

# STATE LICENSING COMPLIANCE REPORT

**Report #:** HL014187607C

**Date Concluded:** March 13, 2023

**Name, Address, and County of Facility**

**Investigated:**

Forensic Mental Health Program  
100 Freeman Drive  
St. Peter, Minnesota 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>12/12/2023</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>		
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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 December 12, 2023, the Minnesota Department of Health initiated an investigation of complaint #HL014187025C and #HL014187607C. No correction orders are issued for #HL014187607C.</p> <p>The following correction order is issued issued for #HL014187025C tag identification 0700</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

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5 000	Continued From page 1	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.		
5 700	MN Statute 144.651 Subd. 14. RES. RIGHTS Freedom from maltreatment.  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.	5 700			



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5 700	<p>Continued From page 2</p> <p>This MN Requirement is not met as evidenced by: The facility failed to ensure residents were free from the use of physical restraints when one of four residents (R4) reviewed was placed in handcuffs prior to transport from the facility, despite orders indicating R4 was to remain free from restraint outside the secure perimeter of facility.</p> <p>The findings include:</p> <p>On December 12, 2023, R4's medical record was reviewed by an MDH evaluator.</p> <p>R4's medical record included a healthcare provider order dated March 31, 2023, allowing R4 to remain free from restraint outside the secure perimeter.</p> <p>R4's nursing progress note, dated October 28, 2023, contained the following: "This morning (10/28) around 7:00 AM, [R4] came up to the medication window complaining she was short of breath and her face and extremities were swollen. Patient presented as if she was tired (laying/leaning on the counter in front of the medication window) and was stumbling over/slurring her words. Writer could see that both arms and legs were visibly swollen and there seemed to be slight swelling in the patient's cheeks and lip areas on her face. Writer took patient's O2 saturation which was 96% on room air. Writer asked patient to smile, face was equal and symmetrical with no drooping. At that time writer contacted (charge nurse) for a second opinion. Patient returned to the medication</p>	5 700			

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5 700	<p>Continued From page 3</p> <p>window and requested her morning medication because she wanted to eat breakfast. Patient was slow to take her medication/ fighting to stay awake or focus (unsure which one). After 10 minutes she came back up to the medication window for a mouth check (med. watch) and writer reassessed patient's O2 saturation at that time which had dropped to 89% on room air. (Charge nurse) arrived on the unit and along with writer went to assess the patient. At that time the patient's O2 saturation jumped back up to 96% on room air. During the assessment we (charge nurse and writer) were also looking for signs of opioid overdose as instructed by patient's psych provider due to patient starting Suboxone earlier this week. Patient's pupils looked normal (non-pinpoint), her skin was warm and dry, and patient did not complain of nausea or vomiting. At that time writer and (charge nurse) contacted the on-call medical provider for direction/ his opinion. It was determined that (R4) would be sent to the Emergency Department...via state van with two staff for further evaluation. Before leaving the patient's, vital signs were as follows:</p> <ul style="list-style-type: none"><li>-Temperature: 98.1 degrees Fahrenheit</li><li>-Blood pressure: 122/70</li><li>-Pulse: 125</li><li>-Respiration rate: 20</li><li>-O2 Saturation 94%</li></ul> <p>Patient's primary medical and psych providers notified via Clinical Referral Board (CRB)."</p> <p>R4's progress notes also contained an append/ammend note dated October 28, 2023, at 11:57 a.m. which included: It should be noted by the time writer and (charge nurse) did the joint assessment that R4's speech was back to normal, and she was alert and able to answer questions. However, during that assessment patient did additionally state that she felt a new</p>	5 700			



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5 700	<p>Continued From page 4</p> <p>"tingly" sensation in both her hands, that she could not lift either of her arms above her shoulder height, and she was feeling pain throughout her body.</p> <p>During an interview on December 12, 2023, administrative staff (ADM)-B and ADM-D were asked about R4's October 28, 2023, transfer to the emergency room and confirmed that C4 was restrained during the transport. ADM-B confirmed there was not a provider's order for restraints to be utilized during the transport and attributed the incident to "miscommunication." ADM-D indicated "staff were unclear (of the restraint) status" of R4 at the time of the incident.</p> <p>R4's medical record lacked documentation of the restraint use during the transport of R4 on October 28, 2023. R4's medical record also lacked evidence of assessment of R4's condition during and post restraint use and evidence of debriefing post-restraint use.</p> <p>Restraint and seclusion documentation for R4 was requested by the MDH investigator. On January 2, 2024, an email response from the facility included "proposed response from treatment team: (R4) has not had any uses of restraint/seclusion in over 2 years. Attached is the ROSP form dated 3/31/23 which notes status as 'Not needed' with rationale for why not needed. I also have saved the ROSP form dated 11/18/22 which states they [restraints] are needed 'Not on campus, In community only'. I did not see any orders in Avatar [electronic charting system] for 10/28/23 nor related progress notes."</p> <p>On January 2, 2024, a request was made by the MDH investigator for clarification of the location of restraint review documentation utilized during the</p>	5 700			

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5 700	<p>Continued From page 5</p> <p>treatment team review. A response provided by the facility via email on January 2, 2024, included: "These are completed as progress notes, which are attached: the Treatment Review Summary notes for 10/2/23 &amp; 6/26/23, which require use of restraint for transport to be reviewed. This is also reviewed during treatment reviews (quarterly for Aspen). Potentially the START assessments could also capture this - although assessment for ROSP isn't noted specifically on the form, there are prompts for 'Specific Risk Estimates' including 'unauthorized leave' and 'violence'. Attached are the START assessments for 6/8/2023 and 10/2/23." The Treatment Review Summary Progress notes include a note dated June 30, 2023 "Restraint outside the secure perimeter status: NA;" and a note dated October 10, 2023, indicating ' Restraint outside the secure perimeter status: NA.' No other document directly indicates what the restraint practice and process for the client includes or excludes"</p> <p>On January 3, 2024, a Support Specialist (SS)-C was interviewed. SS-C was one of the employees included in the transport of R4 on October 28, 2023. SS-C was also part of the "decision making team" who determined restraints would be placed on R4 for the transport. SS-C recalled, "That day we checked a weekly clinical review paper, there is a section that discusses restraints. It said: unknown, I believe, was the verbage that it said. The nurse that day was new and didn't have any input on the restraints. So being that (R4) was a gray, her liberty level, we decided to cuff her for the trip...then also the final check was the master control; they check us before we leave. So we left the facility with (R4) restrained." SS-C affirmed R4's handcuffs remained in place until the time of examination at the hospital, and were placed</p>	5 700			



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5 700	<p>Continued From page 6</p> <p>back on R4 before returning the facility.</p> <p>On January 3, 2023, Registered Nurse (RN)-A was interviewed, "When I went through NEO (new employee orientation) I was told the counselors would know if she needs to be in restraints or not. So I never really checked it [R4's restraint status]."</p> <p>On January 6, 2023, RN-E was interviewed and asked where restraint orders were located in resident charts. RN-E responded, "It's a one time thing. It [the restraint order] would be located on a chart and then staff are the ones that are in charge of that. The unit director would [enter the order in the resident chart]. I'm not really sure on the security side of it, who puts that out there. But the director and officer on duty (AOD) would make that available to staff in that area to view and then master control would have a master list, as nursing, we wouldn't have anything to do with it beyond there." RN-E indicated nursing would not have checked for a restraint order and was unaware of nursing having any list of residents with restraint orders.</p> <p>A facility policy titled "Use of Restraints for Transport Outside the Secure Perimeter," with an issue date of March 7, 2023, and effective date of April 4, 2023, was reviewed and included the following: The treatment team will complete the 'Use of Restraints for Transport Outside the Secure Perimeter' form in Avatar (electronic charting system) for each patient. The treatment team determines if restraints outside the secure perimeter are necessary during the following times: a) at all times; b) not on campus, in community only; or c) not needed. The registered nurse (RN)/designee will complete</p>	5 700			



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5 700	<p>Continued From page 7</p> <p>the 'Use of Restraints Outside the Secure Perimeter' (Avatar) form and send it creating a 'to do' for the attending psychiatric practitioner or POD.</p> <p>a) The attending psychiatric practitioner will or POD will approve or deny the request.</p> <p>b) The charge RN on duty will submit a copy of the 'Restraints Outside the Secure Perimeter' to Master Control every night.</p> <p>c) The treatment team will review the continued need for use of restraints for transport outside the secure perimeter for patients that have approval for use at every treatment plan review.</p> <p>Each time a patient is transported with the use of restraints, staff will document this information in the patient medical record. The documentation will include the reason the patient needed to leave the secure perimeter, type of restraint used, length of time the patient was in the restraint, verification of the level of Use of Restraints to Transport a Patient Outside the Secure Perimeter (for...Main Building). The Restraints Outside the Secure Perimeter report in Avatar will be printed daily by the unit night shift charge nurse. The report will be given to Security Services who will place copies at the following main building secure perimeter access points: a) Master Control; b) Link sally port; and c) Processing. If a patient is being transported outside the secure perimeter and a new order for use of restraints for transport outside the secure perimeter is approved or discontinued that day, nursing will print a copy of the order and provide it to security services at the secure perimeter access point."</p> <p>Time Period for Correction: Twenty-One (21) Days</p>	5 700			