



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Delivered Via Email  
July 27, 2023

Administrator  
Northwood Childrens Services Inc  
4000 West 9th Street  
Duluth, MN 55807

Re: Event ID: DNWO12

Administrator:

A revisit survey was conducted on August 17, 2022 to follow up on deficiencies issued related to a certification survey exited on June 23, 2022. Your facility was found to be in compliance with the Conditions of Participation (COP) at 483. subpart G for the Use of Restraint or Seclusion in Psychiatric Residential Treatment Facilities Providing Inpatient Psychiatric Services for Individuals Under Age 21.

Feel free to contact me with any questions related to this letter.

Sincerely,

A handwritten signature in black ink that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing  
Minnesota Department of Health  
Health Regulation Division  
Telephone: (651) 201-4112  
Email: [Kamala.Fiske-Downing@state.mn.us](mailto:Kamala.Fiske-Downing@state.mn.us)



*Protecting, Maintaining and Improving the Health of All Minnesotans*

July 13, 2022

Electronically Delivered Via Email:

Administrator  
Northwood Childrens Services Inc  
4000 West 9th Street  
Duluth, MN 55807

Event ID: DNWO11

Dear Administrator:

On June 21, 2022 to June 23, 2022, a complaint investigation was conducted at Northwood Childrens Services Inc by surveyors from the Minnesota Department of Health (MDH) to determine compliance with the Conditions of Participation (COP) at 483./Subpart G for the Use of Restraint or Seclusion in Psychiatric Residential Treatment Facilities Providing Inpatient Psychiatric Services for Individuals Under Age 21.

The following complaint was found to be substantiated, with a deficiency cited.

#### **N -0207 Facility Reporting**

The survey resulted in an immediate jeopardy (IJ) to the health and safety of residents. At the time of the complaint investigation, the survey team noted one or more deficiencies which indicated that a situation of "Immediate Jeopardy" existed for your clients as detailed in the deficiencies cited at on the enclosed "Statement of Deficiencies and Plan of Correction" (Form CMS-2567).

During the complaint investigation we reviewed your allegation of compliance and determined that your facility had taken appropriate actions to remove the "Immediate Jeopardy" as detailed in the deficiencies cited at on the enclosed "Statement of Deficiencies and Plan of Correction" (Form CMS-2567). Therefore, we removed the immediate jeopardy on June 23, 2022

Federal certification deficiencies are delineated on the enclosed form CMS-2567 "Statement of Deficiencies and Plan of Correction". Certification deficiencies are listed on the left side of the form. The right side of the form is to be completed with your written plan for corrective action (PoC).

A PoC for the deficiencies must be submitted within ten calendar days of your receipt of this letter. Your PoC must:

- Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;
- Address how the facility will identify other residents having the potential to be affected by the same deficient practice;
- Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;
- Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system;
- Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State. If the plan of correction is unacceptable for any reason, the State will notify the facility. If the plan of correction is acceptable, the State will notify the facility. Facilities should be cautioned that they are ultimately accountable for their own compliance, and that responsibility is not alleviated in cases where notification about the acceptability of their plan of correction is not made timely. The plan of correction will serve as the facility's allegation of compliance; and,
- Include signature of provider and date.

The PoC must be placed directly on the CMS-2567, signed and dated by the administrator or your authorized official. If possible, please type and return your plan of correction to ensure legibility. Please make a copy of the form for your records and return the original. Additional documentation may be attached to Form CMS-2567, if necessary.

Questions regarding this letter and all documents submitted as a response to the deficiencies (those preceded by an "N" tag) and emergency preparedness deficiencies (those preceded by an "E" tag), i.e., the plan of correction should be directed to:

**Susan Frericks, Unit Supervisor**  
**Metro D District Office**  
**Licensing and Certification Program**  
**Health Regulation Division**  
**Minnesota Department of Health**  
**PO Box 64990**  
**St. Paul MN 55164-0900**

Northwood Childrens Services Inc

July 13, 2022

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Email: [susan.frericks@state.mn.us](mailto:susan.frericks@state.mn.us)

Mobile: (218) 368-4467

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Joanne Simon', with a long horizontal line extending to the right.

Joanne Simon, Compliance Analyst

Minnesota Department of Health

Health Regulation Division

Telephone: 651-201-4161 Fax: 651-215-9697

Email: [joanne.simon@state.mn.us](mailto:joanne.simon@state.mn.us)

cc: Licensing and Certification File

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

PRINTED: 07/13/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  24L001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 06/23/2022
NAME OF PROVIDER OR SUPPLIER  NORTHWOOD CHILDRENS SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 4000 WEST 9TH STREET DULUTH, MN 55807		
(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	
N 000	<p><b>Initial Comments</b></p> <p>On 6/21/22, through 6/23/22, a complaint investigation was conducted at Northwood Children's Services by a surveyor from the Minnesota Department of Health to determine compliance with the Conditions of Participation (CoP) at 483. subpart G for the Use of Restraint or Seclusion in Psychiatric Residential Treatment Facilities Providing Inpatient Psychiatric Services for Individuals Under Age 21.</p> <p>The following complaint was found to be unsubstantiated: HL0012873C (MN84485).</p> <p>The following complaint was found to be substantiated: HL0012453C (MN84264) with a deficiency cited at N207.</p> <p>The survey resulted in an immediate jeopardy (IJ) to the health and safety of residents when noncompliance was identified after R2 eloped from the facility on 3/12/22, by jumping out of her bedroom window and required medical care for her injuries, and R1 attempted elopement on 6/8/22, by jumping out of his bedroom window and sustained significant injuries.</p> <p>On 6/22/22, at 2:35 p.m. the facility's director of quality assurance was notified of the IJ. The IJ that began on 3/12/22, was removed on 6/23/22, at 3:45 p.m. when the facility successfully implemented a removal plan to protect the health and safety of patients.</p> <p>As a result of the complaint investigation, the Condition of Participation (CoP) for the Use of Restraint or Seclusion in Psychiatric Residential Treatment Facilities Providing Inpatient</p>	N 000	<p>Approved</p> <p><b>Susan Frericks</b> Digitally signed by Susan Frericks Date: 2022.08.16 13:47:38 -05'00'</p>		

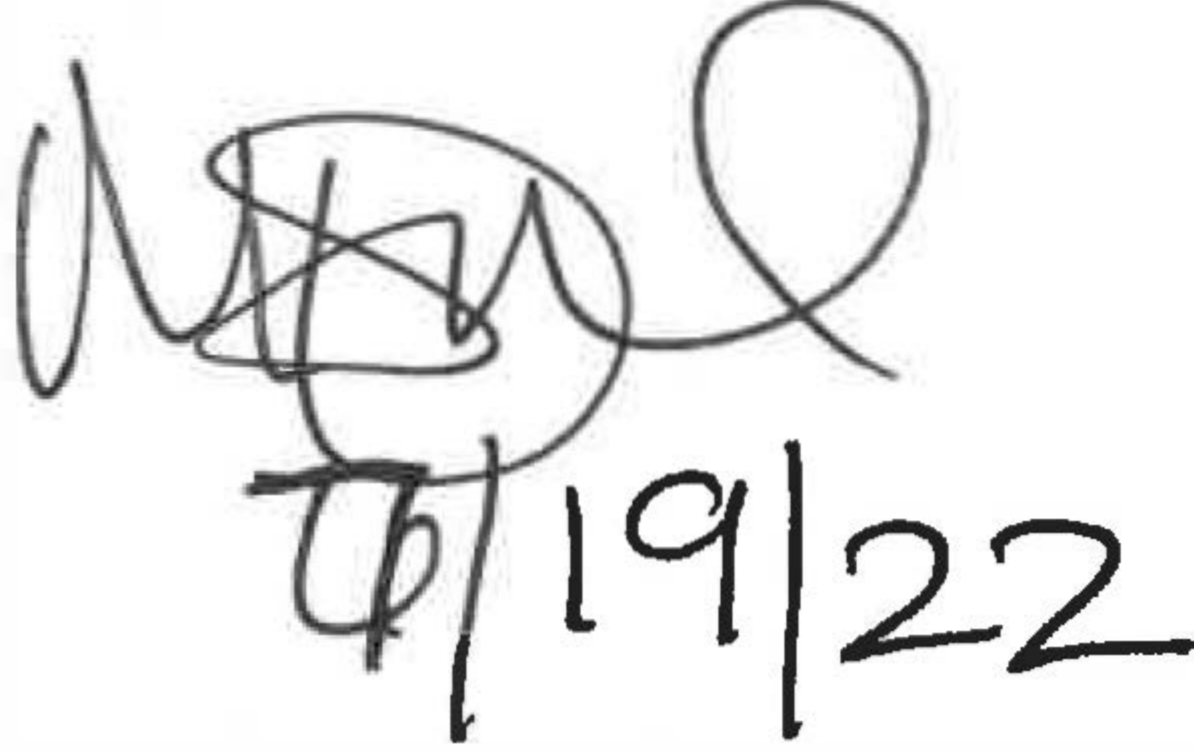
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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.

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N 000	Continued From page 1	N 000	N207 Northwood installed window stops on all of the student windows and general living areas on the wings in order to prevent the students from opening the windows in order to elope from the program and possibly sustain injury. The window stops will be inspected on a dialy basis during check ins for cleanliness to ensure they are in good working order.	6/23/22	
N 207	FACILITY REPORTING CFR(s): 483.374(b)  Reporting of serious occurrences. The facility must report each serious occurrence to both the State Medicaid agency and, unless prohibited by State law, the State designated Protection and Advocacy system. Serious occurrences that must be reported include; - a resident's death; - a serious injury to a resident as defined in section §483.352 of this part; and - a resident's suicide attempt. (1) Staff must report any serious occurrence involving a resident to both the State Medicaid agency and the State designated Protection and Advocacy system by no later than close of business the next business day after a serious occurrence. The report must include - the name of the resident involved in the serious occurrence, - a description of the occurrence and, - the name, street address, and telephone number of the facility.  This ELEMENT is not met as evidenced by: Based on observation, interview and document review, the facility failed to prevent window elopements for 3 of 3 residents; (R1) eloped out his window and sustained serious orthopedic injures and hospitalization; R2 eloped out her bedroom window and sustained frost bite; and R5 eloped out his bedroom window and was not found for 12 hours.	N 207	N207 All staff in the building will be educated on windows being locked down, individual risk plan changes and supervision/elopement procedures during their shifts on 6/23/22. Any other staff not in the building on 6/23/22 will be required to review the education on the windows, and changes to policy and procedures and risk plans prior to working their shift. All staff will be required to sign an acknowledgment statement that they have been trained which will be kept on file. This training is included in quarterly emergency procedures training as well.  N207 All risk plans for all students were reviewed and updated to address any changes of risk level of elopement. Risk plans are reviewed every 30 days and updated as needed either by review or due to a change in risk.	6/23/22  6/23/22	

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N 207	Continued From page 2  The immediate jeopardy (IJ) began on 3/12/22, when the facility failed to initiate appropriate elopement prevention interventions after R2 eloped out her bedroom window. Subsequently, R1 and R5 eloped out their windows. On 6/22/22, at 2:35 p.m. the facility's director of quality assurance (DQA)-A was notified of the IJ. The IJ that began on 6/10/22, was removed on 6/23/22, at 3:45 p.m. when the facility successfully implemented a removal plan to protect the health and safety of residents, but noncompliance remained at the standard level, and not immediate jeopardy.  Findings include:  R1 WINDOW ELOPEMENT ON 6/8/22  R1's Treatment Plan (TP) dated 12/21/22, indicated R1 required an admission to a psychiatric residential treatment facility (PRTF) due to oppositional and defiant behaviors, impulsivity, and mental health trauma. The TP identified R1 with diagnoses of post-traumatic stress disorder (PTSD), autism spectrum disorder (ASD), oppositional defiant disorder (ODD), attention-deficit/hyperactivity disorder (ADHD), and reactive attachment disorder (RAD). The TP identified R1 as mild risk for self-injurious behaviors. R1 was admitted to a unit on the third floor of the building, with a private bedroom.  R1's Risk Management Plan (RMP) reviewed and updated 5/2/22, indicated R1's cognitive functioning presented with very slow processing and a low intelligence quotient (IQ), highly impulsive and would frequently act without thinking or understanding the consequences of	N 207	N207 Both the Supervision and Run Away policies were reviewed and updated for gender inclusive language, timelines for police notification and technology used to contact others. These policies will be reviewed annually or as needed to address changes.  	6/23/22	

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N 207	<p>Continued From page 3</p> <p>his choices, and impulsivity that left him at risk to peer pressure or susceptible to suggestion.</p> <p>The facility's Incident Report - Student Injury, dated 6/8/22, with an incident time of 9:25 p.m. documented R1 jumped out of his third story window to the sidewalk below. R1's injuries required paramedics to transport R1 to the hospital with serious injuries.</p> <p>An email from registered nurse (RN)-A to facility staff dated 6/10/22, at 9:21 a.m. indicated the hospital's Electronic Medical Record documented the reason for R1's visit was a fall from third story window resulting in: open displaced comminuted supracondylar fracture of right humerus (upper arm bone), closed fracture of proximal end of right humerus (elbow), left distal radial epiphysitis (widening of growth plate at the wrist), right pulmonary contusion (bruised lung), hemoperitoneum (abdominal bleeding), closed fracture distal radius and ulna (left wrist), open right arm elbow fracture, and right frontal scalp hematoma (forehead bruise).</p> <p>During an interview on 6/22/22, at 9:25 a.m. R1 stated he jumped out of the window in his bedroom by his desk. R1 indicated it was spontaneous after planning to run away from the facility with R12. R1 stated he has had two surgeries to fix his arms. R1 was observed to have a soft cast on his right arm from his palm to the arm pit and a soft cast his left arm from his palm to above the elbow. R1 stated all the windows in his bedroom were locked shut since he jumped out the window (approximately 25 feet).</p> <p>During an observation with DOA-A on 6/22/22, at</p>	N 207			

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N 207	<p>Continued From page 4</p> <p>9:05 a.m. R1's bedroom windows had a bracket that prevented the casement window from opening more than six inches. DQA-A stated the brackets were installed in R1's bedroom and the windows in the adjacent bedroom prior to R1 returning from the hospital. DOA-A stated the facility was not going to take a chance that R1 would try to jump out the window again and it was for his safety. However, there remained another bedroom, a shower room and a living room on the third-floor unit that had windows that remained unstopped.</p> <p>During an interview on 6/22/22, at 12:35 p.m. DQA-A stated approximately one year ago the facility contacted Minnesota Department of Human Services (DHS) regarding locking resident windows, and they were directed to discuss the concern with Minnesota Department of Health (MDH). MDH supervisor MDH-A for PRTF's, directed resident windows were allowed to be locked to prevent residents from eloping out the window.</p> <p><b>R2 WINDOW ELOPEMENT ON 3/12/22</b></p> <p>R2's TP dated 3/10/22, indicated R2 required an admission to PRTF due to displaying risk behaviors of running, suicidal ideation, aggression, and impulsivity. The TP identified R2 with diagnoses that included PTSD, ODD, history of self-harm and persistent depressive disorder (PDD). The TP documented that since her last review, unknown date, R2 had continued to show increases in her behaviors. The TP identified R2 at a high risk for running away and moderate risk for suicidal ideation/self-injurious behaviors. R2 was admitted to a second-floor semiprivate</p>	N 207			

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N 207	<p>Continued From page 5 bedroom.</p> <p>The facility's Incident Report - Runaway, Student Injury, dated 3/12/22, with an incident time of 10:10 a.m. documented that during safety checks, R2 was not in her room, and they discovered the bedroom window was open. At that time, staff observed R2 was running to the woods but were not able to run and catch her. The report documented, "R2 historically has run off grounds, leading to the decision for staff to search in the community." At 2:30 p.m. staff found R2 several blocks from the facility and returned her to the facility. R2 was assessed for injuries and directed to take a shower. R2 complained the water hurt her lower legs and it was noted R2 had purple discoloration and red spots on her skin. R2 was assessed in an Urgent Care and the provider educated the staff to watch for blistering. Later in the evening it was noted R2 had blisters on both lower legs. On 3/13/22, R2 was transported to the emergency department for a physician to evaluate the blisters. The physician drained the blisters, and a follow-up appointment referral was made for R2 to be evaluated at a wound clinic.</p> <p>The facility report to The Minnesota Office of Ombudsman for Mental Health and Developmental Disabilities Serious Injury Report, dated 3/12/22, documented R2 sustained frost bite to both legs that had red/purple discoloration on them after she jumped out of her bedroom window and ran away. R2 was described as wearing a hoodie sweatshirt, jeans, and tennis shoes. Upon returning to the facility, R2's pants were soaked up to her knees from the snow, and there were frozen chunks of snow and ice on her pants. R2's temperature, "was near 95 degrees."</p>	N 207			

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N 207	<p>Continued From page 6</p> <p>A review of the Duluth, Minnesota Weather History for 3/12/22, documented the ambient temperature was 25-32 degrees Fahrenheit.</p> <p>During an interview on 6/22/22, at 1:15 p.m. R2 stated she was admitted to the facility for suicidal ideation and revealed a scar on her neck at the suprasternal notch (pit in front of the neck). R2 stated she took a knife on 4/5/21, and stabbed herself in the neck. R2 further stated she has cut herself many times and has run away many times. R2 explained on 3/12/22, she was angry, and she jumped out of her window and rolled in the snow. There was a snow drift up the side of the building, so it was easy to jump out and not get hurt. R2 stated she was cold, had to go the bathroom and wanted to return to the facility. Staff found her and transported her back to the facility. When she was in the shower her legs started to hurt and it felt like they were burning. When she informed staff, they took her to see a doctor. She stated she had painful blisters on her lower legs.</p> <p>R5 HISTORY AND SUBSEQUENT SUCCESSFUL WINDOW ELOPEMENT ON 6/22/22</p> <p>R5's TP dated 6/23/22, indicated R5 required an admission to a PRTF due to mental health symptoms that interfere with adequate, age-appropriate functioning. Rehabilitative service was essential for R5 to retain his stability and improve his functioning at home, in school, and in the community, returning him to a developmentally appropriate level. The TP identified R5 with diagnoses of borderline intellectual functioning, neurodevelopmental</p>	N207			

