

Protecting, Maintaining and Improving the Health of All Minnesotans

Office of Health Facility Complaints Investigative Public Report

Maltreatment Report #: HL23761016M Date Concluded: December 5, 2019

Compliance #: HL23761017C

Name, Address, and County of Licensee

Investigated:

Sunlight Services, LLC 440 Virginia Street St. Paul, MN 55103 Ramsey County

Facility Type: Home Care Provider Investigator's Name:

Jess Gallmeier, RN, BSN, PHN 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 abused the client when the client was physically restrained while in bed and in the wheelchair.

Investigative Findings and Conclusion:

Abuse was substantiated. The facility was responsible for the maltreatment. The client was unreasonably confined to a wheelchair when multiple facility staff members restrained the client using a lap seatbelt across her waist and a transfer belt (a belt wrapped around a person's waist to aid in mobility) affixed to the wheelchair and secured across her torso. The client was unreasonably confined to her bed when multiple facility staff members restrained the client by using two grab bars and two bedside rails in the up position at all times. The restraints were used to keep the client from moving around, remaining in bed, and falling.

The investigation included interviews with facility staff members, including administrative staff, nursing staff, and unlicensed staff. The client and the client's family member were interviewed.

The client's entire medical record was reviewed, including hospice records. The investigator observed staff members assisting clients with medication administration, meals, mobility and hygiene cares. The investigation included review of facility policies, procedures and incident reports.

The client's diagnoses included a medical diagnosis affecting cognition, insomnia, and history of a cerebrovascular accident (a stroke). The client's service plan directed staff members to assist the client with medication management, bathing, grooming, dressing, toileting, transfers, behavior management, meals, housekeeping, and laundry services.

One morning, the client was observed lying in bed in her room. The client's hospital bed was positioned in the corner of the room. The head of the client's bed was against one wall, and the left side of the client's bed was against another wall. The client was lying on her back, with her head near the foot of the bed. Two silver metal bed side rails were attached to the bedframe bilaterally in the lower third of the bed (because the client was positioned upside down in bed, the client's head was near the bed side rails). Two white metal grab bars were attached to the bedframe bilaterally near the head of the bed (because the client was positioned upside down in bed, the client's feet were near the grab bars). All bed side rails and grab bars were in the up position.

At that same time, the client's wheelchair was also observed sitting in her room with the back against the wall. A black lap seat belt was observed hanging open on either side of the seat and attached to the wheelchair frame. A blue transfer belt (a belt wrapped around a person's waist to aid in mobility) was affixed to the right side of wheelchair back rest and hanging down.

The client's fall record indicated the client fell while alone in the living room. The record stated the client "was belted into her wheelchair and tipped it over on top of her while the aide was helping another resident with clothes in her room."

The client's nursing assessment indicated the client needed assistance with sitting up, turning, repositioning, transferring, and use of a wheelchair. The assessment indicated the client was assessed for a left bed side rail and the indication for use was fall prevention. The assessment also indicated the client had no behaviors that required intervention. Additionally, the assessment indicated the client was agitated at times and required redirection. The assessment did not include the client's bilateral grab bars, right sided lower bed side rail, wheelchair lap seatbelt, or the use of a transfer belt affixed to the wheelchair back rest.

During an interview, a facility staff member indicated the client spent the entire day in bed, except for 2-3 hours in the morning when the client was in the wheelchair. The facility staff member stated when the client was in bed, the grab bars and bed side rails were raised in the up position. The facility staff member indicated the grab bars and bed side rails were used to keep the client in bed and to keep the client from falling. The facility staff member then stated the client did not fall frequently. The facility staff member indicated the client required

assistance with repositioning in bed, transferring from the bed to the wheelchair, and pushing the wheelchair. The facility staff member stated that after the client was placed in the wheelchair, the black lap seatbelt is buckled across her waist. The facility staff member then indicated a bath towel is placed across the client's torso and the blue transfer belt is wrapped from the right side of the client's wheelchair back rest, across the client's torso, over the towel, and buckled together behind the back of the wheelchair back rest. The facility staff member stated the client's arms are secured under the transfer belt, limiting the client's movement. The facility staff member indicated the client moves around a lot while in the wheelchair and the belts are used to keep her in place. The facility staff member stated the use of the grab bars, bed side rails, lap seatbelt, and transfer belt had been going on for a while. The facility staff member indicated she was taught to use the transfer belt on the wheelchair by the facility administrator.

