

#### Office of Health Facility Complaints Investigative Report PUBLIC

Facility Name: Pine Ridge Residence			Report Number: HG121001 and HG121002	<b>Date of Visit:</b> September 19 and - 20, 2016		
Facility Address: 503 Hallan Avenue #29 Facility City:	)		Time of Visit: 9:30 a.m. to 3:30 p.m. 6:00 a.m. to 8:00 a.m.	Date Concluded: January 12, 2017		
Bagley			Investigator's Name and T			
State: Minnesota	<b>ZIP:</b> 56621	County: Clearwater	Jane Aandal, R.N., Special Investigator			

#### Allegation(s):

It is alleged, that a client was abused when alleged perpetrator #1, restrained the client in the bathroom and propped a chair under the door knob preventing the client from getting out. It is also alleged, that a client was abused when alleged perpetrator #2, restrained the client in the bathroom by shutting the door and holding his/her foot against the door.

- Federal Regulations for ICF/IID (42 CFR Part 483, subpart I)
- State Licensing Rules for Supervised Living Facilities (MN Rules Chapter 4665)
- State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557)
- State Statutes Chapters 144 and 144A

#### Conclusion:

Based on a preponderance of evidence, abuse occurred when the alleged perpetrators (AP), AP #1 and AP #2, restricted the client from leaving the bathroom. The facility failed to assess and develop an individual program plan for the client's toileting needs resulting in staff confining the client to the bathroom for toileting.

The client had severe intellectual and developmental disabilities. The client was ambulatory and non-verbal. The client had a history of constipation issues and would go four to five days between bowel movements.

Staff members were interviewed. When the client did not have a bowel movement, the staff would bring the client to the bathroom. Staff instructed the client to stay seated on the toilet, but the client would continue to stand up or fling the bathroom door open with his/her hand. Staff reported AP#1 placed a chair against the bathroom door on two occasions, while the client was supposed to be using the toilet. On one occasion, AP#1 instructed another employee to place the chair against the bathroom door. Over several months, AP#1 placed the chair outside the bathroom door multiple times when the client was inside the bathroom. AP #2 would put a standing tray with some toys on it in front of the client when the client was seated on the toilet, close the bathroom door, then AP #2 would hold his/her foot against the door for about five to ten minutes. This would restrict the client from leaving the bathroom. The client's

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comprehensive functional assessment did not address the client's plan or needs for toileting.

AP #1 was interviewed and stated during morning cares s/he put the client in the bathroom and told the client to sit on the toilet. The client did not want to sit, was getting up, and AP #1 instructed the client to sit back down on the toilet. AP #1 stated the dining room chair was not propped under the door knob, but was placed against the outside of the bathroom door. AP #1 would sit on the chair with his/her back to the door. The AP #1 stated the client was in the bathroom for five minutes and had voided on the toilet. The AP stated there were other instances when s/he held her hand on the door knob or placed his/her body against the bathroom door hoping the client would have a bowel movement. AP #1 stated this did prevent the client from leaving the bathroom. The AP stated s/he never asked a staff person to place a dining room chair in front of the bathroom door with the client inside.

AP #2 was interviewed and stated the client did not want to sit on the toilet to have a bowel movement. AP #2 would place a standing tray with toys on it in front of the toilet in hopes the client would stay seated on the toilet. AP #2 stated s/he put her foot against the door so the client would have privacy and would not leave the bathroom. AP #2 stated the client gets upset if s/he stays in the bathroom with the client. The AP stated the client was getting up off the toilet so s/he placed her foot against the door.

The client's guardian stated it has been an ongoing issue with the client using the bathroom. The guardian stated a chair in front of the bathroom door was not acceptable and did not want the situation handled in that manner.

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Minnesota Vulnerab	Minnesota Vulnerable Adults Act (Minnesota Statutes, section 626.557)										
Under the Minnesota	a Vulnerable Adults Act (Minn	esota Statutes, section 626.557):									
Abuse	☐ Financial Exploitation										
Substantiated     ■	☐ Inconclusive based on the following information:										
Mitigating Factors:											
The "mitigating factor	ors" in Minnesota Statutes, sec	tion 626.557, subdivision 9c (c) were considered and it was									
determined that the	☐ Individual(s) and/or ☒ Face	cility is responsible for the									
Abuse	☐ Neglect ☐ Financial Exp	loitation. This determination was based on the following:									
The facility failed to address the client's		lent rights and develop an individual program plan to									
substantiated against possible inclusion of	an identified employee, this re the finding on the abuse regist	to appeal the maltreatment finding. If the maltreatment is eport will be submitted to the nurse aide registry for try and/or to the Minnesota Department of Human Services provisions of the background study requirements under									

Compliance:

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State Licensing Rules for Supervised Living Facility (MN Rules Chapter 4665) – Compliance Met The facility was found to be in compliance with State Licensing Rules for Supervised Living Facilities (MN Rules Chapter 4665). No state licensing orders were issued.									
Federal Regulations for ICF/IID (42 CFR, Part 483, subpart I) - Compliance Not Met The requirements under Federal Regulations for ICF/IID (42 CFR, Part 483, subpart I) were not met.									
Deficiencies are issued on form 2567: 🗵 Yes 🔲 No									
(The 2567 will be available on the MDH website.)									
State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557) - Compliance Not Met The requirements under State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557) were not met.									
State licensing orders were issued:  Yes  No									
(State licensing orders will be available on the MDH website.)									
State Statutes Chapters 144 & 144A — Compliance Not Met - Compliance Not Met The requirements under State Statues for Chapters 144 &144A were not met.									
State licensing orders were issued:   ▼ Yes □ No									
(State licensing orders will be available on the MDH website.)									
Compliance Notes:									
Facility Corrective Action: The facility took the following corrective action(s):									
Definitions:									

#### Minnesota Statutes, section 626.5572, subdivision 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:
- (3) use of any aversive or deprivation procedure, unreasonable confinement, or involuntary seclusion, including the forced separation of the vulnerable adult from other persons against the will of the vulnerable adult or the legal representative of the vulnerable adult; and
- (4) use of any aversive or deprivation procedures for persons with developmental disabilities or related conditions not authorized under section 245.825.

