



Protecting, Maintaining and Improving the Health of Minnesotans

Office of Health Facility Complaints Investigative Report  
PUBLIC

Facility:

Medford Senior Care LLC  
108 Third Street NE  
Medford, MN 55049  
Steele County

Report#: HL29745001

Date: August 5, 2016

Date of Visit: May 25, 2016  
Time of Visit: 8:45 a.m. – 2:15 p.m.

By: Darin Hatch, Special Investigator

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

Facility Self Report                       Complaint

**Allegation(s):**    It is alleged that two clients were financially exploited when the alleged perpetrator (AP) took the clients' money.

**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 occurred when the alleged perpetrator (AP) took money from two clients. The AP took \$300 from client #1 and between \$260-\$300 dollars from client #2.

Client #1 received services from the home care provider for activities of daily living, meals, medication administration, transfer assistance, housekeeping, and laundry. Client #2 received services from the home care provider for activities of daily living, meals, medication administration, transfer assistance, housekeeping, and laundry. Both clients were alert and oriented to person, place, and time and cognitively intact.

Interview with Client #1 revealed \$300 of the client's cash went missing. The client notified the facility and family.

Interview with Client #2 revealed she had \$260 in cash that went missing sometime in March 2016, but could not recall the exact date. The client notified her family member and the facility.

Interview with facility staff revealed Client #2 notified them in March that money was missing but after speaking with the client and the client's family, the facility was unable to determine if the money was misplaced or stolen. Facility staff said the family of Client #1 reported to them in April that s/he was missing \$300. Facility staff placed a camera in Client #1's room with permission. Review of the video footage showed the AP in Client #1's room, in Client #1's purse looking for something. Facility staff spoke with the AP and the AP admitted to taking money from Client #1 and Client #2. Facility staff notified the police and the common entry point.

A police report indicated the Police interviewed the AP and the AP admitted to taking \$300 from each client on separate occasions.

Interview with the AP revealed s/he admitted to taking \$300 from both clients on separate occasions in March and April.

**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 prevent financial exploitation. The AP's personnel file showed the AP's acknowledgment 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 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 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 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 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 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 type="checkbox"/> Physician Orders  | <input type="checkbox"/> Social Service Notes         |
| <input 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       |
| <input type="checkbox"/> Skin Assessments  | <input checked="" type="checkbox"/> 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 records reviewed

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: Facility self-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: \_\_\_\_\_

Did you interview additional residents:     Yes     No

Total number of resident interviews: 2

Interview with staff:  Yes  No  N/A Specify: \_\_\_\_\_

Tennessee Warning given as required:  Yes  No

Total number of staff interviews: 3

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:**

- 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 and Assisted Living Program  
The Office of Ombudsman for Long Term Care  
Steele County Sheriff's Department  
Steele County Attorney

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>H29745</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/31/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MEDFORD SENIOR CARE LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>108 THIRD STREET NE MEDFORD, MN 55049</b>
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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>*****ATTENTION*****</p> <p><b>HOME CARE PROVIDER LICENSING CORRECTION ORDER</b></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><b>INITIAL COMMENTS:</b></p> <p>On May 25, 2016, a complaint investigation was initiated to investigate complaint #HL29745001. At the time of the survey, there were 18 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><b>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.</b></p> <p><b>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.</b></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 two of two clients reviewed (C1) and (C2) were free from maltreatment when the clients were financially exploited by nursing assistant (NA)-G when she took money without permission. 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 comprehensive home care provider for activities of daily living, medication administration, transfer assistance, meals, housekeeping, and laundry according to the client's service plan and care plan dated March 25, 2016. C1 was alert and oriented to person, place, and time and was cognitively intact according to a nurses assessment on May 19, 2016.</p> <p>C2's record was reviewed. C2 received services from the comprehensive home care provider for activities of daily living, medication administration, transfer assistance, meals, housekeeping, and laundry according to the client's service plan and care plan dated February 12, 2016. C2 was alert</p>	0 325		

Minnesota Department of Health

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0 325	<p>Continued From page 2</p> <p>and oriented to person, place, and time and was cognitively intact according to a nurses assessment on April 21, 2016.</p> <p>Interview with C1 on May 25, 2016 at 11:17 a.m. revealed she sold a dinette set on March 24, 2016 for \$300 and received payment in the form of six \$50 bills. She placed those bills in her purse. On March 25, 2016, C1 moved into the facility and stored her purse on the floor next to her chair. C1 said she left her purse in her room when she went for meals. On March 30, 2015 at around 2:00 p.m. she went to check her purse for the money and noticed the \$300 was missing. C1 said she notified a staff member on March 31, 2016 and on April 1, 2016. C1 said she gave the provider permission to install a camera in her room on April 2, 2016.</p> <p>Interview with C2 on May 25, 2016 at 1:29 p.m. revealed she had \$260 in her purse which she kept in a basket beside her chair in her room. She noticed the money was missing sometime in late February or early March and notified her daughter and the owner about a week later.</p> <p>Interview with family member (F)-E on May 26, 2016 at 4:36 p.m. revealed C1 notified her on April 1, 2016 that she was missing \$300 and the \$300 was last seen by C1 on March 30, 2016. F-E said she notified the facility on April 2, 2016 that she suspected the money had be stolen by a staff member and the facility placed a camera in C1's room with permission from the family and C1.</p> <p>Interview with F-F on May 31, 2016 at 9:09 a.m. revealed C2 notified her sometime in March that C2 was missing \$260 from her purse which C2 kept in a basket beside her chair in her room.</p>	0 325		

Minnesota Department of Health

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0 325	<p>Continued From page 3</p> <p>F-F could not recall the date but said she notified facility staff and they later informed her that the facility had caught a staff person and the staff person confessed to taking money from C2.</p> <p>Interview with owner (O)-A on May 25, 2016 at 10:30 a.m. revealed C2 reported to her on March 20, 2016 that someone stole \$300 from her wallet. O-A contacted F-F and C2 but said she and F-F were unable to determine if C2 was confused about the missing money. O-A said that F-F was vague about the details surrounding the \$300 and was unsure if C2 even had that much money in her possession. O-A said C2 also gets service from another comprehensive home care provider who takes C-2 to the bank. O-A said she asked F-F to get back to her with the specific details about the \$300 but F-F never did so she thought the money had not been stolen but was either lost, not withdrawn at all from the bank, or taken by the other home care provider.</p> <p>O-A said C1 notified her on April 2, 2016 that she had \$300 stolen from her purse. O-A said she called F-F to see if she had any more details on the missing money for C2 but F-F was not sure if C2 had lost the money or if the other comprehensive home care provider's staff had taken the money. O-A said she installed a camera with C1's permission in C1's room on April 2, 2016 because she suspected C1 was being financially exploited by a staff person at Medford Senior Care LLC. O-A said she also suspected C2 may also have been financially exploited by a staff person at Medford Senior Care LLC based on C1's report of missing money.</p> <p>O-A said on April 4, 2016 at 9:11 a.m. she watched the live video feed of the camera in C1's</p>	0 325		
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Minnesota Department of Health

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

**MEDFORD SENIOR CARE LLC** **108 THIRD STREET NE**  
**MEDFORD, MN 55049**

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0 325	<p>Continued From page 4</p> <p>room and observed nursing assistant (NA)-G in C1's purse looking for something. O-A said she confronted NA-G in the medication storage room along with O-C and registered nurse (RN)-D because there was video and audio recording in the medication room. O-A said she showed NA-G the video of NA-G going through C1's purse from 9:11 a.m. and NA-G admitted to taking money from C1 and C2 on two different occasions. O-A said she notified police on April 4, 2016 and the common entry point on April 5, 2016.</p> <p>A police report dated April 4, 2016 indicated the facility notified the police on April 4, 2016 that C1 and C2 were missing money, that O-A had confronted NA-G, and NA-G confessed to O-A, O-C, and RN-D that she took money from C1 and C2. The facility provided video footage to police of NA-G in C1's room, in C1's purse, and of NA-G's confession. Police interviewed NA-G on April 8, 2016 and NA-G admitted to taking \$300 from each client on separate occasions in March.</p> <p>Interview with NA-G on May 26, 2016 at 3:54 p.m. revealed she took \$300 from C2 sometime in March but she could not recall the date. She said she took the money from C2's purse which was in a basket in C2's room when C2 was at lunch. NA-G said she took \$300 from C1 sometime in March after she took money from C2 but she could not recall the date. NA-G said she took \$300 from C1's purse which was beside a chair in C1's room when C1 was at lunch.</p> <p>A policy dated January 2014 and titled Home Care Bills of Rights references MN Statute 144A.44 and indicates on page one "All our staff receive training about the bill of rights and are expected to adhere to these rights."</p>	0 325		

Minnesota Department of Health

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0 325	Continued From page 5  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 325		

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER H29745	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/27/2016
NAME OF FACILITY MEDFORD SENIOR CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 108 THIRD STREET NE MEDFORD, MN 55049	

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 _____	09/27/2016	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 5/31/2016		<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		