During an interview, the Registered Nurse (RN) indicated the client did not always have four bed side rails on her hospital bed. The RN stated she only assessed the client for a left bed side rail. The RN indicated she was unaware of the use of a transfer belt to keep the client in the wheelchair, however, she had seen the lap seatbelt used. The RN indicated the use of the transfer belt would be a restraint and that it would not be safe. The RN stated that it would not be the place of other staff to determine interventions for changes in client needs and that, as the nurse, she should be notified.

During an interview, the administrator indicated after the client's fall, he called the medical supply company and had additional bed side rails put on. The administrator indicated it was his decision to add additional bed side rails and was not the result of a nursing assessment. The administrator indicated one of the facility staff members had the idea to attach a transfer belt to the client's chair and secure it around her torso to keep her from moving around and falling. The administrator indicated the transfer belt was not being used the day the client tipped her wheelchair on top of herself, but the lap seatbelt was.

In conclusion, abuse was substantiated.

Abuse: Minnesota Statutes section 626.5572, subdivision 2

"Abuse" means:

A violation includes any action that meets the elements of the crime, regardless of whether there is a criminal proceeding or conviction.

- (b) Conduct which is not an accident or therapeutic conduct as defined in this section, which produces or could reasonably be expected to produce physical pain or injury or emotional distress including, but not limited to, the following:
- (1) hitting, slapping, kicking, pinching, biting, or corporal punishment of a vulnerable adult;
- (2) use of repeated or malicious oral, written, or gestured language toward a vulnerable adult or the treatment of a vulnerable adult which would be considered by a reasonable person to be disparaging, derogatory, humiliating, harassing, or threatening;

(3) use of any aversive or deprivation procedure, unreasonable confinement, or involuntary seclusion, including the forced separation of the vulnerable adult from other persons against the will of the vulnerable adult or the legal representative of the vulnerable adult; and (4) use of any aversive or deprivation procedures for persons with developmental disabilities or related conditions not authorized under section 245.825.

Vulnerable Adult interviewed: No, interview attempted but unable to be completed due to cognitive level and language barrier.

Family/Responsible Party interviewed: Yes.

Alleged Perpetrator interviewed: Not Applicable.

Action taken by facility:

The facility stopped using physical restraints with the client.

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.

cc: Health Regulation Division – Home Care Assisted Living Program
The Office of Ombudsman for Long-Term Care
Ramsey County Attorney

St. Paul City Attorney

St. Paul Police Department

Minnesota Department of Health

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l ` ′	E CONSTRUCTION	COMPLETED	
		H23761	B. WING		R-C 10/24/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	<u>-</u>
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SUNLIGI	HT SERVICES LLC		UL, MN 551		
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	of Health conducted related to complain #HL23761010C/#H The following correct #HL23761010C/#H identification 0325, (ACO Shell ZCTZ12) The following correct the following correc	L23761009M. ction order is re-issued for L23761009M, tag 0805, 0860 immediate orders			
{0 325} SS=I	144A.44, Subd. 1(1	4) Free From Maltreatment	{0 325}		
55-1	receives home care (14) the right to be to abuse, neglect, finatories of maltreatment covers	ement of rights. A person who services has these rights: free from physical and verbal ncial exploitation, and all vered under the Vulnerable Maltreatment of Minors Act;			
	by: Based on observation review, the licenses free from abuse who ne of three clients maltreatment. C1 was a wheelchair when seatbelt across her belt wrapped around mobility) affixed to the	ent is not met as evidenced on, interview, and record e failed to ensure a client was en multiple staff restrained (C1) reviewed for as unreasonably confined to staff restrained C1 using a lap waist and a transfer belt (a d a person's waist to aid in he wheelchair and secured 1 was unreasonably confined			

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

TITLE (X6) DATE

Minnesota Department of Health

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	using two grab bars up position at all tim	ultiple staff restrained C1 by and two bedside rails in the nes. The restraints were used oving around, remaining in				
	violation that harmed not including serious or a violation that has serious injury, impairs are pervasive or reparts.	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 ead scope (when problems present a systemic failure that potential to affect a large clients).				
	The findings include) :				
	10:13 a.m., C1 was room. C1's hospital corner of the room. against one wall, ar was against another back, with her head Two silver metal be the bedframe bilate bed (because C1 was white metal grab back) (because C1 was part of the bedframe bilaterally (because C1 was part of the bedframe) (bedframe) (bedframe) (bedframe) (bedframe) (b	on on October 24, 2019, at observed lying in bed in her I bed was positioned in the The head of C1's bed was ind the left side of C1's bed r wall. C1 was lying on her near the foot of the bed. I did side rails were attached to rally in the lower third of the as positioned upside down in a near the bed side rails). Two irs were attached to the near the head of the bed ositioned upside down in bed, if the grab bars. All bed side were in the up position.				
	10:48 a.m., C1's which the	on on October 24, 2019, at neelchair was observed sitting back against the wall. A was observed hanging open				

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	wheelchair frame.	e seat and attached to the A blue transfer belt was side of wheelchair back rest				
	diagnoses included cognition, insomnia cerebrovascular acstroke). C1's service 2019, indicated C1 comprehensive hor assistance with medbathing, grooming,	cident (also known as a ce plan, dated October 24, received services from the ne care provider for dication management, dressing, toileting, transfers, ent, meals, housekeeping,				
	"was belted into her on top of her while resident with clothe	October 4, 2019, indicated C1 wheelchair and tipped it over the aide was helping another s in her room." The report was alone in the living room at				
	listed the reason for The assessment incoming up, turning and use of a wheeled indicated C1 was as and the indication for that required intervention indicated C1 was as redirection. The assessment indicated C1 was as bilateral grab bars, wheelchair lap seat	ent, dated October 8, 2019, r assessment as "14 day". dicated C1 needed assistance ng, repositioning, transferring, chair. The assessment ssessed for a left bed side rail or use was fall prevention. dicated C1 had no behaviors ention. The assessment also gitated at times and required sessment did not include C1's right sided lower bed side rail, belt, or the use of a transfer theelchair back rest.				

6899

Minnesota Department of Health STATE FORM

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	COMPLETED	
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During an intervial a.m., unlicensed spent the entire of in the morning with ULP-A stated where used to keep from falling. ULF frequently. ULP-assistance with refrom the bed to the wheelchair. ULF placed in the whouskled across here a bath towel is placed in the whouskled across here a bath towel is placed in the whouskled across here a bath towel is placed in the wheelchair and the belts are used in the wheelchair and training C1's moved moves around a the belts are used stated the use of seatbelt, and training a while. ULP-A in the transfer belt of Administrator. During an intervial p.m., Registered not always have hospital bed. Reformed a left bed side unaware of the unit the wheelchair seatbelt used. Refored in the wheelchair seatbelt used.	ew on October 24, 2019 at 11:49 personnel (ULP)-A indicated C1 lay in bed, except for 2-3 hours nen C1 is in the wheelchair. en C1 was in bed, the grab bars were raised in the up position. The grab bars and bed side rails p C1 in bed and to keep C1 e-A then stated C1 did not fall A indicated C1 required epositioning in bed, transferring ne wheelchair, and pushing the e-A stated that after C1 was eelchair, the black lap seatbelt is er waist. ULP-A then indicated acced across C1's torso and the is wrapped from the right side ir back rest, across C1's torso, and buckled together behind the lchair back rest. ULP-A stated cured under the transfer belt, ement. ULP-A indicated C1 lot while in the wheelchair and d to keep her in place. ULP-A the grab bars, bed side rails, lap asfer belt had been going on for adicated she was taught to use on the wheelchair by the ew on October 24, 2019 at 12:09 Nurse (RN)-B indicated C1 did four bed side rails on her lap as tated she only assessed C1 erail. RN-B indicated she was see of a transfer belt to keep C1, however, she had seen the lap N-B indicated the use of the d be a restraint and that it would				

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	place of other staff	stated that it would not be the to determine interventions for eds and that she should be				
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	Investigation Policy indicated employee maltreatment and a	erable Adult Reporting and , dated September 25, 2017, s would report any suspected llegations would be RN and administrator.				
	144A.479, Subd. 5 Finances/Property	Handling of Client's	{0 800}			
	property. (a) A homelients with household bud and purchasing hou otherwise manage a care provider must for all transactions a	of client's finances and e care provider may assist geting, including paying bills usehold goods, but may not a client's property. A home provide a client with receipts and purchases paid with the receipts are not available, urchase must be				

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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		ne care provider must fall such transactions.				
	à client's funds or p in	ovider or staff may not borrow bersonal or real property, nor client's property to the home staff's possession.				
	provider or staff from value, or precludes or bequests made t	section precludes a home care m accepting gifts of minimal the acceptance of donations to a home care provider that come tax under section 501(c) enue Code of 1986.				
	by:	ent is not met as evidenced O Shell SBCO12, project				
{0 805} SS=F		(a) Reporting Maltrx of //inors	{0 805}			
	adults and minors. must comply with re of maltreatment of requirements for the vulnerable adults in care provider must estable.	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 olish and implement a written e that all cases of suspected eported.				
	This MN Requireme	ent is not met as evidenced				

6899

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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SUNLIGI	HT SERVICES LLC		NIA STREET UL, MN 5510			
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	"was belted into he	October 4, 2019, indicated C1 wheelchair and tipped it over the aide was helping another s in her room."				
	listed the reason for The assessment indicated C1 was as and the indication for The assessment indicated C1 was as indicated C1 was as a redirection. The asbilateral grab bars, wheelchair lap seat	ent, dated October 8, 2019, r assessment as "14 day". dicated C1 needed assistance ng, repositioning, transferring, chair. The assessment seessed for a left bed side rail or use was fall prevention. dicated C1 had no behaviors ention. The assessment also gitated at times and required sessment did not include C1's right sided lower bed side rail, belt, or the use of a transfer heelchair back rest.				
	a.m., unlicensed perspent the entire day in the morning when ulp-A stated when and bed side rails with ulp-A indicated the were used to keep from falling. Ulp-A assistance with reperson the bed to the wheelchair. Ulp-A placed in the wheel buckled across her a bath towel is placed blue transfer belt is of C1's wheelchair.	on October 24, 2019 at 11:49 rsonnel (ULP)-A indicated C1 in bed, except for 2-3 hours in C1 is in the wheelchair. C1 was in bed, the grab bars were raised in the up position. It is grab bars and bed side rails C1 in bed and to keep C1 indicated C1 required ositioning in bed, transferring wheelchair, and pushing the stated that after C1 was chair, the black lap seatbelt is waist. ULP-A then indicated ed across C1's torso and the wrapped from the right side back rest, across C1's torso, buckled together behind the				

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	back of the wheelch C1's arms are seculimiting C1's moven moves around a lot the belts are used to stated the use of the seatbelt, and transfer a while. ULP-A indicate transfer belt on Administrator. During an interview p.m., Registered Number always have for hospital bed. RN-B for a left bed side rate.	nair back rest. ULP-A stated red under the transfer belt, nent. ULP-A indicated C1 while in the wheelchair and o keep her in place. ULP-A e grab bars, bed side rails, lap er belt had been going on for icated she was taught to use the wheelchair by the on October 24, 2019 at 12:09 arse (RN)-B indicated C1 did ar bed side rails on her stated she only assessed C1 ail. RN-B indicated she was of a transfer belt to keep C1			
	in the wheelchair, he seatbelt used. RN-transfer belt would had not be safe. A policy, titled Vulne	owever, she had seen the lap B indicated the use of the be a restraint and that it would rable Adult Reporting and , dated September 25, 2017,			
	maltreatment and a	Is would report any suspected legations would be RN and administrator.			
{0 860} SS=D		3 Comprehensive Assessment	{0 860}		
	services being provided are comprant individualized initions conducted in person by a register.	ensive assessment, ssessment. (a) When the rehensive home care services, itial assessment must be stered nurse. When the ed by other licensed health			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
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	conducted by the a professional. This is	ppropriate health nitial assessment must be re days after initiation of home				
		g and reassessment must be ent's home no more than 14 rvices.				
	must be conducted in the needs of the clie days from the last of monitoring and reassessment client's residence of telecommunication.	nonitoring and reassessment as needed based on changes ent and cannot exceed 90 late of the assessment. The may be conducted at the r through the utilization of methods based on practice t the individual client's needs.				
	by:	ent is not met as evidenced O Shell ZCTZ11 for on order.				
	Refer to letter dated form for the results	d October 28, 2019 and State of 0860.				
{02015} SS=F	626.557, Subd. 3 T	iming of Report	{02015}			
	reporter who has revulnerable adult is leading maltreated, or who vulnerable adult has	of report (a) A mandated eason to believe that a being or has been has knowledge that a sustained a physical injury ably explained shall				