Faci	lity Name: Pine Ridge Residence	Report Number: HG121001 and HG121002
"Suk	nesota Statutes, section 626.5572, subdivision 19 - Substantiat estantiated" means a preponderance of the evidence shows that creatment occurred.	
Water Property	Investigation included the following: <a href="mailto:ument Review">ument Review</a> : The following records were reviewed during to	he investigation:
X	Medical Records	
X	Medication Administration Records	
X	Assessments	
×	Facility Incident Reports	
Oth	er pertinent medical records:	
400000000000000000000000000000000000000	litional facility records: Staff Time Sheets, Schedules, etc.	
×	Personnel Records/Background Check, etc.	
X	Facility Policies and Procedures	
Nun	nber of additional resident(s) reviewed: Two	
Wer	e residents selected based on the allegation(s)?   Yes   I	No ON/A
Wer	e resident(s) identified in the allegation(s) present in the facility a	at the time of the investigation?
	res O No O N/A cify:	
Inte	rviews: The following interviews were conducted during the intring with complainant(s) Yes No N/A cify: Facility Report	nvestigation:

Facility Name: Pine Ridge Residence

Report Number: HG121001 and HG121002

If unable to o	contact complain	ant, attempts were	made on:		
Date:	Time:	Date:	Time:	Date:	Time:
Interview wi	th family:   Yes	S O No O N	J/A Specify:		
Did you inter	view the residen	t(s) identified in all	egation:		
○ Yes	No ON/A	Specify: Non-verb	oal		
Did you inter	view additional r	esidents? • Yes	○ No		
Total number	er of resident inte	rviews: Three			
Interview wi	th staff:   Yes	○ No ○ N//	A Specify:		
Tennessen V					
	Varning given as r		○ No		
	er of staff intervie				*****
•	erviewed: OYes	_			
	tioner Interviewe	0			
•	sistant Interviewe		_		
	th Alleged Perpet	rator(s):   Yes	○ No ○ N/A	Specify:	
Attempts to					
Date:	Time:	Date:	Time:	Date:	Time:
If unable to o	contact was subp	oena issued: O Ye	es, date subpoena v	was issued	
Were contac	ts made with any	of the following:			
☐ Emerge	ncy Personnel	Police Officers	☐ Medical Exam	iner 🗌 Other: :	Specify
	s were conducte	d related to:			
<b>X</b> Persona					
Nursing	Services				
▼ Dignity/	Privacy Issues				
▼ Facility	Tour				
Was any invo	olved equipment	inspected: ( Yes	○ No • N/	A	
Was equipm	ent being operate	ed in safe manner:	○ Yes ○ No	N/A	
Were photog	graphs taken: ()	Yes   No S	Specify:		

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cc:

**Health Regulation Division - Licensing & Certification** 

The Office of Ombudsman for Mental Health and Developmental Disabilities

Bagley Police Department
Clearwater County Attorney
Bagley City Attorney

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

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED				
		24G121	B. WING			C <b>12/22/2016</b>	
NAME OF I	PROVIDER OR SUPPLIER	240121			STREET ADDRESS, CITY, STATE, ZIP CODE	121	2212016
IVANIL OF	- NOVIDER OR SUFFEIER			l	503 HALLAN AVENUE, BOX 29		
PINE RIC	GE RESIDENCE			1	BAGLEY, MN 56621		
	OLUMBA A DV OTA	TEMENT OF DESIGNATION		<u> </u>	· · · · · · · · · · · · · · · · · · ·		0/5
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPOLICIENCY)	BE	(X5) COMPLETION DATE
W 000	INITIAL COMMENT	rs	W	000			
W 122	investigate case #H As a result, the follo 483.420 CLIENT PI	gation was conducted to IG121001 and #HG121002. Dwing deficiencies are issued. ROTECTIONS	W	122			
	protections requirer						,
	Based on interview facility was found no CFR 483.420, the CParticipation-Client to implement appropolicies/procedures was vulnerable due protect C1's rights a	is not met as evidenced by: y and document review, the ot to be in compliance with 42 Condition of Protections. The facility failed priate interventions along with that protect client's rights. C1 to the facility's failure to and the facility failed to ensure ported to the state agency in a					
		42 CFR §483.420 Client t met as evidenced by the			,		
	facility failed to ensu	and document review, the ure all clients in the home had reas of the home for 1 of 3 and who was restricted from m.					
		and document review, the					000 DATE
<b>LABORATORY</b>	DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE		TITLE		(X6) DATE

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

	OF DEFICIENCIES F CORRECTION				DATE SURVEY COMPLETED		
		24G121	B. WING			421	22/2016
NAME OF F	PROVIDER OR SUPPLIER	240121	D. 14,110		TREET ADDRESS, CITY, STATE, ZIP CODE	1212	22/2010
	GE RESIDENCE				03 HALLAN AVENUE, BOX 29 AGLEY, MN 56621		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
W 122	reporting policy to in of abuse to the adn facility failed to imp policy immediately	elop their vulnerable adult mmediately report allegations ninistrator. In addition the lement their vulnerable adult to notify the state agency for 1 ewed who was restricted from	W	122			
W 125	facility failed to noting to the state agency abuse of 1 of 1 clies restricted from leavers.	and document review, the fy the administrator and report immediately allegations of nt (C1) reviewed who was ing the bathroom.  TECTION OF CLIENTS	W	125			
	Therefore, the facili individual clients to of the facility, and a including the right to due process. This STANDARD is Based on interview facility failed to ens free access to all at	isure the rights of all clients. Ity must allow and encourage exercise their rights as clients is citizens of the United States, of file complaints, and the right is not met as evidenced by:  If and document review, the ure all clients in the home had reas of the home for 1 of 3 and who was restricted from m.					
	Findings include:						
	C1 was having con having a bowel mov C1's docusate sodi	ntation dated 2/5/16, indicated stipation issues and was only vement every four to five days. um liquid stool softener was illigrams (mg) twice daily as	·				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA   IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION	COM	PLETED
		24G121	B. WING	<b>.</b>			22/2016
	PROVIDER OR SUPPLIER			50	TREET ADDRESS, CITY, STATE, ZIP CODE 03 HALLAN AVENUE, BOX 29 AGLEY, MN 56621		2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 125	comprehensive fun 4/1/16, indicated C developmental disa functional assessmaggressive behavior grabbing eye glass had a request mad such as teeth brusheat.  On 9/19/16, at 11:0 (ED) was interviewed support professiona 9/12/16, that direct weeks earlier had placed a tray in it and a chair in from bathroom door. The acceptable to proping door.  On 9/19/16, at 2:34 DSL-C stated C1 we bladder incontinent hour toileting plan. more aggression withere were times with the toilet and other stated on 9/13/16, a.m. she had C1 in sit on the toilet and have a bowel move	d was reviewed. C1's actional assessment dated 1 had severe intellectual and ability. C1's comprehensive ment indicated C1 exhibited ors of striking out at others, es, and pulling hair when C1 e hat C1 did not want to do ning or staying at the table to 18 a.m. the executive director ed. The ED stated direct al (DSP)-D reported to her on support lead (DSL)-H two propped a chair against the en C1 was in the bathroom. P-D also reported to her on support supervisor (DSS)-G in front of C1 with C1's toys on the first of C1 with C1's toys on the ED stated it was not a chair against the bathroom. The ED stated it was not a chair against the bathroom. The ED stated it was not a chair against the bathroom 19 p.m. DSL-C was interviewed. For and was on an every two DSL-C stated C1 would show then constipated. DSL-C stated hen C1 would stay seated on times C1 would not. DSL-C between 8:00 a.m. and 8:15 the bathroom and C1 would then stand up. C1 did not ement at this time. DSL-C took over C1's care for her		1125			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				SURVEY PLETED	
						1	
		24G121	B. WING			12/2	22/2016
	PROVIDER OR SUPPLIER  DGE RESIDENCE			5	TREET ADDRESS, CITY, STATE, ZIP CODE 03 HALLAN AVENUE, BOX 29		
PINE KIL	GE KESIDENCE			B	BAGLEY, MN 56621		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
W 125	Continued From pa	ge 3	W	125			
	C1 to be seated on up again. DSP-D st June (date unknow unknown) he had on in front of the bathroom. DSP-D shocked the bathroom about 15 minutes from the let C1 corn DSP-D to place the door at 7:15 a.m. at removed the chair should fling the door stated he placed the bathroom door as Independent of the let C1, C1 would be placed the administrator on 9/10 on 9/26/16, at 8:11 DSS-G stated if stated in the bathroom chair and hitting. DS and she did not was being agitated. DSS 9/13/16, she placed C1 in the bathroom chair in front of the puzzles from his rougoing to sit on the country and the chair and the chair can be used to the tray and the chair and the chair can be used to the tray and the chair and the chair and the chair can be used to be under the tray and the chair and the	p.m. DSP-D stated if you tell the toilet C1 would just stand atted two or three times in n) and once in August (date bserved DSL-H place a chair oom door with C1 in the stated in August DSL-H om door with the chair for om 6:00 a.m. until 6:15 a.m. ne out. Then DSL-H asked chair in front of the bathroom is DSL-H was busy and she sometime later. DSP-D stated doorknob from the toilet and ropen repeatedly. DSP-D e chair in front of the DSL-H was his supervisor. It placing the chair was wrong finally reported to the 12/16.  a.m. DSS-G was interviewed. If stay in the bathroom with hysically aggressive by pulling S-G stated C1 was agitated in C1 to go to the day program S-G stated after DSL-C left on the C1's plastic TV tray in front of with toys on it and placed a tray as she went to get om. DSS-G stated she was chair to do puzzles with C1 toilet. However, when DSS-G uzzles, C1 had already had a nother toilet and she removed air. DSS-G stated the tray and ace for less than ten minutes.					
		vould also not eat breakfast					

