Protecting, Maintaining and Improving the Health of All Minnesotans

Office of Health Facility Complaints Investigative Public Report

Maltreatment Report #: HL21399036M
Compliance #: HL21399037C

Date Concluded: November 10, 2020

Name, Address, and County of Licensee Investigated:
The Prairie Lodge at Earle Brown
6001 Earle Brown Drive
Brooklyn Center, MN 55430
Hennepin County

Facility Type: Home Care Provider

Investigator's Name:
Angela Vatalaro, RN Special Investigator
Paul Spencer, RN Special Investigator

Finding: Substantiated, facility responsibility

Nature of Visit:
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 facility neglected the client when the facility failed to ensure adequate skin care resulting in skin breakdown

Investigative Findings and Conclusion:
Neglect was substantiated. The facility was responsible for the maltreatment. The facility staff failed to report the client's need for incontinence care assistance and behaviors to the registered nurse (RN) to assess the client's change in needs. As a result, the client experienced stage three pressure injuries (full-thickness loss of skin, in which adipose (fat) is visible) to the perineum, left and right buttocks, and left upper thigh.

The investigation included interviews with facility staff members, including administrative staff, nursing staff, and unlicensed staff. The investigation included review of the client's medical

record, review of the client's hospital record, policy and procedures related to nursing assessments and service plans, and an interview with the client's family. Finally, the investigator observed other client's morning cares, including incontinent care at the facility.

The client's medical diagnoses included dementia and anxiety. The client's signed service plan indicated the client required assistance with medication administration, housekeeping, and laundry.

The client's nursing assessment indicated she was oriented to person, place, and time. In addition, the client's nursing assessment indicated the client was unable to give accurate information consistently and was forgetful. Finally, the nursing assessment indicated the client assessed incontinent of urine and independent with dressing, bathing, and incontinence cares.

During an interview, unlicensed staff stated the client would at times accept assistance with incontinence cares and changing the client's incontinent products. At other times, the client would refuse offers of assistance with incontinence cares and staff reported to the nurse. Staff stated they found saturated incontinent products throughout the client's room. One unlicensed staff stated the client would save and reuse soiled incontinent products. Staff stated the client's behavior had been ongoing since admission.

The client's progress notes failed to include documentation of pressure injuries, observations of the client visibly soiled with urine, refusal of assistance with incontinence cares, or the client storing used incontinent products in her room.

One afternoon the client tested positive for COVID-19. The next day the client was having trouble breathing and transferred to the emergency room for evaluation.

The client's hospital record indicated the client admitted for COVID-19 pneumonia. On arrival, she had stage three pressure injuries to the perineum, left and right buttocks, and left upper thigh. The hospital record also indicated the client had incontinence associated dermatitis (moisture related skin damage associated with exposure to urine). During the hospital stay, the client required a Foley catheter (sterile tube inserted into the bladder to drain urine) placement to allow for healing of the skin breakdown. The client hospitalized for five days and discharged to a transitional care unit.

During an interview, the licensed practical nurse (LPN) stated the client was independent with incontinence cares, dressing, and showering. She was aware the client stored used incontinent products in her room. The LPN stated she observed the client to have urine-soiled pants upon leaving the dining room chair. She added when she observed the client to be visibly soiled she would ask the client if she needed assistance and if the client declined, she would follow up to ensure the client had on dry clothes with a dry incontinent product on. The LPN stated she observed the client visibly soiled from one occasion to four occasions or more monthly. She also said she did not feel the client needed daily incontinence assistance and even if staff

offered to assist the client, the client would not accept help. In addition, the LPN stated the client's incontinence issues had been the same since admission so she did not feel she needed to inform the registered nurse (RN).

During an interview, the RN stated she was surprised to hear of the client's skin condition from the hospital. The RN stated if a client had a change in needs the nurse documents this in the progress notes, as this is the primary mode of communication. After learning of the client's skin condition from the hospital, she reviewed the client's progress notes and there was no documentation indicating any concerns with the client's incontinence or any concerns with the client's skin. She stated she was unaware the client stored soiled incontinent products in her room, that staff knew of the client soiling her clothing and her refusals of incontinence assistance. The RN stated if she would have known about the client's change in needs she would have added services for incontinence care, to include toileting assistance every two hours. She also stated if she would have known of the client's refusal of care she would have developed a behavior care plan with interventions. In addition, the RN stated the only conclusion on how the client developed the pressure injuries was the client's old recliner got replaced with a new chair and the client was sitting in wet incontinent products.

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 Adult interviewed: No, client was deceased.
Family/Responsible Party interviewed: Yes.
Alleged Perpetrator interviewed: Not Applicable.

Action taken by facility:
The facility staff occasionally offered to assist the client with incontinence cares.

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.

cc:

The Office of Ombudsman for Long Term Care
Hennipen County Attorney
Brooklyn Center City Attorney
Brooklyn Center City Police Department

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H21399	A. BUILDING: _____ B. WING _____	C 08/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PRAIRIE LODGE AT EARLE BROWN	6001 EARLE BROWN DRIVE BROOKLYN CENTER, MN 55430

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ******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 August 18, 2020, the Minnesota Department of Health initiated an investigation of complaint #HL21399037C/#HL21399036M. At the time of the survey, there were 61 clients receiving services under the comprehensive license. The following correction order is issued for #HL21399037C/#HL21399036M, tag identification 0860.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes 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 is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144A.474 SUBDIVISION 11 (b)(1)(2)	
0 325	144A.44, Subd. 1(a)(14) Free From Maltreatment Subdivision 1.Statement of rights. (a) A client who	0 325		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H21399	A. BUILDING: _____ B. WING _____	C 08/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PRAIRIE LODGE AT EARLE BROWN	6001 EARLE BROWN DRIVE BROOKLYN CENTER, MN 55430

(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
0 325	Continued From page 1 receives home care services in the community or in an assisted living facility licensed under chapter 144G has these rights: (14) 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; This MN Requirement is not met as evidenced by: Based on interviews, and document review, the facility failed to ensure one of four clients reviewed (C1) was free from maltreatment. C1 was neglected. Findings include: On November 10, 2020, the Minnesota Department of Health (MDH) issued a determination that neglect occurred, and that the facility was responsible for the maltreatment, in connection with an incident which occurred at the facility. The MDH concluded there was a preponderance of evidence that maltreatment occurred.	0 325	No plan of correction is required for tag 0325, please refere to the public maltreatment report for details.	
0 860 SS=G	144A.4791, Subd. 8 Comprehensive Assessment and Monitoring 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	0 860		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H21399	A. BUILDING: _____ B. WING _____	C 08/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PRAIRIE LODGE AT EARLE BROWN	6001 EARLE BROWN DRIVE BROOKLYN CENTER, MN 55430

(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
0 860	Continued From page 2 conducted by the appropriate health professional. This initial assessment must be completed within five days after the date that home care services are first provided. (b) Client monitoring and reassessment must be conducted in the client's home no more than 14 days after the date that home care services are first provided. (c) Ongoing client monitoring and reassessment must be conducted as needed based on changes in the needs of the client and cannot exceed 90 days from the last date of the assessment. The monitoring and reassessment may be conducted at the client's residence or through the utilization of telecommunication methods based on practice standards that meet the individual client's needs. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a change in needs nursing assessment was completed for 1 of 4 clients (C1) reviewed. C1 admitted to the hospital for COVID-19 pneumonia and on arrival the hospital discovered stage three pressure injuries (full-thickness loss of skin, in which adipose (fat) is visible) to the perineum, left and right buttocks, and left upper thigh. This practice resulted in a level three violation (a violation that harmed a client's hu7ealth or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), and was issued at a isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).	0 860		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H21399	A. BUILDING: _____ B. WING _____	C 08/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PRAIRIE LODGE AT EARLE BROWN	6001 EARLE BROWN DRIVE BROOKLYN CENTER, MN 55430

(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
0 860	Continued From page 3 The findings include: C1's medical record was reviewed. C1's diagnoses included dementia and anxiety. C1's signed service plan dated April 7, 2020, included assistance with medication administration, housekeeping, and laundry. C1's nursing assessment dated August 3, 2020, indicated C1 was incontinent of urine, and independent with dressing, toileting, transferring, mobility, and bathing. C1's nursing assessment indicated C1 was oriented to person place and time. C1's nursing assessment indicated C1 was unable to give accurate information consistently and was forgetful. C1's nursing assement indicated C1 had dry skin, psoriasis, and had a skin tear to the left hand. C1's nursing assessment did not indicate any other concerns with C1's skin integrity. During an interview on August 18, 2020, at 10:03 a.m., unlicensed personnel (ULP)-A stated when C1 would accept assistance, ULP-A assisted C1 with incontinence cares and assisted with changing C1's incontinent products. ULP-A stated there were times C1 refused offers of assistance with incontinence cares and reported this to the nurse. During an interview on August 18, 2020, at 1:34 p.m., ULP-B stated she found saturated incontinent products throughout C1's room. ULP-B stated C1 would reuse soiled incontinent products. ULP-B stated C1 refused offers of assistance with incontinence cares and reported this to the nurse. During an interview on August 18, 2020, at 2:10	0 860		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H21399	A. BUILDING: _____ B. WING _____	C 08/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PRAIRIE LODGE AT EARLE BROWN	6001 EARLE BROWN DRIVE BROOKLYN CENTER, MN 55430

(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
0 860	Continued From page 4 p.m., licensed practical nurse (LPN)-D stated C1 was independent with incontinence cares, dressing, and showering. LPN-D stated she was aware C1 stored used incontinent products in her room. LPN-D stated she had observed C1 to have urine-soiled pants upon leaving the dining room chair. LPN-D stated she provided cues and reminders to C1 to change her incontinent products, change clothes, and shower. C1's progress note dated August 9, 2020, at 2:56 p.m., indicated C1 tested positive for COVID-19 on August 8, 2020. C1's progress note dated August 9, 2020, at 2:58 p.m., indicated C1 was having difficulty breathing and transferred to the emergency room for evaluation. A review of C1's hospital records dated August 9, 2020, indicated C1 admitted to the hospital for COVID-19 pneumonia and on arrival had stage three pressure injuries to the perineum, left and right buttocks, and left upper thigh. The hospital record also indicated C1 had incontinence associated dermatitis (moisture related skin damage associated with exposure to urine). During the hospital stay, C1 required foley catheter (sterile tube inserted into the bladder to drain urine) placement to allow for healing of the skin breakdown. C1 hospitalized for five days and discharged to a transitional care facility. C1's progess notes from March 12, 2020 through August 9, 2020, did not include documentation of pressure injuries. C1's progress notes did not include documentation that C1 was observed visibly soiled with urine or C1's refusal of incontinence care.	0 860		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H21399	A. BUILDING: _____ B. WING _____	C 08/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PRAIRIE LODGE AT EARLE BROWN	6001 EARLE BROWN DRIVE BROOKLYN CENTER, MN 55430

(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
0 860	Continued From page 5 During an interview on August 18, 2020, at 3:09 p.m., registered nurse, (RN)-E, who was the clinical director, stated she was surprised to hear of C1's skin condition from the hospital. RN-E stated if a client has a change in needs the primary nurse would document this in progess notes as this is the primary mode of communication. After learning of C1's skin condition, RN-E stated she reviewed C1's progess notes and there was no concern documented to alert RN-E that C1 had a change of condition or needed additional services. RN-E stated she was unaware C1 stored soiled incontinent products in her room. RN-E stated she was unaware C1 was known to have soiled pants from saturated incontinent products. RN-E stated she was unaware staff offered incontinence assistance and unaware of C1's refusal. RN-E stated staff did not report this to her and this was not documented. RN-E stated if she would have known about C1's change in status she would have added services for incontinence care, to include toileting assistance every two hours. RN-E stated if she would have known of C1's refusal of care she would have developed a behavior care plan with interventions. RN-E stated the only conclusion on how C1 developed the pressure injuries was C1's old recliner got replaced with a new chair and C1 was sitting in wet incontinent products. During a second interview on October 23, 2020, at 12:56 p.m., LPN-D stated C1 observed visibly soiled with urine. LPN-D stated she would ask C1 if she needed assistance. If C1 declined, LPN-D stated she would follow-up to ensure C1 had on dry clothes and a dry incontinent product on. LPN-D stated she observed C1 to be visibility soiled from one occasion to four occasions or more monthly. LPN-D stated she did not feel C1	0 860		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H21399	A. BUILDING: _____ B. WING _____	C 08/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PRAIRIE LODGE AT EARLE BROWN	6001 EARLE BROWN DRIVE BROOKLYN CENTER, MN 55430

(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
0 860	Continued From page 6 needed daily incontinence assistance and even if staff offered to assist C1, C1 would not accept help. LPN-D stated C1's incontinence issues have been the same since admission so she did not feel she needed to inform the RN. LPN-D stated she would report a change of condition to the RN if she saw a client decline. The licensee-provided policy dated August 2019, titled "Initial and Ongoing Nursing Assessment of Clients" indicated the home care nurse will reassess the client when the client experiences a change of condition and update the service plan as necessary based on the client's needs. TIME PERIOD FOR CORRECTION: Seven (7) days	0 860		