



Office of Health Facility Complaints Investigative Report
PUBLIC

Facility Name: White Bear Lake COH Care LLC			Report Number: HL24613008	Date of Visit: October 3, 2017
Facility Address: 1235 Gun Club Road			Time of Visit: 9:00 a.m. to 2:30 p.m.	Date Concluded: December 29, 2017
Facility City: White Bear Lake			Investigator's Name and Title: Amy Hyers, RN, Special Investigator	
State: Minnesota	ZIP: 55110	County: Ramsey		

Home Care Provider/Assisted Living

Allegation(s):

It is alleged that a client was neglected when the facility provided a client with the wrong diet and the client choked. The client was hospitalized for treatment of aspiration.

- State Statutes for Home Care Providers (MN Statutes, section 144A.43 - 144A.483)
- State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557)
- State Statutes Chapters 144 and 144A

Conclusion:

Based on a preponderance of evidence, neglect is substantiated. The home care provider failed to provide a prescribed mechanical soft diet (a diet that generally eliminates all foods that are difficult to chew or swallow) for a client who aspirated, required the Heimlich maneuver and hospitalization.

The client received services from a provider licensed as a comprehensive home care provider for bathing, dressing, grooming, oral cares, transfers, escorts, and medication management according to a service agreement. The client had a medical condition that required s/he receive a mechanical soft diet.

The client's medical record contained a form titled, Level 2 Dysphagia Mechanically Altered; receipt of form noted by a nurse. Hand written additionally on the pre-printed form was, "All foods cut up small, fork tender. All meats ground with sauce/gravy." The column under the heading "meat" indicated moist ground or tender meat should be served with gravy or sauce.

The client was served a plate that contained small pieces of roast pork loin cut up without gravy. The resident choked on the meat, became distressed, and required a nurse to intervene by providing the Heimlich maneuver. An emergency medical team arrived and assumed care of the client, continuing to perform the Heimlich maneuver. They were able to further dislodge some of the meat and then took the

client to the hospital. The client was intubated in the intensive care unit. The client returned to facility four days later.

Due to a compromised cognitive status, the client was unable to be interviewed.

During an interview, management staff stated the meat was not prepared properly. S/he said although the kitchen staff are the first-line, the direct care staff are also responsible for ensuring the clients receive the correct diets. S/he stated the diet level can be found in the care plan.

During an interview, a nurse stated s/he placed a document in the staff communication book that detailed how the client's meals should be prepared. S/he further stated s/he wrote it on a sheet of paper and taped it to the shelf in the kitchen for the kitchen staff.

During an interview, a nurse stated s/he performed the Heimlich maneuver on the client in response to the client choking on meat. The nurse noted at the time, the client was eating off a plate that contained small pieces of meat cut up without gravy. S/he further stated recent orders for the client was a "mechanical soft with gravy" diet.

During an interview with the cook, s/he stated s/he was made aware of clients' diet restrictions by either the housing manager or nurse. A list was provided with client room number, allergies, diet orders, and preferences. S/he stated on the evening the client choked, s/he did not make it mechanically soft, because s/he was not paying close attention to the list.

The home care provider provided additional training by a dietitian to the kitchen staff regarding to specialized diet preparation.

Minnesota Vulnerable Adults Act (Minnesota Statutes, section 626.557)

Under the Minnesota Vulnerable Adults Act (Minnesota Statutes, section 626.557):

- | | | |
|---|---|---|
| <input type="checkbox"/> Abuse | <input checked="" type="checkbox"/> Neglect | <input type="checkbox"/> Financial Exploitation |
| <input checked="" type="checkbox"/> Substantiated | <input type="checkbox"/> Not Substantiated | <input type="checkbox"/> Inconclusive based on the following information: |

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: Although a system was in place for communication of client's diet requirements, the facility failed to ensure a prescribed diet was served to the client.

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 Home Care Providers (MN Statutes section 144A.43 - 144A.483) – Compliance Met
The facility was found to be in compliance with State Statutes for Home Care Providers (MN Statutes section 144A.43 - 144A.483). No state licensing orders were issued.

State Statutes Chapters 144 & 144A – Compliance Met
The facility was found to be in compliance with State Statutes for Chapters 144 & 144A. No state licensing orders were issued.

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

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

Compliance Notes:

Definitions:

Minnesota Statutes, section 626.5572, subdivision 17 - Neglect

"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.

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.

The Investigation included the following:

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

- Medical Records
- Care Guide
- Medication Administration Records
- Nurses Notes
- Assessments
- Physician Orders
- Physician Progress Notes
- Care Plan Records
- Facility Incident Reports
- Therapy and/or Ancillary Services Records
- ADL (Activities of Daily Living) Flow Sheets
- Service Plan

Other pertinent medical records:

- Hospital Records

Additional facility records:

- Staff Time Sheets, Schedules, etc.
- Facility Internal Investigation Reports
- Personnel Records/Background Check, etc.
- Facility Policies and Procedures

Number of additional resident(s) reviewed: None

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 reporter(s) Yes No N/A

Specify: _____

If unable to contact reporter, 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: Cognitive status prohibited.

Did you interview additional residents? Yes No

Total number of resident interviews: None

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

Tennessee Warnings

Tennessee Warning given as required: Yes No

Total number of staff interviews: Four

Physician Interviewed: Yes No

Nurse Practitioner Interviewed: Yes No

Physician Assistant 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 _____

Facility Name: White Bear Lake COH Care
LLC

Report Number: HL24613008

Observations were conducted related to:

- Nursing Services
- Infection Control
- Medication Pass
- Cleanliness
- Safety Issues
- Meals
- Facility Tour

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: _____

cc:

Health Regulation Division - Home Care & Assisted Living Program

The Office of Ombudsman for Long-Term Care

White Bear Lake Police Department

Ramsey County Attorney

White Bear Lake City Attorney



Protecting, Maintaining and Improving the Health of All Minnesotans

February 21, 2018

Ms. Rhonda Shillinger, Administrator
White Bear Lake COH Care LLC
1235 Gun Club Road
White Bear Lake, MN 55110

RE: Complaint Number HL24613008

Dear Ms. Shillinger :

On February 8, 2018 an investigator of the Minnesota Department of Health, Office of Health Facility Complaints completed a re-inspection of your facility, to determine correction of orders found on the complaint investigation completed on October 16, 2017. At this time, these correction orders were found corrected.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body. Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Matthew Heffron'.

Matthew Heffron, JD, NREMT
Health Regulations Division
Supervisor, Office of Health Facility Complaints
85 East Seventh Place, Suite 220
P.O. Box 64970
St. Paul, MN 55164-0970
Telephone: (651) 201-4221 Fax: (651) 281-9796

MLH

Enclosure

cc: Home Health Care Assisted Living File
Ramsey County Adult Protection
Office of Ombudsman for Long Term Care
MN Department of Human Services



Protecting, Maintaining and Improving the Health of All Minnesotans

Certified Mail Number: 7015 3010 0001 4648 6170

December 26, 2017

Ms. Rhonda Shillinger, Administrator
White Bear Lake Coh Care LLC
1235 Gun Club Road,
White Bear Lake, MN 55110

RE: Complaint Number HL24613008

Dear Ms. Shillinger:

A complaint investigation (#HL24613008) of the Home Care Provider named above was completed on October 16, 2017, for the purpose of assessing compliance with state licensing regulations. At the time of the investigation, the investigator from the Minnesota Department of Health, Office of Health Facility Complaints, noted one or more violations of these regulations. These state licensing orders are issued in accordance with Minnesota Statutes Sections 144A.43 to 144A.482.

State licensing orders are delineated on the attached State Form. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes for Home Care Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by."

A written plan for correction of licensing orders is not required. Per Minnesota State Statute 144A.474 Subd. 8(c), the home care provider must document in the provider's records any action taken to comply with the correction order. A copy of this document of the home care provider's action may be requested at future surveys.

A licensed home care provider may request a correction order reconsideration regarding any correction order issued to the provider. The reconsideration must be in writing and received within 15 calendar days. Reconsiderations should be addressed to:

Renaë Dressel, Health Program Rep. Sr
Home Care Assisted Living Program
Minnesota Department of Health
P.O. Box 3879
85 East Seventh Place
St. Paul, MN 55101

White Bear Lake Coh Care Llc

December 26, 2017

Page 2

It is your responsibility to share the information contained in this letter and the results of the visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink that reads "Matthew Heffron". The signature is written in a cursive, flowing style.

Matthew Heffron, JD, NREMT
Health Regulations Division
Supervisor, Office of Health Facility Complaints
85 East Seventh Place, Suite 220
P.O. Box 64970
St. Paul, MN 55164-0970
Telephone: (651) 201-4221 Fax: (651) 281-9796

MLH

Enclosure

cc: Home Health Care Assisted Living File
Ramsey County Adult Protection
Office of Ombudsman for Long Term Care
MN Department of Human Services

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24613	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/16/2017
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WHITE BEAR LAKE COH CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1235 GUN CLUB ROAD WHITE BEAR LAKE, MN 55110
---	--

(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	<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 is issued pursuant to a survey.</p> <p>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 October 3, 2017, a complaint investigation was initiated to investigate complaint #HL24613008. At the time of the survey, there were 40 clients that were receiving services under the comprehensive license. The following correction order is 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 SS=G	<p>144A.44, Subd. 1(14) Free From Maltreatment Subdivision 1. Statement of rights. A person who receives home care services has these rights:</p>	0 325		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24613	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/16/2017
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WHITE BEAR LAKE COH CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1235 GUN CLUB ROAD WHITE BEAR LAKE, MN 55110
---	--

(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	<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, record review, and observation, the licensee failed to ensure that a client was free from maltreatment (neglect) for 1 of 1 clients (C1), when the licensee failed to follow orders to provide a mechanical soft diet for a client, and C1 aspirated, required the Heimlich maneuver, and was hospitalized.</p> <p>This practice resulted in a level three violation (a violation that harmed a client's health 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 an 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).</p> <p>Findings include:</p> <p>C1's medical record was reviewed. C1 received comprehensive homecare services for bathing, dressing, grooming, oral cares, transfers, escorts, and medication management according to a service agreement dated January 1, 2017. C1 had a medical condition that required she received a mechanical soft diet (a diet that generally eliminates all foods that are difficult to chew or swallow).</p> <p>C1's medical record contained a form titled, Level 2 Dysphagia Mechanically Altered, noted by a</p>	0 325		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24613	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/16/2017
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WHITE BEAR LAKE COH CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1235 GUN CLUB ROAD WHITE BEAR LAKE, MN 55110
---	--

(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	<p>Continued From page 2</p> <p>nurse on August 8, 2017. Written additionally on the pre-printed form was, "All foods cut up small, fork tender. All meats ground with sauce/gravy." The column under the heading "meat" indicated moist ground or tender meat should be served with gravy or sauce.</p> <p>During an interview on October 3, 2017 at 1:01 p.m., the housing manager stated that although the kitchen staff are the first-line, the direct care staff are also responsible for ensuring the clients received the correct diets. The diet level can be found in the care plan.</p> <p>During an interview on October 4, 2017 at 11:59 a.m., licensed practical nurse (LPN)-C stated she placed a document in the staff communication book that detailed how C1's meals should be prepared. She further stated she wrote it on a sheet of paper and taped it to the shelf in the kitchen for the kitchen staff.</p> <p>During an interview on October 4, 2017 at 10:07 a.m. a registered nurse (RN)-D stated she performed the Heimlich maneuver on C1 in response to C1 choking on meat. RN-D noted at the time C1 was eating off a plate that contained small pieces of meat cut up without gravy. She further stated recent orders for C1 stated a "mechanical soft with gravy" diet. She said when she spoke to the cook after the incident, the cook said a mistake was made. An emergency medical team arrived and assumed care of C1. They were able to further dislodge some of the meat and then took C1 to the hospital. C1 was intubated in the intensive care unit and returned to facility four days later.</p> <p>During an interview on October 3, 2017 at 1:14 p.m., the cook stated he is made aware of clients'</p>	0 325		
-------	---	-------	--	--

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24613	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/16/2017
--	---	--	---

NAME OF PROVIDER OR SUPPLIER WHITE BEAR LAKE COH CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1235 GUN CLUB ROAD WHITE BEAR LAKE, MN 55110
---	--

(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	<p>Continued From page 3</p> <p>diet restrictions by either the housing manager or nurse. A list was provided to him with client room number, allergies, diet orders, and preferences. He stated on the evening C1 choked that he did not make C1's food mechanically soft because he was rushing and not paying close attention to the list.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 325		