



Protecting, Maintaining and Improving the Health of Minnesotans

Office of Health Facility Complaints Investigative Report
PUBLIC

Facility:

Cottagewood Senior Community
4220 55th Street NW
Rochester, MN 55901
Olmsted County

Report#: HL29354005

Date: January 16, 2016

Date of Visit: September 16, 2015

By: Deborah Neuberger, RN, Special Investigator

Time of Visit: 9:30 a.m. – 2:30 p.m.

Type of Facility:

Nursing Home

HHA

Home Care Provider

SLF

ICF/IID

Hospital

Other: _____

Facility Self Report

Complaint

Allegation(s): It is alleged that a resident was neglected when staff failed to properly assess and provide medical services for eight days after she had a fall. The resident remains in the hospital with a fractured hip.

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 neglect occurred when a client experienced falls and pain during ambulation, and the licensee failed to reassess the client for a significant change in condition, and didn't provide necessary intervention for the condition change. The client was later found to have a fractured hip.

Medical record review revealed the client was admitted in 2014 with diagnoses including dementia. The client's Service Checklist for September 2015 revealed s/he ambulated and transferred independently. The client's progress notes revealed the following:

8/11/2015 the client was unable to ambulate independently.

8/12/2015 the client was limping during ambulation.

8/13/2015 the client was not ambulating related to pain. The client's family member requested an X-ray, and was told s/he would need to see his/her physician for an X-ray.

8/18/2015 the client was not ambulating related to pain.

8/25/2015 the client was found on the floor on his/her right hip by unlicensed staff. No assessment by a registered nurse (RN) after this fall was located.

8/28/2015 the client was unable to stand.

9/2/2015 the client was not able to walk, grimaced with any attempt to move him/her, would not put pressure on his/her right leg, was not eating well, and had decreased alertness. No assessment of the client's condition by an RN could be located.

9/4/2014 Late Entry: the client fell on 8/31/2015. No assessment of the client's condition by an RN could be located.

9/4/2015 the client was seen by his/her physician, diagnosed with a broken hip and admitted to the hospital.

Staff interviews revealed that although the client's condition had changed, including falls, pain, the inability to ambulate and use of a wheelchair for locomotion, at no time in this period did a Registered Nurse complete a comprehensive reassessment of the client for this change in condition, nor was the client's care plan updated.

During an interview the client's family member stated the client had been complaining of pain for some time.

S/he was not aware of when the client experienced the hip fracture, but it did not occur on the day s/he was sent to the doctor. S/he questioned why it took so long to get the client help for the pain and fracture.

An attempt was made to interview the client's physician, but the interview was declined.

Hospital records revealed the client was diagnosed with a right femoral neck fracture (hip fracture) and underwent surgery for the repair of the fracture.

State licensing orders were issued related to violations identified.

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:

Although the licensee had policies in place for comprehensive reassessment of clients when they experience a change in condition, the facility failed to ensure those policies were followed by staff of the licensee over a period of three weeks.

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.

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; and

(2) which is not the result of an accident or therapeutic conduct.

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 type="checkbox"/> Medication Administration Records | <input checked="" type="checkbox"/> Treatment Sheets |
| <input checked="" type="checkbox"/> Facility Incident Reports | <input checked="" type="checkbox"/> Physician Progress Notes |
| <input type="checkbox"/> ADL (Activities of Daily Living) Flow Sheets | <input checked="" 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 |

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: 3

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: The resident was not available.

Did you interview additional residents: Yes No

Total number of resident interviews: 1

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

Tennessee Warning given as required: Yes No

Total number of staff interviews: 10

Physician interviewed: Yes No

Nurse Practitioner interviewed: Yes No

Physician Assistant interviewed: Yes No

Interview with Alleged Perpetrator(s): Yes No N/A Specify: None identified.

