



Protecting, Maintaining and Improving the Health of Minnesotans

Office of Health Facility Complaints Investigative Report
PUBLIC

Facility:

Laura Baker Services Assoc.
211 Oak Street
Northfield, MN 55057
Rice County

Report #: HG500012

Date: May 30, 2013

Date of Visit: September 26, 2012
Time of Visit: 9:30 a.m. - 4:30 p.m.

By: Rita Lucking, R.N., Special Investigator

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

Allegation(s): The allegation is abuse based on the following: A client was abused when the alleged perpetrator (AP) restrained the client while carrying her to her room, then held the door shut. The agency's behavior support plan and physical intervention policy was not followed.

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:

The preponderance of evidence indicates abuse is substantiated. The AP abused the client when the AP, failed to follow the agency's physical intervention policy and instructed responding staff who were unfamiliar with the client's program, to unreasonably confine the client and use a prohibited restraint procedure referred to as "Lift and Carry." The AP, placed the client in a blanket, lifted the client off of the ground, and carried the client to the client's bedroom. The AP also unreasonably confined the client by holding the client's door shut so that the client could not leave the bedroom. The client was confined alone in the bedroom and was hitting the door during the incident.

Documentation and interviews provided the following information: The client's target behaviors include physical aggression (hit, bite, kick and scratch), property destruction and self-injurious behaviors. The client receives psychotropic medications in order to control behaviors.

The client's controlled procedure physician statement described controlled procedures that could be used with the client when the client became agitated and when verbal redirection was not effective. Staff was to intervene and implement the least restrictive controlled procedures identified on the physician statement. The controlled procedures include the following: constant touch escort, forearm hold and escort, basket hold, 2-3 person lift and carry and exclusionary time out. In emergency cases, on floor restraints could be used.

The facility's internal investigation of the incident revealed the following: The AP was provided an appropriate and complete orientation at the time of hire. The AP did not follow the client's support plan and the facility's intervention policy when leading the code and displayed unprofessional conduct with the client. Several staff reported that the AP held the client's bedroom door shut in an effort to keep the client in the client's bedroom. The AP continued to hold the door shut even though staff told the AP not to hold the door, and then the AP held the door shut one more time. The auxiliary staff who responded to the code red did not understand that the lift and carry procedure should not have been used to relocate the client between two areas.

The facility determined that the AP acted in an abusive manner and suspended the AP for improper conduct, violation of Rule 40 regulations and failure to follow the client's behavior support plan. The AP voluntarily terminated following suspension.

The investigator interviewed the AP by phone, and the AP stated the following: The AP admitted holding the client's bedroom door at the time of the incident. The AP stated the facility provided the AP with appropriate training at the time of the AP's hire, including training related to Rule 40. The AP admitted telling staff to place the client in a blanket and take the client to the client's room and admitted holding the client's door shut when the client was being aggressive.

Mitigating Factors:

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

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

The facility provided the AP with training related to VA Maltreatment, the Vulnerable Adults Act and the Rule 40 procedures when the AP was hired. The AP was provided training related to the client's specific program and calling a code. The staff who responded to the code red was unfamiliar with the client's program.

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 ICF/IID (42 CFR, Part 483, subpart I) – Compliance Met

The facility was found to be in compliance with Federal Regulations for ICF/IID (42 CFR, Part 483, subpart I). No deficiencies were issued.

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

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

State Statutes Chapters 144 & 144A – Compliance Met

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

Facility Corrective Action:

The facility took the following corrective action(s):

Re-Training was provided to staff to ensure their understanding of Rule 40 procedures, VA Maltreatment and the Vulnerable Adults Act.

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 626.5772, subdivision 2 - Abuse

"Abuse" means:

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

(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.

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 checked="" type="checkbox"/> Medication Administration Records | <input checked="" 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 checked="" type="checkbox"/> Social Service Notes |

- Nurses Notes
- Meal Intake Records
- Activities Reports
- Weight Records
- Therapy and/or Ancillary Services Records
- Assessments
- Skin Assessments
- Care Plan Records

Other pertinent medical records:

- Hospital Records
- Ambulance/Paramedics
- Medical Examiner Records
- Death Certificate
- Police Report

Additional facility records:

- Resident/Family Council Minutes
- Personnel Records/Background Check, etc.
- Staff Time Sheets, Schedules, etc.
- Facility In-service Records
- Facility Internal Investigation Reports
- Facility Policies and Procedures
- Call Light Audits
- Other, specify: _____

Number of additional resident(s) reviewed: 2

Were residents selected based on the allegation(s)? Yes No N/A Specify: _____

Were resident(s) identified in the allegation(s) present in the facility at the time of the investigation?

Yes No N/A Specify: _____

Interviews: The following interviews were conducted during the investigation:

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

If unable to contact complainant, attempts were made on:

Date/time: _____ Date/time: _____ Date/time: _____

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

Did you interview the resident(s) identified in allegation: Yes No N/A Specify: _____

Did you interview additional residents: Yes No

Total number of resident interviews: 0

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

Tennessee Warning given as required: Yes No

Total number of staff interviews: 4

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 _____

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
Northfield Police Department
Rice County Attorney
Northfield City Attorney

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 24G500	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/26/2012
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NAME OF PROVIDER OR SUPPLIER LAURA BAKER SERVICES ASSOC	STREET ADDRESS, CITY, STATE, ZIP CODE 211 OAK STREET NORTHFIELD, MN 55057
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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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W 000	<p>INITIAL COMMENTS</p> <p>A complaint investigation was conducted for case #HG500012. Laura Baker Services Assoc. is in compliance with 42 CFR Part 483, subpart I, requirements for Intermediate Care Facilities for the Mentally Retarded.</p>	W 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.