



Protecting, Maintaining and Improving the Health of Minnesotans

Office of Health Facility Complaints Investigative Report
PUBLIC

Facility:

Heathers Manor
3000 North Douglas Drive
Crystal, MN 55422
Hennepin County

Report#: HL29082003

Date: May 2, 2016

Date of Visit: March 11, 2016
Time of Visit: 9:30 a.m. - 1:30 p.m.

By: Darin Hatch, Special Investigator

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

- Facility Self Report
- Complaint

Allegation(s): It is alleged that a client was financially exploited by alleged perpetrator (AP) when s/he used the client's credit cards in the amount between \$1200-\$1500.

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 evidence financial exploitation did occur when the alleged perpetrator (AP) took two of the client's credit cards and used them to make several purchases totaling \$1114.78.

The client received services from the home care provider for activities of daily living, medication administration, respiratory care, laundry, and eating assistance. The client was not alert or oriented, was not cognitively intact, and did not have the ability to leave the facility to make purchases.

Interviews with family revealed the family member was power of attorney for the client and noticed charges on the client's two credit card accounts that the client could not have made because the client did not have the ability to leave the facility to make purchases. The family member said the credit cards were in the client's wallet but s/he could not recall when s/he last saw the client's wallet. The family member called the home care provider and the police.

Interviews with the home care staff revealed staff were contacted by the family member about fraudulent charges on the client's credit cards. The staff did an internal investigation and were unable to locate the client's wallet or determine who the AP was after interviewing several staff. The staff notified the police of their investigation findings. Police contacted retailers listed on the client's credit card statements and obtained video surveillance footage from the retailers of the person who used the client's credit cards. The police brought the video surveillance footage to the facility and two staff identified the AP as the person in the video.

A police report revealed, the police interviewed the AP at his/her residence and arrested the AP. The AP admitted s/he took two of the client's credit cards in September or October while working for the home care provider and providing care to the client. S/he admitted to making purchases for her own personal use with both of the client's credit cards at several retail stores and online on several days in November. The police report indicated the AP used the client's credit cards for her own personal use over several days in November at several retailers totaling \$1114.78 in purchases. The police forwarded their investigation to the county attorney for formal charging.

Attempts to interview the AP were unsuccessful.

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 home care provider had policies in place to prohibit financial exploitation. The AP's personnel file 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 training in regards to financial exploitation.

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 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:**

- | | |
|--|---|
| <input checked="" type="checkbox"/> Medical Records | <input checked="" type="checkbox"/> Care Guide |
| <input checked="" type="checkbox"/> Medication Administration Records | <input type="checkbox"/> Treatment Sheets |
| <input checked="" type="checkbox"/> Facility Incident Reports | <input 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 |
| <input type="checkbox"/> Activities Reports | <input type="checkbox"/> Weight Records |
| <input type="checkbox"/> Therapy and/or Ancillary Services Records | <input checked="" type="checkbox"/> 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: No additional selected

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

Yes No N/A Specify: Deceased

Interviews: The following interviews were conducted during the investigation:

Interview with complainant(s): Yes No N/A Specify: Facility report

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: Deceased

Did you interview additional residents: Yes No

Total number of resident interviews: 0

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

Tennessee Warning given as required: Yes No

Total number of staff interviews: 2

Physician interviewed: Yes No

Nurse Practitioner interviewed: Yes No

Physician Assistant interviewed: Yes No

Interview with Alleged Perpetrator(s): Yes No N/A Specify: Unable to contact

Attempts to contact: Date/time: 4-14-16/10:28 a.m. Date/time: 4-14-16/10:48 a.m. Date/time: 5-2-16/10:49 a.m.