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
- Personal Care
- Nursing Services
- Infection Control
- Use of Equipment
- Call Light
- Medication Pass
- Dignity/Privacy Issues
- Safety Issues
- Cleanliness
- Transfers
- Other: _____
- Meals
- Restorative Care
- Facility Tour
- Injury
- Incontinence

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
Minnesota Board of Nursing
Olmsted County Attorney
Rochester City Attorney

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H29354	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/28/2015
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NAME OF PROVIDER OR SUPPLIER COTTAGEWOOD SR CMTY ROCHESTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4220 55TH STREET NW ROCHESTER, MN 55901
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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, this correction order(s) has been 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 9/16/2015, a complaint investigation was initiated to investigate case #HL29354005 . At the time of the survey, there were 176 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 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>	
0 265	<p>144A.44, Subd. 1(2) Up-To-Date Plan/Accepted Standards Practice</p> <p>Subdivision 1. Statement of rights. A person who receives home care services has these rights: (2) the right to receive care and services according to a suitable and up-to-date plan, and subject to accepted health care, medical or nursing</p>	0 265		

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

Minnesota Department of Health

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0 265	<p>Continued From page 1</p> <p>standards, to take an active part in developing, modifying, and evaluating the plan and services;</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review the facility failed to ensure the staff provided care according to accepted medical and nursing practices for 1 of 4 clients (C-1) reviewed, when C-1 experienced falls and a decrease in mobility and the registered nursing staff did not appropriately assess the client's condition and the client was later found to have a hip fracture.</p> <p>This practice resulted in a level three violation (a violation that have or could result in an outcome to the client, causing harm to the client but did not reach the level of serious injury, impairment, or death), and is issued at an isolated scope (one or a limited number of clients are affected).</p> <p>The findings include:</p> <p>Medical record review revealed C-1 was admitted in 2014 with diagnoses including dementia.</p> <p>C-1's Service Checklist for September 2015 revealed C-1 ambulated and transferred independently.</p> <p>C-1's Progress notes revealed the following: 8/11/2015 C-1 was unable to ambulate independently. 8/12/2015 C-1 was limping during ambulation. 8/13/2015 C-1 was not ambulating related to pain. C-1's husband requested an X-ray, and was told C-1 would need to see her physician for an X-ray.</p>	0 265		

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

COTTAGEWOOD SR CMTY ROCHESTER **4220 55TH STREET NW**
ROCHESTER, MN 55901

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0 265	<p>Continued From page 2</p> <p>8/18/2015 C-1 was not ambulating related to pain.</p> <p>8/25/2015 C-1 was found on the floor on her right hip by unlicensed staff. No assessment by a registered nurse after this fall was located.</p> <p>8/28/2015 C-1 was unable to stand.</p> <p>9/2/2015 C-1 was not able to walk, grimaces with any attempt to move her, would not put pressure on her right leg, was not eating well, and had decreased alertness. No assessment of C-1's condition by an RN could be located.</p> <p>9/4/2014 Late Entry: C-1 fell on 8/31/2015. No assessment of C-1's condition by an RN could be located.</p> <p>9/4/2015 C-1 was seen by her physician, diagnosed with a broken hip and admitted to the hospital.</p> <p>During an interview on 9/16/2015 at 1:00 p.m. unlicensed personnel, Resident Assistant C (RA-C) stated she was present on 8/25/2015 at about 7:30 a.m. when C-1 fell. RA-C stated she found C-1 on the floor. There was no nurse available to assess the client. RA-C called the staff member on-call, director of nursing registered nurse (DON)-B. RA-C stated DON-B asked her to perform range of motion to C-1 and C-1 yelled out in pain during range of motion to her left leg, DON-B told RA-C to get C-1 up and RA-C gave C-1 Tylenol for the pain.</p> <p>During an interview on 9/17/2015 at 3:35 p.m. Resident Assistant D (RA-D) stated in the early morning about 5:30 a.m. on 8/31/2015 C-1 was found on the floor next to her bed. RA-D stated she called the staff member on-call, DON-B and was instructed to do range of motion on C-1. RA-C stated when she did range of motion after the fall she moved the clients legs up and down, but she did not move the leg out away from the</p>	0 265		

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0 265	<p>Continued From page 3</p> <p>client's body and to the side. RA-D stated the DON-B did not come to assess the client after the fall.</p> <p>During an interview on 9/16/2015 at 1:50 p.m. DON-B stated she was aware of C-1's recent falls and the increased difficulty in walking that C-1 was experiencing. DON-B stated she looked at the client, date unknown (no documentation of this visit was located) and did not see an acute problem. When queried, DON-B stated she did not do a full assessment of the client, including range of motion at any time DON-B stated that nursing staff did not get C-1 out of the wheelchair.</p> <p>During an interview on 9/16/2015 at 1:46 p.m. Licensed Practical Nurse E (LPN-E) stated she often is on-call for the facility. LPN-E stated she checked on C-1 after the falls on 8/25/2015 and 8/31/2015. LPN-E stated she did not perform range of motion on C-1 to assess for injuries and did not know if anyone did. LPN-E stated after the fall on 8/25/2015 she stood C-1 up and she appeared to be bearing weight. LPN-E stated she did not know if an RN reassessed the client for injury after the falls, or in response to C-1's decrease in mobility.</p> <p>During an interview on 9/17/2015 at 3:10 p.m. C-1's family member G (FM-G) stated C-1 had been complaining of pain for some time. FM-G stated she was not aware of when C-1 experienced the hip fracture, but it did not occur on the day she was sent to the doctor. FM-G stated she questioned why it took so long to get C-1 help for the pain and fracture.</p> <p>During an interview on 9/24/2015 at 8:30 a.m. hospital social worker F (HSW-F) stated C-1 was admitted to the hospital on 9/4/2015 and</p>	0 265		

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0 265	Continued From page 4 diagnosed with a right hip fracture. The policy titled Monitoring of Clients and Their services, dated January 2014 and provided by the facility revealed under the section titled Policy: The RN will monitor the clients 'need and services on an ongoing basis to determine if the services are appropriate to the client's needs or if changes in the service plan are needed. The RN will also identify any problems or client concerns; evaluate the effectiveness of the services, medications and treatments; and identify any changes in condition or new symptoms. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 265		
0 860	144A.4791, Subd. 8 Comprehensive Assessment and Monitoring Subd. 8. Comprehensive assessment, monitoring, and reassessment. (a) When the services being provided are comprehensive home care services, an individualized initial assessment must be conducted in person by a registered nurse. When the services are provided by other licensed health professionals, the assessment must be conducted by the appropriate health professional. This initial assessment must be completed within five days after initiation of home care services. (b) Client monitoring and reassessment must be conducted in the client's home no more than 14 days after initiation of services. (c) Ongoing client monitoring and reassessment	0 860		

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0 860	<p>Continued From page 5</p> <p>must be conducted as needed based on changes in the needs of the client and cannot exceed 90 days from the last date of the assessment. The monitoring and reassessment may be conducted at the client's residence or through the utilization of telecommunication methods based on practice standards that meet the individual client's needs.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review the facility failed to conduct a reassessment based on changes in the needs of the client for 1 of 4 clients (C-1), when C-1 experienced increased pain, decreased mobility and 2 falls and a Registered Nurse (RN) did not conduct an assessment of the client's condition. The client was later diagnosed with a fractured hip.</p> <p>This practice resulted in a level three violation (a violation that have or could result in an outcome to the client, causing harm to the client but did not reach the level of serious injury, impairment, or death), and is issued at an isolated scope (one or a limited number of clients are affected).</p> <p>The findings include:</p> <p>Medical record review revealed C-1 was admitted in 2014 with diagnoses including dementia.</p> <p>C-1's Service Checklist for September 2015 revealed C-1 ambulated and transferred independently.</p> <p>C-1's Progress notes revealed the following: 8/11/2015 C-1 was unable to ambulate independently.</p>	0 860		

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0 860	<p>Continued From page 6</p> <p>8/12/2015 C-1 was limping during ambulation. 8/13/2015 C-1 was not ambulating related to pain. C-1's husband requested an X-ray, and was told C-1 would need to see her physician for an X-ray. 8/18/2015 C-1 was not ambulating related to pain. 8/25/2015 C-1 was found on the floor on her right hip by unlicensed staff. No assessment by a registered nurse after this fall was located. 8/28/2015 C-1 was unable to stand. 9/2/2015 C-1 was not able to walk, grimaces with any attempt to move her, would not put pressure on her right leg, was not eating well, and had decreased alertness. No assessment of C-1's condition by an RN could be located. 9/4/2014 Late Entry: C-1 fell on 8/31/2015. No assessment of C-1's condition by an RN could be located. 9/4/2015 C-1 was seen by her physician, diagnosed with a broken hip and admitted to the hospital.</p> <p>During an interview on 9/16/2015 at 1:00 p.m. unlicensed personnel, Resident Assistant C (RA-C) stated she was present on 8/25/2015 at about 7:30 a.m. when C-1 fell. RA-C stated she found C-1 on the floor. There was no nurse available to assess the client. RA-C called the staff member on-call, Director of Nursing, Registered Nurse (DON)-B. RA-C stated DON-B asked her to perform range of motion to C-1 and C-1 yelled out in pain during range of motion to her left leg, DON-B told RA-C to get C-1 up and RA-C gave C-1 Tylenol for the pain.</p> <p>During an interview on 9/17/2015 at 3:35 p.m. Resident Assistant D (RA-D) stated in the early morning about 5:30 a.m. on 8/31/2015 C-1 was found on the floor next to her bed. RA-D stated</p>	0 860		

