

# STATE LICENSING COMPLIANCE REPORT

**Report #:** HL014187318C

**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:  <b>01418S</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/19/2023</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FORENSIC MENTAL HEALTH PROGRAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 FREEMAN DRIVE ST PETER, MN 56082</b>
---	--

(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	<p><b>Initial Comments</b></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 July 19, 2023, the Minnesota Department of Health initiated an investigation of complaint #HL014188540C, HL014187318C, HL014185678C, HL014185622, HL014185454C, HL014184836C, and HL014181446C. The following correction order is issued/orders are issued.</p> <p>The following correction orders are issued for #HL014187318C, #HL01418836C, and</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>	
-------	---	-------	---	--

Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>01418S</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/19/2023</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FORENSIC MENTAL HEALTH PROGRAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 FREEMAN DRIVE ST PETER, MN 56082</b>
---	--

(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 HL014181446C, tag identification ___0660___.  No correction orders were issued for #HL014188540C, HL014185678C, HL014185622C, or HL014185454C.	5 000	"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.  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.	
5 660	MN Statute 144.651 Subd. 6. RES. RIGHTS Appropriate health care.  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.  This MN Requirement is not met as evidenced by:	5 660		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>01418S</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/19/2023</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FORENSIC MENTAL HEALTH PROGRAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 FREEMAN DRIVE ST PETER, MN 56082</b>
---	--

(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
--------------------	--	---------------	---	--------------------

5 660	<p>Continued From page 2</p> <p>Based on record review and interview, the facility failed to prevent one of one resident (R1) from self injury and failed to include interventions in the nursing care plan to address known self-injurious behaviors, and failed to ensure the nurse staffing ratio was implemented according to physician's orders.</p> <p>The findings include:</p> <p>R1 admitted to the facility on February 28, 2022, with diagnoses which included Post-Traumatic Stress Disorder (PTSD), bipolar disorder, and self-injurious behaviors.</p> <p>R1's medical record included documentation from October 24, 2022 through July 1, 2023, which identified 26 documented incidents of ingestion of objects and 46 incidents of inhalations of objects by R1.</p> <p>R1's physician notes dated August 21, 2023, identified within the past year R1 had 35 bronchoscopes, and 26 hospitalizations for ingestion and/or inhalation of objects.</p> <p>R1's medical record included a note dated January 14, 2023, indicating "...At approximately 7 pm, writer entered unit station when patient beckoned her over to the half door. Patient [R1] said, "I swallowed something" and presented a "hair pick" that she had gotten from her storage. All 10 plastic "teeth" had been broken- some more than others...Writer informed nurse that if there are no items in patient's stomach to retrieve, she likely has them on her person, and will likely ingest them at a later time in order to go to the hospital."</p> <p>A note dated January 15, 2023, included "R1</p>	5 660		
-------	--	-------	--	--

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>01418S</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/19/2023</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FORENSIC MENTAL HEALTH PROGRAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 FREEMAN DRIVE ST PETER, MN 56082</b>
---	--

(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
--------------------	--	---------------	---	--------------------

5 660	<p>Continued From page 3</p> <p>presented to nursing this morning when prompted for AM medications. She reports she feels better in respect to her pneumonia but that her throat and stomach hurt from swallowing pieces of a comb last evening. R1 was disheveled and kept her arms inside tearproof gown for the majority of the interactions. She took scheduled medications crushed in pudding before going to sit at a table with peer #31590. Shortly after, peer #31590 came to nursing stating that R1 still had pieces of the comb and was swallowing them at the table. R1 came to nursing and showed a small, long piece of black hard plastic. R1 was encouraged to make a safe choice and give writer the piece of plastic. R1 declined and stated she was going to swallow it. She held piece of hard plastic to nursing station window and allowed writer to measure it, roughly 55 mm or 2 inches. She attempted to swallow it x3, gagging it up, before successfully ingesting it. R1 reported swallowing five pieces at the table, one piece in front of writer, and that she had two additional pieces on her...While plan was being formulated, R1 came to nursing multiple times. She reported swallowing the two additional pieces she had and now had swallowed roughly 8 "teeth" from the comb. She asked, "am I going to be on a 1:1 now?" Writer asked if she felt she needed a 1:1 observation and she declined stating, "No, I don't have anymore". Medical contacted nursing and was informed that patient reports swallowing two additional pieces. Provider verbalized plan that MCHS Mankato will schedule her for surgery sometime tomorrow. [R1] will be NPO until surgery and complete Golytely prep today."</p> <p>R1's nursing note dated January 24, 2023, included "Per documentation, patient (R1) was found to have a pneumonia in her RML and RLL via CT scan of her chest . A bronchoscopy was</p>	5 660		
-------	---	-------	--	--

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>01418S</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/19/2023</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FORENSIC MENTAL HEALTH PROGRAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 FREEMAN DRIVE ST PETER, MN 56082</b>
---	--

(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
5 660	<p>Continued From page 4</p> <p>performed and revealed 3 foreign bodies (1 in RLL, 2 LLL) which appeared to be soft clear plastic. Writer is under impression this is consistent with the plastic wrappings of patient's mints. Discharge summary states that patient reported she intentionally inhaled the plastic. Patient received 3 days of IV Zosyn and is to continue with an additional 4 days of PO Augmentin to complete a 7-day course of antibiotic for aspiration and foreign body induced pneumonia."</p> <p>Despite the January 24, 2023, episode which lead to the resident being intubated, there were documented instances of mints with wrappers given as a reward and wrapper inhalation on: -February 2, 2023; -February 15, 2023; -May 10, 2023; -May 11, 2023; -August 16, 2023.</p> <p>Aspiration of objects was not added to R1's Individual Abuse Prevention Plan (IAPP) until February 24, 2023.</p> <p>R1's nursing note dated February 27, 2023, included "Patient handed in a handful of wrappers to RNS, likely from candy/caramels. Patient reported that she had inadvertently received unwrapped items from staff."</p> <p>R1's "Person-Centered Master Treatment Plan" dated October 31, 2022, through May 23, 2023, was not updated or evaluated to include or identify new interventions despite multiple incidents identified throughout R1's medical record. R1's "Person-Centered Master Treatment Plan" included only one new goal appearing to stem from an April 2023, discovery of pulmonary</p>	5 660		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>01418S</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/19/2023</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FORENSIC MENTAL HEALTH PROGRAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 FREEMAN DRIVE ST PETER, MN 56082</b>
---	--

(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
5 660	<p>Continued From page 5</p> <p>embolisms. "[R1] will take all medications as prescribed." No other objectives nor interventions were reflected in writing to be resolved or added other than those associated with the new goal. There were two date changes made to the objectives of "Person-Centered Master Treatment Plan" on April 18, 2023, but there were no other plan changes made other than to increase the timeframe of the objectives</p> <p>The MDH investigator questioned the registered nurse (RN)-A about mint wrappers being provided to R1. RN-A responded in writing on October 5, 2023, with the statement "...By mid-May we had decided that no patients on Tamarack West could have mints. That being said, other patients still had access to items with wrappers (like suckers). [R1] did move to Willow Unit around 6/20/23 where she lived by herself. We continued to remove/restrict and she continued to find items to inhale."</p> <p>R1's progress note dated June 5, 2023, included "...She [R1] felt that the team was, "punishing her" for her behaviors by taking away her right to private phone calls. She informed this writer that she has nothing to do (referring to her ability to utilize writing as a coping skill) and now feels she cannot even talk to people that she wants to without staff listening . At this point [R1] began crying and told this writer that she is lonely and has nothing to occupy her time, no groups, activities, or coping skills..."</p> <p>R1's nursing note dated June 20, 2023, included "This writer was present in the Tamarack Unit station when writer was alerted by staff that patient was in her room laying in her bed, waving her arm, as if to get staff's attention. Staff entered the unit and upon initial observation patient was</p>	5 660		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>01418S</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/19/2023</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FORENSIC MENTAL HEALTH PROGRAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 FREEMAN DRIVE ST PETER, MN 56082</b>
---	--

(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
5 660	<p>Continued From page 6</p> <p>heard wheezing, O2 Sats were 61% room air, and appeared to be restless and gasping for air. An ICS was initiated for request of an ambulance. Nursing administered oxygen via nonrebreather mask at 15 L per minute at 2:13pm. Her sats gradually increased to 82% and then 87% at 15LPM. At 2:15 pm Patient's vitals were 100.2T-153/91-97P-108 pulse. Writer was informed that patient was likely in possession of toilet paper on her person that she had obtained from a peer's room earlier in the day."</p> <p>R1's physician orders for level of observation at the time of the June 20, 2023, incident were, "1:1 observation with barrier while on unit. May utilize camera while in room."</p> <p>R1's nursing note dated July 1, 2023 included "Around 3:30 pm, writer contacted on-call medical regarding patient having a cup and the 2:1 observation without barrier currently happening. Nursing expressed concerns that being on the unit seemed to be contra-therapeutic, providing negative attention, and gave [R1] access to more items that would be on the staff members' person. We discussed motivators for [R1] to turn in the cup and ways she could prevent boredom on the unit. Decision was made to continue 2:1 observation with barrier while providing [R1] opportunities to return cup. At 5:20pm, [R1] requested to talk with nursing. Staff reported that [R1] has been pacing in her room and laying down in bed while forcefully coughing. When writer arrived to unit, she presented a half-circle piece of soft plastic without stating anything. Writer thanked her for turning in a potentially dangerous item and [R1] stated, "well it was in my vagina". She refused assessment, including checking her oxygen sat. Writer returned to Willow Unit at 5:50pm and [R1] allowed for O2</p>	5 660		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>01418S</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/19/2023</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FORENSIC MENTAL HEALTH PROGRAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 FREEMAN DRIVE ST PETER, MN 56082</b>
---	--

(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
5 660	<p>Continued From page 7</p> <p>sat check, which was 94%. At this time, [R1] showed writer that she had piece of soft plastic in her mouth, roughly the size of a nickel. [R1] made three attempts before successfully inhaled the piece. Patient requested that nursing check her O2 sat now that she had inhaled again, and it had improved to 95%. While writer was notified on-call medical, [R1] stood on unit chair and began to pick at mounted TV. She moved to the telephone mounted on the wall and began to hit it as well as using her body to move phone." R1 was subsequently sent to the emergency room, intubated, medical air lifted to a higher level-of-care hospital, and objects were located in her lungs and intestine.</p> <p>A primary care note dated July 17, 2023, contained information about being summed by the unit for R1 being in distress over a 18X9 millimeter metal screw located in her rectum and R1's attempt to inhale 3 beans and a noodle. Nursing notes for this date did not contain information pertaining to this incident.</p> <p>R1's most recent nursing care plan was dated July 26, 2023, but included a creation date of July 27, 2023. The July 2023 nursing care plan identified only physical nursing issues. The July 2023 care plan did not identify mental health concerns, despite the nature of R1's commitment being for mental health concerns, the facility being a mental health facility, the resident having the diagnoses of post traumatic stress disorder and borderline personality disorder, and R1 struggling with self-harm behaviors.</p> <p>R1's nursing care plan for psychiatric nursing interventions included no evidence of evaluation of the plan, and no changes, updates, or new interventions were identified or included on the</p>	5 660		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>01418S</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/19/2023</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FORENSIC MENTAL HEALTH PROGRAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 FREEMAN DRIVE ST PETER, MN 56082</b>
---	--

(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
5 660	<p>Continued From page 8</p> <p>care plan despite the multiple incidents identified throughout R1's medical record.</p> <p>R1 was interviewed on July 19, 2023, and reported that she did not want to die but did not feel that she had very many tools, skills, or interventions to utilize to help her fight or cope with her inhaling and swallowing impulses.</p> <p>On September 11, 2023, R1 returned to facility from a medical hospital for a condition "secondary to foreign body inhalation." Returned to unit in respiratory distress, another ambulance was summoned, and R1 was intubated before arriving at a medical hospital.</p> <p>R1 was pronounced dead on September 11, 2023.</p> <p>RN-A was interviewed on October, 3, 2023, and was asked about the primary care note from July 17, 2023, which was not addressed in the nursing notes. RN-A acknowledged it was the expectation that all events on the unit would be documented in the nursing notes and acknowledged that was not done regarding the July 17, 2023, incident. RN-A also acknowledged nursing care plans at the facility did not contain psychiatric diagnostic nursing interventions. RN-A stated that nursing care plans contained "physical and short-term" interventions. RN-A stated that nurses follow Person-Centered Master Treatment Plans, which the treatment team composes together so there is no identified author of the plan. All of the Person-Centered Master Treatment Plans were reviewed but the plans are not updated as often as a nursing care plan would be expected to be, which is whenever a new issue or a problem occurs, interventions are to be added to the nursing care plan; this</p>	5 660		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>01418S</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/19/2023</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FORENSIC MENTAL HEALTH PROGRAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 FREEMAN DRIVE ST PETER, MN 56082</b>
---	--

(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
5 660	<p>Continued From page 9</p> <p>could be daily in some cases. RN-A acknowledged as often as R1 was swallowing, inhaling, head banging, going into restraints, getting into altercations, the expectation of an addition to the nursing care plan would be more frequent than the monthly or bi-monthly Person-Centered Care Master Treatment Plan was addressed.</p> <p>On August 14, 2023, emergency ambulance personnel (AMB)-C who responded to the facility's 911 calls for assistance with R1 was interviewed. AMB-C stated R1 was sent out of the facility via ambulance transport over 50 times. AMB-C witnessed facility staff restraining R1 without justification. AMB-C indicated there were instances including December 16, 2022, AMB-C was not given a report for R1 by the facility staff. Nursing staff at the facility told AMB-C that the "receiving hospital knows" why R1 was being transported and refused to give the paramedic information regarding R1's medical and mental status. AMB-C recalled on the day of December 16, 2022, the transport from the facility lasted approximately 20 minutes, and the paramedic was not told by the facility R1 had swallowed multiple objects, and was provided no update on R1's condition. AMB-C was also told by facility staff that staff had witnessed R1 swallow an object(s) and staff reported they did not intervene. AMB-C stated they had not had experienced a nurse refusing to give emergency response personnel report and not experienced any other facility or staff like this facility, in the four plus years they served as a paramedic.</p> <p>The American Nurses Association "Standards for Nursing Care" includes the following: "The common thread uniting different types of nurses who work in varied areas is the nursing</p>	5 660		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>01418S</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/19/2023</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FORENSIC MENTAL HEALTH PROGRAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 FREEMAN DRIVE ST PETER, MN 56082</b>
---	--

(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
5 660	<p>Continued From page 10</p> <p>process-the essential core of practice for the registered nurse to deliver holistic, patient-focused care.</p> <p>Assessment: An RN uses a systematic, dynamic way to collect and analyze data about a client, the first step in delivering nursing care. Assessment includes not only physiological data, but also psychological, sociocultural, spiritual, economic, and life-style factors as well. For example, a nurse's assessment of a hospitalized patient in pain includes not only the physical causes and manifestations of pain, but the patient's response-an inability to get out of bed, refusal to eat, withdrawal from family members, anger directed at hospital staff, fear, or request for more pain mediation.</p> <p>Diagnosis: The nursing diagnosis is the nurse's clinical judgment about the client's response to actual or potential health conditions or needs. The diagnosis reflects not only that the patient is in pain, but that the pain has caused other problems such as anxiety, poor nutrition, and conflict within the family, or has the potential to cause complications-for example, respiratory infection is a potential hazard to an immobilized patient. The diagnosis is the basis for the nurse's care plan.</p> <p>Outcomes / Planning: Based on the assessment and diagnosis, the nurse sets measurable and achievable short- and long-range goals for this patient that might include moving from bed to chair at least three times per day; maintaining adequate nutrition by eating smaller, more frequent meals; resolving conflict through counseling, or managing pain through adequate medication. Assessment data, diagnosis, and goals are written in the patient's care plan so that</p>	5 660		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>01418S</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/19/2023</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FORENSIC MENTAL HEALTH PROGRAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 FREEMAN DRIVE ST PETER, MN 56082</b>
---	--

(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
5 660	<p>Continued From page 11</p> <p>nurses as well as other health professionals caring for the patient have access to it.</p> <p>Implementation: Nursing care is implemented according to the care plan, so continuity of care for the patient during hospitalization and in preparation for discharge needs to be assured. Care is documented in the patient's record.</p> <p>Evaluation: Both the patient's status and the effectiveness of the nursing care must be continuously evaluated, and the care plan modified as needed."</p> <p>No further information provided.</p> <p>Time Period for Correction: Twenty-One (21) Days</p>	5 660		