		(X1) PROVIDER/SUPPLIER/CLIA	l ' '		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECT	ON ·	IDENTIFICATION NUMBER:	A. BUILD	A. BUILDING				
		24G121	B. WING	i		1	22/2016	
NAME OF PROVIDER OF PINE RIDGE RESID				5	STREET ADDRESS, CITY, STATE, ZIP CODE 503 HALLAN AVENUE, BOX 29 BAGLEY, MN 56621			
PREFIX (EACH	DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE	
stated sh exit, but we she also would pure on 9/27/ interview placed in acceptable in that may cooperate in the base been a text C1 and a down on change here. On 9/28/ interview and ambunknown four-five the toilet C1 back chair in finding prevention on the cooperate in the base of the cooperate in the cooper	ning due to e was bloowas not try used her shift he door the door the decision the toilet in the door the toilet of the toilet o	age 4 being constipated. DSS-G cking the door so C1 could not ying to harm C1. DSS-G stated foot against the door as C1 or open with his hand.  Da.m. C1's guardian was uardian stated a chair being he bathroom door was not I not want the situation handled be guardian stated if C1 was not beathroom do not make C1 stay he guardian stated there had higheld in August to discuss was made to not make C1 sit of C1 was incontinent, just hid let C1 leave the bathroom.  If a.m. DSL-H was he stated C1 was non-verbal SL-H stated in August (date hot had a bowel movement for he stated C1 needed to sit on getting up so DSL-H redirected beathroom door and sat on the to the door. DSL-H stated it m leaving the bathroom. DSL-H be was to get C1 to sit on the the bathroom. DSL-H stated he when C1 was constipated body against the door or her hob to keep the bathroom door of she did not intend to hurt C1 was an acceptable practice.  B3 p.m. the qualified intellectual hal (QIDP) was interviewed. was a right's restriction when	W	125				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION DING	I COMP		E SURVEY PLETED
	24G121	B. WING			ŀ	C <b>22/2016</b>
NAME OF PROVIDER OR SUPPLIER	240121		STREET ADDRESS, CITY, STATE, Z	IP CODE	1 121	LLILOTO
PINE RIDGE RESIDENCE			503 HALLAN AVENUE, BOX 29 BAGLEY, MN 56621			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	. ID PREF TAG		TION SHOULD THE APPROP	BE	(X5) COMPLETION DATE
The QIDP stated Coof the bathroom where stated the bathroom and staff had implet their own. The QIDF a lack of resident rights would be a lack of resident the person's rights would be a lack of the and rights and proced wistreatment, negled to deverge a lack of the admitted to the admit a lack of the admit	C1 come out of the bathroom.  1 had every right to come out then C1 wanted. The QIDP in restriction was not assessed mented this intervention on P stated there may have been ghts training with the staff.  If of Persons Served undated facility would ensure that the staff would be exercised and protected staff would would be explained, and would ensure that the woul	W				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	TIPLE CONSTRUCTION ING		COM	IPLETED
		24G121	B. WING		·	1	C <b>22/2016</b>
	PROVIDER OR SUPPLIER			STREET ADDRESS, 0 503 HALLAN AVEN BAGLEY, MN 56			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH COI	ER'S PLAN OF CORRECTION RRECTIVE ACTION SHOUL ERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 149	Adults (VA) Reporti revised 4/27/16, ind agency to protect the program who are vito require the report maltreatment of vursandated reporter, vulnerable adult has report it and notify Program Director in not available or is in suspected maltreat Ridge Residence Elmmediate Supervi C1's medical record comprehensive fund 4/1/16, indicated C developmental disafunctional assessmaggressive behaviog grabbing eye glass had a request mad such as teeth brush eat.  On 9/19/16, at 11:0 (ED) was interview support professione 9/12/16, that direct weeks earlier had pathroom door who addition, the ED state her that direct supplaced a tray in front bathroom door. The state of t	Maltreatment of Vulnerable ing and Internal Review Policy dicated it is the policy of this ne adults served by this ulnerable to maltreatment and ting of suspected Inerable adults. As a , if you know or suspect that a s been maltreated, you must Pine Ridge Residence mmediately. If this person is nvolved in the alleged or ment, you must report to Pine executive Director or	W	49			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION	` СОМ	PLETED
		24G121	B. WING				22/2016
	PROVIDER OR SUPPLIER			50	TREET ADDRESS, CITY, STATE, ZIP CODE 03 HALLAN AVENUE, BOX 29 AGLEY, MN 56621		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 149	door. The ED stated mandated reporter immediately. The E state after she was  On 9/21/16, at 1:23 C1 to be seated on up again. DSP-D st June (date unknown unknown) he had or in front of the bathroom. DSP-D stocked the bathroom about 15 minutes from the let C1 conduct 15 minutes from the let C1 c	d she told DSP-D he was a and should have reported D stated she reported to the told of the two incidents.  p.m. DSP-D stated if you tell the toilet C1 would just stand ated two or three times in n) and once in August (date beeved DSL-H place a chair from door with C1 in the stated in August DSL-H om door with the chair for om 6:00 a.m. until 6:15 a.m. ne out. Then DSL-H asked chair in front of the bathroom a DSL-H was busy and she cometime later. DSP-D stated doorknob from the toilet and open repeatedly. DSP-D e chair in front of the DSL-H was his supervisor. It placing the chair was wrong finally reported to the		149			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	ING		PLETED
		240424	B. WING			C
	PROVIDER OR SUPPLIER	24G121	B. WING	STREET ADDRESS, CITY, STATE, ZIP CODE 503 HALLAN AVENUE, BOX 29 BAGLEY, MN 56621	12 <i>1</i>	22/2016
(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 APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 149	the puzzles, C1 had movement on the to and the chair. DSS-chair were in place DSS-G stated C1 with the morning due to stated she was blocexit, but was not try she also used her fiwould push the document of the chair with her back did prevent C1 from stated the objective toilet and on the doorknishut. DSL-H stated	d already had a bowel bilet and she removed the tray -G stated the tray and the for less than ten minutes. Vould also not eat breakfast being constipated. DSS-G cking the door so C1 could not ing to harm C1. DSS-G stated oot against the door as C1 or open with his hand.	W 14	49		
W 153	and stated she was not address immed administrator.	0 p.m. the ED was interviewed not aware the VA policy did iate notification of the	W 1	53		
,	mistreatment, negle	sure that all allegations of ect or abuse, as well as source, are reported				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, <i>'</i>		LE CONSTRUCTION		E SURVEY PLETED
		24G121	B. WING				C <b>22/2016</b>
NAME OF I	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	121	22/2010
PINE RIC	GE RESIDENCE				503 HALLAN AVENUE, BOX 29 BAGLEY, MN 56621		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
W 153		administrator or to other nce with State law through	<b>W</b> 1	153			
	Based on interview facility failed to notif to the state agency	s not met as evidenced by: v and document review, the y the administrator and report immediately allegations of ent (C1) reviewed who was ing the bathroom.					
	Findings include:						
	Adults Reporting an revised 4/27/16, ind agency to protect the program who are verto require the report maltreatment of vull mandated reporter, vulnerable adult has report it and notify F Program Director in not available or is in	nerable adults. As a if you know or suspect that a is been maltreated, you must Pine Ridge Residence Inmediately. If this person is ivolved in the alleged or ment, you must report to Pine executive Director or					
	comprehensive fund 4/1/16, indicated C1 developmental disa functional assessme aggressive behavio grabbing eye glasse had a request made	I was reviewed. C1's ctional assessment dated had severe intellectual and bility. C1's comprehensive ent indicated C1 exhibited rs of striking out at others, es, and pulling hair when C1 e that C1 did not want to do ing or staying at the table to					·

