



Minnesota Department of Health

Office of Health Facility Complaints Investigative Report PUBLIC

Facility Name: Lilac Homes Corporation			Report Number: HL28988001 and HL28988002	Date of Visit: January 12, 2017
Facility Address: 24806 Labrador Beach Road			Time of Visit: 8:15 a.m. to 2:30 p.m.	Date Concluded: August 14, 2017
Facility City: Pelican Rapids			Investigator's Name and Title: William Nelson, RN, Special Investigator	
State: Minnesota	ZIP: 56572	County: Clay		

Home Care

Allegation(s):

It is alleged that a resident was neglected when the facility did not provide appropriate wound care/dressing and follow-up resulting in the development of level four pressure ulcer. Resident was admitted to the hospital and was seen by the surgeon.

- 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 is not substantiated. The facility provided the services identified in the service agreement, and notified the client's family and transferred the client to a hospital when the pressure ulcer was identified.

The client received services from the provider, which was licensed as a comprehensive home care provider. The client's was diagnosed with Lewy body dementia and hypertension. The client had episodes of aggression, hallucinations, paranoia, delusions, and outbursts, and had required multiple attempts on different psychotropic medications to control these behavioral symptoms. The facility provided medication management, meals, supervision, assistance with bathing and toileting, and activities of daily living.

On the day the client was hospitalized, the staff were assisting the client to the bathroom when they observed a quarter-sized ulceration on the client's coccyx area. The staff contacted the registered nurse. The client was transported to the hospital for evaluation and was admitted. The client was evaluated by a surgeon. The wound was determined not to be conducive to surgical interventions due to the client's advanced dementia. The client was placed on palliative care, and passed away 16 days after being admitted to the hospital.

Medical record review and interviews indicated the wound had not been observed prior to the day the client was hospitalized.

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 type="checkbox"/> Substantiated | <input checked="" type="checkbox"/> Not Substantiated | <input type="checkbox"/> Inconclusive based on the following information: |

Compliance:

State Statutes for Home Care Providers (MN Statutes section 144A.43 - 144A.483) – Compliance Met
The facility was found to be in compliance with State Statutes for Home Care Providers (MN Statutes section 144A.43 - 144A.483). No state licensing orders were issued.

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.

Compliance Notes:

Facility Corrective Action:

The facility took the following corrective action(s):

Definitions:

Minnesota Statutes, section 626.5572, subdivision 7 - Not Substantiated

"Not Substantiated" means a preponderance of the evidence shows that an act that meets the definition of maltreatment did not occur.

The Investigation included the following:

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

- Medical Records

- Medication Administration Records
- Nurses Notes
- Assessments
- Care Plan Records
- Skin Assessments
- Service Plan

Other pertinent medical records:

- Hospital Records

Additional facility records:

- Staff Time Sheets, Schedules, etc.
- Facility Internal Investigation Reports
- Facility In-service Records
- Facility Policies and Procedures

Number of additional resident(s) reviewed: _____

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: Two _____

Interview with staff: Yes No N/A Specify: _____

Tennessee Warnings

Tennessee Warning given as required: Yes No

Total number of staff interviews: Five

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:

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

The Office of Ombudsman for Long-Term Care

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H28988	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/27/2017
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NAME OF PROVIDER OR SUPPLIER LILAC HOMES ASSISTED LIVING MEMORY CA	STREET ADDRESS, CITY, STATE, ZIP CODE 24806 LABRADOR BEACH ROAD PELICAN RAPIDS, MN 56572
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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>A complaint investigation was conducted to investigate complaint #HL28988001 and # HL28988002. No correction orders are issued.</p>	0 000		

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