

Protecting, Maintaining and Improving the Health of All Minnesotans

Office of Health Facility Complaints Investigative Public Report

Maltreatment Report #: HL20199062M

Compliance #: HL20199063C

Date Concluded: January 23, 2020

Name, Address, and County of Licensee Investigated:

Hillcrest Terrace of Chisholm PO Box 786 Hibbing, MN 55746 Saint Louis County Name, Address, and County of Housing with

Services location:
Hillcrest Terrace Na

Hillcrest Terrace, Nashwauk 507 E Platt Ave. Nashwauk, MN 55769 Saint Louis County

Facility Type: Home Care Provider

Investigator's Name: Kathie Siemsen, RN Special Investigator

Finding: Substantiated, individual responsibility

Nature of Visit:

An investigator from the Minnesota Department of Health investigated an allegation of maltreatment, in accordance with the Minnesota Reporting of Maltreatment of Vulnerable Adults Act, Minn. Stat. 626.557, and to evaluate compliance with applicable licensing standards for the provider type.

Allegation(s):

It is alleged: The alleged perpetrator (AP) neglected the client when s/he gave a double dose of insulin which caused a drop in the client's blood sugar. This resulted in hospitalization for the client.

Investigative Findings and Conclusion:

Neglect was substantiated. The alleged perpetrator was responsible for the maltreatment. The alleged perpetrator neglected to document and report when the client refused a blood sugar check, morning insulin and breakfast. At supper time the client received scheduled insulin which cause his blood sugar to drop significantly and resulted in the client being hospitalized.

The investigation included interviews with facility staff, including nursing staff, and unlicensed staff. In addition, the investigator contacted law enforcement. The investigator observed the

clients, the facility's medication administration system. The investigator reviewed client medical records, facility policies, past incidents and employee files.

The client's diagnoses included diabetes and dementia. The client was orientated to person and sometimes orientated to place and time. The client's service plan included assistance with medication administration and blood sugar checks one time a day. The client's physician orders included blood sugar testing and Lantus (a long acting insulin) 28 units at 8:00 a.m. and Novolg (short acting) insulin 12 units at 5:00 p.m.

The medication administration record indicated at 5:00 p.m. the client received scheduled medications: an oral anti-diabetic medication and 12 units of Novolog insulin. At 5:30 p.m., the client was disorientated, irritable and lethargic. The unlicensed personnel (ULP) notified the registered nurse (RN) on-call and the RN advised the ULP to call the emergency medical service (EMS). Upon arrival of EMS, the client's blood sugar was a life threatening level of 27 (normal reference range is 70 - 99). EMS gave the client Glucagon (a medication used to increase and control blood glucose levels) and transported the client to the hospital for evaluation.

The facility records lacked documentation the AP checked the client's blood sugar at the scheduled 8:00 a.m. blood sugar check the day of the client's hospitalization.

The client's hospital record indicated the client admitted with hypoglycemia (low blood sugar) due to medication. The client's blood sugar remained unstable and he required an intravenous blood sugar solution and monitoring. The next day the client discharge back to the facility with instructions to notify the nurse of high or low blood sugar prior to giving medications and check blood sugar levels four times a day.

During an interview, the client was unable to recall and answer questions appropriately. The client was not sure when he received his insulin but thought it was at night. The client stated he trusted staff to give him the right medication.

During an interview with ULP-D, she stated the AP was responsible for checking the client's blood sugar and giving insulin on the day shift. ULP-D stated in the evening, she heard the EMS call over a scanner and contacted the AP who told her the client refused his blood sugar check and breakfast. On behalf of the AP, ULP-D went to the facility at 10:00 p.m. to fill out the change in condition report. ULP-D stated when a client refuses cares or medications, staff are supposed to contact the nurse.

The interim director of nursing (IDON) stated there was not documentation on the medication administration record of a blood glucose check or the administration of insulin that morning by the AP. The AP also did not document the client did not eat breakfast that morning. The next scheduled blood sugar check was at 8:00 p.m. The IDON stated the client would not know how much insulin he received due to dementia. The IDON stated staff should circle a refusal on the medication administration record and complete a refusal form.

The facility obtained a consulting company to manage operations and retrained all staff. The AP no longer works at the facility.

In conclusion, neglect was substantiated.

Neglect: Minnesota Statutes, section 626.5572, subdivision 17

"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.

Vulnerable Adults interviewed: Yes.

Family/Responsible Party interviewed: Yes.

Alleged Perpetrator interviewed: No, the AP failed to respond to a subpoena.

Action taken by facility:

The facility obtained a consulting company to manage operations and retrained all staff. The AP no longer works at the facility.

Action taken by the Minnesota Department of Health:

The facility was found to be in noncompliance. To view a copy of the Statement of Deficiencies and/or correction orders, please visit:

https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html, or call 651-201-4890 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached Statement of Deficiencies.

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.

cc:

Health Regulation Division – Home Care and Assisted Living Program
The Office of Ombudsman for Long-Term Care
Nashwauk Police Department
Nashwauk City Attorney
Saint Louis County Attorney

Minnesota Department of Health

	2 2/2019						
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CHISHOLM, MN 55719							
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0 000 Initial Comments 0 000							
### ATTENTION *******ATTENTION HOME CARE PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144A.43 to 144A.482, the Minnesota Department of Health issued a correction order(s) pursuant to a survey. Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: On November 21, 2019 and November 22, 2019, the Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Home Care Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state statute 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 of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the stateute 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 stateute out of compliance. 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. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144A 474 SUBDINISION 11 (b)(1)(2)							
0 325 144A.44, Subd. 1(14) Free From Maltreatment 0 325							
Subdivision 1. Statement of rights. A person who receives home care services has these rights: Minnesota Department of Health							

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

TITLE (X6) DATE

Minnesota Department of Health

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	COMPLETED		
		H20199	B. WING		11/2	; 2/2019
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	abuse, neglect, finatorial forms of maltreatment coverage.	free from physical and verbal incial exploitation, and all vered under the Vulnerable Maltreatment of Minors Act;				
	by: Based on observation review, the facility facility facility facility facility facilients reviewed (Callerts reviewed (Callerts free from malt	ent is not met as evidenced ons, interviews, and document ailed to ensure seven of seven 1, C2, C3, C4, C5, C6, C7) treatment. C1 was neglected. and C7 were financially		No plan of correction is required. It see MDH public maltreatment reported details.		
	Findings include:					
	of Health (MDH) issoneglect and financial that an individual state for the maltreatment which occurred at the	20, the Minnesota Department sued a determination that all exploitation occurred, and aff persons were responsible at, in connection with incidents he facility. The MDH as a preponderance of eatment occurred.				
0 805 SS=E	144A.479, Subd. 6(Vulnerable Adults/M	a) Reporting Maltrx of linors	0 805			
	adults and minors. of must comply with red of maltreatment of rethe requirements for the	maltreatment of vulnerable (a) All home care providers equirements for the reporting minors in section 626.556 and e reporting of maltreatment of section 626.557. Each home				

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Minnesota Department of Health STATE FORM

Minnesota Department of Health

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0 805	procedure to ensure maltreatment are re	olish and implement a written e that all cases of suspected	0 805			
	by: Based on interview licensee failed to re (drug diversion) to the Reporting Center (Note 1).	and document review, the port financial exploitation the Minnesota Adult Abuse MAARC) immediately and nors 6 of 7 clients (C2, C3, C4,				
	violation that did no safety but had the pattern's health or sa pattern scope (whe of clients are affected number of staff are	ed in a level two violation (a of harm a client's health or cotential to have harmed a fety), and was issued at a n more than a limited number ed, more than a limited involved, or the situation has y; but is not found to be				
	diagnoses included the right femur, and chronic kidney dise would take prescrib	d was reviewed. C2's closed displaced fracture of emia, sick sinus syndrome, ase and low back pain. C2 ed medications as ordered and free from pain. C2 also es.				
	November 4, 2019, indicated two of C2 pain medication) in to be Hydrocodone, 5/325 milligrams (m	nal investigation dated and November 5, 2019, 's Hydrocodone (an opioid C2's pill case did not appear C2 received Hydrocodone ng) three times a day at 7:00 11:00 p.m. It was determined				

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H20199 B. WING 11/22/20 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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the medication in C2's pill case was Tylenol 325 mg (the dosage bought over the counter). The investigation also brought up additional concerns with other residents' medications. During the investigation also brought up additional concerns with other residents' medications. During the investigation there was concerns expressed with an unlicensed personnel (ULP)-E who had been passing medications. C3's medical record was reviewed. C3's diagnoses included diabetes, neuropathy, lumbago with sciatica and right peripheral field vision cut. C3 received Tylenol #3 (Tylenol with codeine) one tablet by mouth at 2:00 p.m. and 8:00 p.m. C3's narcotic log indicated dated October 23, 2019, indicated ULP-E and ULP-G signed out two Tylenol #3 tablets for C3. When facility staff compared ULP-G's initials to her previous initials, the initials did not match. On October 28, 2019, the narcotic log indicated ULP-E signed out two Tylenol #3 tablets for C3 and lacked a second staff witness initials. C3's medication administration record (MAR) dated October 2019 lacked documentation on October 28, 2019 for the 2:00 p.m. dose of Tylenol #3. The October MAR also indicated C3 had been refusing the 2:00 p.m. dose of Tylenol #3 at 2:00 p.m. The internal investigation dated November 4, 2019 and November 5, 2019, indicated on November 5, 2019 ULP-H stated she did not give C3 the Tylenol #3 at 2:00 p.m. as C3 had been refusing the 2:00 p.m. dose. C4's medical record was reviewed. C4's diagnoses included diabetes, anxiety, dementia,	the modern with inverse cases of the modern with inverse cases of the modern cases of	the medication in Comg (the dosage be investigation also it with other resident investigation there an unlicensed perspassing medication C3's medical recordiagnoses included lumbago with sciativision cut. C3 rece codeine) one table 8:00 p.m. C3's narcotic log in 2019, indicated UL Tylenol #3 tablets to compared ULP-G's the initials did not in the narcotic log incompared ULP-G's the initials did not in the narcotic log incompared ULP-G's the initials did not in the narcotic log incompared ULP-G's the initials administration recollacked documentation the 2:00 p.m. dose of 2019. On October ULP-H gave C3 Tylenol #3 arefusing the 2:00 p. C3 the Tylenol #3 arefusing the 2:00 p. C4's medical recording the 2:00 p.	C2's pill case was Tylenol 325 bught over the counter). The prought up additional concerns is medications. During the was concerns expressed with sonnel (ULP)-E who had been ins. It disabetes, neuropathy, ica and right peripheral field ived Tylenol #3 (Tylenol with the by mouth at 2:00 p.m. and indicated dated October 23, i.P-E and ULP-G signed out two for C3. When facility staff is initials to her previous initials, match. On October 28, 2019, ilicated ULP-E signed out two for C3 and lacked a second is. C3's medication ord (MAR) dated October 2019 ition on October 28, 2019 for a of Tylenol #3. The October is of Tylenol #3. The October 24, 2019, the MAR indicated in the Tylenol #3 at 2:00 p.m. Indicated Indicated on indicated indic				

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	an order for Tylenol hours as needed for October 29, 2019, and ULP-H signed for C4. ULP-H saw narcotic log and repthat the initials on the ULP-H. In addition, to give one tablet as					
	an order for Narco tablets twice a day narcotic log indicate Narco on October 57, 2019, at 1:30 p.m. October 21, 2019, at 8:30 a.m. tulp-H signed out the facility manager and October 29, 20 dates were not here had not taken the Narco on October 29, 20 dates were not here had not taken the Narco on October 57, 2019, at 8:30 a.m. tulp-H signed out to the facility manager and October 29, 20 dates were not here had not taken the Narco on October 29, 20 dates were not here had not taken the Narco on October 57, 2019, at 1:30 p.m. tulp-H signed out to the facility manager and October 29, 20 dates were not here had not taken the Narco on October 29, 20 dates were not here had not taken the Narco on October 29, 20 dates were not here had not taken the Narco on October 57, 2019, at 1:30 p.m. tulp-H signed out to the facility manager and October 29, 20 dates were not here had not taken the Narco of the facility manager and October 29, 20 dates were not here had not taken the Narco of the facility manager and October 29, 20 dates were not here had not taken the Narco of the facility manager and October 29, 20 dates were not here had not taken the Narco of the facility manager and October 29, 20 dates were not here had not taken the Narco of the facility manager and October 29, 20 dates were not here.	d was reviewed. C6's Depression knee pain, chest nd arthritis. gation dated November 4,				
	2019 and November	er 5, 2019, indicated C6 had dol (an opioid) 50 mg one				

Minnesota Department of Health

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l ` ′	E CONSTRUCTION	COMPLETED		
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	indicated upon hea incident of which appears or financial	ring the description pears to be suspe	of the cted abuse,				

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	make a report to the immediately. Immediately possible but no long knowledge of the in	diately means ger than 24 h	s as soon as					
	TIME PERIOD OF days.	CORRECTIO	ON: Seven (7)					
0 860 SS=E		3 Comprehen	sive Assessment	0 860				
	Subd. 8. Comprehensive assessment, monitoring, and reassessment. (a) When the services being provided are comprehensive home care services, an individualized initial assessment must be conducted in person by a registered nurse. When the services are provided by other licensed health professionals, the assessment must be conducted by the appropriate health professional. This initial assessment must be completed within five days after initiation of home care services.							
	(b) Client monitoring conducted in the client days after initiation of ser	ent's home n						
	(c) Ongoing client name of the conducted	as needed b	ased on changes					
	the needs of the clied days from the last of monitoring and reassessment client's residence of telecommunication	late of the as may be cond r through the	sessment. The ucted at the utilization of					

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	standards that mee	t the individual c	client's needs.				
	This MN Requirement by: Based on observation review the licensee assessment for 5 or C7) after the license medications were distributed as a second to the production of the p	on, interview and failed to complet f 7 clients (C2, Cee discovered the liverted. ed in a level two totential to have fety), and was is n more than a lined, more than a involved, or the	d document ete a pain 23, C4, C6, ne clients' pain violation (a health or harmed a sued at a mited number limited situation has				
	C2's medical recording included pain related of the right femur loaded July 18, 2019 prescribed medicated comfortable and fred visual difficulties.	ed to closed dispow back pain. C2 o, indicated C2 w ions as ordered	laced fracture 2's service plan yould take to be				
	The licensee's interdiversion findings red, 2019, and Nover C2's Hydrocodone C2's pill case did not C2 received Hydrocothree times a day a 11:00 p.m. It was de C2's pill case was 1 bought over the coubrought up addition medications.	elated to C2 date nber 5, 2019, income opioid pain recorded to be held to be held to be held to be held to be marked the market of the market	ed November dicated two of medication) in Hydrocodone. illigrams (mg) p.m. and edication in the dosage stigation also				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ` ′	E CONSTRUCTION	· , ,	(X3) DATE SURVEY COMPLETED	
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	C2's medical record after November 1, 2	d lacked a pain assessmen 2019.	t			
	included pain related neuropathy and lum service plan dated	d indicated C3's diagnoses ed to diabetes with diabetic abago with sciatica. C3's July 18, 2019, indicated C3 ed medications as ordered				
	with codeine) one to and 8:00 p.m. C3's 2019 indicated unlid ULP-G signed out to When facility staff of her previous initials. October 28, 2019, to ULP-E signed out to The narcotic log lactinitials. The medical (MAR) dated October documentation on Community of the MAR indicated 1:00 p.m. On Novemble did not give C3	gation dated November 4 and 3 received Tylenol #3 (Tylenol #3 tylenol #3 (Tylenol #3 tylenol #3 tylenol #3 tablets for Caronarcotic log dated October bensed personnel (ULP)-E wo Tylenol #3 tablets for Caronared ULP-G's initials to the initials did not match, the initials did not match, he narcotic log indicated wo Tylenol #3 tablets for Caronard for 2019, lacked Dctober 28, 2019, for the 2: ober MAR also indicated Caronard for 2:00 p.m. dose of Tylenol #3 tablets for Caronard for 2:00 p.m. dose of Tylenol #3 mber 5, 2019, ULP-H stated the Tylenol #3 at 2:00 p.m. ng the 2:00 p.m. dose.	23, and 3. On S. O			
	C3's medical record	d lacked a pain assessmen 2019.	t			
	4:00 p.m., C3 state Tylenol #3 at night f had refused the 2:0	on November 21, 2019 at d she only took the one for left leg pain. C3 stated so p.m. scheduled dose for C3 had the morning Tyleng				

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	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA D PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ` ′	ECONSTRUCTION	. ,	(X3) DATE SURVEY COMPLETED			
		H20199	B. WING			C 22/2019			
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE HILLCREST TERRACE OF CHISHOLM 624 SW THIRD STREET BOX 552 CHISHOLM, MN 55719								
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE			
0 860	C4's medical recordincluded pain related diabetes, osteoarth depression. C4's set 2019, indicated C4 medications as ordon The internal investigned by mouth every eight on October 29, 20° log indicated ULP-E tablets of Tylenol #3 initials were on the the facility manager were not signed by Tylenol #3 order dir ULP-E signed out to C4's medical recordafter November 1, 2° During an interview 4:45 p.m. C4 stated medications he was getting pain medical had any additional of C4 trusts the staff was correct medications. C6's medical recordincluded pain related pain, arthritis, lower C6's service plan displacements.	o. C3 trusts that the staff correct medication. d indicated C4's diagnoses of to anemia, anxiety, ritis, dementia and ervice plan dated July 18, would take prescribed ered. gation dated November 4 and C4 had an order for Tylenol #3 of the hours as needed for pain. 19, at 1:30 p.m. the narcotic end ULP-H signed out two for C4. ULP-H saw her narcotic log and reported to that the initials on the log herself. In addition, C4's ected to give one tablet and wo. d lacked a pain assessment 2019. on November 21, 2019, at the did not know what is taking but did know he was ations. C4 stated he has not or any out of the ordinary pain would provide him with the							

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Minnesota Department of Health STATE FORM

Minnesota Department of Health

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ` ′	CONSTRUCTION	` '	(X3) DATE SURVEY COMPLETED	
		H20199	B. WING			C 22/2019	
	PROVIDER OR SUPPLIER EST TERRACE OF CH	IISHOLM 624 SW	DDRESS, CITY, ST THIRD STREET LM, MN 55719	T BOX 552			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC)	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
0 860	5, 2019, indicated (an opioid) 50 mg of needed for pain. The ULP-E signed out to 2019 cosigned by Userported the initials. C6's medical record after November 1, 2019 cosigned by Userported the initials. C6's medical record included pain related disease, anxiety, os disk disease. C7's 2019, indicated C7 medications as ord. C7 had an order formg one tablet mout needed. C7's MAR.	gation dated November 4 and 26 had an order for Tramadol one tablet twice daily as he narcotic log indicated he Tramadol on October 16, JLP-H and on October 18, JLP-I. ULP-H and ULP-I were not theirs. d lacked a pain assessment 2019. d indicated C7's diagnoses ed to dementia, Alzheimer's steoarthritis and degenerative service plan dated July 30, would take prescribed	0 860				
	internal report was on March 25, 2019 the description of the client's medications 2019, by RN-M. State in C7's pill case for The drug diversion Findings' indicated and meeting with eaconfirmed by the state fraudulently recorded that the three remains substance pill case	gation worksheet indicated the made to the executive director at 4:15 p.m. The nature and he incident indicated the were set up on March 1, aff reported a concern the pills Percocet was Tylenol 325 mg 'Summary of Investigative after reviewing client records ach staff individually it was aff which initials were ed by ULP-L. It was confirmed ining pills in the controlled were Tylenol 325 mg and not was set up by the RN-M on					

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Minnesota Department of Health

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMPLETED		
		H20199	B. WING		C 11/22/2019	
		п20199			111/2	2/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	STATE, ZIP CODE		
HILLCRE	ST TERRACE OF CH	ISHOLM	THIRD STREE _M, MN 5571			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
0 860	Continued From pa	ge 12	0 860			
	March 1, 2019.					
	C7's medical record after March 2, 2019	d lacked a pain assessment				
	1:00 p.m., C7 stated pain medication online not know the name	on November 22, 2019, at d she had back pain and takes by when it "hurt bad." C7 did of the pain medication or what sted the staff to give her the ordered.				
	During an interview on November 21, 2019 at 5:37 p.m., the interim director of nursing(IDON) did not know if pain assessments were done after the discovery of the drug diversion to ensure C2, C3, C4, C6, C7 were not having unnecessary pain. During that timeframe it was the former DON responsibility, who had been let go. The IDON further stated staff would be reviewing all clients' pain medications and for pain in both facilities.					
	July 6, 2019, indicate would complete an	nge in Condition policy dated ted the registered nurse (RN) assessment for a change in nunicate with the physician				
	TIME PERIOD OF 6 days.	CORRECTION: Seven (7)				
0 935 SS=G	144A.4792, Subd. 8 Administration of M		0 935			
	medications. Each i	ation of administration of medication administered by ne care provider staff must be client's record. The				

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Minnesota Department of Health

