Protecting, Maintaining and Improving the Health of Minnesotans

Office of Health Facility Complaints Investigative Report
PUBLIC

Facility:
Eaglecrest Senior Housing LLC
2945 Lincoln Drive
Roseville, MN 55113
Ramsey County

Report #: HL27952004

Date: September 16, 2015

Date of Visit: June 11, 2015
Time of Visit: 9:00 a.m. – 4:00 p.m.

By: Darin Hatch, Special Investigator

Type of Facility:

☐ Nursing Home
☐ SLF
☐ Hospital
☐ HHA
☐ ICF/IID
☒ Other: Comprehensive Home Care Provider
☐ Home Care Provider/Assisted Living
☐ Home Care

☒ Facility Self Report ☐ Complaint

Allegation(s): **It is alleged** that clients were financially exploited when a staff, alleged perpetrator (AP), took the client's pain medication for her/his own personal use.

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 the evidence, financial exploitation did occur when the AP took medications from client # 1, 2, 3, and 4 for her/his own personal use on several different occasions.

Client # 1 received services from the facility for medication administration and had a physician's order for 5 mg of methadone. Client # 2 received services from the facility for medication administration and had a physician's order 2.5 mg of morphine solutabs and for 5 mg of oxycodone. Client # 3 received services from the facility for medication administration and had a physician's order for 5 mg of oxycodone. Client # 4 received services from the facility for medication administration and had a physician's order for 5 mg of oxycodone.

Document review and interview with facility staff indicated client #1 was missing 30 tablets of 5 mg methadone; client # 2 was missing 30 tablets of 2.5 mg morphine and missing an unknown number of 5 mg oxycodone; client # 3 was missing 120 tablets of 5 mg oxycodone; and client # 4 was missing an unknown number of 5 mg oxycodone. Facility staff indicated they were unable to determine the exact number of missing medications for client # 2 and client # 4 because the facility did not regularly inventory the medications that turned up missing. Facility staff indicated all the missing medications were reserve medications for the clients and only inventoried upon receipt from the pharmacy, when they are needed to refill the active supply given to the clients, and when they are destroyed. Facility staff indicated no clients had an increase in pain or missed any scheduled or requested doses.

Document review and interview with police revealed the AP admitted to taking 30 oxycodone tablets from a client in the months before April 13, 2015 for her/his own personal use. The AP could not recall the client's name or the exact date. In addition, the AP admitted to taking 30 oxycodone tablets from a client on a second occasion for her/his own personal use in the months before April 13, 2015. The AP told police s/he could not recall the client's names or the exact dates.

Interview with the AP revealed the AP admitted s/he took medication from client #1, 2, 3, and 4 but could not recall the exact dates, exact amounts, or client's names. S/he remembered taking methadone and oxycodone tablets from the clients for her own personal use on several different occasions. S/he admitted knowing what s/he did was wrong. S/he stated the facility controls over the medication was lacking and made it possible for her/him to divert the medications for her own personal use. The AP indicated her/his employment at the facility was terminated.

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 comprehensive home care provider had adequate policies in place to govern financial exploitation. The AP's personnel file adequately showed the AP's acknowledgement of receiving the "Employee Handbook" which indicated any theft was unacceptable in the workplace and was grounds for "involuntary termination". The AP's personnel file showed the AP received adequate training in regards to the policies in place.

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 Not Met
The requirements under State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557) were not met.

State licensing orders were issued: ☒ Yes ☐ No If no, specify: ____________
(State licensing orders will be available on the MDH website.)

State Statutes Chapters 144 & 144A – Compliance Not Met
The requirements under State Statues 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 9 - Financial exploitation
"Financial exploitation" means:

(b) In the absence of legal authority a person:

(1) willfully uses, withholds, or disposes of funds or property of a vulnerable adult.

The Investigation included the following:

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

☒ Medical Records

☒ Medication Administration Records

☒ Facility Incident Reports

☒ ADL (Activities of Daily Living) Flow Sheets

☒ Physician Orders

☒ Nurses Notes

☐ Activities Reports

☐ Therapy and/or Ancillary Services Records

☐ Skin Assessments

☒ Care Guide

☐ Treatment Sheets

☐ Physician Progress Notes

☐ Laboratory and X-ray Reports

☐ Social Service Notes

☐ Meal Intake Records

☐ Weight Records

☒ Assessments

☒ 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: 1

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: ____

Tennessen Warning given as required: ◉ Yes ○ No

Total number of staff interviews: 9

Physician interviewed: ○ Yes ◉ No

Nurse Practitioner 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: Medication storage

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
Minnesota Board of Nursing
Roseville City Police Department
Ramsey County Attorney
Roseville City Attorney

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H27952	A. BUILDING: ______ B. WING ______	C 08/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLECREST	2945 LINCOLN DRIVE ROSEVILLE, MN 55113

(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 *****ATTENTION****** HOME CARE PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144A.43 to 144A.482, this correction order(s) has been issued pursuant to a survey. 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. INITIAL COMMENTS: On June 11, 2015, a complaint investigation was initiated to investigate complaint #HL27952004 . At the time of the survey, there were 134 clients that were receiving services under the comprehensive license. The following correction orders are issued.	0 000	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. 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. 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. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.	
0 325	144A.44, Subd. 1(14) Free From Maltreatment Subdivision 1. Statement of rights. A person who receives home care services has these rights:	0 325		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H27952	A. BUILDING: ______ B. WING ______	C 08/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLECREST	2945 LINCOLN DRIVE ROSEVILLE, MN 55113

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 325	Continued From page 1 (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 that 4 of 4 clients reviewed were free from financial exploitation when an employee took medications from multiple clients on different occasions for her own personal use. The violation is issued as 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, 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: C1's record was reviewed. C1 received services from the facility for medication administration according to a service plan dated May 19, 2015. C1 had a physician's order dated February 11, 2015 for 5 mg of methadone to be taken once daily for pain. C2's record was reviewed. C2 received services from the facility for medication administration according to a service plan dated May 12, 2015. C2 had a physician's order dated April 6, 2015 for 2.5 mg of morphine solutabs to be taken as needed for pain. C2 had a physician's order for dated March 17, 2015 for 5 mg oxycodone.	0 325		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H27952	A. BUILDING: ___ B. WING ___	C 08/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLECREST	2945 LINCOLN DRIVE ROSEVILLE, MN 55113

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 325	Continued From page 2	0 325		

C3's record was reviewed. C3 received services from the facility for medication administration according to a service plan dated January 14, 2015. C3 had a physician's order dated February 18, 2015 for 5 mg of oxycodone to be taken as needed for pain.

C4's record was reviewed. C4 received services from the facility for medication administration according to a service plan dated October 24, 2014. C4 had a physician's order dated March 5, 2015 for 5 mg of oxycodone to be taken as needed for pain.

A document titled "Vulnerable Adult Abuse Prevention Plan" dated August 5, 2014 indicates on page 2 that "any form of resident abuse, neglect, or exploitation will not be tolerated."

An undated document titled "General Timeline for Narcotic Investigation Eaglecrest" indicates that C1 was missing 30 tablets of 5 mg methadone, C2 was missing 30 tablets of 2.5 mg morphine solutabs and an unknown number of tablets of 5 mg oxycodone, C3 was missing 120 tablets of 5 mg oxycodone, and C4 was missing an unknown number of 5 mg of oxycodone. The document indicates the facility conducted an investigation and determined that registered nurse (RN)-L was responsible for the theft of the controlled substances and placed RN-L on administrative leave and subsequently terminated the employment of RN-L.

During interview on June 11, 2015 at 2:06 p.m., RN-A stated she conducted an investigation into the allegation of missing narcotics for C1, C2, C3, and C4. During the investigation, RN-A discovered RN-L had taken 30 tablets of 5 mg methadone from C1, 30 tablets of 2.5 mg

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H27952	A. BUILDING: ______ B. WING ______	C 08/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLECREST	2945 LINCOLN DRIVE ROSEVILLE, MN 55113

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 325	Continued From page 3 morphine solutabs and an unknown amount of tablets of 5 mg oxycodone from C2, 120 tablets of 5 mg oxycodone from C3, and an unknown amount of 5 mg of oxycodone from C4. During interview on August 24, 2015 at 12;00 p.m., RN-L admitted to taking medications that belonged to clients C1, C2, C3, and C4 for her own personal use multiple times when she was employed for the licensee but could not remember which client's specifically, the exact dates, or the exact amounts she took. She admitted to taking morphine solutabs and oxycodone from clients for her own personal use. RN-L indicated she took the medications from the client's back up surplus medications or reserve medication box that she had access to that were stored in a locked tacklebox. She said she took the surplus medications from the reserve medication box because the medications were not listed on the client's medication administration record and narcotic counts were not documented anywhere in the reserve bag. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 325		
0 900	144A.4792, Subd. 1 Medication Management; Comprehensive Subdivision 1. Medication management services; comprehensive home care license. (a) This subdivision applies only to home care providers with a comprehensive home care license that provide medication management services to clients. Medication management services may not be provided by a home care provider who has a basic home care	0 900		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H27952	A. BUILDING: ____ B. WING ____	C 08/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLECREST	2945 LINCOLN DRIVE ROSEVILLE, MN 55113

(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
0 900	Continued From page 4 license. (b) A comprehensive home care provider who provides medication management services must develop, implement, and maintain current written medication management policies and procedures. The policies and procedures must be developed under the supervision and direction of a registered nurse, licensed health professional, or pharmacist consistent with current practice standards and guidelines. (c) The written policies and procedures must address requesting and receiving prescriptions for medications; preparing and giving medications; verifying that prescription drugs are administered as prescribed; documenting medication management activities; controlling and storing medications; monitoring and evaluating medication use; resolving medication errors; communicating with the prescriber, pharmacist, and client and client representative, if any; disposing of unused medications; and educating clients and client representatives about medications. When controlled substances are being managed, the policies and procedures must also identify how the provider will ensure security and accountability for the overall management, control, and disposition of those substances in compliance with state and federal regulations and with subdivision 22.	0 900		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H27952	A. BUILDING: ____ B. WING ____	C 08/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLECREST	2945 LINCOLN DRIVE ROSEVILLE, MN 55113

(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
0 900	Continued From page 5 This MN Requirement is not met as evidenced by: Based on document review and interview, the licensee failed to implement their own written medication management policies and procedures for clients the licensee provided medication management services for. The licensee failed to ensure verification of the medication count for controlled substances in the cupboard/tacklebox against the medications sheet. The licensee also failed to ensure the overflow/reserve bag was checked and verified against the delivery sheet as their policy indicated. The deficient practices allowed medication to be diverted by a nurse for 4 of 4 clients reviewed. The violation is issued as 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, 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: A document titled "Medication Managements Narcotic Diversion Policy" dated July 2014, indicates "residents who participate in the medication management program will receive supervision of medication and proper storage of medications". In addition the policy indicates "the weekly nurse will verify the medication count for any controlled substance in the cupboard/tackle box against the medication sheet" and "the overflow bag will be checked and verified against the delivery sheet."	0 900		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H27952	A. BUILDING: ______ B. WING ______	C 08/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLECREST	2945 LINCOLN DRIVE ROSEVILLE, MN 55113

(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
0 900	Continued From page 6 C1's record was reviewed. C1 received services from the facility for medication administration according to a service plan dated May 19, 2015. C1 had a physician's order dated February 11, 2015 for 5 mg of methadone to be taken once daily for pain. C2's record was reviewed. C2 received services from the facility for medication administration according to a service plan dated May 12, 2015. C2 had a physician's order dated April 6, 2015 for 2.5 mg of morphine solutabs to be taken as needed for pain. C2 had a physician's order for dated March 17, 2015 for 5 mg oxycodone. C3's record was reviewed. C3 received services from the facility for medication administration according to a service plan dated January 14, 2015. C3 had a physician's order dated February 18, 2015 for 5 mg of oxycodone to be taken as needed for pain. C4's record was reviewed. C4 received services from the facility for medication administration according to a service plan dated October 24, 2014. C4 had a physician's order dated March 5, 2015 for 5 mg of oxycodone to be taken as needed for pain. An undated document titled " General Timeline for Narcotic Investigation Eaglecrest" indicates that C1 was missing 30 tablets of 5 mg methadone, C2 was missing 30 tablets of 2.5 mg morphine solutabs and an unknown number of tablets of 5 mg oxycodone, C3 was missing 120 tablets of 5 mg oxycodone, and C4 was missing an unknown number of 5 mg of oxycodone. The document indicates the facility conducted an investigation and determined that RN-L was responsible for the theft of the controlled	0 900		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H27952	A. BUILDING: ______ B. WING ______	C 08/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLECREST	2945 LINCOLN DRIVE ROSEVILLE, MN 55113

(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
0 900	Continued From page 7	0 900		

substances and placed RN-L on administrative leave and subsequently terminated the employment of RN-L.

During interview on June 11, 2015 at 2:06 p.m., RN-A stated she conducted an investigation into the allegation of missing narcotics for C1, C2, C3, and C4. During the investigation, RN-A discovered RN-L had taken 30 tablets of 5 mg methadone from C1, 30 tablets of 2.5 mg morphine solutabs and an unknown amount of tablets of 5 mg oxycodone from C2, 120 tablets of 5 mg oxycodone from C3, and an unknown amount of 5 mg of oxycodone from C4.

RN-A stated she was unable to determine the exact number of tablets missing and dates of the missing medications because the system that was in place at the time made it hard to say how many medications should be in the overflow/reserve bag. She said the medications are only counted when they are used from the overflow/reserve bag but are not recorded anywhere. She said there was no way to know how many tablets the clients used or how many tablets should remain in the reserve bag. She said there was no process for reconciliation of the medications in the overflow/reserve bag. She said that accountability in the overflow/reserve bag was hard. She acknowledged that medications were easy to divert because a nurse could take the delivery sheet and take the medications and there would be no way to know how many medications should remain in the overflow/reserve bag.

During interview on August 24, 2015 at 12;00 p.m., RN-L admitted to taking medications that belonged to clients C1, C2, C3, and C4 for her own personal use multiple times when she was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H27952	A. BUILDING: ______ B. WING ______	C 08/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLECREST	2945 LINCOLN DRIVE ROSEVILLE, MN 55113

(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
0 900	Continued From page 8 employed for the licensee but could not remember which client's specifically, the exact dates, or the exact amounts she took. She admitted to taking morphine solutabs and oxycodone from clients for her own personal use. RN-L indicated she took the medications from the client's back up surplus medications or overflow/reserve medication box that she had access to that were stored in a locked tacklebox. She said she took the surplus medications from the overflowreserve medication bag because the medications were not listed on the client's medication administration record and narcotic counts were not documented anywhere in the overflow/reserve bag. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 900		
0 920	144A.4792, Subd. 5 Individualized Medication Mgt Plan Subd. 5. Individualized medication management plan. (a) For each client receiving medication management services, the comprehensive home care provider must prepare and include in the service plan a written statement of the medication management services that will be provided to the client. The provider must develop and maintain a current individualized medication management record for each client based on the client's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the client's needs and preferences, risk of	0 920		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H27952	A. BUILDING: ____ B. WING ____	C 08/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLECREST	2945 LINCOLN DRIVE ROSEVILLE, MN 55113

(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
0 920	Continued From page 9	0 920		

diversion, and consistent with the manufacturer's directions;
(3) documentation of specific client instructions relating to the administration of medications;
(4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis;
(5) identification of medication management tasks that may be delegated to unlicensed personnel;
(6) procedures for staff notifying a registered nurse or appropriate licensed health professional when
a problem arises with medication management services; and
(7) any client-specific requirements relating to documenting medication administration, verifications
that all medications are administered as prescribed, and monitoring of medication use to prevent possible
complications or adverse reactions.

(b) The medication management record must be current and updated when there are any changes.

This MN Requirement is not met as evidenced by:
Based on document review, the licensee failed to list in the client's service plans a description of storage of medications based on the client's needs and preferences and risk of diversion. The violation is issued as 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, 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H27952	A. BUILDING: ____ B. WING ____	C 08/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLECREST	2945 LINCOLN DRIVE ROSEVILLE, MN 55113

(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
0 920	Continued From page 10 a limited number of staff are involved, or the situation has occurred repeatedly but is not found to be pervasive). The findings include: C1's record was reviewed. C1 received services from the facility for medication administration according to a service plan dated May 19, 2015. The client's service plan did not contain a description of storage of medications based on the client's needs and preferences and the risk of diversion. C2's record was reviewed. C2 received services from the facility for medication administration according to a service plan dated May 12, 2015. The client's service plan did not contain a description of storage of medications based on the client's needs and preferences and the risk of diversion. C3's record was reviewed. C3 received services from the facility for medication administration according to a service plan dated January 14, 2015. The client's service plan did not contain a description of storage of medications based on the client's needs and preferences and the risk of diversion. C4's record was reviewed. C4 received services from the facility for medication administration according to a service plan dated October 24, 2014. The client's service plan did not contain a description of storage of medications based on the client's needs and preferences and the risk of diversion. During interview on June 11, 2015 at 2:06 p.m., RN-A stated she conducted an investigation into the allegation of missing narcotics for C1, C2, C3, and C4. During the investigation, RN-A	0 920		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H27952	A. BUILDING: ______ B. WING ______	C 08/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLECREST	2945 LINCOLN DRIVE ROSEVILLE, MN 55113

(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
0 920	Continued From page 11 discovered RN-L had taken 30 tablets of 5 mg methadone from C1, 30 tablets of 2.5 mg morphine solutabs and an unknown amount of tablets of 5 mg oxycodone from C2, 120 tablets of 5 mg oxycodone from C3, and an unknown amount of 5 mg of oxycodone from C4. RN-A stated she was unable to determine the exact number of tablets missing and dates of the missing medications because the system that was in place at the time made it hard to say how many medications should be in the overflow/reserve bag. She said the medications are only counted when they are used from the overflow/reserve bag but are not recorded anywhere. She said there was no way to know how many tablets the clients used or how many tablets should remain in the reserve bag. She said there was no process for reconciliation of the medications in the overflow/reserve bag. She said that accountability in the overflow/reserve bag was hard. She acknowledged that medications were easy to divert because a nurse could take the delivery sheet and take the medications and there would be no way to know how many medications should remain in the overflow/reserve bag. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 920		

AH Form Approved
10/29/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
H27952	A. Building B. Wing	10/28/2015

Name of Facility	Street Address, City, State, Zip Code
EAGLECREST	2945 LINCOLN DRIVE ROSEVILLE, MN 55113

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 00325 Reg. # 144A.44. Subd. 1(14) LSC	Correction Completed 10/28/2015	ID Prefix 00900 Reg. # 144A.4792. Subd. 1 LSC	Correction Completed 10/28/2015	ID Prefix 00920 Reg. # 144A.4792. Subd. 5 LSC	Correction Completed 10/28/2015
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

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

Followup to Survey Completed on:		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?	YES	NO
8/26/2015				