



Protecting, Maintaining and Improving the Health of Minnesotans

Office of Health Facility Complaints Investigative Report
PUBLIC

Facility:

TLC HM Care of the Twin Cities
1255 West Larpenteur Avenue
Roseville, MN 55113
Ramsey County

Report #: H8030005

Date: December 4, 2013

Date of Visit: November 15, 2013
Time of Visit: 8:15 a.m.

By: Deborah Neuberger, R.N., Special Investigator

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

- Facility Self Report
- Complaint

Allegation(s): It is alleged that abuse occurred when the Personal Care Attendant (PCA), Alleged Perpetrator (AP), got angry and struck the patient in the head causing a concussion.

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:

A preponderance of evidence revealed that abuse occurred when the AP hit the patient resulting in swelling, bruising and a bloody nose. The AP was arrested and charged with assault on a vulnerable adult and domestic assault against the patient. The AP did not recall the incident, but acknowledged that s/he was charged with assault.

The patient was admitted to the agency with diagnoses that included Chronic Obstructive Pulmonary Disease. The patient was receiving PCA services from the agency, including assistance with bathing, grooming, and walking with a rolling walker. The AP was working for the patient, through the agency and in the capacity of a PCA.

The AP was interviewed and stated that the patient was a relative. The AP stated s/he took the patient out for his/her birthday. The AP stated s/he was intoxicated and did not recall the incident, but was told s/he assaulted the patient. The AP stated s/he was arrested, charged with and pled guilty to domestic violence related to the incident. The AP stated s/he was trained by the agency in abuse policies.

The patient was interviewed and stated the AP hit him/her and s/he sustained a black eye and concussion.

Hospital records were reviewed and revealed the patient was seen in the emergency after the assault. The patient was found to have swelling to both eyes, bruises about the face and a bloody nose related to the incident.

Court documents were reviewed and revealed the AP was pulled over by law enforcement who observed the patient to be a passenger in the vehicle, to be bleeding and have a swollen face and eye. The patient told law enforcement that the AP struck her "quite a few times." The AP was charged with 4th degree assault on a vulnerable adult and domestic assault related to the incident.

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 agency had abuse prevention policies and training in place. Despite abuse prevention training provided by the agency, the AP assaulted the patient and was charged with 4th degree assault on a vulnerable adult and domestic assault.

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 HHA (Home Health Agencies) (42 CFR, Part 484) – Compliance Not Met

The requirements under Federal Regulations for HHA (Home Health Agencies) (42 CFR, Part 484) 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 Home Care (MN Rules Chapter 4668) – Compliance Met

The facility was found to be in compliance with State Licensing Rules for Home Care (MN Rules Chapter 4668). No state licensing orders were issued.

State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557) – Compliance Not Met

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

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

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

State Statutes Chapters 144 & 144A – Compliance Not Met

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

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

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

Facility Corrective Action:

The facility took the following corrective action(s):

Definitions:

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.

Minnesota Statutes, section 626.5572, subdivision 2 - Abuse

"Abuse" means:

(a) An act against a vulnerable adult that constitutes a violation of, an attempt to violate, or aiding and abetting a violation of:

(1) assault in the first through fifth degrees as defined in sections 609.221 to 609.224;

The Investigation included the following:

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Medical Records | <input checked="" type="checkbox"/> Care Guide |
| <input type="checkbox"/> Medication Administration Records | <input type="checkbox"/> Treatment Sheets |
| <input checked="" type="checkbox"/> Facility Incident Reports | <input checked="" type="checkbox"/> Physician Progress Notes |
| <input type="checkbox"/> ADL (Activities of Daily Living) Flow Sheets | <input type="checkbox"/> Laboratory and X-ray Reports |
| <input checked="" type="checkbox"/> Physician Orders | <input type="checkbox"/> Social Service Notes |
| <input checked="" type="checkbox"/> Nurses Notes | <input type="checkbox"/> Meal Intake Records |
| <input type="checkbox"/> Activities Reports | <input type="checkbox"/> Weight Records |
| <input type="checkbox"/> Therapy and/or Ancillary Services Records | <input checked="" type="checkbox"/> Assessments |
| <input type="checkbox"/> Skin Assessments | <input checked="" type="checkbox"/> Care Plan Records |