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0 860	<p>Continued From page 7</p> <p>she called the staff member on-call, Director of Nursing, Registered Nurse B (DON-B) and was instructed to do range of motion on C-1. RA-C stated when she did range of motion after the fall she moved the clients legs up and down, but she did not move the leg out away from the client's body and to the side. RA-D stated the DON-B did not come to assess the client after the fall.</p> <p>During an interview on 9/16/2015 at 1:50 p.m. DON-B stated she was aware of C-1's recent falls and the increased difficulty in walking that C-1 was experiencing. DON-B stated she looked at the client, date unknown (no documentation of this visit was located) and did not see an acute problem. When queried, DON-B stated she did not do a full assessment of the client, including range of motion at any time DON-B stated that nursing staff did not get C-1 out of the wheelchair.</p> <p>During an interview on 9/16/2015 at 1:46 p.m. Licensed Practical Nurse E (LPN-E) stated she often is on-call for the facility. LPN-E stated she checked on C-1 after the falls on 8/25/2015 and 8/31/2015. LPN-E stated she did not perform range of motion on C-1 to assess for injuries and did not know if anyone did. LPN-E stated after the fall on 8/25/2015 she stood C-1 up and she appeared to be bearing weight. LPN-E stated she did not know if an RN reassessed the client for injury after the falls, or in response to C-1's decrease in mobility.</p> <p>During an interview on 9/17/2015 at 3:10 p.m. C-1's family member G (FM-G) stated C-1 had been complaining of pain for some time. FM-G stated she was not aware of when C-1 experienced the hip fracture, but it did not occur on the day she was sent to the doctor. FM-G stated she questioned why it took so long to get</p>	0 860		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H29354	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/28/2015
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NAME OF PROVIDER OR SUPPLIER COTTAGEWOOD SR CMTY ROCHESTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4220 55TH STREET NW ROCHESTER, MN 55901
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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
0 860	<p>Continued From page 8</p> <p>C-1 help for the pain and fracture.</p> <p>During an interview on 9/24/2015 at 8:30 a.m. hospital social worker F (HSW-F) stated C-1 was admitted to the hospital on 9/4/2015 and diagnosed with a right hip fracture.</p> <p>A review of the policy titled Initial and Ongoing Nursing Assessment of Clients dated January 2014 and provided by facility staff revealed under section 3. The RN will reassess the client any time the client returns from the hospital or nursing home stay, has a significant change in condition, or experiences an incident such as a fall.</p> <p>The policy titled Monitoring of Clients and Their services, dated January 2014 and provided by the facility revealed under the section titled Policy: The RN will monitor the clients 'need and services on an ongoing basis to determine if the services are appropriate to the client's needs or if changes in the service plan are needed. The RN will also identify any problems or client concerns; evaluate the effectiveness of the services, medications and treatments; and identify any changes in condition or new symptoms.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 860		

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number H29354	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 12/15/2015
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Name of Facility COTTAGEWOOD SR CMTY ROCHESTER	Street Address, City, State, Zip Code 4220 55TH STREET NW ROCHESTER, MN 55901
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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>00265</u> Reg. # <u>144A.44. Subd. 1(2)</u> LSC _____	Correction Completed 11/01/2015	ID Prefix <u>00860</u> Reg. # <u>144A.4791. Subd. 8</u> LSC _____	Correction Completed 11/01/2015	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

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: 9/28/2015	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? <table style="float: right;"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO		