating severe co	d was reviewed. R1 was lity with diagnoses with stroke, and dementia. R1's brief I status (BIMS) completed dicated a score of 4 out of 15, cognitive impairment. R1 ance for medication ontrol his seizure.					
	R1's care plan date	ed July 29, 2016 indicated R1					
ABORATOR	Y DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE		TITI F		(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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				CX3) DATE SURVEY COMPLETED C	
		245546	B. WING	i		!	25/2017
	PROVIDER OR SUPPLIER			3	STREET ADDRESS, CITY, STATE, ZIP CODE 8401 EAST MEDICINE LAKE BOULEVARD PLYMOUTH, MN 55441		
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F 333	had history of seizu humerus fracture. Would have no seiz to administer medicated R1 had a milligrams/milliliter start date of June 9 mg/10 ml to be adr seizure disorder. R1's laboratory recindicated R1 had a micrograms/millilite expected range is condicated range is condicated R1 was administer and received the overy day without a R1's pharmacy dis 6, 2016 indicated to indicated in the dis 473 ml should last physician order for R1's pharmacy dis 27, 2016 indicated ml of Keppra liquid R1's MAR for Janureceived the order medication on that	are activity that resulted in a left. The care plan indicated R1 cure activity and instructed staff cations as ordered. Ber dated June 9, 2016 on order for Keppra 100 (mg/ml). The order indicated a 20, 2016 with dose of 1000 ministered twice a day for R1's cord dated October 13, 2016 order (mcg/ml); the normal 6-46 mcg/ml. Idministration record (MAR) of the cord dose of Keppra twice any documented refusal. Pense history dated December the pharmacy delivered 473 ml R1's facility. R1's pharmacist pense history that a quantity of 23 days based on R1's 10 ml twice a day. Pense history dated December the pharmacy delivered 473 ml R1's facility. R1's pharmacist pense history dated December 10 ml twice a day.	F	333			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C		
		245546	B. WING			/25/2017	
	PROVIDER OR SUPPLIER		;	STREET ADDRESS, CITY, STATE, ZIP COE 1401 EAST MEDICINE LAKE BOULEV PLYMOUTH, MN 55441	Œ		
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F 333	floor in his room had 2017 around 11:25 had foam coming fand neck arched, I labored. R1 did no Staff called the em (EMS). The staff at oxygen until EMS ap.m. and transport a.m. The note indicactivity, lasting apparter EMS arrived. The hospital medic 2017 at 7:29 a.m. was admitted for shis lip/tongue with hospital staff manuwith Ambu (breath seizures and was emergency room. indicated R1's labor repeat 7.9; venous 31) were consister 2017 record indicated (2.4 mcg/ml); norm Keppra in his blook. Hospital physician January 3, 2017 in neurologist for his note the neurologis of Keppra was moseizure. The facility's inves 2017 indicated R1	indicated R1 was found on the aving seizure on January 1, p.m. The note indicated R1 from the mouth with the back ips blue, and breathing trespond to verbal stimuli. The regency medical services assessed R1 and applied arrived at the scene at 11:50 and R1 to the hospital at 12:10 cated R1 had another seizure proximated 30-45 seconds, and record dated January 2, was reviewed and indicated R1 eizures, noted to have bitten blood around his mouth and utility assisted R1's breathing ing) bag. R1 had additional two given intravenous Keppra in the The January 2, 2017 record pratory results (lactate 8.5, p.H 7.14, and venous pCO2 at with seizure. The January 2, ted R1 had a very low level hal range is 6-46 mcg/ml) of	F 333				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		245546	B. WING			07/2	25/2017	
	PROVIDER OR SUPPLIER			346	REET ADDRESS, CITY, STATE, ZIP CODE 01 EAST MEDICINE LAKE BOULEVARD YMOUTH, MN 55441			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 333	indicated R1's had Keppra delivered order to administer doses signed by signed should have been Instead of being en Keppra bottle contindicating 223 ml. The director of nur February 15, 2017 conducted an investigures. The DON should have been the medication acount The DON stated the medication acount to monitor staff to administered as on R1's neurologist pluly 13, 2017 at 25 the two reasons to either R1 refused did not administer physician stated R hospital could be a anti-seizure Keppr level of the medical admission to the homogeneous The facility's policy "Documentation" in the service of the medical admission to the homogeneous to the service of the medical admission to the homogeneous the service of the medical admission to the homogeneous the service of the medical admission to the homogeneous the service of the medical admission to the homogeneous the service of the medical admission to the homogeneous the service of the medical admission to the homogeneous the service of the medical admission to the homogeneous the service of the medical admission to the homogeneous the service of the medical admission to the homogeneous the service of the service o	a 24-day supply (473 ml) of on December 6, 2016 with r 10 ml twice daily. With all saff as administered, R1's bottle empty on December 30, 2016. mpty, the December 6th ained 250 ml of Keppra, was actually administered. Ising (DON) was interviewed on at 5:11 p.m. and stated she stigation regarding R1's N stated R1's Keppra bottle empty if staff had administered cording to the physician's order. The facility did not had a process ensure liquid medications are ordered. Thysician was interviewed on 36 p.m. R1's physician stated explain R1's seizures were his Keppra as ordered or staff the medication as ordered. The 1's seizures and admission to attributed to R1 not receiving his a as ordered given the very ation in his blood upon	F	333				

Minnesota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: ___ C B. WING 00235 07/25/2017 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3401 EAST MEDICINE LAKE BOULEVARD MISSION NURSING HOME PLYMOUTH, MN 55441 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) 2 000 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 #H5546053. As a result, the following correction orders are 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

Minnesota Department of Health

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

TITLE

(X6) DATE

(X3) DATE SURVEY

Minnesota Department of Health (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		00235	B. WING		07/2	5/2017
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI		TATE, ZIP CODE	, ,,,,	
MISSION	NURSING HOME		T MEDICINE H, MN 5544	LAKE BOULEVARD 1		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION (CROSS-REFERENCE)	D BE	(X5) COMPLETE DATE
2 000 21545	http://www.health.si obul.htm The State delineated on the a Department of Hea electronically. Althonecessary for State the word "corrected Then indicate in the process, under the date your orders wi electronically subm Department of Hea	rate.mn.us/divs/fpc/profinfo/inferential literation orders are stached Minnesota with orders being submitted ough no plan of correction is Statutes/Rules, please enter in the box available for text. It is electronic State licensure heading completion date, the with the Minnesota with the Minnesota with the manual literation.	2 000			
	A. Its medication percent as described Guidelines for Code 42, section 483.25 the State Operation Surveyors for Long incorporated by refepurposes of this pa (1) a discrepant prescribed and what administered to result (2) the administered to result (2) the administered to result (3) the administered to result (4) an errorular discomfort or jeopal safety; or (2) medication to a spermedication errorular code code code code code code code code	on error rate is less than five ed in the Interpretive ed in the Interpretive ed for Federal Regulations, title (m), found in Appendix P of as Manual, Guidance to Term Care Facilities, which is erence in part 4658.1315. For ent, a medication error means: new between what was at medications are actually idents in the nursing home; or stration of expired any significant medication medication error is: which causes the resident ardizes the resident's health or the properties of				

(X2) MULTIPLE CONSTRUCTION

Minnesota Department of Health						
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	E CONSTRUCTION	(X3) DATE S	
		00235	B. WING		07/2	; 5/2017
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MISSION	NURSING HOME		T MEDICINE H, MN 5544	LAKE BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
21545	toxicity. All medicat prescribed. An incerror report must be that occurs. Any si resident reactions resident or the resident or the resident or the resident or the resident designated represemust be made in the C. All medication prescribed. An incireport must be filed occurs. Any signification or the phresident or the resident or th	ge 2 ions are administered as ident report or medication error gnificant medication errors or must be reported to the ysician's designee and the dent's legal guardian or entative and an explanation er resident's clinical record. Ons are administered as dent report or medication error for any medication error that cant medication errors or must be reported to the ysician's designee and the dent's legal guardian or entative and an explanation in eresident's clinical record. The post of the ysician's designee and the dent's legal guardian or entative and an explanation in eresident's clinical record. The post of the ysician's designee and the dent's legal guardian or entative and an explanation in eresident's clinical record.	21545			
	residents (R1) revie administered R1's had seizures and w	ewed when staff did not anti-seizure medication. R1 vas hospitalized for six days.				
		d was reviewed. R1 was				
	seizure disorder, a interview for menta January 9, 2016 indicating severe c	ility with diagnoses with stroke, and dementia. R1's brief all status (BIMS) completed dicated a score of 4 out of 15, ognitive impairment. R1 ance for medication ontrol his seizure.				

Minnesota Department of Health
STATEMENT OF DEFICIENCIES (X1)

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORNECTION	IDENTIFICATION NOWBER.	A. BUILDING:		COMPL	
		00235	B. WING		07/2	5/2017
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		
MISSION	NURSING HOME		T MEDICINE 'H, MN 5544	LAKE BOULEVARD 1		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
21545	Continued From pa	ige 3	21545			
	had history of seizu humerus fracture.	ed July 29, 2016 indicated R1 are activity that resulted in a left The care plan indicated R1 are activity and to administer ered.				
	indicated R1 had a milligrams/milliliter start date of June 9	er dated June 9, 2016 n order for Keppra 100 (mg/ml). The order indicated a 0, 2016 with dose of 1000 ninistered twice a day for R1's				
	indicated R1 had a	er (mcg/ml); normal expected				
	dated November at R1 was administer	Iministration record (MAR) nd December 2016 indicated ed his anti-seizure medication rdered dose of Keppra twice				
		ary 1, 2017 indicated R1 ed dose for the anti-seizure day as prescribed.				
	2017 at 12:26 a.m. floor in his room ha 2017 around 11:25 had foam coming f and neck arched, li labored. R1 did not Staff called the em (EMS). The staff as oxygen until EMS a	ess note dated January 2, indicated R1 was found on the aving seizure on January 1, p.m. The note indicated R1 rom the mouth with the back ips blue, and breathing trespond to verbal stimuli. ergency medical services seessed R1 and applied arrived at the scene at 11:50 ed R1 to the hospital at 12:10				

Minnesota Department of Health

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE S COMPL		
			'		C		
nte		00235	B. WING		07/2	5/2017	
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3401 EAST MEDICINE LAKE BOULEVARD						
MISSION	NURSING HOME		H, MN 5544				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
21545	a.m. The note indicactivity, lasting apprafter EMS arrived. The hospital medic 2017 at 7:29 a.m. was admitted for sehis lip/tongue with thospital staff manu with Ambu (breathis seizures and was gemergency room. Indicated R1's laborepeat 7.9; venous 31) were consisten 2017 record indicated (2.4 mcg/ml); norm Keppra in his blood Hospital physician January 3, 2017 indicated R1 since admission Jaindicated R1's had Keppra was mosseizure. The facility's invest 2017 indicated R1 since admission Jaindicated R1's had Keppra delivered order to administer doses signed by st should have been of Instead of being en Keppra bottle containdicating 223 ml virial indicating 223	ated R1 had another seizure roximated 30-45 seconds, al record dated January 2, was reviewed and indicated R1 eizures, noted to have bitten blood around his mouth and ally assisted R1's breathing ng) bag. R1 had additional two given intravenous Keppra in the The January 2, 2017 record ratory results (lactate 8.5, pH 7.14, and venous pCO2 to with seizure. The January 2, and R1 had a very low level al range is 6-46 mcg/ml) of at admission. Consultation note dated dicated R1 was seen by a seizures. The January 3, 2017 at concluded R1's very low level at likely the reason for his digative report dated January 3, has had no seizure activity at 24-day supply (473 ml) of n December 6, 2016 with 10 ml twice daily. With all aff as administered, R1's bottle empty on December 30, 2016. Inpty, the December 6th ained 250 ml of Keppra, was actually administered.		DEFICIENCY			
		sing (DON) was interviewed on at 5:11 p.m. and stated she					

Minnesota Department of Health

Minnesota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	-EIED
	20120	00235	B. WING		07/2	; 5/2017
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MISSION	NURSING HOME		T MEDICINE 'H, MN 5544	LAKE BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
21545	Continued From pa	ige 5	21545			
	seizures. The DON should have been a the medication according The DON stated the	stigation regarding R1's stated R1's Keppra bottle empty if staff had administered ording to the physician's order. e facility did not had a process ensure liquid medications are dered.	,			
	July 13, 2017 at 2:3 the two reasons to either R1 refused h did not administer t physician stated R1 hospital could be at anti-seizure Keppra	lysician was interviewed on 36 p.m. R1's physician stated explain R1's seizures were is Keppra as ordered or staff the medication as ordered. The 1's seizures and admission to ttributed to R1 not receiving his a as ordered given the very tion in his blood upon ospital.				
	"Documentation" in	and procedure titled dicated drugs are to be given with the physician's most				
	The Director of Nur review policies and	THOD OF CORRECTION: rsing or designated person to procedures, revise as ed staff on revisions, and compliance.				
	TIME PERIOD FOI Twenty-One (21) da					
21850	MN St. Statute 144 Residents of HC Fa	.651 Subd. 14 Patients & ac.Bill of Rights	21850			
	Residents shall be	om from maltreatment. free from maltreatment as erable Adults Protection Act.				

PRINTED: 08/14/2017 FORM APPROVED Minnesota Department of Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ C B. WING 07/25/2017 00235 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3401 EAST MEDICINE LAKE BOULEVARD MISSION NURSING HOME PLYMOUTH, MN 55441 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 21850 21850 Continued From page 6 "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 Based on document review and interview, the facility failed to ensure residents are free from maltreatment for one of four residents (R1) reviewed when staff did not administered R1's anti-seizure medication, suffered an unwitnessed fall and was hospitalized for six days. Findings include: The facility's policy and procedure titled " Abuse Prevention and Prohibition: Resident Rights" indicated all employees are responsible for assuring that all residents are free of maltreatment. The facility's policy and procedure titled "Documentation" indicated drugs are to be given in strict accordance with the physician's most

recent orders.

R1's medical record was reviewed. R1 was admitted to the facility with diagnoses with stroke, seizure disorder, and dementia. R1's brief interview for mental status (BIMS) completed

PRINTED: 08/14/2017 FORM APPROVED Minnesota Department of Health (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: __ C B. WING 07/25/2017 00235 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3401 EAST MEDICINE LAKE BOULEVARD MISSION NURSING HOME PLYMOUTH, MN 55441 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 21850 21850 Continued From page 7 January 9, 2016 indicated a score of 4 out of 15, indicating severe cognitive impairment. R1 needed staff assistance for medication administration to control his seizure. R1's care plan dated July 29, 2016 indicated R1 had history of seizure activity that resulted in a left humerus fracture. The care plan indicated R1 would have no seizure activity and to administer medications as ordered. R1's physician order dated June 9, 2016 indicated R1 had an order for Keppra 100 milligrams/milliliter (mg/ml). The order indicated a start date of June 9, 2016 with dose of 1000 mg/10 ml to be administered twice a day for R1's seizure disorder. R1's laboratory record dated October 13, 2016 indicated R1 had a Keppra level of 8.1 micrograms/milliliter (mcg/ml); normal expected range is 6-46 mcg/ml. R1's medication administration record (MAR) dated November and December 2016 indicated R1 was administered his anti-seizure medication and received the ordered dose of Keppra twice every day. R1's MAR for January 1, 2017 indicated R1 received the ordered dose for the anti-seizure

Minnesota Department of Health

medication on that day as prescribed.

R1's nursing progress note dated January 2, 2017 at 12:26 a.m. indicated R1 was found on the floor in his room having seizure on January 1, 2017 around 11:25 p.m. The note indicated R1 had foam coming from the mouth with the back and neck arched, lips blue, and breathing labored. R1 did not respond to verbal stimuli.

Minnesota Department of Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING: С 00235 07/25/2017

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

3401 EAST MEDICINE LAKE BOULEVARD

MISSION NURSING HOME 3401 EAST MEDICINE LAKE BOULEVARD PLYMOUTH, MN 55441					
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		
Continued From page 8	21850	30.000			
Staff called the emergency medical services (EMS). The staff assessed R1 and applied oxygen until EMS arrived at the scene at 11:50 p.m. and transported R1 to the hospital at 12:10 a.m. The note indicated R1 had another seizure activity, lasting approximated 30-45 seconds, after EMS arrived.					
The hospital medical record dated January 2, 2017 at 7:29 a.m. was reviewed and indicated R1 was admitted for seizures, noted to have bitten his lip/tongue with blood around his mouth and hospital staff manually assisted R1's breathing with Ambu (breathing) bag. R1 had additional two seizures and was given intravenous Keppra in the emergency room. The January 2, 2017 record indicated R1's laboratory results (lactate 8.5, repeat 7.9; venous pH 7.14, and venous pCO2 31) were consistent with seizure. The January 2, 2017 record indicated R1 had a very low level (2.4 mcg/ml); normal range is 6-46 mcg/ml) of Keppra in his blood at admission.					
Hospital physician consultation note dated January 3, 2017 indicated R1 was seen by a neurologist for his seizures. The January 3, 2017 note the neurologist concluded R1's very low level of Keppra was most likely the reason for his seizure.					
The facility's investigative report dated January 3, 2017 indicated R1 has had no seizure activity since admission January 19, 2016. The report indicated R1's had a 24-day supply (473 ml) of Keppra delivered on December 6, 2016 with order to administer 10 ml twice daily. With all doses signed by staff as administered, R1's bottle should have been empty on December 30, 2016. Instead of being empty, the December 6 had been stated as a state of the state of t					
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Minnesota Department of Health

FORM APPROVED Minnesota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: С B. WING _____ 00235 07/25/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3401 EAST MEDICINE LAKE BOULEVARD MISSION NURSING HOME

MISSION	PLYMO	JTH, 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
21850	Continued From page 9	21850		
21850	indicating 223 ml was actually administered. The director of nursing (DON) was interviewed of February 15, 2017 at 5:11 p.m. and stated she conducted an investigation regarding R1's seizures. The DON stated R1's Keppra bottle should have been empty if staff had administered the medication according to the physician's order The DON stated the facility did not had a process to monitor staff to ensure liquid medications are administered as ordered. R1's neurologist physician was interviewed on July 13, 2017 at 2:36 p.m. R1's physician stated the two reasons to explain R1's seizures were either R1 refused his Keppra as ordered or staff did not administer the medicaiton as ordered. The physician stated R1's seizures and admission to hospital could be attributed to R1 not receiving hanti-seizure Keppra as ordered given the very	e e		
	level of the medication in his blood upon admission to the hospital. SUGGESTED METHOD OF CORRECTION: The Director of Nursing or designated person to review policies and procedures, revise as necessary, educated staff on revisions, and monitor to ensure compliance. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.			

Minnesota Department of Health STATE FORM