



Protecting, Maintaining and Improving the Health of Minnesotans

Office of Health Facility Complaints Investigative Report  
PUBLIC

Facility:

Lighthouse of Columbia Heights  
3801 Hart Boulevard Northeast  
Columbia Heights, MN 55421  
Anoka County

Report #: HL26853009

Date: June 22, 2015

Date of Visit: December 1, 2014  
Time of Visit: 10:45 a.m. – 5:15 p.m.

By: Karen Johnson, R.N., Special Investigator

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

**Allegation(s):** It is alleged that a client was neglected when s/he was left without pain medication for nine days.

**An unannounced visit was made at this facility and an investigation was conducted under:**

- Federal Regulations for Hospital Conditions of Participation (42 CFR, Part 482)
- Federal Regulations for Long Term Care Facilities (42 CFR Part 483, subpart B)
- Federal Regulations for ICF/IID (42 CFR Part 483, subpart I)
- Federal Regulations for HHA (Home Health Agencies) (42 CFR, Part 484)
- Federal Regulations for CAH (Critical Access Hospital) (42 CFR, Part 485)
- Federal Regulations for EMTALA (42 CFR Part 489)
- State Licensing Rules for Boarding Care Homes (MN Rules Chapter 4655)
- State Licensing Rules for Nursing Homes (MN Rules Chapter 4658)

- State Licensing Rules for Supervised Living Facilities (MN Rules Chapter 4665)
- State Licensing Rules for Home Care (MN Rules Chapter 4668)
- State Statutes for Maltreatment of Minors (MN Statutes, section 626.556)
- State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557)
- State Statutes Chapters 144 and 144A

**Conclusion:****Minnesota Vulnerable Adults Act (MN 626.557)**

Under the Minnesota Vulnerable Adults Act (MN. 626.557):

Abuse       Neglect       Financial Exploitation was:

Substantiated     Not Substantiated     Inconclusive    based on the following information:

Based on a preponderance of evidence neglect occurred when the client did not received a prescribed scheduled pain medication for nine days and missed 27 doses. The facility did not have a system in place to ensure the clients received prescribed scheduled pain medications.

The client had resided at the facility for over a year and since admission the client was on schedule prescribed pain medication, Tramadol. The client had diagnoses that included chronic pain in the back, knees and legs. One month before the 27 missed doses of Tramadol, the client was seen by the physician and the Tramadol was increased due to pain.

Documentation indicated the client had an order for Tramadol 50 mg three times a day for leg pain. The medication administration record (MAR) identified the client did not receive the prescribed schedule dose of pain medication for 9 days. For three days, staff indicated on the MAR that the medication was not in the medication cart or the facility was out of the medication. On day four of the missed doses there was a note on the MAR that the medication was on order and a refill request was sent to the pharmacy however the client continued seven more days before the medication was provided.

A family member was interviewed and had visited the client on day eight of the missed doses of the scheduled prescribed pain medication and the client indicated s/he was in pain. The non-licensed facility staff told the family the scheduled prescribed pain medication was discontinued. The family member then talked to a licensed staff and was told the medication had run out and was delivered to the wrong location.

The registered nurse was interviewed and identified that if a client is out of a medication a licensed staff will review an email system and notify the pharmacy to refill a prescription. The registered nurse identified there was not a follow up to the missing dose of medications and staff didn't notify licensed staff when the medication was not available. During the nine days of the missed scheduled prescribed pain medication, there was no documentation the facility asked the client about pain or monitored pain symptoms.

**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 did not have a system in place to ensure clients received prescribed medications and follow up with providers when medications were ordered but not received.

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.

**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.

**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;

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:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Medical Records                              | <input checked="" type="checkbox"/> Care Guide                   |
| <input checked="" type="checkbox"/> Medication Administration Records            | <input checked="" type="checkbox"/> Treatment Sheets             |
| <input checked="" type="checkbox"/> Facility Incident Reports                    | <input checked="" type="checkbox"/> Physician Progress Notes     |
| <input checked="" type="checkbox"/> ADL (Activities of Daily Living) Flow Sheets | <input checked="" type="checkbox"/> Laboratory and X-ray Reports |
| <input checked="" type="checkbox"/> Physician Orders                             | <input checked="" type="checkbox"/> Social Service Notes         |
| <input checked="" type="checkbox"/> Nurses Notes                                 | <input checked="" type="checkbox"/> Meal Intake Records          |
| <input type="checkbox"/> Activities Reports                                      | <input checked="" type="checkbox"/> Weight Records               |
| <input checked="" type="checkbox"/> Therapy and/or Ancillary Services Records    | <input checked="" type="checkbox"/> Assessments                  |
| <input checked="" type="checkbox"/> Skin Assessments                             | <input checked="" type="checkbox"/> Care Plan Records            |

**Other pertinent medical records:**

- Hospital Records     Ambulance/Paramedics     Medical Examiner Records     Death Certificate
- Police Report

**Additional facility records:**

Resident/Family Council Minutes

Personnel Records/Background Check, etc.

Staff Time Sheets, Schedules, etc.

Facility In-service Records

Facility Internal Investigation Reports

Facility Policies and Procedures

Call Light Audits

Other, specify: \_\_\_\_\_

Number of additional resident(s) reviewed: 3

Were residents selected based on the allegation(s)?  Yes  No  N/A Specify: \_\_\_\_\_

Were resident(s) identified in the allegation(s) present in the facility at the time of the investigation?

Yes  No  N/A Specify: \_\_\_\_\_

**Interviews: The following interviews were conducted during the investigation:**

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

If unable to contact complainant, attempts were made on:

Date/time: \_\_\_\_\_ Date/time: \_\_\_\_\_ Date/time: \_\_\_\_\_

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

Did you interview the resident(s) identified in allegation:  Yes  No  N/A Specify: \_\_\_\_\_

Did you interview additional residents:  Yes  No

Total number of resident interviews: 4

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

Tennessee Warning given as required:  Yes  No

Total number of staff interviews: 8

Physician interviewed:  Yes  No

Nurse Practitioner interviewed:  Yes  No

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

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

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

Were contacts made with any of the following:

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

**Observations were conducted related to:**

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

Was any involved equipment inspected:  Yes  No  N/A

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

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

xc: Health Regulation Division – Home Care Assisted Living Program  
Columbia Heights Police Department  
Anoka County Attorney  
Columbia Heights City Attorney

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>H26853</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/05/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>LIGHTHOUSE OF COLUMBIA HEIGHTS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3801 HART BOULEVARD NORTHEAST COLUMBIA HEIGHTS, MN 55421</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments  A complaint investigation was initiated to investigate case # HL26853009. No correction orders are issued.	0 000		

Minnesota Department of Health

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

TITLE

(X6) DATE