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		H20199	B. WING		11/2) 2/2019	
	ROVIDER OR SUPPLIER	ISHOLM 624 SW T	DRESS, CITY, S HIRD STREE				
(X4) ID PREFIX TAG	PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	(X5) COMPLETE DATE	
	who administered the documentation must include the mand time administer administer administration. The reason why medical completed as prescribed and document that we client's needs when medication was not medication was not the control of the c	gnature and title of the personne medication. The edication name, dosage, date red, and method and route of staff must document the tion administration was not ument any follow-up re provided to meet the	0 935				
	by: Based on interview facility failed to ensi	ent is not met as evidenced and document review the are the refusal of medications the medical record for 1 of 7 esulted in C1 being					
	violation that harmed not including serious or a violation that has serious injury, impa- issued at a pattern limited number of c a limited number of	ed in a level three violation (a ed a client's health or safety, injury, impairment, or death, as the potential to lead to irment, or death) and was scope (when more than a lients are affected, more than staff are involved, or the red repeatedly; but is not ve).					
	included diabetes a	d indicated C1's diagnoses nd dementia. C1 was n and sometimes orientated to					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ` ′	E CONSTRUCTION	` '	(X3) DATE SURVEY COMPLETED		
				A. BOILDING.		ł	С
		H2019	9	B. WING			2 2/2019
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HILLCR	EST TERRACE OF CH	ISHOLM		HIRD STREE M, MN 5571	ET BOX 552		
(VA) ID	SHIMMARY STA	TEMENT OF DE		1	PROVIDER'S PLAN OF C	ORRECTION	(V5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY REGULATORY OR L	MUST BE PRE	CEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION CORREC	ON SHOULD BE HE APPROPR I ATE	(X5) COMPLETE DATE
0 935	Continued From pa	ge 14		0 935			
	place and time. C1' 2019 indicated C1' medication set up a glucose reading on safety for C1.	received ass and administ	istance with ration, blood				
	The facility investigations, 2019, C1's order glucose testing and acting) insulin and a (fast acting) insulin administration recomo administration recomo administration e insulin or the blood Resident Concern Movember 3, 2019, (ULP)-D did not not eat breakfast and that a.m. Lantus insulin investigation conclured that morning and received 12 u of Noulley at 5:30 p.m. to the second floor living disorientated, irritation investigation conclured to the second floor living disorientated, irritation disorientated, irritation and reported Culp to call the emetal (EMS). Upon arrival glucose and it was 70 - 99). EMS transform for evaluation	s included at 28 units (u) at 5:00 p.m. The medicard (MAR) incomplete the facility of the faci	t 8:00 a.m. blood of Lantus (long 12 u of Novolog ation dicated there was 3:00 a.m. Lantus ting. Per the mergency) dated personnel y C1 refused to not receive 8:00 a.m. The y tie into the gar when C1 lood sugar check 10 p.m. C1 from the evening erved C1 sitting in was rgic. The ULP and nurse (RN) on the RN advised the ical service ked C1's blood eference range is				
	C1's hospital recordindicated C1's diagram blood glucose) due oral diabetes medicated short acting insulin.	nosis was hy to medication at 5:00	poglycemia (low on. C1 received an p.m. followed by				

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` '	o. ` ´		(X3) DATE SURVEY COMPLETED
	, Doi.25.110.		
H20199	B. WING		C 11/22/2019
R STI	REET ADDRESS, CITY, STATE, Z	ZIP CODE	
62			
CHISHOLM		7	
TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ΓΙΟΝ (X5)
	- PREFIX	· ·	JLD BE COMPLETE
page 15	0 935		
ed an intravenous sugar	he		
ility manager (ULP-B) stated two times that morning a did not report it to the number insulin and his blood sugared into the facility at 10: report after hearing the Electric the scanner. ULP-B further the scanner of the facility at 10 and the scanner.	ed C1 nd rse. ar 00 VIS ther		
erim director of nursing (ID as notes were vague. Then non the MAR of a blood the administration of insule. C1 did not eat breakfast g. The next scheduled blooms at 8:00 p.m. C1 did recent insulin at supper time. Congroom for supper and who for C1, C1 was found on the groom. C1 was confused aff notified the on call nurse all EMS. When EMS arrivered glucose and it was 27. In room C1 commented he adose of insulin. The IDON not know how much insuling the ementia. Since being in the od glucose was checked a cent report indicated C1 refuse check and the insulin but a check and the insulin but	oN) re was In that od live a I did en ne and and d they While I he e fter ised		
TOTAL TRANSPORT OF THE STAN STAN SOLUTION OF THE SOLUTION OF THE STAN SOLUTION OF THE STAN SOLUTION OF THE STAN SO	H20199 THISHOLM CHISHOLM CHISTATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION Page 15 Totation and blood glucose and intravenous sugar marged back to the facility to the number of the scanner. ULP-B) state of the scanner. ULP-B furtion the scanner. ULP-B furtion when to call the nurse of the administration of insuling. The next scheduled bloods at 8:00 p.m. C1 did recept in the months and the scanner of the administration of insuling. The next scheduled bloods at 8:00 p.m. C1 did recept insuling at 8:00 p.m. C1 did recept ins	H20199 STREET ADDRESS, CITY, STATE, 2 624 SW THIRD STREET BO CHISHOLM STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) Page 15 Page 15 Page 15 Page 15 Page 15 Page 16 Page 17 Page 17 Page 18 Page 18 Page 19 Page 18 Page 1	RESTREET ADDRESS. CITY. STATE, ZIP CODE 624 SW THIRD STREET BOX 552 CHISHOLM 624 SW THIRD STREET BOX 552 CHISHOLM, MN 55719 STATEMENT OF DEFICIENCIES ICK MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) PAGE 15 PAGE 15 PAGE 16 PROVIDERS PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD RESTREE THE PROVIDERS PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD RESTREE THE PREFIX TAGE) PAGE 15 PAGE 16 PROVIDERS PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD RESTREE THE PROVIDERS PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD RESTREE THE PROVIDERS PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD RESTREE THE PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD RESTREET BOX 552 CHISHOLM, MN 55719 PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD RESTREET BOX 552 CROSS-REFERENCE OT THE APPRICATION SHOULD RESTREET BOX 552 CROSS-REFERENCE OTON SHOULD RESTRE

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ` ′	CONSTRUCTION	` '	(X3) DATE SURVEY COMPLETED	
		H20199	B. WING	B. WING		C 22/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DDRESS, CITY, S	TATE, ZIP CODE			
HILLCR	EST TERRACE OF CH	ISHOLM	THIRD STREET M, MN 55719				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
0 935	Continued From pa	ge 16	0 935				
	refusal form was in the blood glucose of IDON further stated out later that evening hospital. Parameter	Ild have been filled out. The place at the time C1 refused theck and the insulin. The I the incident report was filled after C1 went to the rs were in place at that time been something that was					
	a.m. ULP-D stated obtaining C1's blood C1's insulin. ULP-D refused the blood guntil later in the day refusing. When C1 another staff and the comply. Sometimes comply. Sometimes comply. Sometimes comply and the comply sometimes C1 controlled building supervisors day by AP-E. AP-D coworker that C1 where the c1 where the c1 where the c1 where the c1 where c1 where c1 where c1 where c1 where c1 where	on January 21, 2020 at 9:36 ULP-E was responsible for d glucose and administering was not aware C1 had lucose testing and the insuling and C1 had a habit of refused staff would get ley would try to get C1 to a C1 was cooperative and cations staff were to notify the AP-D was not notified that became aware from another was in the hospital. Then it did not get his insulin. ULP-D gout from her coworker that it into the facility at 10:00 p.m. lange of condition report.					
	dated July 6, 2019, would be notified of included decreased. The Documentation Medication Assistan Administration police medication administration was admedication was administration was administration.	je in Resident Condition policy indicated the registered nurse condition changes that appetite and refusal of cares. In of Medication Reminders, not and Medication ey dated 2/2010, indicated stration would be documented by initials under the date the ministered. The ULP would any problems associated with any problems associated with anistration. This included					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		` '	(X3) DATE SURVEY COMPLETED		
		1120400		B. WING			C
		H20199		D. W. C		11/	22/2019
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HILLCRE	ST TERRACE OF CH	ISHOLM		HIRD STREE M, MN 5571	T BOX 552 9		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
0 935	Continued From page 17		0 935				
	refusals and to noti	fy the nurse imme	ediately.				
	TIME PERIOD OF days	CORRECTION: S	Seven (7)				
02015 SS=E	626.557, Subd. 3 Ti	iming of Report		02015			
	Subd. 3. Timing reporter who has revulnerable adult is a or who has knowled has sustained a phyreasonably explain the information to the individual is a vulne the individual is a vulne the individual is admission, unless to admission, unless the individual is admission.	de that a vulneral sical injury which ed shall immedia e common entry rable adult solely nitted to a facility, ired to report suspend that of the common entry individual e	hat a n maltreated, ble adult is not tely report point. If an because a mandated pected				
	(1) the individual from another facilit to believe the vulne the previous facility	erable adult was r	r has reason				
	(2) the reporter kethat the individual indefined in section 6 clause (4).	s a vulnerable ad	ult as				
	(b) A person not provisions of this sas described above	ection may volun					
	(c) Nothing in this known or suspected knows or has reason	d maltreatment, i	f the reporter				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE SURV				
		H20199	B. WING			C 2 2/2019
	PROVIDER OR SUPPLIER	ISHOLM 624 SW TI	DRESS, CITY, S HIRD STREE M, MN 55719			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
02015	(d) Nothing in this reporter from also agency. (e) A mandated represent to believe the 626.5572, subdivision. If the reported error with the reported error with the criteria under set 17, paragraph (c), of facility may provide directly to the lead a how the event meet 626.5572, subdivisition. The lead agency will determine the criteria under set 17, paragraph (c), of facility may provide directly to the lead a how the event meet 626.5572, subdivisition. The lead agency will determine the criteria under set 17, paragraph (c), of facility may provide directly to the lead a how the event meet 626.5572, subdivisition.	section shall preclude a reporting to a law enforcement eporter who knows or has nat an error under section on 17, paragraph (c), clause make a report under this reporter or a facility, at any in investigation by a lead ne or should determine that was not neglect according to ection 626.5572, subdivision clause (5), the reporter or to the common entry point or agency information explaining its the criteria under section on 17, paragraph (c), clause cy shall consider this naking an initial disposition of	02015			
	by: Based on interview licensee failed to re (drug diversion) to the Reporting Center (Note 1).	ent is not met as evidenced and document review, the eport financial exploitation the Minnesota Adult Abuse MAARC) immediately and no rs 6 of 7 clients (C2, C3, C4, ed.				
	violation that did no safety but had the p	ed in a level two violation (a t harm a client's health or ootential to have harmed a fety), and was issued at a				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE SUF				
		H20199	B. WING		1	C 2 2/2019
	PROVIDER OR SUPPLIER	ISHOLM 624 SW T	DRESS, CITY, S HIRD STREE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
02015	of clients are affect number of staff are occurred repeatedly pervasive). C2's medical record diagnoses included the right femur, and chronic kidney dise would take prescrib and be comfortable had visual difficulties. The licensee's inter November 4, 2019, indicated two of C2 pain medication) in to be Hydrocodone 5/325 milligrams (ma.m. 3:00 p.m. and the medication in C mg (the dosage bod investigation also be with other residents investigation there wan unlicensed personal medication. C3's medical record diagnoses included.	n more than a limited number ed, more than a limited involved, or the situation has y; but is not found to be d was reviewed. C2's closed displaced fracture of emia, sick sinus syndrome, ase and low back pain. C2 ped medications as ordered and free from pain. C2 also es. Inal investigation dated and November 5, 2019, 's Hydrocodone (an opioid C2's pill case did not appear C2 received Hydrocodone eng) three times a day at 7:00 11:00 p.m. It was determined 2's pill case was Tylenol 325 ught over the counter). The rought up additional concerns the medications. During the was concerns expressed with onnel (ULP)-E who had been so displaced to the counter of the was reviewed. C3's diabetes, neuropathy,	02015			
	vision cut. C3 recei	ca and right peripheral field ved Tylenol #3 (Tylenol with by mouth at 2:00 p.m. and				
	2019, indicated ULI Tylenol #3 tablets for	dicated dated October 23, P-E and ULP-G signed out two or C3. When facility staff initials to her previous initials,				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	H20199	B. WING			C 22/2019	
PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE			
ST TEDDACE OF CU	624 SW	,	•			
SI IERRACE OF CH	CHISHC	LM, MN 5571	9			
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
Continued From pa	ge 20	02015				
the initials did not me the narcotic log indicated administration recollacked documentation the 2:00 p.m. dose MAR also indicated 2:00 p.m. dose of T 2019. On October 2019. On October 2019 and November 5, 2019 C3 the Tylenol #3 a refusing the 2:00 p. C4's medical record diagnoses included depression and material investig 2019 and November 3 and The internal investig 2019 and November 3 and The internal investig 2019 and November 3 and The internal investig 2019 and November 3 and ULP-H signed for C4. ULP-H signed for C4. ULP-H signed for C4. ULP-H saw narcotic log and repthat the initials on the ULP-H. In addition, to give one tablet and C5's medical record diagnoses included and C5's medical record diagnoses included C5's medical record diagnoses included C5's medical record diagnoses included	natch. On October 28, 2019, icated ULP-E signed out two or C3 and lacked a second and C3's medication and (MAR) dated October 2019 ion on October 28, 2019 for of Tylenol #3. The October C3 had been refusing the Tylenol #3 since October 4, 24, 2019, the MAR indicated enol #3 at 2:00 p.m. Igation dated November 4, et 5, 2019, indicated on ULP-H stated she did not give the 2:00 p.m. as C3 had been m. dose. If was reviewed. C4's diabetes, anxiety, dementia, cular degeneration. Igation dated November 4, et 5, 2019, indicated C4 had all #3 by mouth every eight are pain. C4's narcotic log dated at 1:30 p.m. indicated ULP-E out two tablets of Tylenol #3 that her initials were on the ported to the facility manager the log were not signed by C4's Tylenol #3 order directed to ULP-E signed out two. If was reviewed. C5's dementia, anxiety,					
The internal investi	gation dated November 4.					
	PROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa the initials did not in the narcotic log indi Tylenol #3 tablets fo staff witness initials administration reco lacked documentat the 2:00 p.m. dose MAR also indicated 2:00 p.m. dose of T 2019. On October 2 ULP-H gave C3 Tyl The internal investig 2019 and November November 5, 2019 C3 the Tylenol #3 a refusing the 2:00 p. C4's medical record diagnoses included depression and ma The internal investig 2019 and November an order for Tylenol hours as needed fo October 29, 2019, a and ULP-H signed for C4. ULP-H saw narcotic log and reg that the initials on th ULP-H. In addition, to give one tablet a C5's medical record diagnoses included depression, Parkins osteoporosis.	PROVIDER OR SUPPLIER STREET A SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 20 the initials did not match. On October 28, 2019, the narcotic log indicated ULP-E signed out two Tylenol #3 tablets for C3 and lacked a second staff witness initials. C3's medication administration record (MAR) dated October 2019 lacked documentation on October 28, 2019 for the 2:00 p.m. dose of Tylenol #3. The October MAR also indicated C3 had been refusing the 2:00 p.m. dose of Tylenol #3 since October 4, 2019. On October 24, 2019, the MAR indicated ULP-H gave C3 Tylenol #3 at 2:00 p.m. The internal investigation dated November 4, 2019 and November 5, 2019, indicated on November 5, 2019 ULP-H stated she did not give C3 the Tylenol #3 at 2:00 p.m. as C3 had been refusing the 2:00 p.m. dose. C4's medical record was reviewed. C4's diagnoses included diabetes, anxiety, dementia, depression and macular degeneration. The internal investigation dated November 4, 2019 and November 5, 2019, indicated C4 had an order for Tylenol #3 by mouth every eight hours as needed for pain. C4's narcotic log dated October 29, 2019, at 1:30 p.m. indicated ULP-E and ULP-H signed out two tablets of Tylenol #3 for C4. ULP-H saw that her initials were on the narcotic log and reported to the facility manager that the initials on the log were not signed by ULP-H. In addition, C4's Tylenol #3 order directed to give one tablet and ULP-E signed out two. C5's medical record was reviewed. C5's diagnoses included dementia, anxiety, depression, Parkinson's disease and	PROVIDER OR SUPPLIER ST TERRACE OF CHISHOLM SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) The initials did not match. On October 28, 2019, the narcotic log indicated ULP-E signed out two Tylenol #3 tablets for C3 and lacked a second staff witness initials. C3's medication administration record (MAR) dated October 2019 lacked documentation on October 28, 2019 for the 2:00 p.m. dose of Tylenol #3. The October MAR also indicated C3 had been refusing the 2:00 p.m. dose of Tylenol #3 since October 4, 2019. On October 24, 2019, the MAR indicated ULP-H gave C3 Tylenol #3 at 2:00 p.m. The internal investigation dated November 4, 2019 and November 5, 2019, indicated on November 5, 2019 ULP-H stated she did not give C3 the Tylenol #3 at 2:00 p.m. as C3 had been refusing the 2:00 p.m. dose. C4's medical record was reviewed. C4's diagnoses included diabetes, anxiety, dementia, depression and macular degeneration. The internal investigation dated November 4, 2019 and November 5, 2019, indicated C4 had an order for Tylenol #3 by mouth every eight hours as needed for pain. C4's narcotic log dated October 29, 2019, at 1:30 p.m. indicated ULP-E and ULP-H signed out two tablets of Tylenol #3 for C4. ULP-H saw that her initials were on the narcotic log and reported to the facility manager that the initials on the log were not signed by ULP-H. In addition, C4's Tylenol #3 order directed to give one tablet and ULP-E signed out two. C5's medical record was reviewed. C5's diagnoses included dementia, anxiety, depression, Parkinson's disease and osteoporosis.	OF CORRECTION H20199 B. WING	PROVIDER OF CHISHOLM H20199 STREET ADDRESS, CITY, STATE, ZIP CODE 624 SWTHIRD STREET BOX 552 CHISHOLM, MN 55719 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) CONTINUED FROM THE CONTRIBUTION OF THE CONTRIBUTION	

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPI IDENTIFICATION		` ′	CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		H20199		B. WING			C 22/2019
	PROVIDER OR SUPPLIER	ISHOLM	624 SW T	DRESS, CITY, ST HIRD STREE	Γ BOX 552		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIEN MUST BE PRECEDED SC IDENTIFYING INFO	CIES BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
02015	Continued From para 2019 and November an order for Narco tablets twice a day narcotic log indicate Narco on October 87, 2019, at 1:30 p.m. October 21, 2019, at 8:30 a.m. ULP-H signed out to the facility manager and October 29, 20 dates were not here had not taken the Narcotober 10, 2019 and November an order for Tramactablet twice daily as log indicated ULP-E October 16, 2019, and October 18, 201 ULP-H and ULP-I restricted to the internal investigation was redepartment and to the findings for Compared to	er 5, 2019, indicate (an opioid) 5/325 (as needed for paired ULP-E signed of 2019, at 8:30 p.m. cosigned by UL at 2:00 p.m. On Othe Narco. ULP-H of that on October 19, that the initials is. In addition, C5 of larco for weeks. If was reviewed. Company indicate and arthritis. If and cosigned by UL at 3:30 p.m. the ported the initials and cosigned by UL	mg two n. The out the m., October P-H and ctober 29, dicated reported to 17, 2019, s on those reported she end C6 had mg one The narcotic ramadol on JLP-H and by ULP-I. s were not the internal ce 7's nbar r's disease,	02015			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l ` ´	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
					C	
		H20199	B. WING		11/22/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HILLCR	EST TERRACE OF CH	ISHOLM	HIRD STREE M, MN 5571			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	
02015	needed. C7's MAR C7 received Percot 2019, March 12, 20 The internal Investigation of the description of the client's medications 2019, by RN-M. A copills in C7's pill case mg. The section incoperson making a repoint was blank. In date of the investigations were also Investigative Findin remaining pills in the case were Tylenol 3 that was set up by the Staff confirmed the them and noted to be stated the facility where it is the medications in pill the come on cards in be diversion occurred put into place. The on Friday November did the investigation state agency until Nathought the former	ge 22 h every 12 hours for pain as dated March 2019 indicated set on March 2, 2019, March 3, 19 and March 18, 2019. gation worksheet indicated the made to the executive director at 4:15 p.m. The nature and it incident indicated the were set up on March 1, concern was reported that the exercise for Percocet was Tylenol 325 dicating the date, time and port to the common entry addition, the signature and attor and the director of so blank. The Summary of gs confirmed that the three exercise controlled substance pill 325 mg and not the Percocet he RN-M on March 1,2019. It initials were not recorded by the in ULP-L's handwriting. On November 21, 2019 at m director of nursing (IDON) here C2, C3, C4, C5 and C6 ions previously came from the sand the nurses set up the boxes. Now the medications ubble packs. The drug before the new system was drug diversion was discovered for 1, 2019. The previous DON in and did not report until to the dovember 5, 2019. The IDON DON had reported it but did then reported the drug				

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Minnesota Department of Health STATE FORM

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
				С	
	H20199	B. WING		1	2/2019
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HILLCREST TERRACE OF CH	ISHOLM	HIRD STREE M, MN 5571	ET BOX 552 9		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
1:06 p.m., the IDON C7 resided have the where C2, C3, C4, have been put into staff sign out the national counting, the medicand if there were are nurse know. The faboxes, using keys if further verified the item 2019, when the new not reported to the second reported to the second reported to the second reported upon hear incident of which appreciated upon hear incident of which appreciated a report to the immediately. Immediately. Immediately. Immediately of the incomplete of	on November 22, 2019, at a stated at the facility where e same narcotic system as C5 and C6 reside. Changes place regarding counts, two arcotics, shift to shift narcotic cations come in bubble packs by problems staff let the on call cilities will be getting lock instead of codes. The IDON incident occurred in March w system was not in place and state agency until August the former DON who had been cable Adult Reporting and dated August 9, 2019, ring the description of the opears to be suspected abuse, exploitation the facility would be common entry point (CEP) diately means as soon as ger than 24 hours of	02015			