If unable to contact was subpoena issued: Yes , date subpoena was issued 4-14-16 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
Crystal City Police Department
Hennepin County Attorney
Crystal City Attorney

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H29082	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/02/2016
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NAME OF PROVIDER OR SUPPLIER HEATHERS MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 3000 NORTH DOUGLAS DRIVE CRYSTAL, MN 55422
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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>HOME CARE PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, these correction orders are issued pursuant to a survey.</p> <p>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.</p> <p>INITIAL COMMENTS:</p> <p>On March 11, 2016, a complaint investigation was initiated to investigate complaint #HL29082003. At the time of the survey, there were 80 clients that were receiving services under the comprehensive license. The following correction orders are 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>	
0 325	<p>144A.44, Subd. 1(14) Free From Maltreatment</p> <p>Subdivision 1. Statement of rights. A person who receives home care services has these rights:</p>	0 325		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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0 325	<p>Continued From page 1</p> <p>(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;</p> <p>This MN Requirement is not met as evidenced by: Based on document review and interview, the licensee failed to ensure that one of one clients (C1) reviewed was free from maltreatment when the client was financially exploited by a staff when she took two of C1's credit cards and used C1's credit cards without permission to make purchases for her own personal use. This resulted in a level two 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 an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or that a situation has occurred only occasionally.) The findings include:</p> <p>C1's record was reviewed. C1 received services from the licensee for activities of daily living, medication administration, respiratory care, housekeeping, laundry, and eating assistance according to the client's service plan and care plan dated December 1, 2015. C1 was not alert or oriented, was not cognitively intact, and did not have the ability the leave the facility to make purchases.</p> <p>Interview with family member (F)-C on March 24, 2016 at 10:36 a.m. revealed F-C was power of attorney for C1 and noticed charges on C1's two credit card accounts in November 2015 that C1 could not have made because C1 did not have</p>	0 325		

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0 325	<p>Continued From page 2</p> <p>the ability to leave the facility to make purchases. F-C said the credit cards were in C1's wallet but he could not recall when he last saw C1's wallet. F-C called the facility and the police.</p> <p>Interview with Executive Director (ED)-A on March 24, 2016 at 9:41 a.m. revealed ED-A was contacted by F-C on November 18, 2015. F-C said he was the power of attorney for C1 and noticed some charges on C1's credit cards in November of 2015 that C1 did not make because C1 did not have the ability to leave the facility to make purchases. ED-A told F-C to call the police and ED-A notified the common entry point. ED-A conducted an internal investigation and was unable to locate C1's wallet or determine who the alleged perpetrator was after interviewing several staff. ED-A notified police of her investigation findings. ED-A said police began the investigation and eventually notified her they had an alleged perpetrator. ED-A said police showed her a copy of a surveillance photo from Walmart of the person who used C1's credit cards. ED-A identified the person as unlicensed professional (ULP)-E.</p> <p>Interview with business manager (BM)-D on April 15, 2016 at 6:01 p.m. revealed ED-A notified her that F-C called ED-A and said he was the power of attorney for C1 and noticed some charges on C1's credit cards in November of 2015 that C1 did not make because C1 did not have the ability to leave the facility to make purchases. BM-D said ED-A conducted an internal investigation and was unable to locate C1's wallet or determine who the alleged perpetrator was after interviewing several staff. BM-D said police began the investigation and eventually notified ED-A they had an alleged perpetrator. BM-D said police showed her a copy of a surveillance photo from</p>	0 325		

