



Minnesota Department of Health

Office of Health Facility Complaints Investigative Report PUBLIC

Facility Name: Happy Hearts Home Health Agency			Report Number: HL26510004	Date of Visit: February 27, 2017
Facility Address: 2615 115th Lane NW			Time of Visit: 10:30 a.m. to 5:30 p.m.	Date Concluded: April 20, 2017
Facility City: Coon Rapids			Investigator's Name and Title: Darin Hatch, Special Investigator	
State: Minnesota	ZIP: 55433	County: Anoka		

☒ Home Care Provider/Assisted Living

Allegation(s):

It is alleged that a client was neglected when the facility did not provide 24 hour staffing. The client broke into a medication cabinet after staff left the facility for the night. The client took multiple medications in a suicide attempt. Staff found the client the following morning and transferred the client to the hospital.

- ☒ 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 occurred. The client was assessed to require supervision, and the facility failed to provide any awake staff during the night to provide any care, services, and supervision. As a result, the client was able to attempt suicide via the medications stored in the facility.

The client received home care services from the facility for assistance with medication management, anxiety management, agitation management, self-injurious behavior management, and other cognitive/mental health needs according to a service agreement and care plan. There were no interventions developed for the staff to follow for the anxiety management, agitation management, self-injurious behavior management, and other cognitive/mental health needs. The client's vulnerability assessment indicated the provider would ensure the client was free from signs and symptoms of abuse or neglect, including self-abuse, and that staff would monitor the client for signs and symptoms of abuse or neglect. The facility's Uniformed Consumer Information Guide, dated September 2010, and located in the client's file, indicated the facility provided staff 24 hours a day, seven days a week to respond to health and safety needs of the client. Another document indicated the client's medical condition was likely to become unstable, and required regular observation and assessment by a professional nurse. A nurse's note, dated three months prior to the incident, indicated the client required one-on-one supervision; however, one-on-one supervision was not initiated. There was no indication of why one-on-one supervision was required. The client had a history of self-injurious behavior and suicide attempts.

On the night of the incident, the client broke into a locked medicine cabinet in a hallway closet. Other

clients' medication were also stored in the closet. The client ingested 45 lithium, 15-20 clonazepam, 15 lorazepam, and 10 or more gabapentin tablets. There were no staff in the building when the client obtained access to the medications. On the night of the incident, staff left the facility at 11:00 p.m. and returned at 8:00 a.m. It is unknown what time the client ingested the medications. When staff arrived, the client looked drowsy and disoriented. Staff took the client to the emergency room, and the client was hospitalized for several days after the incident. The client said s/he was trying to commit suicide.

Staff and client interviews revealed no staff were present in the facility during the overnight hours, and staff were only present intermittently in the facility during the day, afternoon, evening, and weekend hours. Clients were able to call a staff member who lived several houses away if they needed assistance. There was also occasionally a maintenance staff member asleep in the garage during the overnight hours. After the incident, in order to provide additional staff coverage, the nurse trained the maintenance person to be a resident care attendant. This staff member would work as a maintenance person during the day shift, and then come back at 11:00 p.m. and sleep in the garage.

Staff and client interviews also revealed the client had a lengthy history of previous self-injurious behavior. Interviews with the case managers involved in the client's care indicated the client had been placed in the facility because the client required supervision by staff due to the client's self-injurious behavior.

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:

The facility is responsible for the neglect, because the facility was aware of the client's assessed need for supervision and did not provide that level of supervision.

The responsible party will be notified of their right to appeal the maltreatment finding. If the maltreatment is substantiated against an identified employee, this report will be submitted to the nurse aide registry for possible inclusion of the finding on the abuse registry and/or to the Minnesota Department of Human Services for possible disqualification in accordance with the provisions of the background study requirements under Minnesota 245C.

Compliance:

State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557) – Compliance Met

The facility was found to be in compliance with State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557. No state licensing orders were issued.

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State Statutes for Home Care Providers (MN Statutes section 144A.43 - 144A.483) - Compliance Not Met
The requirements under State Statutes for Home Care Providers (MN Statutes, section 144A.43 - 144A.483) were not met.

State licensing orders were issued: ☒ Yes ☐ No

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

State Statutes Chapters 144 & 144A – Compliance Not Met - Compliance Not Met
The requirements under State Statutes for Chapters 144 & 144A were not met.

State licensing orders were issued: ☒ Yes ☐ No

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

Compliance Notes:

Facility Corrective Action:

The facility took the following corrective action(s):

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.

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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
- ☒ Care Plan Records
- ☒ Social Service Notes
- ☒ Facility Incident Reports
- ☒ ADL (Activities of Daily Living) Flow Sheets
- ☒ Service Plan
- ☒ Other, specify:

Other pertinent medical records:

- ☒ Hospital Records
- ☒ Police Report

Additional facility records:

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

Number of additional resident(s) reviewed: Two

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?

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☒ 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: Three

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 _____

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Observations were conducted related to:

- ☒ Cleanliness
- ☒ Dignity/Privacy Issues
- ☒ 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

Minnesota Board of Nursing

The Office of Ombudsman for Long-Term Care

Coon Rapids Police Department

Coon Rapids City Attorney

Anoka County Attorney

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H26510	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/20/2017
NAME OF PROVIDER OR SUPPLIER HAPPY HEARTS HOME HEALTH AGENC		STREET ADDRESS, CITY, STATE, ZIP CODE 2615 115TH LANE NW COON RAPIDS, MN 55433		
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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>HOME CARE PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, these correction orders are 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 February 27, 2017, a complaint investigation was initiated to investigate complaints #HL26510002, HL26510003, and HL26510004. At the time of the survey, there were three clients that were receiving services under the comprehensive license. The following correction orders are issued.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes 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.</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.</p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 1441.474 subd. 11 (b) (1) (2)</p>	
0 265 SS=G	<p>144A.44, Subd. 1(2) Up-To-Date Plan/Accepted Standards Practice</p> <p>Subdivision 1. Statement of rights. A person who</p>	0 265		

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

TITLE

(X6) DATE

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0 265	<p>Continued From page 1</p> <p>receives home care services has these rights: (2) the right to receive care and services according to a suitable and up-to-date plan, and subject to accepted health care, medical or nursing standards, to take an active part in developing, modifying, and evaluating the plan and services;</p> <p>This MN Requirement is not met as evidenced by: Based on document review and interview, the licensee failed to ensure the right of one of one client (C1) reviewed to receive care and services according to a suitable and up to date plan, and subject to accepted health care, medical, or nursing standards, and to take an active part in developing, modifying, and evaluating the plan and services. The licensee failed to intervene in C1's self-injurious behavior on numerous occasions or to update the service agreement and care plan, on numerous occasions between March and November 2016, to increase care and services for C1 to prevent further self-injurious behavior.</p> <p>The deficient practices occurred as 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 is 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). The findings include:</p> <p>C1's record was reviewed. C1 received comprehensive home care services from the</p>	0 265		

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0 265	<p>Continued From page 2</p> <p>facility to include assistance with activities of daily living (bathing, dressing, and grooming), medication management, transportation to non-medical appointments, anxiety management, agitation management, self-injurious behavior management, and other cognitive/mental health needs according to a service agreement dated December 1, 2016.</p> <p>A document titled "Client Vulnerability Care Plan" dated March 3, 2016, indicated the licensee will ensure C1 will be free from signs and symptoms of abuse or neglect, including self-abuse, and that staff would monitor the client for signs and symptoms of abuse or neglect and report signs and symptoms to the case manager or director of nursing.</p> <p>A document dated March 3, 2016, and titled "Start of Care-Interim Physician Order" and signed by the registered nurse and C1's physician indicated C1 required 24 hour a day, 7 day a week customized living for diagnoses of Bi-polar disorder, Binge Eating disorder, Bulimia Nervosa, Borderline Personality disorder, Generalized Anxiety disorder, Insomnia, Post-Traumatic Stress Disorder, and Attention Deficit Hyperactivity Disorder. A document dated March 3, 2016, and titled "Level of Care Determination Policy" and Procedure indicates on page one "The client's medical condition is likely to become unstable and requires regular observation and assessment by a professional nurse."</p> <p>A document dated March 28, 2016, and titled "Uniform Consumer Information Guide" indicates on page five "Assisted Living establishments must offer "awake" staff 24/7 to respond to health and safety needs of clients." It also indicates on page four "the responsible person in this building</p>	0 265		