Minnesota Department of Health

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 440 VIRGINIA STREET SUNLIGHT SERVICES LLC AND TANAL MIN 55103 PREFIX REACH DEPRICIENCY MUST BE PRECEDED BY PLLI TANAL REAL CONTINUES OF PREFIX REACH DEPRICIAN OF MUST BE PRECEDED BY PLLI TANAL REAL CONTINUES OF PREFIX REACH DEPRICIAN OF MUST BE PRECEDED BY PLLI TANAL REAL CONTINUES OF PREFIX REACH DEPRICIAN OF MUST BE PRECEDED BY PLLI TANAL REAL CONTINUES OF PREFIX REACH DEPRICIAN OF MUST BE PRECEDED BY PLLI TANAL REAL CONTINUES OF PREFIX REACH CORRECTION SHOULD BE CROSS-REFERENCED TO ME APPROPRIATE DATE (02015) CONTINUED TO THE APPROPRIATE (02015) Immediately report the information to the common entry point. If an individual is a vulnerable adult as a summer to the individual is a defined to report and the individual was admitted to the facility from another facility and the reporter has reason to believe that the individual is a 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 was maltreated in the previous facility, or (2) the reporter knows or has reason to believe that the individual is a vulnerable adult was maltreated in the previous facility, or (2) the reporter knows or has reason to require to report under the provisions of 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. (d) Nothing in this section shall preclude a reporter from also reporting to a law enforcement agency. (e) A mandated reporter who knows or has reason to believe that an error under section 628.5572, 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 negleted according to	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
SUNLIGHT SERVICES LLC X4 ID PREFIX EACH DEFICIENCES EACH DEFICIENCES PREFIX EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE:			H23761	B. WING			
CASE DEPOSITION SAINT PAUL, MN 55103 PROVIDERS PLAN OF CORRECTION PREFIX TAG PROVIDERS PLAN OF CORRECTION COMPLETE PREFIX TAG	NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
RECHAPTORY OR LSC IDENTIFYING INFORMATION TAG	SUNLIG	IT SERVICES LLC					
immediately report the information to the common entry point. If an individual is a vulnerable adult solely because the individual is a dmitted 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 provisions of this section may voluntarily report as described above. (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. (d) Nothing in this section shall preclude a reporter from also reporting to a law enforcement agency. (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	PRÉFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE
the reported error was not neglect according to	{02015}	immediately report to common entry point vulnerable adult solad admitted to a facility required to report solindividual that occur unless: (1) the individual from another facility to believe the vulne the previous facility. (2) the reporter kethat the individual indefined in section 6 clause (4). (b) A person not provisions of this solad above (c) Nothing in this known or suspected knows or has reason been made to the column (d) Nothing in this reporter from also renforcement agence (e) A mandated regression to believe the 626.5572, subdivisity (5), occurred must resubdivision. If the retime believes that a agency will determine	the information to the nt. If an individual is a lely because the individual is a lely because the individual is y, a mandated reporter is not uspected maltreatment of the rred prior to admission, was admitted to the facility y and the reporter has reason erable adult was maltreated in ; or nows or has reason to believe is a vulnerable adult as 326.5572, subdivision 21, required to report under the ection may voluntarily report of a maltreatment, if the reporter on to know that a report has common entry point. section shall preclude a reporting to a law by. eporter who knows or has not an error under section ion 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	{02015}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		H23761	B. WING		R- 10/2	C 4/2019
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 10/2	.,
SUNLIGI	HT SERVICES LLC		NIA STREET			
(V 4) ID	STIMMADV STA	TEMENT OF DEFICIENCIES	UL, MN 551	PROVIDER'S PLAN OF CORRECTION		(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	.D BE	(X5) COMPLETE DATE
{02015}	17, paragraph (c), of facility may provide directly to the lead a how the event meet 626.5572, subdivisition (5). The lead agent information when mathe report under subdivision when mathematical subdivisions are subdivisionally subdivisional subd	ection 626.5572, subdivision clause (5), the reporter or to the common entry point or agency information explaining ts the criteria under section on 17, paragraph (c), clause cy shall consider this taking an initial disposition of	{02015}			
	Based on document licensee failed to immaltreatment to the clients (C1) reviewed physically restrained wheelchair. When restrained using two rails in the up position in the wheelchair, is seatbelt across her belt wrapped around mobility) affixed to the across her torso. The keep C1 from moving and falling. This practice results violation that did not safety but had the proclient's health or safety but had the proclient's health or safety but a system or represent a system.	t review and interview, the imediately report an allegation State Agency for one of three ed, when licensee staff d C1 while in bed and the C1 was in bed, she was o grab bars and two bed side on at all times. When C1 was he was restrained using a lap waist and a transfer belt (and a person's waist to aid in the wheelchair and secured the restraints were used to a ground, remaining in bed, and was issued at a fety), and was issued at a fety), and was issued at a fety				

