

STATE LICENSING COMPLIANCE REPORT

Report #: HL014185678C

Date Concluded: October 25, 2023

Name, Address, and County of Facility

Investigated:

Forensic Mental Health Program
100 Freeman Drive
St. Peter, MN 56082
Nicollet County

Facility Type: Supervised Living Facility (SLF)

Evaluator's Name: Zalei Lewis, RN
Special Investigator

The Minnesota Department of Health conducted a complaint investigation to determine compliance with state laws and rules governing the provision of care under Minnesota Statutes, Chapter 144 and Minnesota Rules Chapter 4665. The purpose of this complaint investigation was to review if facility policies and practices comply with applicable laws and rules. No maltreatment under Minnesota Statutes, Chapter 626 was alleged.

To view a copy of the correction orders, if any, please visit:

<https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html>, or call 651-201-4201 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached state form.

CC:

Office of the Ombudsman for Mental Health and Developmental Disabilities

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 01418S	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 12/12/2023
NAME OF PROVIDER OR SUPPLIER FORENSIC MENTAL HEALTH PROGRAM			STREET ADDRESS, CITY, STATE, ZIP CODE 100 FREEMAN DRIVE ST PETER, MN 56082		
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{5 000}	<p>Initial Comments</p> <p>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.</p> <p>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.</p> <p>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. On December 12, 2023, the Minnesota Department of Health conducted a licensing order follow-up related to correction orders issued for complaint #HL014188540C, HL014187318C, HL014185678C.</p> <p>The following correction order is re-issued for #HL014188540C, HL014187318C, HL014185678C tag 660.</p>	{5 000}	<p>The Minnesota Department of Health documents the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes.</p> <p>The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule number out of compliance are listed in the</p>		

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

TITLE

(X6) DATE

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{5 000}	Continued From page 1	{5 000}	<p>"Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings, which are in violation of the state statute after the statement, "This Rule is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN, WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.</p>		
{5 660}	<p>MN Statute 144.651 Subd. 6. RES. RIGHTS Appropriate health care.</p> <p>Residents shall have the right to appropriate medical and personal care based on individual needs. Appropriate care for residents means care designed to enable residents to achieve their highest level of physical and mental functioning. This right is limited where the service is not reimbursable by public or private resources.</p> <p>This MN Requirement is not met as evidenced by:</p>	{5 660}			

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{5 660}	<p>Continued From page 2</p> <p>Based on interview and record review, the facility failed to ensure appropriate medical care was provided based on individual needs for one of four residents (R4) when care and treatment plans were not updated to reflect the condition of a resident who had multiple incidents of ingestion of foreign objects. In addition, no additional interventions were developed or implemented by staff to mitigate further incidents.</p> <p>The findings include:</p> <p>On December 12, 2023, a follow-up visit was conducted by an MDH investigator.</p> <p>R4's medical record was reviewed by the MDH evaluator.</p> <p>R4's admission history and physical indicated R4 admitted to the facility on November 6, 2020. R4's diagnoses included schizophrenia, bipolar disorder, ADHD, polysubstance abuse, traumatic brain injuries, and a history of swallowing foreign objects.</p> <p>R4's Person-Centered Master Treatment Plan, dated October 4, 2023, identified R4's history of self-harm and ingestion of foreign objects. The October 4, 2023 Master Treatment Plan indicated R4 was at risk for self-harm and identified hospitalizations related to ingestion of foreign objects in May 2021 and May 2022 and indicated R4's Behavior Support Plan was discontinued on February 23, 2023, as R4 completed all expectations.</p> <p>R4's February 23, 2023, Behavior Plan Clearance Form indicated criteria for discontinuation of the plan included for R4 to be free from foreign body ingestion for six months.</p>	{5 660}			

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{5 660}	<p>Continued From page 3</p> <p>R4's medical record included documentation of ingestion of foreign objects on three separate occasions (March 22, 2023, September 7, 2023, and September 22, 2023) following the discontinuation of the Behavior Plan. There was no evidence of renewal or re-implementation of the Behavior Plan following the incidents.</p> <p>R4's Individual Abuse Prevention Plan (IAPP) dated October 2, 2023, included an identified vulnerability of risk to self related to an extensive history of swallowing objects and indicated to 'see support plan' for risk reduction measures. Other measures included limiting the use and access to items such as silverware, food packaging, hygiene items, clothing, and personal property. The IAPP indicated R4's Behavior Clearance Plan was discontinued on February 23, 2023. The IAPP was not updated to reflect the recent swallowing incidents (March 22, 2023, September 7, 2023, and September 22, 2023) and included no new interventions to monitor or mitigate R4's risk of ingestion of foreign objects.</p> <p>R4's progress note dated March 22, 2023 at 6:49 p.m. included [R4] reported to staff she swallowed tweezers, pens, lip gloss, and possibly other objects. [R4] reported she was spitting up blood. Staff contacted [R4's] primary physician and [R4] was transferred to the emergency room (ER) for evaluation.</p> <p>A March 22, 2023, progress note from 9:11 p.m. indicated R4 returned to the facility from the ER and was to report back to the OR (operating room) the next morning. Upon return to the facility R4 was placed on 1:1 observation.</p> <p>March 23, 2023, progress notes indicated at</p>	{5 660}			

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{5 660}	<p>Continued From page 4</p> <p>10:51 a.m., [R4] returned to the clinic for endoscopy procedure due to ingestion of foreign objects. [R4] returned from hospital at 12:15 p.m. An X-ray was completed due to ingestion of tweezers that was not found during endoscopy. R4's physician ordered a laxative protocol and nursing was to monitor for passage of tweezers via bowel movement.</p> <p>A progress note dated April 27, 2023, indicated an x-ray was obtained during an unrelated ER visit and the tweezer was no longer present. It was determined R4 had passed the tweezers via bowel movement.</p> <p>R4's IAPP, care plan, or Master Treatment Plan were not updated to reflect the March 22, 2023, swallowing incident. There was no evidence new interventions were developed or implemented to mitigate future incidents.</p> <p>Further review of R4's progress notes indicated on September 7, 2023, R4 reported to nursing staff she ingested items including pencils, hairclips, a battery, and more objects that she could not remember. R4 was placed on 1:1 observation and sent to the ER for evaluation. R4 was admitted to the hospital and returned to the facility on September 12, 2023, with one of the foreign objects remaining at the top of the large intestine and progressing through the colon. Staff were to monitor for passing of the foreign object via bowel movement.</p> <p>A September 12, 2023, progress note identified a short-term nursing care plan was created related to the September 9, 2023, incident. The nursing care plan monitored bowel habits, pain, and for signs of infection related to the ingestion of foreign objects. The care plan was discontinued</p>	{5 660}			

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{5 660}	<p>Continued From page 5</p> <p>September 20, 2023. It was unclear why the plan did not start immediately following the ingestion, or why a nursing care plan was not created for similar events.</p> <p>A September 13, 2023, progress note indicated R4 was on 1:1 observations with intermittent 15 minute checks.</p> <p>A September 17, 2023, progress note indicated R4's physician was contacted to renew the intermittent observation order.</p> <p>A September 22, 2023, progress note indicated R4 reported to staff that she ingested two eyeliners and an eyebrow pencil and other items she could not remember. R4's physician was updated and R4 was sent to the ER for an x-ray and returned to the facility with orders for a clear liquid diet.</p> <p>A September 24, 2023, progress note indicated R4 was on 1:1 observation after swallowing foreign objects on September 22, 2023.</p> <p>A September 25, 2023, progress notes indicated R4 was sent to the ER for an endoscopy. During endoscopy procedure two hair clips were removed but a third hair clip was unable to be removed as it was too far down the digestive tract. R4 returned to the facility later that day with orders to monitor R4's bowel movements for passage of the third hair clip.</p> <p>A September 26, 2023, progress note indicated R4 continued on 1:1 observation following her return to the facility.</p> <p>R4's IAPP, care plan, or Master Treatment Plan were not updated to reflect the September 7,</p>	{5 660}			

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{5 660}	<p>Continued From page 6</p> <p>2023, or September 22, 2023, swallowing incidents and did not identify the use, frequency, or duration of 1:1 observations of R4 or additional interventions developed or implemented to mitigate future incidents.</p> <p>Upon interview, on December 29, 2023, a registered nurse (RN)-F indicated all interventions for all specialties would be found on each resident's Person-Centered Master Treatment Plan.</p> <p>On December 29, 2023, RN-G was interviewed. RN-G indicated Master Treatment plan should be updated to reflect a change in condition and providers would also be updated. RN-G indicated she did not think swallowing was a current problem for R4. RN-G stated they do not restrict items on the unit from those who swallow unless the patient asks for items to be restricted.</p> <p>On January 9, 2024, mental health practitioner clinical program therapist (MHP)-E was interviewed and indicated R4 was "a big swallower. It's nothing new...it's going to happen sometimes " when asked why the Patient Centered Master Treatment Plan and the IAPP did not include changes or include of the incidents of swallowing foreign objects.</p> <p>The facility Nursing Service Delivery Policy dated October 3, 2023, included the following:</p> <p>1. The purpose of the Nursing Care Plan is:</p> <p>a. To provide a plan outlining specific procedures, treatments, assessments, etc., needed to provide patient care for acute health problem(s).</p> <p>b. To facilitate communication between nurses by providing a tool that focuses and organizes information.</p>	{5 660}			

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{5 660}	<p>Continued From page 7</p> <p>c. To promote an optimal outcome for the patient by providing directives for the specific care of that patient based on the nursing assessment.</p> <p>2. Nursing Care Plans should be initiated for nursing diagnoses expecting to resolve within three weeks.</p> <p>3. Nursing Care Plans will include: a. the problem(s); b. goal(s); c. intervention(s); d. signature, date, and time of RN initiating the care plan; and e. resolution and date of discontinuation signed by the RN with date and time.</p> <p>4. The Nursing Care Plan is a permanent part of the medical record, and it will be accessible and referenced by all staff involved in the care of the patient."</p> <p>The "Forensic Treatment Planning" Policy dated March 7, 2023 included: Forensic Services (FS) will develop and maintain an individualized treatment plan (ITP) for each patient served. ITPs must include: 1. a recovery goal identified by the patient; 2. an individualized discharge goal that identifies the patient's needs required to successfully transition to a more integrated setting; 3. a brief case formulation describing the treatment needs that will be prioritized or deferred for the next review period and why; and a summary of the patient ' s identified signature risk signs. 4. objectives related to the identified goals that are written using the specific, measurable and</p>	{5 660}			

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{5 660}	<p>Continued From page 8</p> <p>timely components as identified in the SMART work aid posted on the Treatment Planning Resource SharePoint site;</p> <p>5. interventions provided by staff to address the objective, including the staff responsible and the frequency of the intervention;</p> <p>6. identification of any referrals and resources needed to assure the patient ' s health and safety needs are met and the staff responsible for the follow up and response to the referral;</p> <p>7. identification of supporting documents as applicable to the patient (i.e., Support plans, Positive Support Transition Plans, BMRC related documents, Relapse Prevention Plans and Communication Services Plan);</p> <p>8. date the treatment plan was completed or updated;</p> <p>9. the patient/legal guardian ' s signature or documented refusal; and</p> <p>10. identification of any external mental health service interventions that are being offered."</p> <p>No further information was provided.</p>	{5 660}			