

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL306144301M
Compliance #: HL306145180C

Date Concluded: October 8, 2024

Name, Address, and County of Licensee

Investigated:

The Encore at Maplewood
2300 Hazelwood Street North
Maplewood, MN 55109
Ramsey County

Facility Type: Assisted Living Facility with
Dementia Care (ALFDC)

Evaluator's Name: Brandon Martfeld, RN BSN
Special Investigator

Finding: Substantiated, facility responsibility

Nature of Investigation:

The Minnesota Department of Health investigated an allegation of maltreatment, in accordance with the Minnesota Reporting of Maltreatment of Vulnerable Adults Act, Minn. Stat. 626.557, and to evaluate compliance with applicable licensing standards for the provider type.

Initial Investigation Allegation(s):

The facility neglected the resident when they failed to provide medication after the resident was hospitalized with bacterial pneumonia.

Investigative Findings and Conclusion:

The Minnesota Department of Health determined neglect was substantiated. The facility was responsible for the maltreatment. The facility failed to have a system in place to ensure licensed staff were aware of the resident's return from the hospital. As a result, the resident's antibiotic, used to treat bacterial pneumonia, was not started until five days after the resident's discharge from the hospital. When initiated and although the resident had a history of refusing to take medications, facility staff failed to have a system in place to notify licensed staff when the resident refused his antibiotic. In addition, facility staff failed to notify the resident's primary care provider of the resident's hospital admission and new diagnoses.

The investigator conducted interviews with facility staff members, including administrative staff, nursing staff, and unlicensed staff. The investigator interviewed the resident and contacted the resident's power of attorney. The investigation included review of the resident records, hospital records, staff schedules, and related facility policy and procedures. Also, the investigator observed staff and resident interactions.

The resident resided in an assisted living memory care unit. The resident's diagnoses included dementia and bacterial pneumonia. The resident's service plan included assistance with medication administration. The resident cognition was moderately impaired.

The resident's record indicated one day the resident complained of chest pain and coughed up a small amount of blood. Facility staff arranged for the resident to be evaluated at a hospital.

The resident's hospital record indicated the resident was diagnosed with bacterial pneumonia, started on two antibiotics, and was discharged back to the facility two days later.

The resident's record indicated the nurse was not aware the resident returned to the facility from the hospital for two additional days. At that time, the nurse was not able to find the resident's antibiotics to dispense them to the resident.

Three days after the nurse was aware the resident was at the facility, the resident's medication administration record indicated the antibiotics were started for pneumonia. The record indicated the resident refused to take any of his antibiotic medications.

The resident's record lacked evidence the resident's primary care provider was updated on the resident's hospitalization and pneumonia. In addition, the record lacked evidence the facility nurse and/or primary care provider was updated when the resident refused to take the antibiotics to treat the pneumonia.

Approximately three weeks later, the primary care provider notes indicated the resident was seen at the facility for a routine visit. The resident continued to have chest congestion and had crackles (fluid inside lungs or are not inflating correctly) in left lung. The primary care provider ordered a chest x-ray that indicated the resident had pneumonia and a new round of antibiotic was ordered.

During an interview, the nurse stated the resident was sent to the hospital one day and returned to the facility two days later. The nurse stated the resident was at the facility for two days before staff made the nurse aware of the resident's return. The nurse stated the hospital paperwork indicated the resident was sent back to the facility with antibiotics for pneumonia. The nurse stated she could not find the antibiotic therefore the nurse ordered the medications. The nurse stated the resident started his antibiotics for pneumonia five days after returning from the hospital. The nurse stated the facility's process is to start new medications within 24

hours. The nurse stated when the resident refused to take his antibiotics, facility staff failed to update the nurse of the resident's refusals.

During an interview, the primary care provider stated during a routine visit with the resident, the resident had crackles in his lungs and an x-ray was ordered because of concern of pneumonia. The primary care provider stated he was not made aware by the facility that the resident was hospitalized for pneumonia or that the resident had refused his first round of antibiotics. The primary care provider stated an antibiotic was an important medication to treat pneumonia and facility should have interventions to ensure the resident got his medications. The primary care provider stated because the resident refused to take his antibiotics, different alternatives were tried, such as a liquid form of an antibiotic. The primary care provider stated the resident was not re-hospitalized but could have been.

In conclusion, the Minnesota Department of Health determined neglect was substantiated.

Substantiated: Minnesota Statutes, section 626.5572, Subdivision 19.

"Substantiated" means a preponderance of evidence shows that an act that meets the definition of maltreatment occurred.

Neglect: Minnesota Statutes, section 626.5572, subdivision 17

"Neglect" means neglect by a caregiver or self-neglect.

(a) "Caregiver neglect" means 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.

Vulnerable Adult interviewed: Yes.

Family/Responsible Party interviewed: Yes.

Alleged Perpetrator interviewed: Not Applicable.

Action taken by facility:

The facility educated staff on attempting to give the resident medications three times, and notifying the nurse if the resident refused a medication.

Action taken by the Minnesota Department of Health:

The responsible party will be notified of their right to appeal the maltreatment finding.

The facility was found to be in noncompliance. To view a copy of the Statement of Deficiencies and/or correction orders, please visit:

<https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html>

If you are viewing this report on the MDH website, please see the attached Statement of Deficiencies.

You may also call 651-201-4200 to receive a copy via mail or email.

cc:

The Office of Ombudsman for Long Term Care

The Office of Ombudsman for Mental Health and Developmental Disabilities

Ramsey County Attorney

Maplewood City Attorney

Maplewood Police Department

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30614	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/04/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE ENCORE AT MAPLEWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 2300 HAZELWOOD STREET MAPLEWOOD, MN 55109
--	---

(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>ASSISTED LIVING PROVIDER CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a complaint investigation</p> <p>Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a 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>#HL306144301M/#HL306145180C</p> <p>On September 4, 2024, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction orders are issued. At the time of the complaint investigation, there were 39 residents receiving services under the provider's Assisted Living with Dementia Care license.</p> <p>The following correction order is issued/orders are issued for #HL306144301M/#HL306145180C, tag identification 1620, 2310, 2330 and 2360.</p>	0 000	<p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. 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 evaluators' 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 144G.31 SUBDIVISION 1-3.</p>	
01620 SS=D	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring	01620		

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

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30614	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/04/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE ENCORE AT MAPLEWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 2300 HAZELWOOD STREET MAPLEWOOD, MN 55109
--	---

(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
01620	<p>Continued From page 1</p> <p>(c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment.</p> <p>(d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review.</p> <p>(e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a registered nurse (RN) conducted a change in condition assessment and failed to complete an assessment not to exceed 90 calendar days from the previous assessment for one of one resident (R1) reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a</p>	01620		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30614	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/04/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE ENCORE AT MAPLEWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 2300 HAZELWOOD STREET MAPLEWOOD, MN 55109
--	---

(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
01620	<p>Continued From page 2</p> <p>limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R1 was admitted to the licensee on December 12, 2023.</p> <p>R1's had a 14-day assessment dated February 19, 2024. R1's 14 day assessment exceeded 14 days.</p> <p>R1's after visit summary dated May 16, 2024, indicated R1 was hospitalized May 15, 2024, through May 16, 2024, for bacterial pneumonia. R1's after visit summary indicated R1 was started on two different antibiotics.</p> <p>R1's next assessment was dated June 26, 2024. The RN failed to complete a change in condition assessment following R1's hospitalization. In addition, R1's assessment exceeded the 90 day requirement.</p> <p>During an interview on September 4, 2024, at 11:47 a.m., director of wellness (DW)-C stated R1's assessment exceeded the 90-days and that a change in condition assessment was missed for R1 following the hospitalization.</p> <p>The licensee's Assessment, Reviews and Monitoring policy dated July 2021, indicated an assessment would be completed by a registered nurse no more than 14 days after initiation of services. In addition the policy indicated an ongoing reassessment and monitoring would be conducted as the resident's needs changed and that an assessment cannot exceed 90 days from the last assessment date.</p>	01620		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30614	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/04/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE ENCORE AT MAPLEWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 2300 HAZELWOOD STREET MAPLEWOOD, MN 55109
--	---

(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
01620	Continued From page 3 No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01620		
02310 SS=G	<p>144G.91 Subd. 4 (a) Appropriate care and services</p> <p>(a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide care and services according to acceptable health care, medical, or nursing standards when facility staff failed to notify the primary care provider following a hospitalization for one of one resident (R1) reviewed. In addition, the facility failed to notify the nurse when R1 returned from the hospital which delayed treatment for R1's pneumonia and failed to notify the nurse when R1 refused his course of antibiotics.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p>	02310		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30614	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/04/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE ENCORE AT MAPLEWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 2300 HAZELWOOD STREET MAPLEWOOD, MN 55109
--	---

(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
02310	<p>Continued From page 4</p> <p>Review of R1's face sheet indicate R1 moved into the licensee on December 12, 2023, with diagnoses that included dementia.</p> <p>R1's assessment dated February 28, 2024, indicated R1 had moderately impaired cognition and required staff assistance with medication administration.</p> <p>R1's progress note dated May 14, 2024, indicated R1 was sent to the hospital for chest pains and had a small amount of blood in his sputum.</p> <p>R1's after visit summary dated May 16, 2024, indicated R1 was hospitalized from May 15, 2024, through May 16, 2024. R1 was treated for bacterial pneumonia and started on two different antibiotics, amoxicillin and azithromycin.</p> <p>R1's progress note dated May 18, 2024, indicated the director of wellness (DW)-C was unaware R1 had returned from the hospital to the licensee. The progress note indicated R1 had returned with new medications from the hospital but the medications could not be found.</p> <p>R1's progress note dated May 20, 2024, indicated R1's antibiotics were filled from the licensee's pharmacy. Four days following R1's hospital discharge.</p> <p>R1's medication administration record (MAR) for the month of May indicated on May 21, 2024, R1 started taking both amoxicillin 500 milligrams (mg), two capsules by mouth twice a day for five doses and azithromycin 500 mg, one tablet by mouth daily for three days. The MAR indicated R1 refused all doses of medications. The MAR further indicated R1's amoxicillin was attempted to be given for 14 doses. R1's azithromycin was</p>	02310		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30614	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/04/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE ENCORE AT MAPLEWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 2300 HAZELWOOD STREET MAPLEWOOD, MN 55109
--	---

(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
02310	<p>Continued From page 5</p> <p>attempted to be given for four days.</p> <p>R1's medical record lacked evidence that R1's primary care provider was updated when R1 returned to the licensee from the hospital or that R1 had refused all doses of antibiotics.</p> <p>During an interview on September 4, 2024, at 11:11 a.m. R1 stated he had pneumonia but felt that he did not need to take his medications. R1 stated he refused to take his medications.</p> <p>During an interview on September 5, 2024, at 8:06 a.m. physician assistant (PA)-D stated he was not notified of R1 being hospitalized for pneumonia. PA-D stated several weeks later during a routine visit, R1 had crackles in his lungs, an x-ray was ordered and R1 started another course of antibiotics. PA-D stated antibiotics are important medications and interventions needed to be implemented to ensure R1 took the medications.</p> <p>During an interview on September 6, 2024, at 12:20 p.m., director of wellness (DW)-C stated R1 was sent into the hospital on May 14, 2024, and discharged back to the facility on May 16, 2024. DW-C stated staff did not notify her when R1 returned to the facility and discovered R1 was at the facility two days after he had returned. DW-C stated R1's medications were ordered from the licensee's pharmacy and started on May 21, 2024. DW-C stated new medications should be started within 24 hours of the new order. DW-C stated staff did not notify her when R1 refused his antibiotics from May 21, 2024, through May 28, 2024. DW-C stated PA-D was not notified of R1's hospitalization and antibiotic refusal.</p>	02310		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30614	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/04/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE ENCORE AT MAPLEWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 2300 HAZELWOOD STREET MAPLEWOOD, MN 55109
--	---

(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
02310	Continued From page 6 No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02310		
02330 SS=D	<p>144G.91 Subd. 5 Refusal of care or services</p> <p>Residents have the right to refuse care or assisted living services and to be informed by the facility of the medical, health-related, or psychological consequences of refusing care or services.</p> <p>This MN Requirement is not met as evidenced by: Based on interview, and record review the licensee failed to document any efforts to educate a resident who was repeatedly refusing a medication ordered by a prescriber for one of one resident (R1).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R1 was admitted to the licensee December 12, 2023.</p> <p>R1's Service Plan dated March 1, 2024, indicated R1 received services including medication administration, bathing, dressing, housekeeping, and laundry.</p>	02330		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30614	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/04/2024
--	--	--	---

NAME OF PROVIDER OR SUPPLIER THE ENCORE AT MAPLEWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 2300 HAZELWOOD STREET MAPLEWOOD, MN 55109
--	---

(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
02330	<p>Continued From page 7</p> <p>R1's progress notes dated May 14, 2024, indicated the R1 was sent to the hospital due to chest congestion and blood in his sputum.</p> <p>R1's hospital record dated May 16, 2024, indicated R1 had bacterial pneumonia and was to start taking amoxicillin 500 milligrams (mg) take two capsules (1,000 mg) by mouth two times a day for five days and azithromycin 500 mg tablet, take 1 tablet by mouth daily for three days.</p> <p>R1's Medication Administration Record dated May 21, 2024, through May 28, 2024, indicated R1 refused to take both antibiotic medications.</p> <p>R1's progress notes dated May 30, 2024, indicated R1 refused to take the antibiotics.</p> <p>During an interview on September 4, 2024, at 11:47 a.m., director of wellness (DW)-C stated R1 often refused his medications. R1's primary care provider attempted to order different antibiotics and antibiotics in liquid form. R1 continued to refuse to take the antibiotics. DW-C stated eventually staff learned that R1 would take his antibiotic from his friend.</p> <p>R1's medical record lacked evidence of education provided to R1 about importance of taking antibiotic medications.</p> <p>The licensee Refused Medications or Orders policy dated April 2014, indicated if the resident refused a medication then the wellness director and the resident's physician would be notified of the refusal. The policy further indicated a negotiated risk agreement was to be completed.</p> <p>No further information was provided.</p>	02330		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30614	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/04/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE ENCORE AT MAPLEWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 2300 HAZELWOOD STREET MAPLEWOOD, MN 55109
--	---

(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
02330	Continued From page 8 TIME PERIOD FOR CORRECTION: Seven (7) days	02330		
02360	<p>144G.91 Subd. 8 Freedom from maltreatment</p> <p>Residents have the right to be free from physical, sexual, and emotional abuse; neglect; financial exploitation; and all forms of maltreatment covered under the Vulnerable Adults Act.</p> <p>This MN Requirement is not met as evidenced by: The facility failed to ensure one of one resident reviewed (R1) was free from maltreatment.</p> <p>Findings include:</p> <p>The Minnesota Department of Health (MDH) issued a determination maltreatment occurred, and the facility was responsible for the maltreatment, in connection with incidents which occurred at the facility. Please refer to the public maltreatment report for details.</p>	02360		