Minnesota Department of Health STATE FORM

Minnesota Department of Health

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 440 VIRGINIA STREET SAINT PAUL, MN 55103 (X.4.) ID PROVIDERS PLAN OF CORRECTION (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (02015) Continued From page 12 The findings include: C1's medical record was reviewed. C1's diagnoses included a medical diagnosis affecting cognition, insomnia, and a history of cerebrovascular accident (also known as a stroke). C1's service plan, dated October 24, 2019, indicated C1 received services from the comprehensive home care provider for assistance with medication management, bathing, grooming, dressing, toileting, transfers, behavior management, meals, housekeeping, and laundry services. A fall report, dated October 4, 2019, indicated C1 "was belted into her wheelchair and tipped it over on top of her while the aide was helping another resident with clothes in her room." A nursing assessment, dated October 8, 2019, listed the reason for assessment as "14 day". The assessment indicated C1 needed assistance with sitting up, turning, repositioning, transferring, and use of a wheelchair. The assessment	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			` '	3) DATE SURVEY COMPLETED	
SUNLIGHT SERVICES LLC ### SAINT PAUL, MN 55103 (X4) ID			H23761	B. WING				
(A) Department of Deficiencies (A) Deficiency Must be Preceded By Full. PREFIX TAG (A) Deficiency Must be Preceded By Full. PREFIX TAG (A) Deficiency Must be Preceded By Full. PREFIX TAG (A) Deficiency Must be Preceded By Full. PREFIX TAG (A) Deficiency Must be Preceded By Full. PREFIX TAG (A) Deficiency Must be Preceded By Full. PREFIX TAG (A) Deficiency Must be Preceded By Full. PREFIX TAG (A) Deficiency Must be Preceded By Full. PREFIX TAG (A) Deficiency (A) Defic	NAME OF I							
REFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DATE	SUNLIGI	HT SERVICES LLC						
The findings include: C1's medical record was reviewed. C1's diagnoses included a medical diagnosis affecting cognition, insomnia, and a history of cerebrovascular accident (also known as a stroke). C1's service plan, dated October 24, 2019, indicated C1 received services from the comprehensive home care provider for assistance with medication management, bathing, grooming, dressing, toileting, transfers, behavior management, meals, housekeeping, and laundry services. A fall report, dated October 4, 2019, indicated C1 "was belted into her wheelchair and tipped it over on top of her while the aide was helping another resident with clothes in her room." A nursing assessment, dated October 8, 2019, listed the reason for assessment as "14 day". The assessment indicated C1 needed assistance with sitting up, turning, repositioning, transferring,	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI	.D BE	COMPLETE	
C1's medical record was reviewed. C1's diagnoses included a medical diagnosis affecting cognition, insomnia, and a history of cerebrovascular accident (also known as a stroke). C1's service plan, dated October 24, 2019, indicated C1 received services from the comprehensive home care provider for assistance with medication management, bathing, grooming, dressing, toileting, transfers, behavior management, meals, housekeeping, and laundry services. A fall report, dated October 4, 2019, indicated C1 "was belted into her wheelchair and tipped it over on top of her while the aide was helping another resident with clothes in her room." A nursing assessment, dated October 8, 2019, listed the reason for assessment as "14 day". The assessment indicated C1 needed assistance with sitting up, turning, repositioning, transferring,	{02015}	Continued From pa	ge 12	{02015}				
indicated C1 was assessed for a left bed side rail and the indication for use was fall prevention. The assessment indicated C1 had no behaviors that required intervention. The assessment also indicated C1 was agitated at times and required redirection. The assessment did not include C1's bilateral grab bars, right sided lower bed side rail, wheelchair lap seatbelt, or the use of a transfer belt affixed to the wheelchair back rest. During an interview on October 24, 2019 at 11:49 a.m., unlicensed personnel (ULP)-A indicated C1 spent the entire day in bed, except for 2-3 hours in the morning when C1 is in the wheelchair.		C1's medical record diagnoses included cognition, insomnia cerebrovascular activates. C1's service 2019, indicated C1 comprehensive hor assistance with medication managem and laundry service. A fall report, dated "was belted into her on top of her while resident with clother A nursing assessment indicated the reason for The assessment indicated C1 was as and the indication for The assessment indicated C1 was as and the indication for The assessment indicated C1 was as and the indication for The assessment indicated C1 was as and the indication for The assessment indicated C1 was as and the indication for The assessment indicated C1 was as and the indication for The assessment indicated C1 was as and the indication for The assessment indicated C1 was as and the indication for The assessment indicated C1 was as and the indication for The assessment indicated C1 was as and the indication for The assessment indicated C1 was as and the indication for The assessment indicated C1 was as and the indication for The assessment indicated C1 was as and the indication for The assessment indicated C1 was as and the indication for The assessment indicated C1 was as and the indication for The assessment indicated C1 was as and the indication for The assessment indicated C1 was as and the indication for The assessment indicated C1 was as and the indication for The assessment indicated C1 was as and the indication for The assessment indicated C1 was as and the indicated C1 was as	d was reviewed. C1's a medical diagnosis affecting , and a history of cident (also known as a ce plan, dated October 24, received services from the me care provider for dication management, dressing, toileting, transfers, ent, meals, housekeeping, es. October 4, 2019, indicated C1 r wheelchair and tipped it over the aide was helping another s in her room." ent, dated October 8, 2019, r assessment as "14 day". dicated C1 needed assistance ng, repositioning, transferring, chair. The assessment ssessed for a left bed side rail or use was fall prevention. dicated C1 had no behaviors ention. The assessment also gitated at times and required sessment did not include C1's right sided lower bed side rail, belt, or the use of a transfer theelchair back rest.					

Minnesota Department of Health

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		H23761	B. WING		R- 10/2	C 4/2019		
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
SUNLIG	HT SERVICES LLC		NIA STREET UL, MN 551					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROIDEFICIENCY)	.D BE	(X5) COMPLETE DATE		
{02015}	and bed side rails were used to keep from falling. ULP-A assistance with rep from the bed to the wheelchair. ULP-A placed in the wheel buckled across her a bath towel is placed blue transfer belt is of C1's wheelchair over the towel, and back of the wheelch C1's arms are seculimiting C1's moven moves around a lot the belts are used to stated the use of the seatbelt, and transfer a while. ULP-A independent of the transfer belt on Administrator. During an interview p.m., Registered Non Administrator. During an interview p.m., Registered Non Administrator. During an interview p.m., Registered Non Administrator. Administrator. Administrator. Administrator. Administrator. Administrator.	C1 was in bed, the grab bars were raised in the up position. It is grab bars and bed side rails C1 in bed and to keep C1 indicated C1 required ositioning in bed, transferring wheelchair, and pushing the stated that after C1 was chair, the black lap seatbelt is waist. ULP-A then indicated ed across C1's torso and the wrapped from the right side back rest, across C1's torso, buckled together behind the nair back rest. ULP-A stated red under the transfer belt, ment. ULP-A indicated C1 while in the wheelchair and to keep her in place. ULP-A e grab bars, bed side rails, lapter belt had been going on for icated she was taught to use the wheelchair by the on October 24, 2019 at 12:09 arse (RN)-B indicated C1 did ar bed side rails on her astated she only assessed C1 will. RN-B indicated she was of a transfer belt to keep C1 owever, she had seen the lap B indicated the use of the be a restraint and that it would be a restraint and that it would be a restraint and that it would be a restraint and suspected	{02015}					

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		H23761	B. WING		R-	-C 2 4/2019	
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NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
SUNLIGHT SERVICES LLC SAINT PAUL, MN 55103							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	_D BE	(X5) COMPLETE DATE	
{02015}	Continued From pa	ae 14	{02015}				
{02015}	Continued From parameter and a investigated by the		{02015}				