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0 265	<p>Continued From page 3</p> <p>will be awake at all times."</p> <p>A document titled "Skilled Nursing and Supervisory Visit Note" and dated November 15 and 16, 2016, indicated on page two that C1 broke into a locked medicine cabinet during the overnight hours of November 15 and 16, 2016, and ingested 45 Lithium, 15-20 Clonazepam, 15 Lorazepam, and 10 or more Gabapentin tablets, and was taken to the emergency room by staff on November 16, 2016. C1 was hospitalized until November 22, 2016.</p> <p>An undated document titled "Self-Abuse Tracking" listed the following incidents of self-abuse by C1 and action taken by the licensee, if any:</p> <p>March 4, 2016-Burned wrist and arm. Took lighter away. No hospitalization needed.</p> <p>March 5 through 10, 2016-Hospitalization for poking wire in stomach, which required surgery.</p> <p>March 15, 2016-Took to an emergency room for cutting over other cuts.</p> <p>April 24, 2016-Left in the middle of the night. C1 stated she had sex with an older man for drugs and used cocaine for the first time.</p> <p>April 26, 2016- C1 burned herself with lighter on left anterior arm 1.75 x 1.75 x .010 cm and said "it wouldn't be a big deal for me to start over with self injury." Kept staff awake most of the night. Redirection of behavior unsuccessful. Wound was cleaned and dressed.</p> <p>April 28, 2016-Left house during the night.</p> <p>May 5, 2016-Scratched "XXX "in left forearm-Superficial.</p> <p>May 23, 2016-Scratched belly/abdomen center and rubbed skin off of hand.</p> <p>May 23, 2016-Burned ankle after tattooing sons birthdate.</p> <p>June 14, 2016-Burn on left forearm. The</p>	0 265		

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

HAPPY HEARTS HOME HEALTH AGENCY

**2615 115TH LANE NW
COON RAPIDS, MN 55433**

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0 265	<p>Continued From page 4</p> <p>document stated "See incident report," but the facility failed to provide incident reports when requested on February 27, 2017.</p> <p>June 22 to June 28, 2016-Cutting right thigh using scissors. Again, the document stated "See incident report," but the facility failed to provide incident reports when requested on February 27, 2017.</p> <p>July 5, 2016-Scratches, picked scabs.</p> <p>July 22, 2016-C1 hit her knee with a glass nail polish bottle, and had a purple bruise over her entire right knee.</p> <p>September 8, 2016-C1 cut her leg with broken vase, resulting in ten lacerations, eight of which are about four centimeters in length. The document stated "See incident report," but the facility failed to provide incident reports when requested on February 27, 2017.</p> <p>October 2, 4, 11 2016-C1 stated she tried to hang herself and was not able to complete suicide. C1 was sent to an emergency room for neck pain. C1 then used a lighter and burned her left wrist in two locations. C1 also made four cuts with a razor on her right upper wrist (3-4 cm). The facility removed razors. C1 later had caused two burns on her wrist, about one centimeter in size, with a cigarette. The facility removed the lighter, and provided wound care.</p> <p>A document titled "Nurses Notes" and dated August 22, 2016, indicated on page one C1 "1:1 supervision required daily to redirect behavior."</p> <p>During an interview on February 16, 2017 at 1:27 p.m., case manager (CM)-A revealed she interpreted services C1 was to receive from the facility as 24 hours a day/7 days a week awake staffing. She stated this is what she was expecting when she assisted C1 with placement in the facility. She indicated C1's mental health</p>	0 265		

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0 265	<p>Continued From page 5</p> <p>diagnosis requires C1 to have a staff person available in the home and awake 24/7 to respond to the health and safety needs of C1, and said the facility agreed to provide 24/7 awake staff in the facility for C1. CM-A said during interview no staff were onsite at the facility during the overnight hours of November 15 and 16, 2016, and the only staff available was across the street and a couple of houses down. She said that staff person was only available by phone if C1 called, and the staff would responded to the facility if alerted.</p> <p>Interview with case worker (CW)-B on February 21, 2017 at 8:38 a.m. revealed C1 needs supervision 24 hours a day/7 days a week from awake staff at the facility to respond to health and safety needs of C1. CW-B said during interview no staff were onsite at the facility during the overnight hours of November 15 and 16, 2016, and the only staff available was across the street and a couple of houses down. She said that staff person was only available by phone if C1 called and the staff would responded to the facility if alerted.</p> <p>Interview with unlicensed professional (ULP)-C on February 27, 2017 at 10:40 a.m. revealed no staff were onsite at the facility during the overnight hours, and the only staff available was across the street and a couple of houses down. She said that staff person was only available by phone if C1 called and the staff would responded to the facility.</p> <p>Interview with ULP-D on February 27, 2017 at 10:57 a.m. revealed no staff were onsite at the facility during the overnight hours, and she is available from across the street and a couple of houses down. She said she was available by phone if C1 called and she would then respond to</p>	0 265		

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0 265	Continued From page 6 the facility.	0 265		
	TIME PERIOD FOR CORRECTION: Seven (7) days			
0 315 SS=G	144A.44, Subd. 1(12) Served by People Who Are Competent Subdivision 1. Statement of rights. A person who receives home care services has these rights: (12) the right to be served by people who are properly trained and competent to perform their duties; This MN Requirement is not met as evidenced by: Based on document review and interview, the licensee failed to ensure the right of one of one client (C1) reviewed to be served by people who are properly trained and competent to perform their duties. The licensee failed to intervene in C1's self-injurious behavior on numerous occasions, or to update the service agreement and care plan on numerous occasions between March and November 2016 to increase care and services for C1 to prevent further self-injurious behavior. The deficient practices occurred as 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 is 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). The findings include:	0 315		

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0 315	<p>Continued From page 7</p> <p>C1's record was reviewed. C1 received comprehensive home care services from the facility to include assistance with activities of daily living (bathing, dressing, and grooming), medication management, transportation to non-medical appointments, anxiety management, agitation management, self-injurious behavior management, and other cognitive/mental health needs according to a service agreement dated December 1, 2016.</p> <p>A document titled "Client Vulnerability Care Plan" dated March 3, 2016, indicates the licensee will ensure C1 will be free from signs and symptoms of abuse or neglect, including self-abuse, and that staff will monitor the client for signs and symptoms of abuse or neglect and report signs and symptoms to the case manager or director of nursing.</p> <p>A document dated March 3, 2016 and titled "Start of Care-Interim Physician Order" and signed by the registered nurse and C1's physician indicates C1 required 24 hour a day, 7 day a week customized living for diagnoses of Bi-polar disorder, Binge Eating disorder, Bulimia Nervosa, Borderline Personality disorder, Generalized Anxiety disorder, Insomnia, Post-Traumatic Stress disorder, and Attention Deficit Hyperactivity disorder. A document dated March 3, 2016, and titled "Level of Care Determination Policy" and Procedure indicates on page one "The client's medical condition is likely to become unstable and requires regular observation and assessment by a professional nurse."</p> <p>A document dated March 3, 2016 and titled "Level of Care Determination Policy" and Procedure indicates on page one "The client's medical</p>	0 315		

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NAME OF PROVIDER OR SUPPLIER HAPPY HEARTS HOME HEALTH AGENC	STREET ADDRESS, CITY, STATE, ZIP CODE 2615 115TH LANE NW COON RAPIDS, MN 55433
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0 315	<p>Continued From page 8</p> <p>condition is likely to become unstable and requires regular observation and assessment by a professional nurse."</p> <p>A document dated March 28, 2016 and titled "Uniform Consumer Information Guide" indicates on page five "Assisted Living establishments must offer "awake" staff 24/7 to respond to health and safety needs of clients." It also indicates on page four "the responsible person in this building will be awake at all times."</p> <p>A document titled "Skilled Nursing and Supervisory Visit Note" and dated November 15 and 16, 2016 indicated on page two C1 broke into a locked medicine cabinet during the overnight hours of November 15 and 16, 2016 and ingested 45 Lithium, 15-20 Clonazepam, 15 Lorazepam, and 10 or more Gabapentin tablets, and was taken to the emergency room by staff on November 16, 2016 where she was hospitalized until November 22, 2016.</p> <p>An undated document titled "Self-Abuse Tracking" listed the following incidents of self-abuse by C1 and action taken by the licensee, if any: March 4, 2016-Burned wrist and arm. Took lighter away. No hospitalization needed. March 5 through 10, 2016-Hospitalization for poking wire in stomach, which required surgery. March 15, 2016-Took to an emergency room for cutting over other cuts. April 24, 2016-Left in the middle of the night. C1 stated she had sex with an older man for drugs and used cocaine for the first time. April 26, 2016- C1 burned herself with lighter on left anterior arm 1.75 x 1.75 x .010 cm and said "it wouldn't be a big deal for me to start over with self injury." Kept staff awake most of the night.</p>	0 315		

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0 315	Continued From page 9 Redirection of behavior unsuccessful. Wound was cleaned and dressed. April 28, 2016-Left house during the night. May 5, 2016-Scratched "XXX" in left forearm-Superficial. May 23, 2016-Scratched belly/abdomen center and rubbed skin off of hand. May 23, 2016-Burned ankle after tattooing sons birthdate. June 14, 2016-Burn on left forearm. The document stated "See incident report," but the facility failed to provide incident reports when requested on February 27, 2017. June 22 to June 28, 2016-Cutting right thigh using scissors. Again, the document stated "See incident report," but the facility failed to provide incident reports when requested on February 27, 2017. July 5, 2016-Scratches, picked scabs. July 22, 2016-C1 hit her knee with a glass nail polish bottle, and had a purple bruise over her entire right knee. September 8, 2016-C1 cut her leg with broken vase, resulting in ten lacerations, eight of which are about four centimeters in length. The document stated "See incident report," but the facility failed to provide incident reports when requested on February 27, 2017. October 2, 4, 11 2016-C1 stated she tried to hang herself and was not able to complete suicide. C1 was sent to an emergency room for neck pain. C1 then used a lighter and burned her left wrist in two locations. C1 also made four cuts with a razor on her right upper wrist (3-4 cm). The facility removed razors. C1 later had caused two burns on her wrist, about one centimeter in size, with a cigarette. The facility removed the lighter, and provided wound care. A document titled "Nurses Notes" and dated	0 315		

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0 315	<p>Continued From page 10</p> <p>August 22, 2016, indicated on page one C1 "1:1 supervision required daily to redirect behavior."</p> <p>During an interview on February 16, 2017 at 1:27 p.m., case manager (CM)-A revealed she interpreted services C1 was to receive from the facility as 24 hours a day/7 days a week awake staffing. She stated this is what she was expecting when she assisted C1 with placement in the facility. She indicated C1's mental health diagnosis requires C1 to have a staff person available in the home and awake 24/7 to respond to the health and safety needs of C1, and said the facility agreed to provide 24/7 awake staff in the facility for C1. CM-A said during interview no staff were onsite at the facility during the overnight hours of November 15 and 16, 2016, and the only staff available was across the street and a couple of houses down. She said that staff person was only available by phone if C1 called, and the staff would responded to the facility if alerted.</p> <p>Interview with case worker (CW)-B on February 21, 2017 at 8:38 a.m. revealed C1 needs supervision 24 hours a day/7 days a week from awake staff at the facility to respond to health and safety needs of C1. CW-B said during interview no staff were onsite at the facility during the overnight hours of November 15 and 16, 2016, and the only staff available was across the street and a couple of houses down. She said that staff person was only available by phone if C1 called and the staff would responded to the facility if alerted.</p> <p>Interview with unlicensed professional (ULP)-C on February 27, 2017 at 10:40 a.m. revealed no staff were onsite at the facility during the overnight hours, and the only staff available was across the street and a couple of houses down.</p>	0 315		

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0 315	Continued From page 11 She said that staff person was only available by phone if C1 called and the staff would responded to the facility. Interview with ULP-D on February 27, 2017 at 10:57 a.m. revealed no staff were onsite at the facility during the overnight hours, and she is available from across the street and a couple of houses down. She said she was available by phone if C1 called and she would then respond to the facility. TIME PERIOD FOR CORRECTION: Seven (7) days	0 315		
0 325 SS=G	144A.44, Subd. 1(14) Free From Maltreatment Subdivision 1. Statement of rights. A person who receives home care services has these rights: (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; This MN Requirement is not met as evidenced by: Based on document review and interview, the licensee failed to ensure the right of one of three clients (C1) reviewed to be free from maltreatment (neglect) when the licensee failed to provide 24/7 awake staff in the comprehensive homecare facility to provide supervision which was reasonable and necessary to maintain the physical and mental health and safety of C1. As a result, C1 broke into a medicine storage cabinet and consumed numerous controlled substances medications in an attempt to commit suicide,	0 325		

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0 325	<p>Continued From page 12</p> <p>requiring hospitalization. The licensee failed to intervene in C1's self-injurious behavior on numerous occasions, or to update the service agreement and care plan on numerous occasions between March and November 2016 to increase care and services for C1 to prevent further self-injurious behavior.</p> <p>The deficient practices occurred as 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 is 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). The findings include:</p> <p>C1's record was reviewed. C1 received comprehensive home care services from the facility to include assistance with activities of daily living (bathing, dressing, and grooming), medication management, transportation to non-medical appointments, anxiety management, agitation management, self-injurious behavior management, and other cognitive/mental health needs according to a service agreement dated December 1, 2016.</p> <p>C2's record was reviewed. C2 received comprehensive home care services from the facility to include medication management, anxiety management, self-injurious behavior management, and other cognitive/mental health needs according to a service agreement dated June 2, 2016.</p> <p>C3's record was reviewed. C3 received comprehensive home care services from the</p>	0 325		

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0 325	<p>Continued From page 13</p> <p>facility for medication management, anxiety management, agitation management, diabetes care, and depression and anxiety care according to a service agreement dated November 1, 2016.</p> <p>A document titled "Client Vulnerability Care Plan" dated March 3, 2016, indicates the licensee will ensure C1 will be free from signs and symptoms of abuse or neglect, including self-abuse, and that staff will monitor the client for signs and symptoms of abuse or neglect and report signs and symptoms to the case manager or director of nursing.</p> <p>A document dated March 3, 2016 and titled "Start of Care-Interim Physician Order" and signed by the registered nurse and C1's physician indicates C1 required 24 hour a day, 7 day a week customized living for diagnoses of Bi-polar disorder, Binge Eating disorder, Bulimia Nervosa, Borderline Personality disorder, Generalized Anxiety disorder, Insomnia, Post-Traumatic Stress disorder, and Attention Deficit Hyperactivity disorder. A document dated March 3, 2016, and titled "Level of Care Determination Policy" and Procedure indicates on page one "The client's medical condition is likely to become unstable and requires regular observation and assessment by a professional nurse."</p> <p>A document dated March 28, 2016 and titled "Uniform Consumer Information Guide" indicates on page five "Assisted Living establishments must offer "awake" staff 24/7 to respond to health and safety needs of clients." It also indicates on page four "the responsible person in this building will be awake at all times."</p> <p>A document titled "Skilled Nursing and Supervisory Visit Note" and dated November 15</p>	0 325		

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0 325	<p>Continued From page 14</p> <p>and 16, 2016 indicated on page two C1 broke into a locked medicine cabinet during the overnight hours of November 15 and 16, 2016 and ingested 45 Lithium, 15-20 Clonazepam, 15 Lorazepam, and 10 or more Gabapentin tablets, and was taken to the emergency room by staff on November 16, 2016 where she was hospitalized until November 22, 2016.</p> <p>An undated document titled "Self-Abuse Tracking" listed the following incidents of self-abuse by C1 and action taken by the licensee, if any:</p> <p>March 4, 2016-Burned wrist and arm. Took lighter away. No hospitalization needed.</p> <p>March 5 through 10, 2016-Hospitalization for poking wire in stomach, which required surgery.</p> <p>March 15, 2016-Took to an emergency room for cutting over other cuts.</p> <p>April 24, 2016-Left in the middle of the night. C1 stated she had sex with an older man for drugs and used cocaine for the first time.</p> <p>April 26, 2016- C1 burned herself with lighter on left anterior arm 1.75 x 1.75 x .010 cm and said "it wouldn't be a big deal for me to start over with self injury." Kept staff awake most of the night. Redirection of behavior unsuccessful. Wound was cleaned and dressed.</p> <p>April 28, 2016-Left house during the night.</p> <p>May 5, 2016-Scratched "XXX "in left forearm-Superficial.</p> <p>May 23, 2016-Scratched belly/abdomen center and rubbed skin off of hand.</p> <p>May 23, 2016-Burned ankle after tattooing sons birthdate.</p> <p>June 14, 2016-Burn on left forearm. The document stated "See incident report," but the facility failed to provide incident reports when requested on February 27, 2017.</p> <p>June 22 to June 28, 2016-Cutting right thigh</p>	0 325		

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0 325	<p>Continued From page 15</p> <p>using scissors. Again, the document stated "See incident report," but the facility failed to provide incident reports when requested on February 27, 2017.</p> <p>July 5, 2016-Scratches, picked scabs.</p> <p>July 22, 2016-C1 hit her knee with a glass nail polish bottle, and had a purple bruise over her entire right knee.</p> <p>September 8, 2016-C1 cut her leg with broken vase, resulting in ten lacerations, eight of which are about four centimeters in length. The document stated "See incident report," but the facility failed to provide incident reports when requested on February 27, 2017.</p> <p>October 2, 4, 11 2016-C1 stated she tried to hang herself and was not able to complete suicide. C1 was sent to an emergency room for neck pain. C1 then used a lighter and burned her left wrist in two locations. C1 also made four cuts with a razor on her right upper wrist (3-4 cm). The facility removed razors. C1 later had caused two burns on her wrist, about one centimeter in size, with a cigarette. The facility removed the lighter, and provided wound care.</p> <p>A document titled "Nurses Notes" and dated August 22, 2016, indicated on page one C1 "1:1 supervision required daily to redirect behavior."</p> <p>During an interview on February 16, 2017 at 1:27 p.m., case manager (CM)-A revealed she interpreted services C1 was to receive from the facility as 24 hours a day/7 days a week awake staffing. She stated this is what she was expecting when she assisted C1 with placement in the facility. She indicated C1's mental health diagnosis requires C1 to have a staff person available in the home and awake 24/7 to respond to the health and safety needs of C1, and said the facility agreed to provide 24/7 awake staff in the</p>	0 325		

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0 325	<p>Continued From page 16</p> <p>facility for C1. CM-A said during interview no staff were onsite at the facility during the overnight hours of November 15 and 16, 2016, and the only staff available was across the street and a couple of houses down. She said that staff person was only available by phone if C1 called, and the staff would responded to the facility if alerted.</p> <p>Interview with case worker (CW)-B on February 21, 2017 at 8:38 a.m. revealed C1 needs supervision 24 hours a day/7 days a week from awake staff at the facility to respond to health and safety needs of C1. CW-B said during interview no staff were onsite at the facility during the overnight hours of November 15 and 16, 2016, and the only staff available was across the street and a couple of houses down. She said that staff person was only available by phone if C1 called and the staff would responded to the facility if alerted.</p> <p>Interview with unlicensed professional (ULP)-C on February 27, 2017 at 10:40 a.m. revealed no staff were onsite at the facility during the overnight hours, and the only staff available was across the street and a couple of houses down. She said that staff person was only available by phone if C1 called and the staff would responded to the facility.</p> <p>Interview with ULP-D on February 27, 2017 at 10:57 a.m. revealed no staff were onsite at the facility during the overnight hours, and she is available from across the street and a couple of houses down. She said she was available by phone if C1 called and she would then respond to the facility.</p> <p>During an interview on February 27, 2017, at 3:00 p.m., C1 stated no staff were present in the</p>	0 325		

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0 325	Continued From page 17 facility the night of November 15 and 16, 2016, when she broke into the locked medicine room and locked cabinet and took some pills in an effort to commit suicide. C1 said there were no awake staff present in the facility prior to today's onsite visit on the overnight shift but that there was a maintenance guy who slept in the garage. During an interview on February 27, 2017 at 3:15 p.m., C2 stated staff are not always present 24/7 in the facility and there is no staff in the facility on the overnight shift, but the clients can call a staff that lives across the street if they need something. During an interview on February 27, 2017, at 2:15 p.m., C3 said staff are only present in the facility intermittently throughout the day and on weekends, and there are no staff present in the facility on the overnight shift. C3 did say there was a maintenance guy who slept in the garage, and the clients can call a staff that lives across the street if they need something. TIME PERIOD FOR CORRECTION: Seven (7) days	0 325		
0 840 SS=G	144A.4791, Subd. 4 Acceptance of Clients Subd. 4. Acceptance of clients. No home care provider may accept a person as a client unless the home care provider has staff, sufficient in qualifications, competency, and numbers, to adequately provide the services agreed to in the service plan and that are within the provider's scope of practice.	0 840		

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0 840	<p>Continued From page 18</p> <p>This MN Requirement is not met as evidenced by: Based on document review and interview, the licensee accepted one of one client (C1) reviewed without sufficient staff in qualifications, competency, and numbers to adequately provide the services agreed to in the service plan. The licensee failed to provide 24/7 awake staff in the comprehensive homecare facility to provide supervision which was reasonable and necessary to maintain the physical and mental health and safety of C1, and which the client's case manager believed the facility had agreed to provide.</p> <p>The deficient practices occurred as 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 is 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). The findings include:</p> <p>C1's record was reviewed. C1 received comprehensive home care services from the facility to include assistance with activities of daily living (bathing, dressing, and grooming), medication management, transportation to non-medical appointments, anxiety management, agitation management, self-injurious behavior management, and other cognitive/mental health needs according to a service agreement dated December 1, 2016.</p> <p>C2's record was reviewed. C2 received comprehensive home care services from the facility to include medication management, anxiety management, self-injurious behavior</p>	0 840		

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0 840	<p>Continued From page 19</p> <p>management, and other cognitive/mental health needs according to a service agreement dated June 2, 2016.</p> <p>C3's record was reviewed. C3 received comprehensive home care services from the facility for medication management, anxiety management, agitation management, diabetes care, and depression and anxiety care according to a service agreement dated November 1, 2016.</p> <p>A document titled "Client Vulnerability Care Plan" dated March 3, 2016, indicates the licensee will ensure C1 will be free from signs and symptoms of abuse or neglect, including self-abuse, and that staff will monitor the client for signs and symptoms of abuse or neglect and report signs and symptoms to the case manager or director of nursing.</p> <p>A document dated March 3, 2016 and titled "Start of Care-Interim Physician Order" and signed by the registered nurse and C1's physician indicates C1 required 24 hour a day, 7 day a week customized living for diagnoses of Bi-polar disorder, Binge Eating disorder, Bulimia Nervosa, Borderline Personality disorder, Generalized Anxiety disorder, Insomnia, Post-Traumatic Stress disorder, and Attention Deficit Hyperactivity disorder. A document dated March 3, 2016, and titled "Level of Care Determination Policy" and Procedure indicates on page one "The client's medical condition is likely to become unstable and requires regular observation and assessment by a professional nurse."</p> <p>A document dated March 28, 2016 and titled "Uniform Consumer Information Guide" indicates on page five "Assisted Living establishments must offer "awake" staff 24/7 to respond to health</p>	0 840			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H26510	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/20/2017
NAME OF PROVIDER OR SUPPLIER HAPPY HEARTS HOME HEALTH AGENC		STREET ADDRESS, CITY, STATE, ZIP CODE 2615 115TH LANE NW COON RAPIDS, MN 55433		
(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
0 840	<p>Continued From page 20</p> <p>and safety needs of clients." It also indicates on page four "the responsible person in this building will be awake at all times."</p> <p>A document titled "Skilled Nursing and Supervisory Visit Note" and dated November 15 and 16, 2016 indicated on page two C1 broke into a locked medicine cabinet during the overnight hours of November 15 and 16, 2016 and ingested 45 Lithium, 15-20 Clonazepam, 15 Lorazepam, and 10 or more Gabapentin tablets, and was taken to the emergency room by staff on November 16, 2016 where she was hospitalized until November 22, 2016.</p> <p>An undated document titled "Self-Abuse Tracking" listed the following incidents of self-abuse by C1 and action taken by the licensee, if any:</p> <p>March 4, 2016-Burned wrist and arm. Took lighter away. No hospitalization needed.</p> <p>March 5 through 10, 2016-Hospitalization for poking wire in stomach, which required surgery.</p> <p>March 15, 2016-Took to an emergency room for cutting over other cuts.</p> <p>April 24, 2016-Left in the middle of the night. C1 stated she had sex with an older man for drugs and used cocaine for the first time.</p> <p>April 26, 2016- C1 burned herself with lighter on left anterior arm 1.75 x 1.75 x .010 cm and said "it wouldn't be a big deal for me to start over with self injury." Kept staff awake most of the night. Redirection of behavior unsuccessful. Wound was cleaned and dressed.</p> <p>April 28, 2016-Left house during the night.</p> <p>May 5, 2016-Scratched "XXX "in left forearm-Superficial.</p> <p>May 23, 2016-Scratched belly/abdomen center and rubbed skin off of hand.</p> <p>May 23, 2016-Burned ankle after tattooing sons</p>	0 840		

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

HAPPY HEARTS HOME HEALTH AGENC

**2615 115TH LANE NW
COON RAPIDS, MN 55433**

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0 840	<p>Continued From page 21</p> <p>birthdate.</p> <p>June 14, 2016-Burn on left forearm. The document stated "See incident report," but the facility failed to provide incident reports when requested on February 27, 2017.</p> <p>June 22 to June 28, 2016-Cutting right thigh using scissors. Again, the document stated "See incident report," but the facility failed to provide incident reports when requested on February 27, 2017.</p> <p>July 5, 2016-Scratches, picked scabs.</p> <p>July 22, 2016-C1 hit her knee with a glass nail polish bottle, and had a purple bruise over her entire right knee.</p> <p>September 8, 2016-C1 cut her leg with broken vase, resulting in ten lacerations, eight of which are about four centimeters in length. The document stated "See incident report," but the facility failed to provide incident reports when requested on February 27, 2017.</p> <p>October 2, 4, 11 2016-C1 stated she tried to hang herself and was not able to complete suicide. C1 was sent to an emergency room for neck pain. C1 then used a lighter and burned her left wrist in two locations. C1 also made four cuts with a razor on her right upper wrist (3-4 cm). The facility removed razors. C1 later had caused two burns on her wrist, about one centimeter in size, with a cigarette. The facility removed the lighter, and provided wound care.</p> <p>A document titled "Nurses Notes" and dated August 22, 2016, indicated on page one C1 "1:1 supervision required daily to redirect behavior."</p> <p>During an interview on February 16, 2017 at 1:27 p.m., case manager (CM)-A revealed she interpreted services C1 was to receive from the facility as 24 hours a day/7 days a week awake staffing. She stated this is what she was</p>	0 840		

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0 840	<p>Continued From page 22</p> <p>expecting when she assisted C1 with placement in the facility. She indicated C1's mental health diagnosis requires C1 to have a staff person available in the home and awake 24/7 to respond to the health and safety needs of C1, and said the facility agreed to provide 24/7 awake staff in the facility for C1. CM-A said during interview no staff were onsite at the facility during the overnight hours of November 15 and 16, 2016, and the only staff available was across the street and a couple of houses down. She said that staff person was only available by phone if C1 called, and the staff would responded to the facility if alerted.</p> <p>Interview with case worker (CW)-B on February 21, 2017 at 8:38 a.m. revealed C1 needs supervision 24 hours a day/7 days a week from awake staff at the facility to respond to health and safety needs of C1. CW-B said during interview no staff were onsite at the facility during the overnight hours of November 15 and 16, 2016, and the only staff available was across the street and a couple of houses down. She said that staff person was only available by phone if C1 called and the staff would responded to the facility if alerted.</p> <p>Interview with unlicensed professional (ULP)-C on February 27, 2017 at 10:40 a.m. revealed no staff were onsite at the facility during the overnight hours, and the only staff available was across the street and a couple of houses down. She said that staff person was only available by phone if C1 called and the staff would responded to the facility.</p> <p>Interview with ULP-D on February 27, 2017 at 10:57 a.m. revealed no staff were onsite at the facility during the overnight hours, and she is available from across the street and a couple of</p>	0 840		

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0 840	Continued From page 23 houses down. She said she was available by phone if C1 called and she would then respond to the facility. During an interview on February 27, 2017, at 3:00 p.m., C1 stated no staff were present in the facility the night of November 15 and 16, 2016, when she broke into the locked medicine room and locked cabinet and took some pills in an effort to commit suicide. C1 said there were no awake staff present in the facility prior to today's onsite visit on the overnight shift but that there was a maintenance guy who slept in the garage. During an interview on February 27, 2017 at 3:15 p.m., C2 stated staff are not always present 24/7 in the facility and there is no staff in the facility on the overnight shift, but the clients can call a staff that lives across the street if they need something. During an interview on February 27, 2017, at 2:15 p.m., C3 said staff are only present in the facility intermittently throughout the day and on weekends, and there are no staff present in the facility on the overnight shift. C3 did say there was a maintenance guy who slept in the garage, and the clients can call a staff that lives across the street if they need something. TIME PERIOD FOR CORRECTION: Seven (7) days	0 840		
0 860 SS=E	144A.4791, Subd. 8 Comprehensive Assessment and Monitoring Subd. 8. Comprehensive assessment, monitoring, and reassessment. (a) When the	0 860		

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0 860	<p>Continued From page 24</p> <p>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 conducted by the appropriate health professional. This initial assessment must be completed within five days after initiation of home care services.</p> <p>(b) Client monitoring and reassessment must be conducted in the client's home no more than 14 days after initiation of services.</p> <p>(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.</p> <p>This MN Requirement is not met as evidenced by: Based on document review and interview, the licensee failed to conduct comprehensive nursing assessments for two of three clients, (C2) and (C3), reviewed.</p> <p>The deficient practice occurred as a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death) and is issued at a pattern scope (when</p>	0 860		

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0 860	Continued From page 25 more than a limited number of clients are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly but is not found to be pervasive). The findings include: C2's record was reviewed. C2 received comprehensive home care services from the facility for medication management, anxiety management, self-injurious behavior management, and other cognitive/mental health needs according to a service agreement dated June 2, 2016. C2 was admitted to the facility on June 2, 2016. C3's record was reviewed. C3 received comprehensive home care services from the facility for medication management, anxiety management, agitation management, diabetes care, and depression and anxiety care according to a service agreement dated November 1, 2016. C3 was admitted to the facility on November 1, 2015. A request was made for copies of the comprehensive nursing assessments for C2 and C3 during the onsite visit on February 27, 2017, and again via e-mail on February 28, 2017, to the facility owner, but the licensee failed to provide the requested documents. TIME PERIOD FOR CORRECTION: Seven (7) days	0 860		
0 870 SS=F	144A.4791, Subd. 9(f) Contents of Service Plan (f) The service plan must include:	0 870		

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0 870	<p>Continued From page 26</p> <p>(1) a description of the home care services to be provided, the fees for services, and the frequency of each service, according to the client's current review or assessment and client preferences;</p> <p>(2) the identification of the staff or categories of staff who will provide the services;</p> <p>(3) the schedule and methods of monitoring reviews or assessments of the client;</p> <p>(4) the frequency of sessions of supervision of staff and type of personnel who will supervise staff; and</p> <p>(5) a contingency plan that includes: (i) the action to be taken by the home care provider and by the client or client's representative if the scheduled service cannot be provided; (ii) information and a method for a client or client's representative to contact the home care provider; (iii) names and contact information of persons the client wishes to have notified in an emergency or if there is a significant adverse change in the client's condition, including identification of and information as to who has authority to sign for the client in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the client under those chapters.</p> <p>This MN Requirement is not met as evidenced by:</p>	0 870		

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0 870	<p>Continued From page 27</p> <p>Based on document review and interview, the service plan for three of three clients (C1), (C2), and (C3) reviewed failed to include (1) a description of the home care services to be provided, the fees for services, and the frequency of each service, according to the client's current review or assessment and client preferences; (2) the identification of the staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring reviews or assessments of the client; (4) the frequency of sessions of supervision of staff and type of personnel who will supervise staff; and (5) a contingency plan that includes: (i) the action to be taken by the home care provider and by the client or client's representative if the scheduled service cannot be provided; (ii) information and a method for a client or client's representative to contact the home care provider; (iii) names and contact information of persons the client wishes to have notified in an emergency or if there is a significant adverse change in the client's condition, including identification of and information as to who has authority to sign for the client in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the client under those chapters.</p> <p>The deficient practice occurred as a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death) and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients). The findings include:</p>	0 870		

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0 870	Continued From page 28 C1's record was reviewed. C1 received comprehensive home care services from the facility for assistance with activities of daily living-bathing, dressing, and grooming, medication management, transportation to non-medical appointments, anxiety management, agitation management, self-injurious behavior management, and other cognitive/mental health needs according to a service agreement dated December 1, 2016. C2's record was reviewed. C2 received comprehensive home care services from the facility for medication management, anxiety management, self-injurious behavior management, and other cognitive/mental health needs according to a service agreement dated June 2, 2016. C3's record was reviewed. C3 received comprehensive home care services from the facility in the form of customized living services 24 hours a day 7 days a week for medication management, anxiety management, agitation management, diabetes care, and depression and Anxiety Care according to a service agreement dated November 1, 2016. All three client service agreements failed to include the required data. TIME PERIOD FOR CORRECTION: Seven (7) days	0 870		
0 995 SS=I	144A.4792, Subd. 19 Storage of Medications Subd. 19. Storage of medications. A	0 995		

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0 995	<p>Continued From page 29</p> <p>comprehensive home care provider providing storage of medications outside of the client's private living space must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access.</p> <p>This MN Requirement is not met as evidenced by: Based on document review and interview, the licensee failed to store all prescription medications in securely locked and substantially constructed compartments and permit only authorized personnel to have access for three of three clients (C1), (C2), and (C3) reviewed. As a result, C1 broke into a locked medicine cabinet during the overnight hours of November 15 and 16, 2016, and ingested 45 Lithium, 15-20 Clonazepam, 15 Lorazepam, and 10 or more Gabapentin tablets; was taken to the emergency room by staff on November 16, 2016; and was hospitalized until November 22, 2016.</p> <p>The deficient practices occurred as 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 is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients.) The findings include:</p> <p>C1's record was reviewed. C1 received comprehensive home care services from the facility for activities of daily living (bathing, dressing, and grooming), medication management, transportation to non-medical appointments, anxiety management, agitation</p>	0 995		

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0 995	<p>Continued From page 30</p> <p>management, self-injurious behavior management, and other cognitive/mental health needs according to a service agreement dated December 1, 2016.</p> <p>C2's record was reviewed. C2 received comprehensive home care services from the facility for medication management, anxiety management, self-injurious behavior management, and other cognitive/mental health needs according to a service agreement dated June 2, 2016.</p> <p>C3's record was reviewed. C3 received comprehensive home care services from the facility for medication management, anxiety management, agitation management, diabetes care, and depression and anxiety care according to a service agreement dated November 1, 2016.</p> <p>A document dated March 28, 2016, and titled "Uniform Consumer Information Guide" indicates on page five "Assisted Living establishments must offer "awake" staff 24/7 to respond to health and safety needs of clients." It also indicates on page four "the responsible person in this building will be awake at all times."</p> <p>A document titled "Skilled Nursing and Supervisory Visit Note" and dated November 15 and 16, 2016, indicated on page two C1 broke into a locked medicine cabinet during the overnight hours of November 15 and 16, 2016 and ingested 45 Lithium, 15-20 Clonazepam, 15 Lorazepam, and 10 or more Gabapentin tablets, and was taken to the emergency room by staff on November 16, 2016, where she was hospitalized until November 22, 2016.</p> <p>A document titled "Nurses Notes" and dated</p>	0 995		

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0 995	<p>Continued From page 31</p> <p>August 22, 2016, indicated on page one C1 "1:1 supervision required daily to redirect behavior."</p> <p>During an interview on February 16, 2017 at 1:27 p.m., case manager (CM)-A revealed she interpreted services C1 was to receive from the facility as 24 hours a day/7 days a week awake staffing. She stated this is what she was expecting when she assisted C1 with placement in the facility. She indicated C1's mental health diagnosis requires C1 to have a staff person available in the home and awake 24/7 to respond to the health and safety needs of C1, and said the facility agreed to provide 24/7 awake staff in the facility for C1. CM-A said during interview no staff were onsite at the facility during the overnight hours of November 15 and 16, 2016, and the only staff available was across the street and a couple of houses down. She said that staff person was only available by phone if C1 called, and the staff would responded to the facility if alerted.</p> <p>Interview with case worker (CW)-B on February 21, 2017 at 8:38 a.m. revealed C1 needs supervision 24 hours a day/7 days a week from awake staff at the facility to respond to health and safety needs of C1. CW-B said during interview no staff were onsite at the facility during the overnight hours of November 15 and 16, 2016, and the only staff available was across the street and a couple of houses down. She said that staff person was only available by phone if C1 called and the staff would responded to the facility if alerted.</p> <p>Interview with unlicensed professional (ULP)-C on February 27, 2017 at 10:40 a.m. revealed no staff were onsite at the facility during the overnight hours, and the only staff available was across the street and a couple of houses down.</p>	0 995		

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NAME OF PROVIDER OR SUPPLIER HAPPY HEARTS HOME HEALTH AGENC		STREET ADDRESS, CITY, STATE, ZIP CODE 2615 115TH LANE NW COON RAPIDS, MN 55433		
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0 995	Continued From page 32 She said that staff person was only available by phone if C1 called and the staff would responded to the facility. Interview with ULP-D on February 27, 2017 at 10:57 a.m. revealed no staff were onsite at the facility during the overnight hours, and she is available from across the street and a couple of houses down. She said she was available by phone if C1 called and she would then respond to the facility. During an interview on February 27, 2017, at 3:00 p.m., C1 stated no staff were present in the facility the night of November 15 and 16, 2016, when she broke into the locked medicine room and locked cabinet and took some pills in an effort to commit suicide. C1 said there were no awake staff present in the facility prior to today's onsite visit on the overnight shift but that there was a maintenance guy who slept in the garage. TIME PERIOD FOR CORRECTION: Seven (7) days	0 995		
01080 SS=E	144A.4794, Subd. 3 Contents of Client Record Subd. 3. Contents of client record. Contents of a client record include the following for each client: (1) identifying information, including the client's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of an emergency contact, family members, client's representative, if any, or others as identified; (3) names, addresses, and telephone numbers of the client's health and medical service providers	01080		

Minnesota Department of Health

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01080	Continued From page 33 and other home care providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records; (5) client's advance directives, if any; (6) the home care provider's current and previous assessments and service plans; (7) all records of communications pertinent to the client's home care services; (8) documentation of significant changes in the client's status and actions taken in response to the needs of the client including reporting to the appropriate supervisor or health care professional; (9) documentation of incidents involving the client and actions taken in response to the needs of the client including reporting to the appropriate supervisor or health care professional; (10) documentation that services have been provided as identified in the service plan; (11) documentation that the client has received and reviewed the home care bill of rights; (12) documentation that the client has been provided the statement of disclosure on limitations of services under section 144A.4791, subdivision 3; (13) documentation of complaints received and resolution; (14) discharge summary, including service termination notice and related documentation, when applicable; and (15) other documentation required under this chapter and relevant to the client's services or status.	01080		

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01080	<p>Continued From page 34</p> <p>This MN Requirement is not met as evidenced by: Based on document review and interview, the licensee failed to provide a copy of their current and previous comprehensive nursing assessments for two of three clients, (C2) and (C3), reviewed and failed to provide incident reports for (C1's) self injurious behavior.</p> <p>The deficient practice occurred as a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death) and is issued at a pattern scope (when more than a limited number of clients are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly but is not found to be pervasive). The findings include:</p> <p>C1's record was reviewed. C1 received comprehensive home care services from the facility for activities of daily living (bathing, dressing, and grooming), medication management, transportation to non-medical appointments, anxiety management, agitation management, self-injurious behavior management, and other cognitive/mental health needs according to a service agreement dated December 1, 2016.</p> <p>C2's record was reviewed. C2 received comprehensive home care services from the facility for medication management, anxiety management, self-injurious behavior management, and other cognitive/mental health needs according to a service agreement dated June 2, 2016.</p>	01080		

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01080	Continued From page 35 C3's record was reviewed. C3 received comprehensive home care services from the facility for medication management, anxiety management, agitation management, diabetes care, and depression and anxiety care according to a service agreement dated November 1, 2016. A request was made for copies of the comprehensive nursing assessments for C2 and C3 during the onsite visit on February 27, 2017, and again via e-mail on February 28, 2017, to the facility owner, but the licensee failed to provide the requested documents. A request was made during the onsite visit for incident reports regarding C1's self injurious behavior, which were referenced on the "Self Abuse Tracking" document for June, July, August, and September 2016, but lead care manager (LCM)-D was unable to locate them in the client file. TIME PERIOD FOR CORRECTION: Seven (7) days	01080		
01715 SS=I	144G 144G - Assisted Living This MN Requirement is not met as evidenced by: 144G.03 ASSISTED LIVING REQUIREMENTS. Subd. 2. Minimum requirements for assisted living. (a) Assisted living shall be provided or made available only to individuals residing in a	01715		

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

HAPPY HEARTS HOME HEALTH AGENCY

**2615 115TH LANE NW
COON RAPIDS, MN 55433**

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01715	Continued From page 36 registered housing with services establishment. Except as expressly stated in this chapter, a person or entity offering assisted living may define the available services and may offer assisted living to all or some of the residents of a housing with services establishment. The services that comprise assisted living may be provided or made available directly by a housing with services establishment or by persons or entities with which the housing with services establishment has made arrangements. (b) A person or entity entitled to use the phrase "assisted living," according to section 144G.02, subdivision 1, shall do so only with respect to a housing with services establishment, or a service, service package, or program available within a housing with services establishment that, at a minimum: (1) provides or makes available health-related services under a home care license. At a minimum, health-related services must include: (i) assistance with self-administration of medication, medication management, or medication administration as defined in section 144A.43; and (ii) assistance with at least three of the following seven activities of daily living: bathing, dressing, grooming, eating, transferring, continence care, and toileting. All health-related services shall be provided in a manner that complies with applicable home care licensure requirements in chapter 144A and sections 148.171 to 148.285; (2) provides necessary assessments of the physical and cognitive needs of assisted living clients by a registered nurse, as required by applicable home care licensure requirements in chapter 144A and sections 148.171 to 148.285; (3) has and maintains a system for delegation of health care activities to unlicensed personnel by a	01715		

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01715	Continued From page 37 registered nurse, including supervision and evaluation of the delegated activities as required by applicable home care licensure requirements in chapter 144A and sections 148.171 to 148.285; (4) provides staff access to an on-call registered nurse 24 hours per day, seven days per week; (5) has and maintains a system to check on each assisted living client at least daily; (6) provides a means for assisted living clients to request assistance for health and safety needs 24 hours per day, seven days per week, from the establishment or a person or entity with which the establishment has made arrangements; (7) has a person or persons available 24 hours per day, seven days per week, who is responsible for responding to the requests of assisted living clients for assistance with health or safety needs, who shall be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the housing with services establishment in order to respond within a reasonable amount of time; (iii) capable of communicating with assisted living clients; (iv) capable of recognizing the need for assistance; (v) capable of providing either the assistance required or summoning the appropriate assistance; and (vi) capable of following directions; (8) offers to provide or make available at least the following supportive services to assisted living clients: (i) two meals per day; (ii) weekly housekeeping; (iii) weekly laundry service; (iv) upon the request of the client, reasonable assistance with arranging for transportation to medical and social services appointments, and	01715			

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01715	<p>Continued From page 38</p> <p>the name of or other identifying information about the person or persons responsible for providing this assistance;</p> <p>(v) upon the request of the client, reasonable assistance with accessing community resources and social services available in the community, and the name of or other identifying information about the person or persons responsible for providing this assistance; and</p> <p>(vi) periodic opportunities for socialization; and</p> <p>(9) makes available to all prospective and current assisted living clients information consistent with the uniform format and the required components adopted by the commissioner under section 144G.06. This information must be made available beginning no later than six months after the commissioner makes the uniform format and required components available to providers according to section 144G.06.</p> <p>Subd. 3.Exemption from awake-staff requirement.</p> <p>A housing with services establishment that offers or provides assisted living is exempt from the requirement in subdivision 2, paragraph (b), clause (7), item (i), that the person or persons available and responsible for responding to requests for assistance must be awake, if the establishment meets the following requirements:</p> <p>(1) the establishment has a maximum capacity to serve 12 or fewer assisted living clients;</p> <p>(2) the person or persons available and responsible for responding to requests for assistance are physically present within the housing with services establishment in which the assisted living clients reside;</p> <p>(3) the establishment has a system in place that is compatible with the health, safety, and welfare of the establishment's assisted living clients;</p> <p>(4) the establishment's housing with services</p>	01715		

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01715	<p>Continued From page 39</p> <p>contract, as required by section 144D.04, includes a statement disclosing the establishment's qualification for, and intention to rely upon, this exemption;</p> <p>(5) the establishment files with the commissioner, for purposes of public information but not review or approval by the commissioner, a statement describing how the establishment meets the conditions in clauses (1) to (4), and makes a copy of this statement available to actual and prospective assisted living clients; and</p> <p>(6) the establishment indicates on its housing with services registration, under section 144D.02 or 144D.03, as applicable, that it qualifies for and intends to rely upon the exemption under this subdivision.</p> <p>Based on document review and interview, the facility failed to meet the minimum requirements for assisted living facilities, for three of three clients (C1), (C2), and (C3) reviewed, when the facility failed to provide a staff person 24 hours per day, seven days per week, who is responsible for responding to the requests of assisted living clients for assistance with health or safety needs, who was awake and located in the same building, in an attached building, or on a contiguous campus with the housing with services establishment in order to respond within a reasonable amount of time. The facility is not exempt from the "awake" requirement because the facility did not ensure the staff was physically present within the housing with services establishment and the facility did not disclose their intention to utilize the exemption when contracting services with C1, C2, or C3. The facility did not provide the minimum required services for C1 between March 3, 2016 and February 27, 2017; for C2 between June 2, 2016</p>	01715		

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01715	<p>Continued From page 40</p> <p>and February 27, 2017; and for C3 between November 1, 2016 and February 27, 2017. As a result, C1 broke into a medicine storage cabinet and consumed numerous controlled substances medications in an attempt to commit suicide, and required hospitalization.</p> <p>The deficient 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 is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients). The findings include:</p> <p>C1's record was reviewed. C1 received comprehensive home care services from the facility for activities of daily living (bathing, dressing, and grooming), medication management, transportation to non-medical appointments, anxiety management, agitation management, self-injurious behavior management, and other cognitive/mental health needs according to a service agreement dated December 1, 2016.</p> <p>C2's record was reviewed. C2 received comprehensive home care services from the facility for medication management, anxiety management, self-injurious behavior management, and other cognitive/mental health needs according to a service agreement dated June 2, 2016.</p> <p>C3's record was reviewed. C3 received comprehensive home care services from the facility for medication management, anxiety management, agitation management, diabetes</p>	01715		

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01715	<p>Continued From page 41</p> <p>care, and depression and anxiety care according to a service agreement dated November 1, 2016.</p> <p>A document titled "Client Vulnerability Care Plan" dated March 3, 2016, indicates the licensee will ensure C1 will be free from signs and symptoms of abuse or neglect, including self-abuse, and that staff will monitor the client for signs and symptoms of abuse or neglect and report signs and symptoms to the case manager or director of nursing.</p> <p>A document dated March 3, 2016 and titled "Start of Care-Interim Physician Order" and signed by the registered nurse and C1's physician indicates C1 required 24 hour a day, 7 day a week customized living for diagnoses of Bi-polar disorder, Binge Eating disorder, Bulimia Nervosa, Borderline Personality disorder, Generalized Anxiety disorder, Insomnia, Post-Traumatic Stress disorder, and Attention Deficit Hyperactivity disorder. A document dated March 3, 2016, and titled "Level of Care Determination Policy" and Procedure indicates on page one "The client's medical condition is likely to become unstable and requires regular observation and assessment by a professional nurse."</p> <p>A document dated March 28, 2016 and titled "Uniform Consumer Information Guide" indicates on page five "Assisted Living establishments must offer "awake" staff 24/7 to respond to health and safety needs of clients." It also indicates on page four "the responsible person in this building will be awake at all times."</p> <p>A document titled "Skilled Nursing and Supervisory Visit Note" and dated November 15 and 16, 2016 indicated on page two C1 broke into a locked medicine cabinet during the overnight</p>	01715		

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01715	<p>Continued From page 42</p> <p>hours of November 15 and 16, 2016 and ingested 45 Lithium, 15-20 Clonazepam, 15 Lorazepam, and 10 or more Gabapentin tablets, and was taken to the emergency room by staff on November 16, 2016 where she was hospitalized until November 22, 2016.</p> <p>An undated document titled "Self-Abuse Tracking" listed the following incidents of self-abuse by C1 and action taken by the licensee, if any:</p> <p>March 4, 2016-Burned wrist and arm. Took lighter away. No hospitalization needed.</p> <p>March 5 through 10, 2016-Hospitalization for poking wire in stomach, which required surgery.</p> <p>March 15, 2016-Took to an emergency room for cutting over other cuts.</p> <p>April 24, 2016-Left in the middle of the night. C1 stated she had sex with an older man for drugs and used cocaine for the first time.</p> <p>April 26, 2016- C1 burned herself with lighter on left anterior arm 1.75 x 1.75 x .010 cm and said "it wouldn't be a big deal for me to start over with self injury." Kept staff awake most of the night. Redirection of behavior unsuccessful. Wound was cleaned and dressed.</p> <p>April 28, 2016-Left house during the night.</p> <p>May 5, 2016-Scratched "XXX "in left forearm-Superficial.</p> <p>May 23, 2016-Scratched belly/abdomen center and rubbed skin off of hand.</p> <p>May 23, 2016-Burned ankle after tattooing sons birthdate.</p> <p>June 14, 2016-Burn on left forearm. The document stated "See incident report," but the facility failed to provide incident reports when requested on February 27, 2017.</p> <p>June 22 to June 28, 2016-Cutting right thigh using scissors. Again, the document stated "See incident report," but the facility failed to provide</p>	01715		

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01715	<p>Continued From page 43</p> <p>incident reports when requested on February 27, 2017.</p> <p>July 5, 2016-Scratches, picked scabs.</p> <p>July 22, 2016-C1 hit her knee with a glass nail polish bottle, and had a purple bruise over her entire right knee.</p> <p>September 8, 2016-C1 cut her leg with broken vase, resulting in ten lacerations, eight of which are about four centimeters in length. The document stated "See incident report," but the facility failed to provide incident reports when requested on February 27, 2017.</p> <p>October 2, 4, 11 2016-C1 stated she tried to hang herself and was not able to complete suicide. C1 was sent to an emergency room for neck pain. C1 then used a lighter and burned her left wrist in two locations. C1 also made four cuts with a razor on her right upper wrist (3-4 cm). The facility removed razors. C1 later had caused two burns on her wrist, about one centimeter in size, with a cigarette. The facility removed the lighter, and provided wound care.</p> <p>A document titled "Nurses Notes" and dated August 22, 2016, indicated on page one C1 "1:1 supervision required daily to redirect behavior."</p> <p>During an interview on February 16, 2017 at 1:27 p.m., case manager (CM)-A revealed she interpreted services C1 was to receive from the facility as 24 hours a day/7 days a week awake staffing. She stated this is what she was expecting when she assisted C1 with placement in the facility. She indicated C1's mental health diagnosis requires C1 to have a staff person available in the home and awake 24/7 to respond to the health and safety needs of C1, and said the facility agreed to provide 24/7 awake staff in the facility for C1. CM-A said during interview no staff were onsite at the facility during the overnight</p>	01715		

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01715	<p>Continued From page 44</p> <p>hours of November 15 and 16, 2016, and the only staff available was across the street and a couple of houses down. She said that staff person was only available by phone if C1 called, and the staff would responded to the facility if alerted.</p> <p>Interview with case worker (CW)-B on February 21, 2017 at 8:38 a.m. revealed C1 needs supervision 24 hours a day/7 days a week from awake staff at the facility to respond to health and safety needs of C1. CW-B said during interview no staff were onsite at the facility during the overnight hours of November 15 and 16, 2016, and the only staff available was across the street and a couple of houses down. She said that staff person was only available by phone if C1 called and the staff would responded to the facility if alerted.</p> <p>Interview with unlicensed professional (ULP)-C on February 27, 2017 at 10:40 a.m. revealed no staff were onsite at the facility during the overnight hours, and the only staff available was across the street and a couple of houses down. She said that staff person was only available by phone if C1 called and the staff would responded to the facility.</p> <p>Interview with ULP-D on February 27, 2017 at 10:57 a.m. revealed no staff were onsite at the facility during the overnight hours, and she is available from across the street and a couple of houses down. She said she was available by phone if C1 called and she would then respond to the facility.</p> <p>During an interview on February 27, 2017, at 3:00 p.m., C1 stated no staff were present in the facility the night of November 15 and 16, 2016, when she broke into the locked medicine room</p>	01715		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H26510	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 03/20/2017
NAME OF PROVIDER OR SUPPLIER HAPPY HEARTS HOME HEALTH AGENC			STREET ADDRESS, CITY, STATE, ZIP CODE 2615 115TH LANE NW COON RAPIDS, MN 55433		
(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	
01715	<p>Continued From page 45</p> <p>and locked cabinet and took some pills in an effort to commit suicide. C1 said there were no awake staff present in the facility prior to today's onsite visit on the overnight shift but that there was a maintenance guy who slept in the garage.</p> <p>During an interview on February 27, 2017 at 3:15 p.m., C2 stated staff are not always present 24/7 in the facility and there is no staff in the facility on the overnight shift, but the clients can call a staff that lives across the street if they need something.</p> <p>During an interview on February 27, 2017, at 2:15 p.m., C3 said staff are only present in the facility intermittently throughout the day and on weekends, and there are no staff present in the facility on the overnight shift. C3 did say there was a maintenance guy who slept in the garage, and the clients can call a staff that lives across the street if they need something.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01715			