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N 207	<p>Continued From page 7</p> <p>disorder, parent-child relational conflict, and childhood conduct disorder. The TP identified R1 as high risk for running, moderate risk for suicidal ideation/self-injurious behaviors, fire starting, and has a history of stealing cars. RS was admitted to the first floor of the building.</p> <p>RS's RMP reviewed and updated dated 6/22/22, documented RS was enrolled in IEP due to EBO and had an extensive history of running.</p> <p>RS's elopement history at the facility, leading up to a 6/22/22 window elopement, included: -The facility's Incident Report - Runaway, dated 2/7/22, with an incident time of 6:25 p.m. documented RS had a successful non-witnessed elopement from the facility. The report did not specify how RS eloped, but the fire door alarm did not activate and RS was seen three minutes before the discovery he was missing. RS was found at 7:39 p.m., approximately one mile from the facility. -The facility's Incident Report - Runaway, dated 4/9/22, with an incident time of 6:25 a.m. documented RS's father called the Husky Team unit to report RS was missing from the Family Center and that his car keys were missing. Within minutes of the verbal report, RS returned to the facility with his father's car.</p> <p>Even though RS had made multiple successful elopements on 2/7/22, and 4/9/22, RS was able to elope out his first-floor window on 6/22/22, and secure a bus ticket and board a bus to go to Minneapolis: -The facility's Incident Report - Runaway, dated 6/22/22, with an incident time of 2:00 a.m. documented R4 and R11 eloped through the fire door on the second-floor unit and ran outside to</p>	N 207		

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NAME OF PROVIDER OR SUPPLIER  NORTHWOOD CHILDRENS SERVICES INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4000 WEST 9TH STREET DULUTH, MN 55807		
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N 207	<p>Continued From page 8</p> <p>R5's window. R5 was waiting for R4 and R11 to knock on his window so he knew they made it out of the building.</p> <p>-In an interview with R4 on 6/23/22, at approximately 1:30 p.m. R4 stated R11, R5, and R10 had planned eloping from the facility for a few days. Their plan was for R4 and R11 to elope out the fire door on the second-floor and then knock on R5's first floor window. RS would then, in turn, notify R10 that it was time to run away. R4 stated R10 was too slow and was caught trying to climb out of the first-floor window but RS made it out the window and the three of them (R4, R11 and RS) ran away from the facility. R4's plan was to go home, but RS and R11's planned to go to Minneapolis where RS had friends they could stay with. R4 did go home, which was in the same town as the facility. As soon as R4 returned home, her parents returned her to the facility. However, R11 and RS secured bus tickets to Minneapolis and were able to board the bus. Someone in the community had identified R11 and RS and called the police. The police stopped the bus and returned RS and R11 to the facility on 6/22/22, around 2:00 p.m. RS and R11 had been missing from the facility for approximately 12 hours.</p> <p>During an interview on 6/23/22, at approximately 10:00 a.m. DQA-A stated her concern about securing windows closed was that it was not home like, and the facility had tried to make the facility feel like home. DQA-A stated they do the least restrictive first and it was only after R2 eloped and required medical care and R1 eloped and fell to the ground, that they secured those resident's windows. The leadership team had previously discussed putting something on the windows to prevent residents eloping but only</p>	N207		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	{X1} PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  24L001	{X2} MULTIPLE CONSTRUCTION A BUILDING _____  B WING _____		{X3} DATE SURVEY COMPLETED  C 06/23/2022
NAME OF PROVIDER OR SUPPLIER  NORTHWOOD CHILDRENS SERVICES INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4000 WEST 9TH STREET DULUTH, MN 55807		
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N 207	<p>Continued From page 9</p> <p>secured R1 and R2's windows after they eloped. DQA-A stated it was her understanding that they could secure the windows but had to have parental consent first.</p> <p>The facility failed to secure windows that residents were using to elope from the facility, where R2 sustained injuries from exposure, R1 sustained serious injuries from falling threes stories to the pavement below, and R5 was able to elope out their window as well, creating great risk of abuse due to being unsupervised in public for approximately twelve hours.</p> <p>The U that began on 3/12/22, was removed on 6/23/22, at 3:45 p.m. when the facility implemented corrective action to prevent recurrence, and the plan was verified. The facility installed window stops on all resident windows and educated staff on the window stops; all residents risk plans were reviewed and updated to address any change in the risk of elopement; and all staff were reeducated on the updated Supervision and Run-Away policies updates.</p>	N 207		