



Protecting, Maintaining and Improving the Health of Minnesotans

Office of Health Facility Complaints Investigative Report  
PUBLIC

**Facility:**

Centennial House of Apple Valley  
14625 Pennock Avenue  
Apple Valley, MN 55124  
Dakota County

Report #: HL24139009

Date: August 23, 2013

Date of Visit: June 24, 2013  
Time of Visit: 8:45 a.m. to 12:45 p.m.

By: Annette Winters, R.N., Special Investigator

- Type of Facility:**
- Nursing Home
  - SLF
  - Hospital
  - HHA
  - ICF/IID
  - Other: \_\_\_\_\_
  - Home Care Provider/Assisted Living
  - Home Care
- Facility Self Report       Complaint

**Allegation(s):** It is alleged that state licensing statutes/rules were not followed when clients on the east wing of the residence were left with no staff available to assist them when the staff on duty was observed by police officers to be sleeping and later noted to have a high intoxication level. A client had called 911 when she could not find staff to assist her.

**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:**

The allegation that licensing statues were not followed is substantiated. A violation was issued related to the right of clients to be served by people who are properly trained and competent to perform their duties.

A client called 911 for assistance and a police officer responded to the call.

When the officers were at the building, they noticed an employee sleeping on the couch of the main lobby and awoke the employee to assist the non-English speaking client. However, one officer was in the parking lot and saw the employee that was sleeping on the couch outside having a cigarette. The officer approached the employee and the employee submitted to a breath test, was found to be intoxicated and had admitted to taking pain medication. The paramedics were called and transported the employee to the hospital.

**Compliance:****State Licensing Rules for Home Care (MN Rules Chapter 4668) – Compliance Met**

The facility was found to be in compliance with State Licensing Rules for Home Care (MN Rules Chapter 4668). No state licensing orders were issued.

**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:**

**The Investigation included the following:**

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

- |                                                                                  |                                                       |
|----------------------------------------------------------------------------------|-------------------------------------------------------|
| <input checked="" type="checkbox"/> Medical Records                              | <input type="checkbox"/> Care Guide                   |
| <input type="checkbox"/> Medication Administration Records                       | <input 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 type="checkbox"/> Physician Orders                                        | <input type="checkbox"/> Social Service Notes         |
| <input 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 type="checkbox"/> Assessments                  |
| <input type="checkbox"/> Skin Assessments                                        | <input checked="" type="checkbox"/> Care Plan Records |

**Other pertinent medical records:**

- |                                                   |                                               |                                                   |                                            |
|---------------------------------------------------|-----------------------------------------------|---------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Hospital Records         | <input type="checkbox"/> Ambulance/Paramedics | <input type="checkbox"/> Medical Examiner Records | <input type="checkbox"/> Death Certificate |
| <input checked="" type="checkbox"/> Police Report |                                               |                                                   |                                            |

**Additional facility records:**

- |                                                          |                                                                              |
|----------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Resident/Family Council Minutes | <input checked="" type="checkbox"/> 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: \_\_\_\_\_

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: 5

Interview with staff:  Yes  No  N/A Specify: \_\_\_\_\_

**Tennessee Warning given as required:**  Yes  No

Total number of staff interviews: 3

Physician interviewed:  Yes  No

Nurse Practitioner interviewed:  Yes  No

Interview with Alleged Perpetrator(s):  Yes  No  N/A Specify: \_\_\_\_\_

Attempts to contact: Date/time: \_\_\_\_\_ Date/time: \_\_\_\_\_ Date/time: \_\_\_\_\_

If unable to contact was subpoena issued:  Yes , date subpoena was issued \_\_\_\_\_  No

Were contacts made with any of the following:

Emergency personnel  Police Officers  Medical Examiner  Other: Specify \_\_\_\_\_

**Observations were conducted related to:**

- Wound Care
- Medication Pass
- Meals
- Personal Care
- Dignity/Privacy Issues
- Restorative Care
- Nursing Services
- Safety Issues
- Facility Tour
- Infection Control
- Cleanliness
- Injury
- Use of Equipment
- Transfers
- Incontinence
- Call Light
- Other: \_\_\_\_\_

Was any involved equipment inspected:  Yes  No  N/A

Was equipment being operated in safe manner:  Yes  No  N/A

Were photographs taken:  Yes  No Specify: \_\_\_\_\_

xc: Division of Compliance Monitoring - Licensing & Certification

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  H24139	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 08/23/2013
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NAME OF PROVIDER OR SUPPLIER  CENTENNIAL HOUSE OF APPLE VALLEY	STREET ADDRESS, CITY, STATE, ZIP CODE 14625 PENNOCK AVENUE APPLE VALLEY, MN 55124
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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 Initial comments

A complaint investigation was initiated to investigate case #HL24139009. The following correction orders are issued.

When corrections are completed please sign and date, make a copy of the form for your records and return the original to the MN Department of Health, Division of Compliance Monitoring, Office of Health Facility Complaints; 85 East Seventh Place, Suite 220, P.O. Box 64970, St. Paul, Minnesota 55164-0970.

0 000

Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state Statutes/Rules for Home Care Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute/Rule number and the corresponding text of the state Statute/Rule out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.

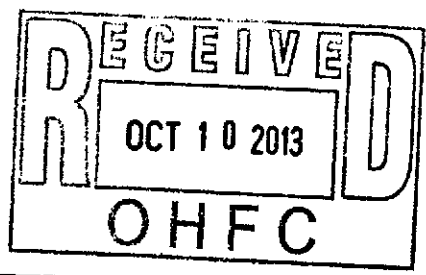
PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

0 085 144A.44 Subd.1(13) Served by people who are competent

Subdivision 1. Statement of rights. A person who receives home care services has these rights:

0 085



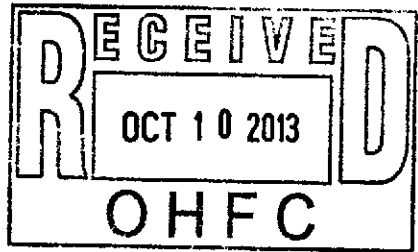
Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>James Bean</i>	TITLE	(X6) DATE
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Minnesota Department of Health

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0 085	<p>Continued From page 1</p> <p>(13) the right to be served by people who are properly trained and competent to perform their duties;</p> <p>This MN Requirement is not met as evidenced by: Based on a interview and document review, the licensee failed to ensure staff were competent to perform their duties when a staff person was found sleeping, intoxicated, and had taken pain medication for one of one client (C1). The findings included:</p> <p>According to a police report an officer was dispatched to the licensee on May 31, 2013 at approximately 7:32 p.m. for a concern when a client who does not speak English, went to another clients room for assistance. Employee E/unlicensed personnel was sleeping on the couch of the main lobby area. The officers woke up the Employee E and instructed that s/he assist the non-English speaking client. Minutes later an officer approached Employee E outside smoking a cigarette. Employee E had bloodshot and glassy eyes as well as constricted pupils. Employee E stated s/he took a prescribed pain medication and denied consuming alcohol. The employee submitted to a portable breath test and was found to be over four times the Minnesota's legal alcohol-concentration driving limit. The paramedics were called and the employee was taken to the hospital.</p> <p>Employee A/unlicensed personnel was</p>	0 085		
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Minnesota Department of Health

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0 085 Continued From page 2

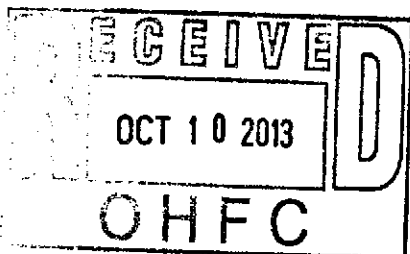
interviewed on August 19, 2013 at approximately 9:55 a.m. and stated that a police officer had requested her/his help with a client after a client called 911 for assistance of another client who did not speak English. Employee A indicated Employee E was assigned to C1 and was found by the police officer sleeping on a couch and was awakened by the police officer. Employee A stated the staff person went to the room of the client who required staff assistance, raised her/his voice asking why did you call 911, then left the client. Employee A further explained s/he was concerned that Employee E was not able to perform services for the assigned clients and called the on-call staff person in to cover the remaining shift when Employee E raised his/her voice to C1 by saying why did you call 911.

When the on-site investigation occurred on June 24, 2013 at 8:45 a.m. the licensee had approximately 76 clients: 56 clients resided in assisted living and 20 clients resided in a locked memory care unit. The facilities assisted living is divided into two different buildings. Building one where, Employee E was assigned, had a total of 28 clients that was divided among two staff. Employee E would of had approximately 14 clients assigned on the day of police report.

The licensee policy titled Drug and Alcohol stated that the facility is drug and alcohol free and all employees are to refrain from reporting to work or working with the presence of drugs or alcohol in their system.

The licensee policy titled Unacceptable Conduct stated behaviors which adversely affect the health, safety and welfare of a client, being under the influence of alcohol or controlled substances, sleeping while on duty, and rude or discourteous

0 085





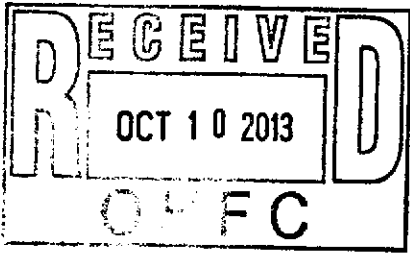
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0 085	Continued From page 3 treatment of others is unacceptable conduct.  TIME PERIOD FOR CORRECTION: Thirty (30) days  <i>Jane Ruweis</i> <i>Houang Director</i>	0 085		
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*Protecting, Maintaining and Improving the Health of Minnesotans*

Post Correction Order Follow-Up  
PUBLIC DATA

Facility:

Centennial House of Apple Valley  
14625 Pennock Avenue  
Apple Valley, MN 55124  
Dakota County

Report #: HL24139009

Date: November 15, 2013

Date of Visit: November 14, 2013  
Time of Visit: 12:45 p.m. to 2:45 p.m.

By: Annette Winters, R.N.  
Special Investigator

Nature of Visit

An unannounced visit was made in order to follow-up one state licensing order which were issued on September 3, 2013, as the result of an investigation which had been completed on August 23, 2013.

The status of the order is as follow:

1 144A.44 Subd.1(13) - Corrected

xc: Minnesota Department of Health – Licensing and Certification

**State Form: Revisit Report**

<b>(Y1) Provider / Supplier / CLIA / Identification Number</b> H24139	<b>(Y2) Multiple Construction</b> A. Building B. Wing	<b>(Y3) Date of Revisit</b> 11/14/2013
--------------------------------------------------------------------------	-------------------------------------------------------------	-------------------------------------------

<b>Name of Facility</b> CENTENNIAL HOUSE OF APPLE VALLEY	<b>Street Address, City, State, Zip Code</b> 14625 PENNOCK AVENUE APPLE VALLEY, MN 55124
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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>00085</u> Reg. # <u>144A.44 Subd.1(13)</u> LSC _____	Correction Completed 11/14/2013	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____ State Agency	Reviewed By AS/KJ	Date: 11/18/2013	Signature of Surveyor: 32637	Date: 11/14/2013
Reviewed By _____ CMS RO	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on: 8/23/2013	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? <table style="float: right;"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO		