



Protecting, Maintaining and Improving the Health of Minnesotans

Office of Health Facility Complaints Investigative Report  
PUBLIC

Facility:

KCMG Roseville  
2750 North Victoria Street  
Roseville, MN 55113  
Ramsey County

Report#: HL27702015

Date: December 10, 2015

Date of Visit: September 10, 2015  
Time of Visit: 9:00 a.m. – 4:20 p.m.

By: Stephanie Richard, RN, Special Investigator

- Type of Facility:**
- Nursing Home
  - SLF
  - Hospital
  - HHA
  - ICF/IID
  - Other: Home Care Provider/ Assisted Living
  - Home Care Provider

- Facility Self Report
- Complaint

**Allegation(s):** It is alleged that a client was neglected when s/he did not receive his/her medications for five-six days and the client became increasingly disoriented and lost his/her balance several times, resulting in three falls. The facility was aware that the client was not receiving his/her medication yet failed to resolve the issue for several 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 Statutes for Home Care Providers (MN Statutes, section 144A.43 - 144A.483)
- 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 the evidence, neglect is substantiated when the client experienced increased gait instability, confusion, lethargy related to not receiving six doses of the medication donepezil, prescribed for symptoms of dementia. During the period when the client did not receive the medication the client had bruising and reported falling twice. As a result of the investigation, a licensing order was issued.

The client had diagnoses including rheumatoid arthritis, mild dementia, peripheral neuropathy and hypertension. The client was ambulatory with a cane and staff were to assist him/her with medications, housekeeping, reminders for activities and meals. Records showed that the client had several falls prior to the missed doses of medication. The client was prescribed donepezil 10 milligrams (MG) by mouth, at bedtime for symptoms of dementia.

The medication error occurred when management of the client's medication was changed from family bringing in medications from the pharmacy to the facility ordering medications from the facility pharmacy. The pharmacy used by the facility had difficulty obtaining prior authorization for the medication. Staff were aware that the medication was not available but failed to relay that information to the nurse at the facility. Once the issue was identified and resolved, it took several more days to get the medication on site. During this time the client had bruising and reported falling in his/her room.

A family member was interviewed and said the client had at least two falls because of the medication not being administered to him/her and felt the staff did not seem to treat the lack of the medication with any urgency. The client has since been moved to a higher level of care at another facility.

The nurse practitioner (NP) was interviewed and said that staff requested s/he see the client related to increased gait instability, confusion and lethargy. The NP performed a medical workup, including lab work for the client, and was not able to identify a cause of the clients decline. Several days later the NP was told by family that the client had not received six doses of the medication donepezil. The NP saw the client again, at that time the client had received two scheduled doses of the medication. The NP indicated while his/her symptoms were not

significantly improved with just two doses, not having the medication explains the symptoms that the client experienced. The NP stated the abrupt withdrawal of donepezil can cause significant cognitive changes.

### 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:

Three medication administration aides did not communicate with the nurses that the medication was unavailable. The facility had policies and procedures in place to train staff on medication administration. The facility failed to ensure staff followed policies and procedures for notification to nursing staff when medication was not available.

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

### Compliance:

**State Statutes for Home Care Providers (MN Statutes, section 144A.43-144A.483) – Compliance 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 If no, specify: \_\_\_\_\_

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

**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 Not Met**

The requirements under State Statutes for Chapters 144 & 144A were not met.

State licensing orders were issued:  Yes  No If no, specify:

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

**Facility Corrective Action:**

The facility took the following corrective action(s):

**Definitions:**

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.

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.

**The Investigation included the following:**

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

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Medical Records                              | <input type="checkbox"/> Care Guide                          |
| <input checked="" type="checkbox"/> Medication Administration Records            | <input 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 type="checkbox"/> Laboratory and X-ray Reports        |
| <input checked="" type="checkbox"/> Physician Orders                             | <input type="checkbox"/> Social Service Notes                |
| <input checked="" type="checkbox"/> Nurses Notes                                 | <input type="checkbox"/> Meal Intake Records                 |

Activities Reports

Weight Records

Therapy and/or Ancillary Services Records

Assessments

Skin Assessments

Care Plan Records

Service Plan

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

**Other pertinent medical records:**

Hospital Records

Ambulance/Paramedics

Medical Examiner Records

Death Certificate

Police Report

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

**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: 0

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: Discharged

**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: 6

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

Tennessee Warning given as required:  Yes  No

Total number of staff interviews: 6

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 \_\_\_\_\_

**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 Specify: \_\_\_\_\_

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

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

xc: Health Regulation Division - Home Care & Assisted Living Program  
Roseville City Police Department  
Ramsey County Attorney  
Roseville City Attorney

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>H29562</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/21/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>KCMG ROSEVILLE LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2750 N VICTORIA STREET ROSEVILLE, MN 55113</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	<p>Initial Comments</p> <p>On 9/10/2015, a complaint investigation was initiated to investigate complaint #HL27702015. At the time of the survey, there were 95 clients that were receiving services under the comprehensive license. The following correction order is issued.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.</p> <p>The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings, which are in violation of the state statute after the statement, "This Rule is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.</p>	
0 935	<p>144A.4792, Subd. 8 Documentation of Administration of Medication</p> <p>Subd. 8. Documentation of administration of</p>	0 935		

Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Minnesota Department of Health

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0 935	<p>Continued From page 1</p> <p>medications. Each medication administered by comprehensive home care provider staff must be documented in the client's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the client's needs when medication was not administered as prescribed and in compliance with the client's medication management plan.</p> <p>This MN Requirement is not met as evidenced by: Based on interviews and document review the facility failed to ensure an adequate supply of a prescribed medication was available for 1 of 2 clients (C1) reviewed for medications. This resulted in C1 not receiving 6 doses of the medication donepezil (Aricept), prescribed for symptoms of dementia.</p> <p>This practice resulted in a level 2 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), and is issued at an isolated scope (1 or a limited number of clients are affected).</p> <p>Findings include:</p>	0 935		

Minnesota Department of Health

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0 935	<p>Continued From page 2</p> <p>C1's medical record showed that C1 was admitted to the facility on 2/23/15 and had diagnoses that included dementia.</p> <p>The Medication Administration Record (MAR) dated 7/1/15 through 7/31/15 indicated C1 was to have 1, 10 milligram (mg) tablet of donepezil administered to her orally, every evening. In the spaces dedicated to the evening doses of donepezil for dates 7/20, 7/21, 7/22, 7/23, 7/24, &amp; 7/25 the initials are circled indicating that the medication was not given. On 7/20/15 &amp; 7/22/15, the back of the MAR lists the dates and in each entry N/A (not applicable), with no further explanation why the medication was not administered. The back of the MAR for 7/21/15 has no entry to explain why the medication was not given. On 7/23/15 the back of the MAR lists donepezil N/A, reordered and on 7/24/15 donepezil N/A, no entry for 7/25/15. The MAR shows C1 received the donepezil 10 mg at 8:00 p.m. on 7/26/15.</p> <p>On 9/10/15 at 3:30 p.m. trained medication administrator (TMA)-G was interviewed and said that 7/23/15, TMA-H came to her and asked about the donepezil for C1. TMA-G said she went on-line to the pharmacy website, ordered the medication and received confirmation that the medication was ordered. The following day 7/24/15, when the medication had not arrived, registered nurse (RN)-E worked on getting the medication to the facility.</p> <p>RN-E was interviewed on 9/10/15 at 1:00 p.m. and said that there was confusion with the pharmacy because C1 had been receiving medications from a different pharmacy and that pharmacy had obtained prior authorization for the</p>	0 935		

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0 935	<p>Continued From page 3</p> <p>medication until 2018 but the information did not transfer to the new pharmacy causing the delay.</p> <p>The nurse practitioner (NP)-D was interviewed on 9/10/15 at 11:40 a.m. and said that C1 was prescribed donepezil prior to 3/5/15 when she began working with the client. She was asked to see C1 on 7/23/15 related to symptoms of increased lethargy and confusion, decreased appetite and unsteady gait. She did not know at that time that C1 had not been administered 3 doses of donepezil and ordered labwork including a urinalysis. The labwork was negative but C1's daughter called regarding the donepezil and the NP then saw C1 again on 7/28/15 related to the issue of missed donepezil. The NP indicated in her interview on 9/10/15, that not having the medication would explain the symptoms that C1 was experiencing on 7/23/15. The NP went on further to say the donepezil is not a medication that can be stopped abruptly, it should always be tapered because when stopped abruptly there can be significant cognitive changes.</p> <p>The registered nurse, director of wellness (DOW)-B, was interviewed on 9/10/15 at 2:45 p.m. and said the expectation is that when a medication is unavailable or not given for any reason and it is the second occurrence, that staff will communicate that to the nurse. It is a medication error to not know where the medication is.</p> <p>The document titled: Medication Administration, Documentation In The Medical Record/MAR, dated November 2014 directs staff: Document special occurrences as follows: Medication refused- To indicate the medication was refused, circle your initials. Document on the reverse side of the MAR the reason why it was refused and</p>	0 935		

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0 935	<p>Continued From page 4</p> <p>any follow up procedures that were provided.</p> <p>The document titled: Medication And Supplies, Ordering And Reordering Supplies, dated November 2014 reveals: The medication resident assistant is responsible for ordering medication refills when resident has 5 days of medication supply remaining. On a daily basis, medications will be reordered by faxing the designated supplier. All submitted requests will be documented on the pharmacy clip board and retained for tracking orders and deliveries, until supply is received.</p> <p>Time period for correction: 21 (twenty one) days.</p>	0 935		
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**State Form: Revisit Report**

<b>(Y1) Provider / Supplier / CLIA / Identification Number</b> H29562	<b>(Y2) Multiple Construction</b> A. Building B. Wing	<b>(Y3) Date of Revisit</b> 10/29/2015
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<b>Name of Facility</b> KCMG ROSEVILLE LLC	<b>Street Address, City, State, Zip Code</b> 2750 N VICTORIA STREET ROSEVILLE, MN 55113
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This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>00935</u> Reg. # <u>144A.4792, Subd. 8</u> LSC _____	Correction Completed 10/26/2015	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____	Reviewed By _____	Date:	Signature of Surveyor:	Date:
State Agency				
Reviewed By _____	Reviewed By _____	Date:	Signature of Surveyor:	Date:
CMS RO				

Followup to Survey Completed on: 9/21/2015	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? <b>YES</b> <b>NO</b>
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