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA

AND DIAM OF CODDECTION			1 ` ′		LE CONSTRUCTION	COMPLETED			
		24G121	B. WING	i	·	į.	22/2016		
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COE 503 HALLAN AVENUE, BOX 29 BAGLEY, MN 56621					
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE		
W 153	eat.  On 9/19/16, at 11:0 (ED) was interviews support professions 9/12/16, that direct weeks earlier had pathroom door whe addition, the ED statement of the bathroom door. The acceptable to proper door. The ED statement of the	age 10  8 a.m. the executive director ed. The ED stated direct al (DSP)-D reported to her on support lead (DSL)-H two propped a chair against the en C1 was in the bathroom. In ated DSP-D also reported to port supervisor (DSS)-G had not of C1 with C1's toys on it of the tray and shut the energy ED stated it was not a chair against the bathroom dishered by ED stated it was not a chair against the bathroom dishered by ED stated in August (Destated in SP-D) he was a sund should have reported to the told of the two incidents.  In p.m. DSP-D stated if you tell the toilet C1 would just stand that the common or three times in any and once in August (date beserved DSL-H place a chair for the common or with the chair for the common or with the chair for the common or with the chair for the common or the common of the bathroom is DSL-H was busy and she cometime later. DSP-D stated doorknob from the toilet and	W	1153					
	would fling the door stated he placed the bathroom door as I DSP-D stated he fe	r open repeatedly. DSP-D e chair in front of the DSL-H was his supervisor. elt placing the chair was wrong finally reported to the							

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION DING	COM	E SURVEY IPLETED
		24G121	B. WING			22/2016
	PROVIDER OR SUPPLIER  DGE RESIDENCE			STREET ADDRESS, CITY, STATE, ZIP CO 503 HALLAN AVENUE, BOX 29 BAGLEY, MN 56621		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG		SHOULD BE	(X5) COMPLETION DATE
W 153	On 9/26/16, at 8:11 (DSS)-G was intervistay in the bathroor physically aggressive DSS-G stated C1 want C1 to go to the DSS-G stated after placed C1's plastic bathroom with toys front of the tray as shis room. DSS-G stated commovement on the total the chair to do puzz the toilet. However, the puzzles, C1 had movement on the total the chair. DSS-chair were in place DSS-G stated C1 with the toilet was block exit, but was not try she also used her forwould push the door On 9/28/16, at 11:1 interviewed. DSL-H and ambulatory. DSU unknown), C1 had four-five days. DSL the toilet but kept growth to the toilet but kept growth to the toilet chair in front of the chair with her back did prevent C1 from stated the objective toilet and not leave about 1/4 of the timestated the objective toilet and not leave about 1/4 of the timestated the timestate	a.m. direct support supervisor riewed. DSS-G stated if staff in with C1, C1 would be we by pulling hair and hitting. was agitated and she did not be day program being agitated. DSL-C left on 9/13/16, she TV tray in front of C1 in the on it and placed a chair in she went to get puzzles from tated she was going to sit on the with C1 while C1 sat on when DSS-G returned with dialready had a bowel bilet and she removed the tray G stated the tray and the for less than ten minutes. Would also not eat breakfast being constipated. DSS-G being the door so C1 could not ing to harm C1. DSS-G stated oot against the door as C1 or open with his hand.	W 1	153		

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

PRINTED: 12/28/2016 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		0.0.0.0					
		24G121	B. WING			12/	22/2016
	PROVIDER OR SUPPLIER OGE RESIDENCE			50	FREET ADDRESS, CITY, STATE, ZIP CODE 03 HALLAN AVENUE, BOX 29 AGLEY, MN 56621		-
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
W 153	hand on the doorkn shut. DSL-H stated and she thought it v On 10/28/16, at 1:2 and stated she was	ge 12 ob to keep the bathroom door she did not intend to hurt C1 vas an acceptable practice.  0 p.m. the ED was interviewed not aware the VA policy did iate notification of the	<b>W</b> 1	153			
W 214	administrator. 483.440(c)(3)(iii) IN	DIVIDUAL PROGRAM PLAN  functional assessment must	W 2	214			
		specific developmental and					
-	Based on interview facility failed to ensu- were addressed in t Assessment (CFA)	s not met as evidenced by: and document review, the ure ongoing toileting needs the Comprehensive Functional including interventions for 1 of C1 would not stay seated for					·
	Findings include:						
	C1 was having cons having a bowel mov C1's docusate sodiu	ntation dated 2/5/16, indicated stipation issues and was only rement every four to five days. If you have a stipation in the stool softener was stilligrams (mg) twice daily as					
	comprehensive fund 4/1/16, indicated C1 developmental disa functional assessme	I was reviewed. C1's ctional assessment dated had severe intellectual and bility. C1's comprehensive ent indicated C1 exhibited rs of striking out at others,	·			•	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	СОМ	E SURVEY IPLETED
		24G121	B. WING			1	C <b>22/2016</b>
	PROVIDER OR SUPPLIER  DGE RESIDENCE	AND		50	REET ADDRESS, CITY, STATE, ZIP CODE 3 HALLAN AVENUE, BOX 29 AGLEY, MN 56621	,	
(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
W 214	grabbing eye glasse had a request made such as teeth brush eat. However, the Cobehavior of not stay have a bowel move failed to identify the use when the behavior of not stay have a bowel move failed to identify the use when the behavior of not stay have a bowel move support professions 9/12/16, that direct weeks earlier had pathroom door whe The ED stated DSF 9/15/16, that direct had placed a tray in it and a chair in from bathroom door. The acceptable to propidoor.  On 9/19/16, at 2:34 DSL-C stated C1 will bladder incontinent hour toileting plan. I more aggression withere were times will the toilet and other stated on 9/13/16, it a.m. she had C1 in sit on the toilet and have a bowel move stated DSS-G then when she left the bill on 9/21/16, at 1:23	es, and pulling hair when C1 e hat C1 did not want to do ning or staying at the table to CFA failed to address C1's ving seated on the toilet to ment. In addition, the CFA interventions staff were to vior was exhibited.  8 a.m. the executive director ed. The ED stated direct ed. (DSP)-D reported to her on support lead (DSL)-H two propped a chair against the en C1 was in the bathroom. P-D also reported to her on support supervisor (DSS)-G of front of C1 with C1's toys on the office that the end of the tray and shut the end of the tray and the end of the	W2	214			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION NG		COM	(X3) DATE SURVEY COMPLETED	
		24G121	B. WING			1	C <b>22/2016</b>	
	PROVIDER OR SUPPLIER			STREET ADDRESS, 0 503 HALLAN AVEN BAGLEY, MN 56		, , , ,		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CO	DER'S PLAN OF CORRECTION RRECTIVE ACTION SHOULI ERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE	
W 214	up again. DSP-D st June (date unknown unknown) he had of in front of the bathropathroom. DSP-D st blocked the bathroom about 15 minutes from the let C1 condspect the door at 7:15 a.m. as removed the chair sc C1 could reach the would fling the door stated he placed the bathroom door as Edstead he placed C1, C1 would be phair and hitting. DSS and she did not war being agitated. DSS 9/13/16, she placed C1 in the bathroom chair in front of the puzzles from his room chair in front of the puzzles from his room chair in front of the puzzles from his room chair in front of the puzzles from his room chair in front of the puzzles from his room chair in front of the puzzles from his room chair in front of the puzzles from his room chair in front of the puzzles from his room chair in front of the puzzles from his room chair in front of the puzzles from his room chair were in plant bathroom chair were b	ated two or three times in and once in August (date beserved DSL-H place a chair from door with C1 in the stated in August DSL-H from door with the chair for from 6:00 a.m. until 6:15 a.m. from 6:00 a.m. until 6:15 a.m. from 5 DSL-H was busy and she cometime later. DSP-D stated doorknob from the toilet and open repeatedly. DSP-D e chair in front of the DSL-H was his supervisor. It placing the chair was wrong finally reported to the	W 2	14				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED C	
		24G121	B. WING _			22/2016
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 503 HALLAN AVENUE, BOX 29 BAGLEY, MN 56621		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
W 214	would push the door On 9/27/16, at 9:40 interviewed. The guplaced in front of the acceptable and did in that manner. The cooperative in the bin the bathroom. The been a team meetir C1 and a decision with down on the toilet if change his brief and On 9/28/16, at 11:10 interviewed. DSL-H and ambulatory. DSU unknown), C1 had refour-five days. DSL-the toilet but kept go C1 back to the toilet chair in front of the chair with her back did prevent C1 from stated the objective toilet and not leave about 1/4 of the tim she would use her be hand on the doorkn shut. DSL-H stated and she thought it work on 10/10/16, at 3:3 disability profession The QIDP stated the	oot against the door as C1 or open with his hand.  a.m. C1's guardian was lardian stated a chair being e bathroom door was not not want the situation handled guardian stated if C1 was not lathroom do not make C1 stay be guardian stated there had not held in August to discuss was made to not make C1 sit if C1 was incontinent, just dilet C1 leave the bathroom.	W 21	4		
	intervention on their	r own.				

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

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '		LE CONSTRUCTION		E SURVEY PLETED
		24G121	B. WING			ľ	C <b>22/2016</b>
	PROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE 503 HALLAN AVENUE, BOX 29 BAGLEY, MN 56621		ELIZO TO
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE .	· (X5) COMPLETION DATE
W 214 W 331	The comprehensive	functional assessment policy none was provided.	W 2				
		ovide clients with nursing nce with their needs.		,			
	Based on interview facility failed to com	s not met as evidenced by: and document review, the prehensively assess 1 of 1 identified constipation issues.					
	Findings include:						
	C1's physician's ord Diocto liquid 15 mill constipation.	ler dated 12/2/15, indicated iliters twice daily for					
	C1 was having cons having a bowel mov C1's docusate sodiu	ntation dated 2/5/16, indicated stipation issues and was only rement every four to five days. In liquid stool softener was lligrams (mg) twice daily as					
	comprehensive fund 4/1/16, indicated C1 developmental disa functional assessme aggressive behavior grabbing eye glasse had a request made such as teeth brush eat. C1's cover shee co-guardians. C1's	I was reviewed. C1's ctional assessment dated had severe intellectual and bility. C1's comprehensive ent indicated C1 exhibited rs of striking out at others, es, and pulling hair when C1 e that C1 did not want to do ing or staying at the table to et indicated his parents were comprehensive functional ed C1 used prune juice 2					