Total number of staff interviews: 8

Physician interviewed: Yes No

Nurse Practitioner interviewed: Yes No

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

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

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

Were contacts made with any of the following:

- Emergency personnel
- Police Officers
- Medical Examiner
- Other: Specify Court personnel.

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

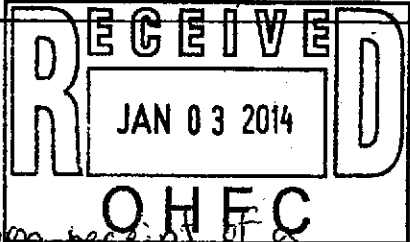
Was equipment being operated in safe manner: Yes No N/A

Were photographs taken: Yes No Specify: _____

xc: Division of Compliance Monitoring - Licensing & Certification
 Roseville City Police Department
 Ramsey County Attorney
 Roseville City Attorney

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

PRINTED: 12/15/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 248030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/18/2013
NAME OF PROVIDER OR SUPPLIER TLC HOME CARE OF THE TWIN CITIES			STREET ADDRESS, CITY, STATE, ZIP CODE 1255 WEST LARPEUR AVENUE ROSEVILLE, MN 55113	
(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
G 000	INITIAL COMMENTS	G 000	 <p>Upon receipt of a complaint regarding maltreatment or abuse of a client, the HHA will contact CEP immediately. The DON ongoing of the HHA will investigate, interview all parties involved, and file a report with findings. The HHA will document the resolution of the complaint.</p> <p>The nurses and staff at the HHA will go through the DHS Online Mandated Reporter training and receive the certificate of completion.</p>	
G 107	<p>484.10(b)(5) EXERCISE OF RIGHTS AND RESPECT FOR PROP</p> <p>The HHA must investigate complaints made by a patient or the patient's family or guardian regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for the patient's property by anyone furnishing services on behalf of the HHA, and must document both the existence of the complaint and the resolution of the complaint.</p> <p>This STANDARD is not met as evidenced by: Based on interview and document review the agency failed to investigate an allegation of abuse for 1 of 5 patients reviewed Patient (P-1), who contacted the agency requesting a new personal care attendant (PCA) after she was assaulted by her PCA. Findings include:</p> <p>Medical record review revealed P-1 was admitted to the agency in 2009 with diagnoses that included Chronic Obstructive Pulmonary Disease. P-1's physician orders dated 8/15/2013 were reviewed and revealed P-1 was receiving 23.5 hours of PCA services from the agency per week. P-1's vulnerability assessment dated 8/15/2013 was reviewed and revealed P-1 was assessed as vulnerable in the areas of endurance/strength and pain. The PCA care plan, undated, was reviewed and revealed P-1 required assistance with bathing, dressing, grooming, standing and ambulating with a rolling walker. Staffing</p>	G 107		01/17/2014 + ongoing

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Theresa Klenders, Administrator* TITLE: _____ (X6) DATE: 12/30/2013

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.

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

PRINTED: 12/15/2013
FORM APPROVED
OMB NO. 0938-0301

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 248030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/18/2013
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NAME OF PROVIDER OR SUPPLIER TLC HOME CARE OF THE TWIN CITIES	STREET ADDRESS, CITY, STATE, ZIP CODE 1265 WEST LARPEUR AVENUE ROSEVILLE, MN 55113
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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G 118	<p>Continued From page 2</p> <p>Based on interview and document review the agency failed to comply with state and local laws when the agency failed to immediately report an allegation of abuse to the state Common Entry Point (CEP) for 1 of 5 patients reviewed, Patient (P-1), who reported being assaulted by her Personal Care Attendant (PCA). Findings include:</p> <p>MN Statutes 626.557 Subdivision 3. Timing of Report.</p> <p>(a) A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately report the information to the common entry point. If an individual is a vulnerable adult solely because the individual is admitted to a facility, a mandated reporter is not required to report suspected maltreatment of the individual that occurred prior to admission, unless:</p> <p>(1) the individual was admitted to the facility from another facility and the reporter has reason to believe the vulnerable adult was maltreated in the previous facility; or</p> <p>(2) the reporter knows or has reason to believe that the individual is a vulnerable adult as defined in section 626.5572, subdivision 21, paragraph (a), clause (4).</p> <p>(b) A person not required to report under the provisions of this section may voluntarily report as described above.</p> <p>(c) Nothing in this section requires a report of known or suspected maltreatment, if the reporter knows or has reason to know that a report has been made to the common entry point.</p> <p>(d) Nothing in this section shall preclude a reporter from also reporting to a law enforcement agency.</p>	G 118	<p>Allegations of abuse will be reported to the state Common Entry Point (CEP) Immediately upon notification to HHA</p>	Ongoing
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0301

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NAME OF PROVIDER OR SUPPLIER TLC HOME CARE OF THE TWIN CITIES	STREET ADDRESS, CITY, STATE, ZIP CODE 1255 WEST LARPENTEUR AVENUE ROSEVILLE, MN 55113
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
G 118	<p>Continued From page 3</p> <p>(e) A mandated reporter who knows or has reason to believe that an error under section 626.5572, subdivision 17, paragraph (c), clause (5), occurred must make a report under this subdivision. If the reporter or a facility, at any time believes that an investigation by a lead investigative agency will determine or should determine that the reported error was not neglect according to the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5), the reporter or facility may provide to the common entry point or directly to the lead investigative agency information explaining how the event meets the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5). The lead investigative agency shall consider this information when making an initial disposition of the report under subdivision 9c.</p> <p>Medical record review revealed P-1 was admitted to the agency in 2009 with diagnoses that included Chronic Obstructive Pulmonary Disease. P-1's physician orders dated 8/15/2013 were reviewed and revealed P-1 was receiving 23.5 hours of PCA services from the agency per week. P-1's vulnerability assessment dated 8/15/2013 was reviewed and revealed P-1 was assessed as vulnerable in the areas of endurance/strength and pain. The PCA care plan, undated, was reviewed and revealed P-1 required assistance with bathing, dressing, grooming, standing and ambulating with a rolling walker. Staffing schedules for P-1 were reviewed and revealed PCA-D provided cares for P-1.</p> <p>Staffing Coordinator (SC-C) was interviewed on 11/15/2013 at 9:10 a.m. and stated that she received a call on 10/17/13 from P-1 who stated</p>	G 118		

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

PRINTED: 12/15/2013
FORM APPROVED
OMB NO. 0938-0311

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 248030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/18/2013
NAME OF PROVIDER OR SUPPLIER TLC HOME CARE OF THE TWIN CITIES			STREET ADDRESS, CITY, STATE, ZIP CODE 1266 WEST LARPEUR AVENUE ROSEVILLE, MN 55113		
(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	
G 118	Continued From page 5 maltreatment of a vulnerable adult. These people include any professional or other employee of a nursing home, hospital, health care provider, state licensed agency, day care facility, residential facility or home care provider. These people are required by law to immediately report activity or evidence which they observe that gives rise to suspicion, based on reasonable cause, that a vulnerable adult has been maltreated or if they have knowledge that a vulnerable adult has sustained a physical injury which is not reasonable explained."	G 118			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H03235	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/18/2013
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NAME OF PROVIDER OR SUPPLIER TLC HOME CARE OF THE TWIN CITIES	STREET ADDRESS, CITY, STATE, ZIP CODE 1255 WEST LARPEUR AVENUE ROSEVILLE, MN 55113
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0 000	<p>Initial comments</p> <p>A complaint investigation was conducted to investigate complaint #H8030005. The following correction orders are issued.</p> <p>When corrections are completed please sign and date, make a copy of the form for your records and return the original to the MN Department of Health, Division of Compliance Monitoring, Office of Health Facility Complaints; 85 East Seventh Place, Suite 220, P.O. Box 64970, St. Paul, Minnesota 55164-0970.</p>	0 000	<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> <p>The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "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 evidenced by." Following the surveyors findings are the Suggested Method of Correction and the 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>	

Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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RECEIVED TIME DEC. 31. 10:42AM

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER
TLC HOME CARE OF THE TWIN CITIES

STREET ADDRESS, CITY, STATE, ZIP CODE
1255 WEST LARPEN TEUR AVENUE
ROSEVILLE, MN 55113

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0 115	Continued From page 1	0 115		
0 115	<p>144A.44 Subd.1(19) Contact individual</p> <p>Subdivision 1. Statement of rights. A person who receives home care services has these rights:</p> <p>(19) the right to know how to contact an individual associated with the provider who is responsible for handling problems and to have the provider investigate and attempt to resolve the grievance or complaint;</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review the agency failed to investigate an allegation of abuse for 1 of 5 patients reviewed Patient (P-1), who contacted the agency requesting a new personal care attendant (PCA) after she was assaulted by her PCA. Findings include:</p> <p>Medical record review revealed P-1 was admitted to the agency in 2009 with diagnoses that included Chronic Obstructive Pulmonary Disease. P-1's physician orders dated 8/15/2013 were reviewed and revealed P-1 was receiving 23.5 hours of PCA services from the agency per week. P-1's vulnerability assessment dated 8/15/2013 was reviewed and revealed P-1 was assessed as vulnerable in the areas of endurance/strength and pain. The PCA care plan, undated, was reviewed and revealed P-1 required assistance with bathing, dressing, grooming, standing and ambulating with a rolling walker. Staffing schedules for P-1 were reviewed and revealed PCA-D provided cares for P-1.</p>	0 115		

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0 115	<p>Continued From page 2</p> <p>Staffing Coordinator (SC-C) was interviewed on 11/15/2013 at 9:10 a.m. and stated that she received a call on 10/17/13 from P-1 who stated that PCA-D had been physically abusive to her and was in jail. SC-C stated P-1 stated she had been in the hospital as a result of the attack, and was going home, but needed a new PCA.</p> <p>Registered Nurse R.N, Director of Nursing (DON) -B was interviewed on 11/15/2013 at 9:20 a.m. and stated the agency became aware on about 10/17/2013 that PCA-D, who was also a relative of P-1, attacked P-1 and was put in jail for the attack. DON-B stated that although PCA-D was no longer working for the agency as a result of the allegation, the agency did not investigate the incident.</p> <p>Abuse prevention policies were requested, but the policies provided the agency administration did not include a policy related to investigation of maltreatment allegations.</p> <p>TIME PERIOD FOR CORRECTION: Thirty (30) days.</p>	0 115	<p><i>Policy on Investigation of maltreatment</i> <i>Upon receiving report of maltreatment regarding a client, HHA will notify CEP immediately, the DON will investigate the incident interview all parties involved, request a written statement from the parties involved as well as document findings and document a resolution of the complaint,</i></p>	<p><i>12/27/2013</i> <i>Ongoing</i></p>
0 605	<p>626.557 Subd.3 Timing of report</p> <p>Subd. 3. Timing of report (a) A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately report the information to the common entry point. If an individual is a vulnerable adult solely because the individual is admitted to a facility, a mandated reporter is not required to report suspected</p>	0 605		

