



STATE LICENSING COMPLIANCE REPORT

Report #: HL27851009C

Date Concluded: April 13, 2022

Name, Address, and County of Facility

Investigated:

MSOP Pexton Shantz
100 Freeman Drive
Saint Peter, MN 56082
Nicollet County

Facility Type: Supervised Living Facility (SLF)

Evaluator's Name: Zalei Lewis, RN
Special Investigator

The Minnesota Department of Health conducted a complaint investigation to determine compliance with state laws and rules governing the provision of care under Minnesota Statutes, Chapter 144 and Minnesota Rules Chapter 4665. The purpose of this complaint investigation was to review if facility policies and practices comply with applicable laws and rules. No maltreatment under Minnesota Statutes, Chapter 626 was alleged.

To view a copy of the correction orders, if any, please visit:

<https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html>, or call 651-201-4201 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached state form.

CC:

Office of the Ombudsman for Mental Health and Developmental Disabilities

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 27851S	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/01/2022
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NAME OF PROVIDER OR SUPPLIER MSOP - PEXTON/SHANTZ	STREET ADDRESS, CITY, STATE, ZIP CODE 100 FREEMAN DRIVE SAINT PETER, MN 56082
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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
5 000	<p>Initial Comments</p> <p>In accordance with Minnesota Statute, section 144.56 and/or Minnesota Statute, section 144.653, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number or MN Statute indicated below. When a rule or statute contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. On February 1, 2022, the Minnesota Department of Health initiated an investigation of complaint #HL27851009C. The following correction order is for #HL27851009C, tag identification 0660.</p>	5 000	<p>The Minnesota Department of Health documents the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes.</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 number out of compliance are listed in the</p>	

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

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5 000	Continued From page 1	5 000	<p>"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 evaluators' 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/RULES.</p>	
5 660	<p>MN Statute 144.651 Subd. 6. RES. RIGHTS Appropriate health care.</p> <p>Residents shall have the right to appropriate medical and personal care based on individual needs. Appropriate care for residents means care designed to enable residents to achieve their highest level of physical and mental functioning. This right is limited where the service is not reimbursable by public or private resources.</p> <p>This MN Requirement is not met as evidenced by:</p>	5 660		

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5 660	<p>Continued From page 2</p> <p>Based on document review and interview, the facility failed to provide timely health care access, assessment, and intervention, for one of one resident reviewed (R1). The facility failed to follow their policy regarding timely response to R1's requests for assessment of his reported pain.</p> <p>Findings include:</p> <p>R1 is a resident with a history of chronic left hip bursitis, chronic right knee pain, knee surgery chronic right shoulder pain, hypertension, and IgA nephropathy.</p> <p>R1's facility "History and Physical" dated July 29, 2020, includes, "Describe abnormal findings from physical examination: Right shoulder pain- client has tenderness anterior right shoulder, good strength, and ROM, notes 'pinching' w/Scarf test. Minor lower extremity dependant edema." The document also included notation, "right shoulder pain-steroid injection today."</p> <p>A progress note for R1, dated March 9, 2020, documentated an injection of lidocaine into the right knee for the chief complaint of chronic right knee pain.</p> <p>A progress note for R1, dated March 18, 2020, includes documentation of an injection of lidocaine into the right shoulder for the chief compliant of right shoulder pain. The progress note includes, "[R1] is seen today for an injection of the right shoulder. He has chronic right shoulder pain X 2-3 months. He points to lateral right upper deltoid as the area of pain. He has tried acetaminophen and NSAIDS with little relief." There is also notation in the assessment portion of the document which includes, "right shoulder bursitis." The "plan" portion of the</p>	5 660		

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5 660	<p>Continued From page 3</p> <p>assessment includes, "I asked [R1] to notify nursing if he continues to have issues in that right shoulder after two weeks after the injection today. If he continues to have issues I will have him come back and we will explore other options for him."</p> <p>R1 submitted multiple requests, dated July 19, 2021 that reported bilateral hip pain, shoulder pain, and headaches. R1 describeed the pain quality as "extreme pain." R1 included in one request that his hip pain is "extreme" when lays on his sides, and it hurts to move his legs at times, which impacts his sleep. R1 requested to see a physician and requested an annual physical with an outside provider. The response from the facility, dated July 20, 2021, contains, "Greetings [R1], Thank you for submitting you medical requests. You last Annual History and Physical was completed 7/29/20 and [provider] has you on his schedule to be seen in the next week or two. Your concerns regarding your hips, legs, headaches, and shoulders will be addressed at this time. Please watch for a movement pass and we appreciate your patience during this time. Sincerely, Health Services."</p> <p>R1 submitted two medical requests dated September 1, 2021. The response from health services for both requests was dated September 19, 2021. One medical request was to see a urologist. This request states, "I noticed the muscles in my penis have been getting weaker. I wet myself one night, and the urge to use the bathroom is stronger, which is harder for me to hold back urine." The request indicated that the problem had lasted three weeks. The response documented, "[R1] Please see attached memo. Thank You!" The memo includes the information that the concern was discussed with the provider.</p>	5 660		

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5 660	<p>Continued From page 4</p> <p>The following list of self-help tips to relieve symptoms were included: pelvic floor exercises, cut down on caffeine, weight loss, eat fiber and exercise, as well changing the way one sits, can prevent constipation, and avoid heavy lifting. The other medical request from R1 indicated "I was told about a month ago that I'd be scheduled for my annual physical in a couple of weeks. I have not heard anything in regards to a scheduled appointment. I feel like I'm not being offered adequate medical treatment. I have a long list of aches and pains that are causing me discomfort." The response from health services states, "[R1], Please see attached memos. Thank You!" The attached memo, dated September 19, 2021 acknowledged that the plan had been for R1 to be seen and indicated "due to unforeseen/unexpected urgent and emergent medical needs throughout our population, your appointment was cancelled. We understand your feelings of need for medical urgency; however, it is not deemed an immediate threat to health. Please know your care and concerns are necessary but not critical. During our discussion you requested to be sent out for primary care, as mentioned, this question will be asked during our nursing huddle. If you choose to seek further clarification regarding this, we strongly encourage you to follow the 'CLIENT REQUESTED NON-MSOP HEALTHCARE' policy. Sincerely, Health Services."</p> <p>During interview with R1 on February 1, 2022, R1 stated he was still experiencing pain. R1 says that he was scheduled for his annual physical during the last week of January 2022. R1 stated that the provider did not address any current medical problems and told him, "I don't have time to do anymore," after assessing lungs, heart, and skin. R1 stated that he did not submit any</p>	5 660		
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5 660	<p>Continued From page 5</p> <p>additional requests to have his pain addressed because the other requests were "ignored." R1 stated that he tried to stop in to health services when he was in pain, and he "was scolded" and told to submit a medical request. When asked, R1 stated that he has not pursued community health care because it is expensive to pay for the guards, gas, use of the vehical, and the co-pays for the visit. R1 also states the request process to get permission to seek outside medical providers is a long process, and takes a long time to approve if permission is granted.</p> <p>The facility policy titled HEALTH SERVICES PROVISION OF CARE Minnesota Sex Offender Program includes, "MSOP provides clients health care, including preventive, routine, urgent, and emergency care." and "MSOP health care is consistent with community health care standards." The policy indicated the facility would provide timely access to health care staff, including onsite primary care and some specialty services. The policy further indicated that residents could request non-emergent care by submitting the Client Medical Request form, and that facility health service staff would respond in writing within five working days of the request or would notify the resident when additional time was needed.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) Days</p>	5 660		