Facility ID: 01012

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDED (SUPPLIED LED COMPANY OF DESICIENCIES (X1) PROVIDED (SUPPLIED LED COMPANY OF DESICIES (X1) PROVIDED (SUPPLIED LED COMPANY OF DESICAL (X1) PROVIDED (SUPPLIED LED COMPANY OF DESICAL

	FOF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	COM	PLETED
		24G121	B. WING				C <b>22/2016</b>
	PROVIDER OR SUPPLIER			503	EET ADDRESS, CITY, STATE, ZIP CODE HALLAN AVENUE, BOX 29 GLEY, MN 56621		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 331	times a day to pron assessment lacked constipation issues	note bowel movements. The I any information about	W 3	331	·		
	milk of magnesia (f if no bowel movem- needed for constipa	MOM) 30 milliliters at bedtime ent (BM) after 3 days and as ation. Senokot 8.6 milligrams 1 r constipation. Diocto liquid					
	record was reviewed however; C1 did not the physician's orde C1 had a BM on 8/ receive MOM on 8/ order. C1 had a BM not receive MOM o	medication record and BM ed. C1 had a BM 8/8/16, of receive MOM on 8/11/16, per er. C1 had a BM on 8/12/16. 14/16, however; C1 did not 17/16, per the physician's 1 on 8/21/16, however; C1 did n 8/24/16, per the physician's MOM on 8/25/16, and had a					
·	record was reviewed however; C1 did no the physician's orded had a BM on 9/15/1	116, medication record and BM ed. C1 had a BM on 8/29/16, of receive MOM on 9/1/16, per er. C1 had a BM on 9/3/16. C1 l6, however; C1 did not 18/16, per the physician's MOM on 9/19/16.					
	9/19/16, at 11:08 a. constipation issues complete his task o	etor (ED) was interviewed on m. The ED stated C1 had and staff wanted C1 to on the toilet. The ED stated C1 BM protocol other than MOM BM.					
		ed 9/21/16, indicated C1's I reported C1 was still having					

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		LE CONSTRUCTION	СОМ	PLETED
		24G121	B. WING				C <b>22/2016</b>
	PROVIDER OR SUPPLIER			5	TREET ADDRESS, CITY, STATE, ZIP CODE 103 HALLAN AVENUE, BOX 29 BAGLEY, MN 56621	,	
(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
W 331	Miralax powder 17 oneeded for constitution one scoop, two scoops on day three day four if no BM.  On 10/3/16, at 7:04 (RN)-K consultant with C1 had constipation RN-K stated she did any other client's BI had heard from state the toilet and his beconstipation. RN-K the facility during the supervisory staff are On 10/28/16, at 1:2 and stated there was	ation. C1's physician ordered grams 1 scoop 1 time a day as ation. On day 1 if no BM give ops on day two if no BM, three e if no BM, and 1 scoop on p.m. the registered nurse was interviewed. RN-K stated as a long standing issue. If no the review C1's BM record or M record. RN-K stated she if that C1 did not like sitting on haviors coincide with his stated she makes her visits at e day when the clients and	W	331			

Minnesota Department of Health (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED. AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: C B. WING \_\_ 01012 12/22/2016 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **503 HALLAN AVENUE, BOX 29** PINE RIDGE RESIDENCE **BAGLEY, MN 56621** (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) 5 000 5 000 **Initial Comments** In accordance with Minnesota Statute, section 144.56 and/or Minnesota Statute, section 144.653, 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 or MN Statute indicated below. When a rule or statute 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. Minnesota Department of Health is A complaint investigation was conducted to investigate case #HG121001 and #HG121002. documenting the State Licensing As a result, the following correction orders are Correction Orders using federal software. issued. Tag numbers have been assigned to Minnesota state statutes/rules for Supervised Living Facilities. 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

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health (X3) DATE SURVEY COMPLETED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION **IDENTIFICATION NUMBER:** A. BUILDING: С B. WING \_\_\_\_\_ 12/22/2016 01012 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER

PINE RIDGE RESIDENCE		503 HALLAN AVENUE, BOX 29 BAGLEY, MN 56621			
(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	
5 000	Continued From page 1	5 000			
			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."		
			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.		
			THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.		
5 700	MN Statute 144.651 Subd. 14. RES. RIGHTS Freedom from maltreatment.	5 700			
	Residents shall be free from maltreatment as defined in the Vulnerable Adults Protection Act. "Maltreatment" means conduct described in section 626.5572, subdivision 15, or the intentional and nontherapeutic 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 nontherapeutic 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.				

Minnesota Department of Health

FORM APPROVED Minnesota Department of Health (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: C B. WING\_ 01012 12/22/2016 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **503 HALLAN AVENUE, BOX 29** PINE RIDGE RESIDENCE **BAGLEY, MN 56621** (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG **TAG** DEFICIENCY) 5 700 5 700 Continued From page 2 This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure all residents in the home were free from maltreatment for 1 of 3 residents (R1) reviewed when R1 was unreasonably confined to the bathroom. Findings include: R1's clinic documentation dated 2/5/16, indicated R1 was having constipation issues and was only having a bowel movement every four to five days. R1's docusate sodium liquid stool softener was increased to 200 milligrams (mg) twice daily as needed. R1's medical record was reviewed. R1's comprehensive functional assessment dated 4/1/16, indicated R1 had severe intellectual and developmental disability. R1's comprehensive functional assessment indicated R1 exhibited aggressive behaviors of striking out at others, grabbing eye glasses, and pulling hair when R1 had a request made of him that he did not want to do such as teeth brushing or staying at the table to eat. On 9/19/16, at 11:08 a.m. the executive director (ED) was interviewed. The ED stated direct support professional (DSP)-D reported to her on 9/12/16, that direct support lead (DSL)-H two

weeks earlier had propped a chair against the bathroom door when R1 was in the bathroom. The ED stated DSP-D also reported to her on 9/15/16, that direct support supervisor (DSS)-G had placed a tray in front of R1 with R1's toys on

FORM APPROVED Minnesota Department of Health (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING 01012 12/22/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 503 HALLAN AVENUE, BOX 29 PINE RIDGE RESIDENCE BAGLEY, MN 56621 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) 5 700 Continued From page 3 it and a chair in front of the trav and shut the bathroom door. The ED stated it was not acceptable to prop a chair against the bathroom door. On 9/19/16, at 2:34 p.m. direct support lead (DSL)-C was interviewed, DSL-C stated R1 wore a brief for bowel and bladder incontinence and was on an every two hour toileting plan. DSL-C stated R1 would show more aggression when constipated. DSL-C stated there were times when R1 would stay seated on the toilet and other times he would not. DSL-C stated on 9/13/16, between 8:00 a.m. and 8:15 a.m. she had R1 in the bathroom and he would sit on the toilet and then stand up. R1 did not have a bowel movement at this time. DSL-C stated DSS-G then took over R1's care for her when she left the building. On 9/21/16, at 1:23 p.m. DSP-D stated if you tell R1 to be seated on the toilet he would just stand up again. DSP-D stated two or three times in June (date unknown) and once in August (date unknown) he had observed DSL-H place a chair in front of the bathroom door with R1 in the bathroom. DSP-D stated in August DSL-H blocked the bathroom door with the chair for about 15 minutes from 6:00 a.m. until 6:15 a.m. and then let R1 come out. Then DSL-H asked DSP-D to place the chair in front of the bathroom door at 7:15 a.m. as DSL-H was busy and she removed the chair sometime later. DSP-D stated R1 could reach the doorknob from the toilet and would fling the door open repeatedly. DSP-D

stated he placed the chair in front of the bathroom door as DSL-H was his supervisor. DSP-D stated he felt placing the chair was wrong

so that was why he finally reported to the

administrator on 9/12/16.

PRINTED: 12/28/2016

FORM APPROVED Minnesota Department of Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: \_\_\_\_ B. WING 01012 12/22/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 503 HALLAN AVENUE, BOX 29 PINE RIDGE RESIDENCE BAGLEY, MN 56621 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) 5 700 5 700 Continued From page 4 On 9/26/16, at 8:11 a.m. direct support supervisor (DSS)-G was interviewed. DSS-G stated if staff stay in the bathroom with R1 he will be physically aggressive by pulling hair and hitting. DSS-G stated R1 was agitated and she did not want him to go to the day program being agitated. DSS-G stated after DSL-C left on 9/13/16, she placed R1's plastic TV tray in front of him in the bathroom with toys on it and placed a chair in front of the tray as she went to get puzzles from his room. DSS-G stated she was going to sit on the chair to do puzzles with R1 while he sat on the toilet. However, when DSS-G returned with the puzzles, R1 had already had a bowel movement on the toilet and she removed the tray and the chair. DSS-G stated the tray and the chair were in place for less than ten minutes. DSS-G stated R1 would also not eat breakfast that morning due to being constipated. DSS-G stated she was blocking the door so R1 could not exit, but was not trying to harm R1. DSS-G stated she also used her foot against the door as R1 would push the door open with his hand. On 9/27/16, at 9:40 a.m. R1's guardian was interviewed. The guardian stated a chair being placed in front of the bathroom door was not acceptable and did not want the situation handled in that manner. The quardian stated if R1 was not cooperative in the bathroom do not make him stav in the bathroom. The quardian stated there had been a team meeting held in August to discuss R1 and a decision was made to not make him sit down on the toilet if he was incontinent, just change his brief and let him leave the

bathroom.

On 9/28/16, at 11:11 a.m. DSL-H was

interviewed. DSL-H stated R1 was non-verbal

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Minnesota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: \_\_ C 01012 12/22/2016 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 503 HALLAN AVENUE, BOX 29 PINE RIDGE RESIDENCE BAGLEY, MN 56621 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 5 700 5 700 Continued From page 5 and ambulatory. DSL-H stated in August (date unknown), R1 had not had a bowel movement for four-five days. DSL-H stated R1 needed to sit on the toilet but kept aetting up so DSL-H redirected him back to the toilet. DSL-H stated she placed a chair in front of the bathroom door and sat on the chair with her back to the door. DSL-H stated it did prevent R1 from leaving the bathroom. DSL-H stated the objective was to get R1 to sit on the toilet and not leave the bathroom. DSL-H stated about 1/4 of the time when R1 was constipated she would use her body against the door or her hand on the doorknob to keep the bathroom door shut, DSL-H stated she did not intend to hurt C1 and she thought it was an acceptable practice. On 10/10/16, at 3:33 p.m. the qualified intellectual disability professional (QIDP) was interviewed. The QIDP stated it was a right's restriction when staff would not let R1 come out of the bathroom. The QIDP stated R1 has every right to come out of the bathroom when he wanted too. The QIDP stated the bathroom restriction was not assessed and staff had implemented this intervention on their own. The QIDP stated there may have been a lack of resident rights training with the staff. The facility's Rights of Persons Served undated policy indicated the facility would ensure that the person's rights would be exercised and protected by all staff. The facility's Home and Community bases services recipient rights undated policy indicated if rights were restricted in any way to protect the health, safety, and well-being of a client, the restriction would be explained, documented, and the restriction would be implemented as required by law so a client could get their rights back as soon as possible.

Minnesota Department of Health

TIME PERIOD FOR CORRECTION: Twenty-one

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			-	С		
		01012	B. WING		12/2	2/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
PINE RIDGE RESIDENCE 503 HALLAN AVENUE, BOX 29 BAGLEY, MN 56621						
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE
5 700	Continued From pa	ge 6	5 700			
	(21) days.					
5 815	MN Statute 626.557	7 Subd. 3. VA Timing of report.	5 815			
	(a) A mandated rep believe that a vulne been maltreated, or vulnerable adult has which is not reason immediately report common entry point vulnerable adult sol admitted to a facility required to report strindividual that occur unless:  (1) the individual was another facility and reason to believe the maltreated in the precedence of the provisions of this sereport as described (c) Nothing in this sereporter knows or hereorter knows or hereorter knows or hereorter from also reason to believe the 626.5572, subdivision (5), occurred must respond in the precedence of the provisions of the sereporter knows or hereorter knows or hereorter knows or hereorter from also reason to believe the 626.5572, subdivision (5), occurred must response in the provision of the sereporter from also reason to believe the 626.5572, subdivision (5), occurred must response in the provision of the provisio	orter who has reason to rable adult is being or has who has knowledge that a sustained a physical injury ably explained shall the information to the t. If an individual is a ely because the individual is a, a mandated reporter is not uspected maltreatment of the red prior to admission, as admitted to the facility from the reporter has e vulnerable adult was evious facility; or ws or has reason to believe a vulnerable adult as 26.5572, subdivision 21, juired to report under the action may voluntarily				

Minnesota Department of Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01012 B. WING 12/22/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 503 HALLAN AVENUE, BOX 29 PINE RIDGE RESIDENCE BAGLEY, MN 56621 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) 5 815 5 815 Continued From page 7 believes that an investigation by a lead agency will determine or should determine that the reported error was not neglect according to the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5), the reporter or facility may provide to the common entry point or directly to the lead agency information explaining how the event meets the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5). The lead agency shall consider this information when making an initial disposition of the report under subdivision 9c. This MN Requirement is not met as evidenced Based on interview and document review, facility failed to ensure an alleged incident of staff to client maltreatment reported immediately to the administrator and state agency for 1 of 3 residents (R1) reviewed. Findings include: R1's medical record was reviewed. R1's comprehensive functional assessment dated 4/1/16, indicated R1 had severe intellectual and developmental disability. R1's comprehensive functional assessment indicated R1 exhibited aggressive behaviors of striking out at others, grabbing eye glasses, and pulling hair when R1 had a request made of him that he did not want to do such as teeth brushing or staying at the table to eat. On 9/13/2016, and 9/16/16, the state agency received reports of alleged staff maltreatment R1 that had occurred approximately two to four weeks prior.

On 9/19/16, at 11:08 a.m. the executive director

PRINTED: 12/28/2016 FORM APPROVED Minnesota Department of Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: C 01012 B. WING 12/22/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **503 HALLAN AVENUE, BOX 29** PINE RIDGE RESIDENCE BAGLEY, MN 56621 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) 5 815 Continued From page 8 5 8 1 5 (ED) was interviewed. The ED stated direct support professional (DSP)-D reported to her on 9/12/16, that direct support lead (DSL)-H two weeks earlier had propped a chair against the bathroom door when R1 was in the bathroom. In addition, the ED stated DSP-D also reported to her that direct support supervisor (DSS)-G had placed a tray in front of R1 with R1's toys on it and a chair in front of the tray and shut the bathroom door. The ED stated it was not acceptable to prop a chair against the bathroom door. The ED stated she told DSP-D he was a mandated reporter and should have reported immediately. The ED stated she reported to the state after she was told of the two incidents. On 9/21/16, at 1:23 p.m. DSP-D stated if you tell R1 to be seated on the toilet he would just stand up again. DSP-D stated two or three times in June (date unknown) and once in August (date unknown) he had observed DSL-H place a chair in front of the bathroom door with R1 in the bathroom, DSP-D stated in August DSL-H blocked the bathroom door with the chair for about 15 minutes from 6:00 a.m. until 6:15 a.m. and then let R1 come out. Then DSL-H asked DSP-D to place the chair in front of the bathroom door at 7:15 a.m. as DSL-H was busy and she removed the chair sometime later. DSP-D stated R1 could reach the doorknob from the toilet and would fling the door open repeatedly. DSP-D stated he placed the chair in front of the bathroom door as DSL-H was his supervisor. DSP-D stated he felt placing the chair was wrong so that was why he finally reported to the

Minnesota Department of Health

(21) days.

administrator on 9/12/16.

TIME PERIOD FOR CORRECTION: Twenty-one

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 01012 B. WING \_ 12/22/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **503 HALLAN AVENUE, BOX 29** PINE RIDGE RESIDENCE BAGLEY, MN 56621 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**)

Minnesota Department of Health

#### POST-CERTIFICATION REVISIT REPORT

Market Control of the					
PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION A. Building	·		DATE OF RE	VISIT
24G121 <sub>Y1</sub>	B. Wing		Y2	2/3/2017	Y3
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE			
PINE RIDGE RESIDENCE		503 HALLAN AVENUE, BOX 29			
		BAGLEY, MN 56621			

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

ITEM	DATE	ITEM		DATE	ITEM			DATE
Y4	Y5	Y4		Y5	Y4			Y5
ID Prefix W0122	Correction	ID Prefix Wo	0125	Correction	ID Prefix	W0149		Correction
Reg. # 483.420	Complete	d Reg. # 483	3.420(a)(3)	Completed	Reg. #	483.420(d)(1)		Completed
LSC	02/01/2017	LSC		02/01/2017	LSC			02/01/2017
ID Prefix W0153	Correction	ID Prefix W0	0214	Correction	ID Prefix	W0331		Correction
Reg. # 483.420(d)	2) Completed	Reg. #	.440(c)(3)(iii)	Completed	Reg.#	483.460(c)		Completed
LSC	02/01/2017	LSC		02/01/2017	LSC			02/01/2017
ID Prefix	Correction	ID Prefix		Correction	ID Prefix			Correction
Reg. #	Completed	Reg. #		Completed	Reg. #			Completed
LSC		LSC			LSC			_
ID Prefix	Correction	ID Prefix		Correction	ID Prefix			Correction
Reg. #	Completed	Reg. #		Completed	Reg.#			Completed
LSC		LSC			LSC			
ID Prefix	Correction	ID Prefix		Correction	ID Prefix			Correction
Reg. #	Completed	Reg. #		Completed	Reg.#			Completed
LSC		LSC		-	LSC			
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS) AW/m	<b>DATE</b> 02/03/2017	SIGNATURE OF	SURVEYOR 1134	9		<b>DATE</b> 02/03	/2017
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE				DATE	
<b>FOLLOWUP TO SUR</b> 12/22/2016	VEY COMPLETED ON	CHECK FOUNCORRE	OR ANY UNCORRECECTED DEFICIENCI	CTED DEFICIEN ES (CMS-2567)	CIES. WAS SENT TO TH	A SUMMARY O IE FACILITY?	F YES	s 🗆 no
Form CMS - 2567B (09	9/92) EF (11/06)		Page 1 of 1			EVENT ID:	11 1012	

Page 1 of 1

EVENT ID:

#### STATE FORM: REVISIT REPORT MULTIPLE CONSTRUCTION PROVIDER / SUPPLIER / CLIA / DATE OF REVISIT **IDENTIFICATION NUMBER** A. Building 01012 B. Wing 2/3/2017 Υ3 NAME OF FACILITY STREET ADDRESS, CITY, STATE, ZIP CODE PINE RIDGE RESIDENCE 503 HALLAN AVENUE, BOX 29 BAGLEY, MN 56621 This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form). ITEM DATE ITEM DATE ITEM DATE Y4 Y5 Y4 Y5 Y4 Y5 ID Prefix 50700 Correction ID Prefix 50815 Correction ID Prefix Correction MN Statute 144.651 MN Statute 626.557 Reg. # Subd. 14. Completed Reg. # Completed Reg. # Completed Subd. 3. LSC 02/01/2017 02/01/2017 LSC LSC **ID Prefix ID Prefix** Correction Correction **ID Prefix** Correction Reg. # Completed Reg. # Completed Reg. # Completed LSC LSC LSC **ID Prefix** Correction **ID Prefix** Correction **ID Prefix** Correction Reg. # Completed Completed Reg. # Reg.# Completed LSC LSC LSC **ID Prefix** Correction **ID Prefix** Correction **ID Prefix** Correction Reg. # Completed Reg. # Completed Reg. # Completed LSC LSC LSC ID Prefix Correction **ID Prefix** Correction **ID Prefix** Correction Reg. # Completed Reg. # Completed Reg. # Completed LSC LSC LSC **REVIEWED BY REVIEWED BY** DATE SIGNATURE OF SURVEYOR DATE (INITIALS) AW/mm STATE AGENCY 02/03/2017 11349 02/03/2017 **REVIEWED BY REVIEWED BY** DATE TITLE DATE CMS RO (INITIALS) FOLLOWUP TO SURVEY COMPLETED ON CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF

Page 1 of 1

UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

**EVENT ID:** 

1IJ912

☐ YES ☐ NO

12/22/2016