



Protecting, Maintaining and Improving the Health of Minnesotans

Office of Health Facility Complaints Investigative Report
PUBLIC

Facility:

Whispering Pines Assisted Living
707 Polk Street
Anoka, MN 55303
Anoka County

Report #: HL20533009

Date: July 21, 2015

Date of Visit: March 30, 2015
Time of Visit: 9:00 a.m. – 3:30 p.m.

By: Darin Hatch, Special Investigator

- Type of Facility:**
- Nursing Home
 - SLF
 - Hospital
 - HHA
 - ICF/IID
 - Other: Comprehensive Home Care Provider
 - Home Care Provider/Assisted Living
 - Home Care

- Facility Self Report
- Complaint

Allegation(s): It is alleged that a client was financially exploited when a staff, alleged perpetrator (AP) took the client's narcotic medications for his/her own personal use.

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, financial exploitation is substantiated. The alleged perpetrator (AP) took 76 oxycodone hydrochloride (a narcotic pain medication) 5 mg tablets that belonged to the client without the client's permission.

The client received services from the facility for medication administration and was oriented to person, place, and time. The client was identified as having pain and required medication administration in the form of oxycodone hydrochloride up to six times per day.

The client's medications were stored in a locked box within a locked cabinet and accessed only by trained medication administrators and the licensed staff. The lead staff on duty at the facility is the only staff that possesses the keys to access the controlled medications during their shift. The lead staff transfers the keys to access the controlled medications after both staff completes a counting of the controlled medications. Once a week the registered nurse reviews the records and refills medications as needed.

Document review and interviews revealed the AP signed out extra tablets of the client's oxycodone hydrochloride over a 5 month period. The documents clearly show 76 extra tablets being signed out by the AP with no indication in client's progress notes, care notes, communication records, or medication administration records as to why the extra tablets were required or signed out. There was no indication the client was having a change of condition or an increase of pain. Document review revealed the extra tablets were only signed out by the AP and only when the AP worked.

During interviews, the registered nurse indicated s/he reported for work early one day and noticed the AP had signed out the tablets for the client before they were scheduled to be administered and also noticed an extra tablet had been signed out. The registered nurse reported her suspicions to the director of nursing and both nurses began an investigation. The police were contacted and conducted an investigation.

The AP was interviewed and denied the allegation. The AP could not explain why s/he signed out extra tablets of the client's oxycodone hydrochloride and could not explain where the missing extra tablets went. The AP was charged with and pled guilty to felony theft of a controlled substance.

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 comprehensive home care provider had policies in place to govern the handling and control of narcotic medications and the consequences of theft from clients. The comprehensive home care provider trained the AP on policies regarding financial exploitation and vulnerable adult protection. Despite agency policies and training the AP took the client's medications without their permission.

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 for Vulnerable Adults Act (MN Statutes, section 626.557) – Compliance Not Met**

The requirements under State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557) were not met.

State licensing orders were issued: Yes No If no, specify: _____

(State licensing orders will be available on the MDH website.)

State Statutes Chapters 144 & 144A – Compliance Not Met

The requirements under State Statutes 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):

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 9 - Financial exploitation

"Financial exploitation" means:

(b) In the absence of legal authority a person:

(1) willfully uses, withholds, or disposes of funds or property of a vulnerable adult.

The Investigation included the following:**Document Review: The following records were reviewed during the investigation:**

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| <input checked="" type="checkbox"/> Medical Records | <input checked="" type="checkbox"/> Care Guide |
| <input checked="" type="checkbox"/> Medication Administration Records | <input checked="" type="checkbox"/> Treatment Sheets |
| <input checked="" type="checkbox"/> Facility Incident Reports | <input type="checkbox"/> Physician Progress Notes |
| <input checked="" type="checkbox"/> ADL (Activities of Daily Living) Flow Sheets | <input type="checkbox"/> Laboratory and X-ray Reports |
| <input checked="" type="checkbox"/> Physician Orders | <input type="checkbox"/> Social Service Notes |
| <input checked="" type="checkbox"/> Nurses Notes | <input type="checkbox"/> Meal Intake Records |
| <input type="checkbox"/> Activities Reports | <input type="checkbox"/> Weight Records |
| <input type="checkbox"/> Therapy and/or Ancillary Services Records | <input checked="" type="checkbox"/> Assessments |
| <input type="checkbox"/> Skin Assessments | <input checked="" type="checkbox"/> 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

Personnel Records/Background Check, etc.

Staff Time Sheets, Schedules, etc.

Facility In-service Records

Facility Internal Investigation Reports

Facility Policies and Procedures

Call Light Audits

Other, specify: _____

Number of additional resident(s) reviewed: 1

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: Facility self report

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: 1

Interview with staff: Yes No N/A Specify: _____

Tennessee Warning given as required: Yes No

Total number of staff interviews: 6

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 Anoka County Attorney

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: Medication set-up

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: Video also

xc: Health Regulation Division – Home Care Assisted Living Program
Anoka City Police Department
Anoka County Attorney
Anoka City Attorney

Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H20533 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 04/13/2015 |
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| NAME OF PROVIDER OR SUPPLIER WHISPERING PINES ASSTD LIVING | STREET ADDRESS, CITY, STATE, ZIP CODE 707 POLK STREET ANOKA, MN 55303 |
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| (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 |
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| 0 000 | <p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>HOME CARE PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, this correction order(s) has been issued pursuant to a survey. Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>On March 30, 2015 a complaint investigation was initiated to investigate complaint #HL20533009 . At the time of the survey, there were 59 clients that were receiving services under the comprehensive license. The following correction orders are issued.</p> | 0 000 | <p>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 Nursing Homes.</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 out of compliance is listed in the "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 surveyors findings are the Suggested Method of Correction and the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.</p> | |
| 0 325 | <p>144A.44, Subd. 1(14) Free From Abuse</p> <p>Subdivision 1. Statement of rights. A person who receives home care services has these rights:</p> | 0 325 | | |

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| Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| 0 325 | <p>Continued From page 1</p> <p>(14) the right to be free from physical and verbal abuse, neglect, financial exploitation, and all forms of maltreatment covered under the Vulnerable Adults Act and the Maltreatment of Minors Act;</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to ensure that one of one clients (C1) reviewed was free from financial exploitation. This practice resulted in a level 2 violation (a violation that did not harm the client's health or safety but had the potential to have harmed a client's health or safety) and is issued at an isolated scope (when one or a limited number of client's are affected or one or a limited number of staff are involved or that situation has occurred only occasionally.) The findings included:</p> <p>Observations on March 30, 2015 at 9:00 a.m. revealed the facility has five buildings that it operates under their comprehensive license. Each building houses between 4-11 clients. At the time of the investigation, 59 clients were receiving services under the licensees comprehensive licensee. Each building has a locked storage cabinet. Inside that locked storage cabinet is a locked box were the controlled medications are stored. The lead staff on duty is the only staff that possesses the keys to access the controlled medications during their shift and transfers the keys to the next shift lead staff after completion of counting the controlled medications at shift change. Once a week the registered nurse refills the controlled medications and reviews the medication administration records and the controlled substance sign out sheet.</p> | 0 325 | | |

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| 0 325 | <p>Continued From page 2</p> <p>C1's record was reviewed. C1 was admitted to the facility in 2012. C1 had a physicians order for 5 mg of oxycodone HCL to be administered scheduled 4 times daily at 8:00 a.m., 12:00 p.m., 4:00 p.m., and 8:00 p.m. and PRN 2 times daily.</p> <p>A document titled "sign in/sign out sheet" for C1's PRN of 5 mg of oxycodone HCL dated July 29, 2014 to August 29, 2014 and the medication administration records for C1 dated July and August 2014 revealed 11 extra tablets of 5 mg of oxycodone HCL were signed out by the Nursing Assistant (NA-G) between August 4, 2014 and August 29, 2014.</p> <p>A document titled "sign in/sign out sheet" for C1's PRN of 5 mg of oxycodone HCL dated August 27, 2014 to September 29, 2014 and the medication administration records for C1 dated August and September 2014 revealed 26 extra tablets of 5 mg of oxycodone HCL were signed out by NA-G between September 1, 2014 and September 29, 2014.</p> <p>A document titled "sign in/sign out sheet" for C1's PRN of 5 mg of oxycodone HCL dated September 25, 2014 to October 31, 2014 and the medication administration records for C1 dated September and October 2014 revealed 22 extra tablets of 5 mg of oxycodone HCL were signed out by NA-G between October 1, 2014 and October 31, 2014.</p> <p>A document titled "sign in/sign out sheet" for C1's PRN of 5 mg of oxycodone HCL dated October 24, 2014 to November 28, 2014 and the medication administration records for C1 dated October and November 2014 revealed 15 extra tablets of 5 mg of oxycodone HCL were signed</p> | 0 325 | | |

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| 0 325 | <p>Continued From page 3</p> <p>out by NA-G between November 4, 2014 and November 28, 2014.</p> <p>A document titled "sign in/sign out sheet" for C1's PRN of 5 mg of oxycodone HCL dated November 13, 2014 to December 2, 2014 and the medication administration records for C1 dated November and December 2014 revealed 2 extra tablets of 5 mg of oxycodone HCL were signed out by NA-G between December 1, 2014 and December 2, 2014.</p> <p>A document titled "Internal Investigation" and dated December 2, 2014 indicated that Registered Nurse (RN-C) arrived at the facility at 11:00 a.m. on December 2, 2014 (earlier than usual) to perform the weekly controlled medication refills and document review. She noticed that NA-G had signed out an extra 5 mg tablet of oxycodone HCL for C1 and signed it out at 2:30 p.m., 3 1/2 hours early, and C1 had not yet requested his PRN 5 mg tablet of oxycodone HCL for December 2, 2014. RN-C noticed a pattern of NA-G signing out extra tablets of 5 mg oxycodone HCL for C1 going back to July of 2014. RN-C asked NA-G why she was signing out extra tablets and NA-G said she did not know. RN-C notified RN-A. RN-A suspended NA-G, notified the police, conducted an investigation, documented all missing tablets of 5 mg of oxycodone HCL for C1, and implemented changes to increase accountability of controlled medications.</p> <p>During interview on March 30, 2015 at 1:13 p.m., RN-A confirmed C1 was missing 76 tablets of 5 mg oxycodone HCL. RN-A indicated that NA-G was the only possible staff member that could have taken the 76 tablets. Only NA-G had access to the medication on the days the extra</p> | 0 325 | | |

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| 0 325 | <p>Continued From page 4</p> <p>medication was signed out as NA-G worked alone. NA-G also put her signature on the documents indicated she, NA-G, was the person who had taken the extra tablets from C1. RN-A indicated that RN-C did not compare the medication administration record to the sign in/sign out sheets for C1 when performing the weekly controlled medication refill and document review. RN-A also indicated that NA-G took a total of 76 tablets of 5 mg oxycodone HCL from C1 between August 4, and December 2, 2014. RN-A indicated that failure to cross reference the medication administration record with the sign in/sign out sheet for controlled medications during the weekly controlled medication refill and document review was the reason that NA-G was able to take the tablets from C1 for the 5 months undetected. RN-A indicated effective December 2, 2014 nursing staff performing the weekly controlled medication refill and document review now cross reference between the medication administration record and the sign in/sign out sheets.</p> <p>During interview on April 1, 2015 at 2:01 p.m., RN-C said she arrived at the facility at 11:00 a.m. on December 2, 2014 (earlier than usual) to perform the weekly controlled medication refills and document review. She noticed that NA-G had signed out an extra 5 mg tablet of oxycodone HCL for C1 and signed it out at 2:30 p.m., 3 1/2 hours early, and C1 had not yet requested his PRN 5 mg of oxycodone HCL for December 2, 2014. RN-C noticed a pattern of NA-G signing out extra tablets of 5 mg oxycodone HCL for C1 going back to July of 2014. RN-B asked NA-G why she was signing out extra tablets and NA-G said she did not know. RN-C notified RN-A. RN-C admitted she did not cross reference between the medication administration record</p> | 0 325 | | |

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| 0 325 | Continued From page 5 and the sign in/sign out sheets. RN-C indicated that was the reason that NA-G was able to take the tablets from C1 for the 5 months undetected. RN-C indicated she was not trained to cross reference the records on orientation but that the facility is doing that now effective December 2, 2014. TIME PERIOD FOR CORRECTION: Twenty-one (21) days. | 0 325 | | |
| 0 900 | 144A.4792, Subd. 1 Medication Management; Comprehensive Subdivision 1. Medication management services; comprehensive home care license. (a) This subdivision applies only to home care providers with a comprehensive home care license that provide medication management services to clients. Medication management services may not be provided by a home care provider who has a basic home care license. (b) A comprehensive home care provider who provides medication management services must develop, implement, and maintain current written medication management policies and procedures. The policies and procedures must be developed under the supervision and direction of a registered nurse, licensed health professional, or pharmacist consistent with current practice standards and guidelines. (c) The written policies and procedures must address requesting and receiving prescriptions | 0 900 | | |

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| 0 900 | <p>Continued From page 6</p> <p>for medications; preparing and giving medications; verifying that prescription drugs are administered as prescribed; documenting medication management activities; controlling and storing medications; monitoring and evaluating medication use; resolving medication errors; communicating with the prescriber, pharmacist, and client and client representative, if any; disposing of unused medications; and educating clients and client representatives about medications. When controlled substances are being managed, the policies and procedures must also identify how the provider will ensure security and accountability for the overall management, control, and disposition of those substances in compliance with state and federal regulations and with subdivision 22.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to implement a system for the control of narcotic medications for one of one clients for (C1) reviewed. This practice resulted in a level 2 violation (a violation that did not harm the client's health or safety but had the potential to have harmed a client's health or safety) and is issued at an isolated scope (when one or a limited number of client's are affected or one or a limited number of staff are involved or that situation has occurred only occasionally.) The findings included:</p> <p>C1's record was reviewed. C1 was admitted to</p> | 0 900 | | |

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| 0 900 | <p>Continued From page 7</p> <p>the facility in 2012. C1 had a physicians order for 5 mg of oxycodone HCL to be administered scheduled 4 times daily at 8:00 a.m., 12:00 p.m., 4:00 p.m., and 8:00 p.m. and PRN 2 times daily.</p> <p>A document titled "Medication Policies" dated November 26, 2014 indicates "the nurse is responsible for maintaining doctor's orders for all medications. The nurse will review the medication sheets to make sure they match the doctor orders every month and as needed." The document indicates the nurse will review the count sheet weekly and as needed. The document also indicates the nurse will review all medications upon admission and as needed after admission and then every 60 days.</p> <p>A document titled "Internal Investigation" and dated December 2, 2014 indicated that Registered Nurse (RN-C) arrived at the facility at 11:00 a.m. on December 2, 2014 (earlier than usual) to perform the weekly controlled medication refills and document review. She noticed that NA-G had signed out an extra 5 mg tablet of oxycodone HCL for C1 and signed it out at 2:30 p.m., 3 1/2 hours early, and C1 had not yet requested his PRN 5 mg tablet of oxycodone HCL for December 2, 2014. RN-C noticed a pattern of NA-G signing out extra tablets of 5 mg oxycodone HCL for C1 going back to July of 2014. RN-C asked NA-G why she was signing out extra tablets and NA-G said she did not know. RN-C notified RN-A. RN-A suspended NA-G, notified the police, conducted an investigation, documented all missing tablets of 5 mg of oxycodone HCL for C1, and implemented changes to increase accountability of controlled medications.</p> | 0 900 | | |

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| NAME OF PROVIDER OR SUPPLIER WHISPERING PINES ASSTD LIVING | STREET ADDRESS, CITY, STATE, ZIP CODE 707 POLK STREET ANOKA, MN 55303 |
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| (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 |
|--------------------|---|---------------|---|--------------------|
| 0 900 | <p>Continued From page 8</p> <p>During interview on March 30, 2015 at 1:13 p.m., RN-A confirmed C1 was missing 76 tablets of 5 mg oxycodone HCL. RN-A indicated that NA-G was the only possible staff member that could have taken the 76 tablets. RN-A indicated that RN-C did not compare the medication administration record to the sign in/sign out sheets for C1 when performing the weekly controlled medication refill and document review. RN-A also indicated that NA-G took a total of 76 tablets of 5 mg oxycodone HCL from C1 between August 4, and December 2, 2014. RN-A indicated that failure to cross reference the medication administration record with the sign in/sign out sheet for controlled medications during the weekly controlled medication refill and document review was the reason that NA-G was able to take the tablets from C1 for the 5 months undetected. RN-A indicated effective December 2, 2014 nursing staff performing the weekly controlled medication refill and document review now cross reference between the medication administration record and the sign in/sign out sheets.</p> <p>During interview on April 1, 2015 at 2:01 p.m., RN-C said she arrived at the facility at 11:00 a.m. on December 2, 2014 (earlier than usual) to perform the weekly controlled medication refills and document review. She noticed that NA-G had signed out an extra 5 mg tablet of oxycodone HCL for C1 and signed it out at 2:30 p.m., 3 1/2 hours early, and C1 had not yet requested his PRN 5 mg of oxycodone HCL for December 2, 2014. RN-C noticed a pattern of NA-G signing out extra tablets of 5 mg oxycodone HCL for C1 going back to July of 2014. RN-C asked NA-G why she was signing out extra tablets and NA-G said she did not know. RN-C notified RN-A. RN-C admitted she did not cross reference</p> | 0 900 | | |

Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER WHISPERING PINES ASSTD LIVING | STREET ADDRESS, CITY, STATE, ZIP CODE 707 POLK STREET ANOKA, MN 55303 |
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| 0 900 | Continued From page 9 between the medication administration record and the sign in/sign out sheets. RN-C indicated failing to cross reference was the reason that NA-G was able to take the tablets from C1 for the 5 months undetected. RN-C indicated she was not trained to cross reference the records on orientation but that the facility is doing that now effective December 2, 2014. TIME PERIOD FOR CORRECTION: Twenty-One (21) Days | 0 900 | | |
| 02015 | 626.557, Subd. 3 Timing of Report Subd. 3. Timing of report (a) A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately report the information to the common entry point. If an individual is a vulnerable adult solely because the individual is admitted to a facility, a mandated reporter is not required to report suspected maltreatment of the individual that occurred prior to admission, unless: (1) the individual was admitted to the facility from another facility and the reporter has reason to believe the vulnerable adult was maltreated in the previous facility; or (2) the reporter knows or has reason to believe that the individual is a vulnerable adult as defined in section 626.5572, subdivision 21, clause (4). (b) A person not required to report under the | 02015 | | |

Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER WHISPERING PINES ASSTD LIVING | STREET ADDRESS, CITY, STATE, ZIP CODE 707 POLK STREET ANOKA, MN 55303 |
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|--------------------|--|---------------|---|--------------------|
| 02015 | <p>Continued From page 10</p> <p>provisions of this section may voluntarily report as described above.</p> <p>(c) Nothing in this section requires a report of known or suspected maltreatment, if the reporter knows or has reason to know that a report has been made to the common entry point.</p> <p>(d) Nothing in this section shall preclude a reporter from also reporting to a law enforcement agency.</p> <p>(e) A mandated reporter who knows or has reason to believe that an error under section 626.5572, subdivision 17, paragraph (c), clause (5), occurred must make a report under this subdivision. If the reporter or a facility, at any time believes that an investigation by a lead agency will determine or should determine that the reported error was not neglect according to the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5), the reporter or facility may provide to the common entry point or directly to the lead agency information explaining how the event meets the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5). The lead agency shall consider this information when making an initial disposition of the report under subdivision 9c.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to ensure that incidents of financial exploitation were reported immediately to the common entry point for one of one clients (C1) reviewed. This practice resulted in a level 2 violation (a violation that did not harm the client's</p> | 02015 | | |

Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER WHISPERING PINES ASSTD LIVING | STREET ADDRESS, CITY, STATE, ZIP CODE 707 POLK STREET ANOKA, MN 55303 |
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|--------------------|--|---------------|---|--------------------|
| 02015 | <p>Continued From page 11</p> <p>health or safety but had the potential to have harmed a client's health or safety) and is issued at an isolated scope (when one or a limited number of client's are affected or one or a limited number of staff are involved or that situation has occurred only occasionally.) The findings included:</p> <p>C1's record was reviewed. C1 was admitted to the facility on July 10, 2012 with a diagnosis of schizoaffective disorder. C1 had a physicians order for 5 mg of oxycodone HCL to be administered scheduled 4 times daily at 8:00 a.m., 12:00 p.m., 4:00 p.m., and 8:00 p.m. and PRN 2 times daily.</p> <p>A document titled "Internal Investigation" and dated December 2, 2014 indicated that Registered Nurse (RN-C) arrived at the facility at 11:00 a.m. on December 2, 2014 (earlier than usual) to perform the weekly controlled medication refills and document review. She noticed that NA-G had signed out an extra 5 mg tablet of oxycodone HCL for C1 and signed it out at 2:30 p.m., 3 1/2 hours early, and C1 had not yet requested his PRN 5 mg tablet of oxycodone HCL for December 2, 2014. RN-C noticed a pattern of NA-G signing out extra tablets of 5 mg oxycodone HCL for C1 going back to July of 2014. RN-C asked NA-G why she was signing out extra tablets and NA-G said she did not know. RN-C notified RN-A. RN-A suspended NA-G, notified the police, conducted an investigation, documented all missing tablets of 5 mg of oxycodone HCL for C1, and implemented changes to increase accountability of controlled medications.</p> <p>The licensee's undated policy titled "Vulnerable Adult Reporting Plan", indicated the following:</p> | 02015 | | |

Minnesota Department of Health

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|--------------------|--|---------------|---|--------------------|
| 02015 | <p>Continued From page 12</p> <p>"maltreatment includes financial exploitation which includes acquiring possession or control of property of a vulnerable adult. All persons who work with the residents are mandated to report any witnessed or suspected maltreatment as soon as possible but not longer than 24 hours from the time the initial knowledge that the incident has occurred or has been received."</p> <p>During interview on March 30, 2015 at 1:13 p.m., RN-A confirmed C1 was missing 76 tablets of 5 mg oxycodone HCL after her investigation on December 2, 2014. RN-A indicated that NA-G was the only possible staff member that could have taken the 76 tablets. RN-A said she failed to contact the common entry point until March 17, 2015 because she previously did not realize that medications were property as defined in the definition of financial exploitation.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) Days</p> | 02015 | | |

State Form: Revisit Report

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| (Y1) Provider / Supplier / CLIA / Identification Number H20533 | (Y2) Multiple Construction A. Building B. Wing | (Y3) Date of Revisit 7/10/2015 |
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| Name of Facility WHISPERING PINES ASSTD LIVING | Street Address, City, State, Zip Code 707 POLK STREET ANOKA, MN 55303 |
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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 <u>00325</u> Reg. # <u>144A.44, Subd. 1(14)</u> LSC _____ | Correction Completed 07/10/2015 | ID Prefix <u>00900</u> Reg. # <u>144A.4792, Subd. 1</u> LSC _____ | Correction Completed 07/10/2015 | ID Prefix <u>02015</u> Reg. # <u>626.557, Subd. 3</u> LSC _____ | Correction Completed 07/10/2015 |
| 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 |
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| Reviewed By _____ | Reviewed By _____ | Date: | Signature of Surveyor: | Date: |
| State Agency | | | | |
| Reviewed By _____ | Reviewed By _____ | Date: | Signature of Surveyor: | Date: |
| CMS RO | | | | |

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| Followup to Survey Completed on: 4/13/2015 | Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? <table style="float: right; margin-left: 20px;"> <tr> <td>YES</td> <td>NO</td> </tr> </table> | YES | NO |
| YES | NO | | |