Minnesota Department of Health

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0 605	<p>Continued From page 3</p> <p>maltreatment of the individual that occurred prior to admission, unless:</p> <p>(1) the individual was admitted to the facility from another facility and the reporter has reason to believe the vulnerable adult was maltreated in the previous facility; or</p> <p>(2) the reporter knows or has reason to believe that the individual is a vulnerable adult as defined in section 626.5572, subdivision 21, clause (4).</p> <p>(b) A person not required to report under the provisions of this section may voluntarily report as described above.</p> <p>(c) Nothing in this section requires a report of known or suspected maltreatment, if the reporter knows or has reason to know that a report has been made to the common entry point.</p> <p>(d) Nothing in this section shall preclude a reporter from also reporting to a law enforcement agency.</p> <p>(e) A mandated reporter who knows or has reason to believe that an error under section 626.5572, subdivision 17, paragraph (c), clause (5), occurred must make a report under this subdivision. If the reporter or a facility, at any time believes that an investigation by a lead agency will determine or should determine that the reported error was not neglect according to the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5), the reporter or facility may provide to the common entry point or directly to the lead agency information explaining how the event meets the criteria under section</p>	0 605		

Minnesota Department of Health

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0 605	<p>Continued From page 4</p> <p>826.5572, subdivision 17, paragraph (c), clause (5). The lead agency shall consider this information when making an initial disposition of the report under subdivision 9c.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review the agency failed to immediately report an allegation of maltreatment to the state Common Entry Point (CEP) for 1 of 5 patients reviewed, Patient (P-1), who reported being assaulted by her Personal Care Attendant (PCA). Findings include:</p> <p>Medical record review revealed P-1 was admitted to the agency in 2009 with diagnoses that included Chronic Obstructive Pulmonary Disease. P-1's physician orders dated 8/15/2013 were reviewed and revealed P-1 was receiving 23.5 hours of PCA services from the agency per week. P-1's vulnerability assessment dated 8/15/2013 was reviewed and revealed P-1 was assessed as vulnerable in the areas of endurance/strength and pain. The PCA care plan, undated, was reviewed and revealed P-1 required assistance with bathing, dressing, grooming, standing and ambulating with a rolling walker. Staffing schedules for P-1 were reviewed and revealed PCA-D provided cares for P-1.</p> <p>Staffing Coordinator (SC-C) was interviewed on 11/15/2013 at 9:10 a.m. and stated that she received a call on 10/17/13 from P-1 who stated that PCA-D had been physically abusive to her</p>	0 605		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H03235	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/18/2013
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NAME OF PROVIDER OR SUPPLIER TLC HOME CARE OF THE TWIN CITIES	STREET ADDRESS, CITY, STATE, ZIP CODE 1255 WEST LARPEUR AVENUE ROSEVILLE, MN 55113
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 605	<p>Continued From page 5</p> <p>and was in jail. SC-C stated P-1 stated she had been in the hospital as a result of the attack, and was going home, but needed a new PCA.</p> <p>PCA-D was interviewed on 11/18/2013 at 9:00 a.m. and stated P-1 was a relative and he had been her PCA for 5 years. PCA-D stated he and P-1 were walking home from a bar on 10/17/2013 and he was intoxicated. PCA-D stated he does not recall what happened, but was told by law enforcement that he assaulted P-1 and was charged with domestic violence. PCA-D stated he pled guilty to domestic violence in relation to the incident.</p> <p>P-1 was interviewed on 11/18/2013 at 10:50 a.m. and stated PCA-D injured her and the injuries included a black eye and concussion.</p> <p>Registered Nurse R.N, Director of Nursing (DON) -B was interviewed on 11/15/2013 at 9:20 a.m. and stated the agency became aware on about 10/17/2013 that PCA-D, who was also a relative of P-1, attacked P-1 and was put in jail for the attack. DON-B stated that although PCA-D was no longer working for the agency as a result of the allegation, the agency did not report the incident to the CEP. DON-B stated she did not report the incident because PCA-D was a relative of P-1 and thought she was not required to report it.</p> <p>The policy titled Adult Abuse, Neglect & Financial Exploitation in Minnesota dated 5/30/2007 was reviewed and revealed under the section "Who is required to report adult maltreatment?" the following was noted: "Certain people are mandated to report known or suspected maltreatment of a vulnerable adult. These people include any professional or other employee of a</p>	0 605		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H03235	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/18/2013
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NAME OF PROVIDER OR SUPPLIER TLC HOME CARE OF THE TWIN CITIES	STREET ADDRESS, CITY, STATE, ZIP CODE 1255 WEST LARPENDEUR AVENUE ROSEVILLE, MN 55113
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 605	<p>Continued From page 6</p> <p>nursing home, hospital, health care provider, state licensed agency, day care facility, residential facility or home care provider. These people are required by law to immediately report activity or evidence which they observe that gives rise to suspicion, based on reasonable cause, that a vulnerable adult has been maltreated or if they have knowledge that a vulnerable adult has sustained a physical injury which is not reasonable explained."</p> <p>TIME PERIOD FOR CORRECTION: Thirty (30) days.</p>	0 605	<p>Training provided to nursing staff regarding contacting CEP immediately when a report has been made regarding maltreatment of a vulnerable adult</p>	12/19/2013 ongoing



Protecting, Maintaining and Improving the Health of Minnesotans

Post Correction Order Follow-Up/Federal Certification Review Report
PUBLIC DATA

Facility:

TLC Home Care Twin Cities
1255 West Larpenteur Avenue
Roseville, MN 55113
Ramsey County

Report #: H8030005

Date: January 30, 2014

Date of Visit: January 30, 2014
Time of Visit: 10:30 a.m.

By: Deborah Neuberger, R.N.
Special Investigator

Nature of Visit

An unannounced visit was made in order to follow-up two federal deficiencies and two state licensing orders which were issued on December 16, 2013, as the result of an investigation which had been completed on November 18, 2013.

The status of each order is as follow:

- 1 144A.44 Subd.1(19) - Corrected
- 2 626.557 Subd.3 - Corrected

See Attached 2567B for status of federal deficiencies.

xc: Minnesota Department of Health -Licensing & Certification Division

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number 248030	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 1/30/2014
Name of Facility TLC HOME CARE OF THE TWIN CITIES	Street Address, City, State, Zip Code 1255 WEST LARPENTEUR AVENUE ROSEVILLE, MN 55113	

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>G0107</u> Reg. # <u>484.10(b)(5)</u> LSC _____	Correction Completed 01/30/2014	ID Prefix <u>G0118</u> Reg. # <u>484.12(a)</u> LSC _____	Correction Completed 01/30/2014	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

Reviewed By _____	Reviewed By KL/kfd	Date: 2/3/2014	Signature of Surveyor: 20784	Date: 01/30/2014
Reviewed By _____	Reviewed By	Date:	Signature of Surveyor:	Date:
CMS RO				

Followup to Survey Completed on: 11/18/2013	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? <table style="float: right;"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO		

File

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number H03235	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 1/30/2014
Name of Facility TLC HOME CARE OF THE TWIN CITIES		Street Address, City, State, Zip Code 1255 WEST LARPENTEUR AVENUE ROSEVILLE, MN 55113

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>00115</u>	Correction Completed 01/30/2014	ID Prefix <u>00605</u>	Correction Completed 01/30/2014	ID Prefix _____	Correction Completed
Reg. # <u>144A.44 Subd.1(19)</u>		Reg. # <u>626.557 Subd.3</u>		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	

Reviewed By _____	Reviewed By KL/kfd	Date: 2/3/2014	Signature of Surveyor: 20784	Date: 1/30/2014
Reviewed By _____	Reviewed By	Date:	Signature of Surveyor:	Date:
CMS RO				

Followup to Survey Completed on: 11/18/2013	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? <table style="float: right;"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO		