MINNESOTA MDH DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of Minnesotans

Office of Health Facility Complaints Investigative Report
PUBLIC

Facility:
Cedar Crest Estate
225 Shady Ridge Road
Hutchinson, MN 55350
McLeod County

Report #: HL20040018

Date: July 18, 2013

Date of Visit: July 12, 2013
Time of Visit: 10:00 a.m.-3:00 p.m.

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

Type of Facility: ☐ Nursing Home ☐ HHA ☒ Home Care Provider/Assisted Living
☐ SLF ☐ ICF/IID ☐ Home Care
☐ Hospital ☐ Other: _____

☐ Facility Self Report ☒ Complaint

Allegation(s): It is alleged that neglect of supervision occurred when a client was found by police on a highway. The facility had the client on thirty minute checks and supposedly had checked on the client fifteen minutes prior to the time the client left the facility.

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:

Based on a preponderance of the evidence, neglect is substantiated in connection with the facility's failure to effectively supervise and monitor a client who was at high risk for elopement. The client was transferred from the hospital and admitted to the facility's locked memory care unit. Shortly following admission, the client was placed on every thirty minute checks due to the client's desire to elope. Review of the completed half hour check sheet and progress notes indicated the client was present on the unit during the time period the client was checked by staff. However, a State Patrol Report revealed the client was found on a road approximately two miles from the facility. The client was on his hands and knees on the shoulder of the road when he was found. The client was reported to be disoriented and exhausted due to the hot weather. The client did not sustain any injuries as a result of the incident. The client was transported to a nearby hospital for evaluation of his condition and referred to a secure facility.

Review of the incident revealed that the client eloped from the facility by going out an unsecured window in his room. Review of the client's every half hour check sheet indicated the client's whereabouts were not effectively monitored and accurately documented. The check sheet indicated the client was observed in the facility when the client was actually not present in the facility. The staff was not aware that the client had eloped until the State Patrol contacted the facility and reported that the client was found on the road.

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's policies and procedures did not provide an effective system of monitoring clients residing on the secure memory care unit that may be at risk for elopement or exhibit behaviors that require frequent monitoring.

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:

State Statutes Chapters 144 & 144A – Compliance Not Met
The requirements under State Statues for Chapters 144 &144A were not met.

State licensing orders were issued: ☒ Yes ☐ No If no, specify: _____
(State licensing orders will be available on the MDH website.)

Facility Corrective Action:

The facility took the following corrective action(s):
None

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 626.5572, subdivision 17 - Neglect
"Neglect" means:

(a) The failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to, food, clothing, shelter, health care, or supervision which is:

(1) reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult; and

(2) which is not the result of an accident or therapeutic conduct.

(b) The absence or likelihood of absence of care or services, including but not limited to, food, clothing, shelter, health care, or supervision necessary to maintain the physical and mental health of the vulnerable adult which a reasonable person would deem essential to obtain or maintain the vulnerable adult's health, safety, or comfort considering the physical or mental capacity or dysfunction of the vulnerable adult.

The Investigation included the following:

Document Review: The following records were reviewed during the investigation:

- ☒ Medical Records
- ☒ Medication Administration Records
- ☒ Facility Incident Reports
- ☐ ADL (Activities of Daily Living) Flow Sheets
- ☒ Physician Orders
- ☒ Nurses Notes
- ☐ Activities Reports
- ☐ Therapy and/or Ancillary Services Records
- ☐ Skin Assessments
- ☒ Care Guide
- ☒ Treatment Sheets
- ☒ Physician Progress Notes
- ☐ Laboratory and X-ray Reports
- ☐ Social Service Notes
- ☐ Meal Intake Records
- ☐ Weight Records
- ☒ 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
- ☒ Staff Time Sheets, Schedules, etc.
- ☐ Facility Internal Investigation Reports
- ☒ Personnel Records/Background Check, etc.
- ☒ Facility In-service Records
- ☒ Facility Policies and Procedures

☐ Call Light Audits ☐ Other, specify: _____

Number of additional resident(s) reviewed: 0

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: _____

Tennessen 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 B
Hutchinson Police Department
McLead County Attorney
Hutchinson City Attorney
MN Department of Public Safety-Mankato (Sgt. Lonnie Pregler)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H20040	A. BUILDING: _____ B. WING _____	C 07/17/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR CREST ESTATE	225 SHADY RIDGE ROAD HUTCHINSON, MN 55350

(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
0 000	Initial comments A complaint survey was conducted to investigate complaint number HL20040018. The following correction order is issued. When corrections are completed, please sign and date, make a copy of these orders and return the original to the Minnesota Department of Health, Division of Compliance Monitoring, Office of Health Facility Complaints; 85 East Seventh Place, Suite 220; St. Paul, Minnesota 55164-0970.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state Statutes/Rules for Home Care Providers. 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 out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors ' 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.	
0 030	144A.44 Subd.1(2) Up-to-date Plan/Accepted Standards Practice Subdivision 1. Statement of rights. A person who receives home care services has these rights: (2) the right to receive care and services	0 030		

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0 030	Continued From page 1 according to a suitable and up-to-date plan, and subject to accepted medical or nursing standards, to take an active part in creating and changing the plan and evaluating care and services; This MN Requirement is not met as evidenced by: Based on interview and document review the licensee failed to effectively supervise and monitor one of one clients reviewed. Findings include: The client's medical record revealed the client was transferred from the hospital and admitted to the facility's locked memory care unit on 6/25/13. Shortly following admission, the client was placed on every thirty minute checks due to the client's comments related to elopement. Review of the completed half hour check sheet and progress notes indicated the client was on the unit between 6:00 p.m. and 6:40 p.m. when the client was checked by staff. However, a 6/25/13 State Patrol Report, revealed the client was found by a citizen at 6:11 p.m., approximately two miles from the facility. The client was on his hands and knees on the shoulder of a road when he was found. The State Patrol Report stated client was reported to be disoriented and exhausted due to the hot weather. The client did not sustain any injuries as a result of the incident. The client was transported to a nearby hospital for evaluation of his condition and referral to a secure facility.	0 030		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H20040	A. BUILDING: _____ B. WING _____	C 07/17/2013

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0 030	Continued From page 2 Review of this incident revealed that the client eloped from the facility by going out an unsecured window in his room. Review of the client's every half hour check sheet indicated the client's whereabouts were not effectively monitored and accurately documented between 6:00 p.m. and 6:40 p.m. The check sheet indicated the client was observed in the facility during that time period. The staff were not aware that the client had eloped until the State Patrol contacted the facility and reported that the client was found on the road. Time Period for Correction: Thirty (30) days.	0 030		

MINNESOTA
MDH
DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of Minnesotans

Post Correction Order Follow-Up
PUBLIC DATA

Facility:
Cedar Crest Estate
225 Shady Ridge Road
Hutchinson, MN 55350
McLeod County

Report #: HL20040018

Date: September 27, 2013

Date of Visit: September 26, 2013
Time of Visit: 9:30 a.m.

By: Rita Lucking, R.N.
Special Investigator

Nature of Visit
An unannounced visit was made in order to follow-up one state licensing order which were issued on August 1, 2013, as the result of an investigation which had been completed on July 17, 2013.

The status of the order is as follow:
1 144A.44 Subd.1(2) - Corrected

xc: Minnesota Department of Health – Licensing and Certification

AH Form Approved
9/29/2013

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
H20040	A. Building B. Wing	9/26/2013

Name of Facility	Street Address, City, State, Zip Code
CEDAR CREST ESTATE	225 SHADY RIDGE ROAD HUTCHINSON, MN 55350

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix 00030 Reg. # 144A.44 Subd.1(2) LSC	Correction Completed 09/26/2013	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By KL/sd	Date: 09/29/13	Signature of Surveyor: 06981	Date: 09/26/13
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:
Followup to Survey Completed on: 7/17/2013		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?		YES NO