Minnesota Department of Health

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0 325	<p>Continued From page 3</p> <p>Walmart of the person who used C1's credit cards. BM-D identified the person as ULP-E.</p> <p>Document review revealed a police report dated November 18, 2015 which indicated F-C contacted police on November 18, 2015. F-C said he was power of attorney for C1 and noticed charges on C1's two credit card accounts that C1 could not have made because C1 did not have the ability to leave the facility to make purchases. F-C said the cards were in C1's wallet but he could not recall when he last saw C1's wallet. Police contacted retailers listed on C1's credit card statements and obtained video surveillance footage from Walmart of the person who used C1's credit cards. The police brought the video surveillance footage to the facility and two staff, ED-A and BM-D, identified ULP-E as the person in the video. Police arrested ULP-E at her residence and interviewed ULP-E. ULP-E admitted she took two of C1's credit cards in September or October while working for the comprehensive home care provider and providing care to C1. ULP-E admitted to making numerous purchases at Walmart in November. ULP-E admitted to making a purchase at TJ Maxx and an online purchase a Victoria's Secret. The police report indicated ULP-E used C1's credit cards for her own personal use on the following dates and at the following retailers: November 14, 2015 for \$32.14-Walmart, November 17, 2015 for \$84.64-Walmart, November 17, 2015 for \$333.69-Victoria's Secret online, November 17, 2015 for \$194.05-Kids Footlocker, November 17, 2015 for \$15.00-TJ Maxx, November 18, 2015 for \$455.26-Walmart totaling \$1114.78 in purchases. The police forwarded their investigation to the county attorney for formal charging.</p> <p>Document review revealed a policy titled "Elder</p>	0 325		
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0 325	Continued From page 4 Justice Act & Abuse/Neglect Prevention and Intervention" dated September 26, 2014 which reads on page one "all residents of this community will be free from exploitation." TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 325		
0 815	144A.479, Subd. 7 Employee Records Subd. 7. Employee records. The home care provider must maintain current records of each paid employee, regularly scheduled volunteers providing home care services, and of each individual contractor providing home care services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification, if licensure, registration, or certification is required by this statute or other rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff providing supervision; (4) documentation of annual performance reviews which identify areas of improvement needed and training needs;	0 815		

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0 815	<p>Continued From page 5</p> <p>(5) for individuals providing home care services, verification that required health screenings under section 144A.4798 have taken place and the dates of those screenings; and</p> <p>(6) documentation of the background study as required under section 144.057.</p> <p>Each employee record must be retained for at least three years after a paid employee, home care volunteer, or contractor ceases to be employed by or under contract with the home care provider. If a home care provider ceases operation, employee records must be maintained for three years.</p> <p>This MN Requirement is not met as evidenced by: Based on document review and interviews the licensee failed to ensure that employee records for four of four employees reviewed contained documentation of annual performance reviews which identify areas of improvement needed and training needs. 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, but was not likely to cause serious injury, impairment, or death) and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients). The findings include: Document review during the on-site investigation on March 11, 2016 revealed four of four unlicensed professionals (ULP)-W, ULP-X, ULP-Y, and ULP-Z did not have annual</p>	0 815		

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0 815	<p>Continued From page 6</p> <p>performance reviews in the employee records. ULP-W had a hire date of October 10, 2013. ULP-X had a hired date of September 25, 2014. ULP-Y had a hire date of April 28, 2014. ULP-Z had a hire date of December 28, 2013. Annual performance reviews could not be located in the employee files.</p> <p>Interview with Executive Director (ED)-A on March 24, 2016 at 9:41 a.m. revealed ED-A was unaware of the requirement and she said none of the employees have ever had annual performance reviews.</p> <p>Document review revealed a policy dated July 8, 2015 and titled "Performance Evaluations" which reads on page one "employees should be evaluated on an annual basis based on their job descriptions. Each evaluation should include an evaluation of the completion of duties of the position (and) evaluation of the overall work performance."</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	0 815		

Minnesota Department of Health

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{0 000}	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>HOME CARE PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, these correction orders are issued pursuant to a survey.</p> <p>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.</p> <p>INITIAL COMMENTS:</p> <p>On July 25, 2016 a licensing order follow-up was completed to follow up on correction orders issued related to complaint HL29082003. Heathers Manor was found in compliance with Minnesota Statute 144A.44 Subd 1 (14). Deficiencies are reissued for violation of Minnesota Statute 144A.479 Subd 7. At the time of the survey, there were 87 clients that were receiving services under the comprehensive license. The following correction order is re-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 for Home Care Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' 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.</p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 1441.474 subd. 11 (b) (1) (2)</p>	
{0 815}	<p>144A.479, Subd. 7 Employee Records</p> <p>Subd. 7. Employee records. The home care provider must maintain current records of each</p>	{0 815}		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{0 815}	<p>Continued From page 1</p> <p>paid employee, regularly scheduled volunteers providing home care services, and of each individual contractor providing home care services. The records must include the following information:</p> <p>(1) evidence of current professional licensure, registration, or certification, if licensure, registration, or certification is required by this statute or other rules;</p> <p>(2) records of orientation, required annual training and infection control training, and competency evaluations;</p> <p>(3) current job description, including qualifications, responsibilities, and identification of staff providing supervision;</p> <p>(4) documentation of annual performance reviews which identify areas of improvement needed and training needs;</p> <p>(5) for individuals providing home care services, verification that required health screenings under section 144A.4798 have taken place and the dates of those screenings; and</p> <p>(6) documentation of the background study as required under section 144.057.</p> <p>Each employee record must be retained for at least three years after a paid employee, home care volunteer, or contractor ceases to be employed</p>	{0 815}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H29082	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/28/2016
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NAME OF PROVIDER OR SUPPLIER HEATHERS MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 3000 NORTH DOUGLAS DRIVE CRYSTAL, MN 55422
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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
{0 815}	<p>Continued From page 2</p> <p>by or under contract with the home care provider. If a home care provider ceases operation, employee records must be maintained for three years.</p> <p>This MN Requirement is not met as evidenced by: Based on document review and interviews the licensee failed to ensure that employee records for eight of ten employees reviewed contained documentation of annual performance reviews which identify areas of improvement needed and training needs. 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, but was not likely to cause serious injury, impairment, or death) and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients). The findings include:</p> <p>Document review during the on-site investigation on July 25, 2016 revealed eight of ten unlicensed professionals (ULP)-S, ULP-T, ULP-U, ULP-V, ULP-W, ULP-X, ULP-Y, and ULP-Z did not have annual performance reviews in the employee records. ULP-S had a hire date of May 21, 2012. ULP-T had a hire date of August 7, 2013. ULP-U had a hire date of December 1, 2012. ULP-V had a hire date of December 28, 2013. ULP-W had a hire date of October 10, 2013. ULP-X had a hired date of September 25, 2014. ULP-Y had a hire date of April 28, 2014. ULP-Z had a hire date of December 28, 2013. Annual performance reviews could not be located in the employee files.</p>	{0 815}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H29082	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/28/2016
NAME OF PROVIDER OR SUPPLIER HEATHERS MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 3000 NORTH DOUGLAS DRIVE CRYSTAL, MN 55422		
(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
{0 815}	Continued From page 3 Interview with Executive Director (ED)-A on July 25, 2016 at 12:20 p.m. revealed ED-A said she did not have time to make the corrections and perform annual performance reviews. ED-A said she does not have a plan in place to do current employee annual performance reviews nor a plan to catch up on the overdue annual performance reviews. Document review revealed a policy dated July 8, 2015 and titled "Performance Evaluations" which reads on page one "employees should be evaluated on an annual basis based on their job descriptions. Each evaluation should include an evaluation of the completion of duties of the position (and) evaluation of the overall work performance." TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	{0 815}		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER H29082	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/25/2016
NAME OF FACILITY HEATHERS MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 3000 NORTH DOUGLAS DRIVE CRYSTAL, MN 55422

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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix 00325	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 144A.44, Subd. 1(14)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	07/25/2016	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 5/2/2016		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER H29082	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/8/2016
NAME OF FACILITY HEATHERS MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 3000 NORTH DOUGLAS DRIVE CRYSTAL, MN 55422	

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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix 00815	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 144A.479, Subd. 7	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	12/08/2016	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 5/2/2016		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		