

Office of Health Facility Complaints

Investigative Public Report

Maltreatment Report #: HL33645003M
Compliance #: HL33645004C

Date Concluded: February 7, 2020

Name, Address, and County of Licensee

Investigated:

Salams Care Residential LLC
2240 Ide Court
Maplewood, MN 55109
Ramsey County

Facility Type: Home Care Provider

Investigator's Name:

Amy Hyers, RN, Special Investigator

Finding: Substantiated, facility and individual responsibility

Nature of Visit:

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.

Allegation(s):

It is alleged: The facility neglected to provide supervision and monitoring for the client when staff left the client walking outside in cold weather without adequate winter attire.

Investigative Findings and Conclusion:

Neglect was substantiated. The facility and the alleged perpetrator (AP) were responsible for the maltreatment. The facility had only one staff member (the AP) assigned to continuously supervise three clients diagnosed with multiple mental health conditions. When one client left the facility unaccompanied and improperly dressed, the AP went after the client and left the other two clients alone. The AP then left the eloping client to return to the facility, and failed to report the incident to the nurse or called 911 for assistance. The police later returned the client to the facility.

The investigation included interviews with facility staff members, including nursing staff and unlicensed staff; interview with law enforcement; observation of the clients and facility; review of the client's record; and review of the facility's policies and procedures.

The client received comprehensive home care services for diagnoses that included obsessive-compulsive disorder, schizoaffective disorder, and Type II diabetes. He received daily assistance with bathing, hygiene, grooming, and dressing and full medication management according to a service plan. A home health aide care plan indicated staff were supposed to manage the client's following mental health elements: orientation issues as needed, anxiety, repetitive behavior, agitation, verbal aggression and physical aggression.

The client's individual abuse prevention plan indicated the client lacked the ability to identify potentially dangerous situations and had a lack of self-preservation skills (ignores personal safety). Specific measures staff were supposed to utilize to minimize the risk of abuse included "constant supervision, cuing, and reminders."

The investigator observed that the facility is a split-level house. There is a security system that is enabled by entering a code on the key-pad. If the security system is enabled and the front door opens, a loud alarm will sound. It is not an industry specific secured unit that keeps clients safe by prohibiting their exit through a locked door.

One night, the client was outside at approximately 10:00 p.m. walking through the snow on unplowed streets approximately three blocks from the facility. The temperature at the time was 9 degrees Fahrenheit with 6 mile per hour winds.

The client flagged down a police officer who was out on patrol in the area. He asked the officer to help him find his scarf. The client was attempting to walk back to a fast food restaurant he was at earlier, in search of his lost scarf; the distance from the facility to the restaurant was approximately 1 mile each way. The officer provided the client with a ride back to the facility.

During an interview, the AP (who was the staff member on-duty at the time the client left the facility) said the client and another off-duty staff member returned from an outing to the fast food restaurant. The AP stated he went to provide services to another client when the client left the facility. The AP went outside after the client and walked with him for approximately 1.5 blocks leaving two other clients at the facility alone who also required continuous supervision to preserve their safety. The AP said the client was not supposed to be outside unattended because "he can be confused about what happens." The AP returned to the facility where, he said, he left two other clients who also required constant supervision. He did not attempt to call the nurse or call 911 as required by facility policy. He stated the client then returned with police.

During an interview, the off-duty staff member said the AP called him to ask if he could take the client out for fast food. Although he did not begin his shift until 11:00 p.m., the off-duty staff member went to the facility to take the client out to eat. The staff member said he returned with the client, brought the client inside the facility, and then left to go purchase some groceries. The staff member said when he returned for the start of his shift, he heard about the client's attempt

to go back and find his scarf. The staff member stated it was “a little bit cold, but not snowing” at the time the client would have left the facility on his own.

During an interview, the responding police officer said he was out on normal patrol when he saw the client “zig-zagging” and stumbling through the street. He stated the street remained unplowed from the snowfall the day before. He recognized the client from previous calls and knew the client was a vulnerable adult who struggled with mental health issues including delusions. The client asked the officer to help him find his scarf at a destination approximately 1 mile away. The officer shook the client’s hand. The client was not wearing gloves, was cold to the touch and shaking. The officer said the client was wearing a light-weight windbreaker type jacket, light weight athletic pants, and tennis shoes. The client told the officer staff were aware of his departure from the facility. When the officer brought the client back to the facility, the AP told the officer he went with the client initially, but then returned because he was cold; the AP let the client continue on his own. The AP was unaware of how long the client was outside. The officer said the client was approximately 0.3 miles from the facility when he picked the client up. The officer said the client did not seem to be aware of how cold he was stating, “He was locked in on finding his scarf.”

During an interview, the nurse said he was very upset about the incident. He did not receive any notification from staff at the time, and learned about the incident several days later. He further said there was no documentation in either an incident report or in the client’s record about the incident. He said the client, who is a vulnerable adult with mental health concerns, should not have been outside in the elements unattended. The nurse said the AP told him he did not call the nurse because “there was nothing clinical or life threatening.”

During an interview, the client’s mental health care team member stated the client is under a civil commitment because he is unable to manage his own safety awareness, health concerns, and medication regime. She said the client should never go out unescorted, and further, the facility did not inform her of the incident when it happened. She said the client had previously resided in a secured unit and believed this facility was a secured unit as well. She said the client was sometimes delusional, not an accurate historian, and overall had a significant lack of safety awareness. She said he was not aware of how to dress appropriately for the weather, and he received care because he was not able to adequately do that for himself.

During an interview, the client’s legal guardian was unhappy to learn of the incident. The facility did not inform her of the incident, and her expectation was the client not go out unescorted. She listed reasons such as getting lost, exploited, or hurt as possible outcomes of the client being unescorted. She further expressed her expectation that staff would monitor the appropriateness of the client’s clothing choices for the season.

During an interview, the client pointed to the coat he stated he wore that night. It was a poly/rayon/wool blend pea-coat. He explained how he believed he lost his scarf and was going to try to find it. He said, “I left by myself because I wanted to look for my scarf.” He said he did

not typically go out alone, but he was not frightened to do so. The client said the night he left the facility that there was snow on the roads, but it was not too cold. He also pointed to the low cut loafer type, rubber soled shoes he said he wore. He said when he saw the police officer, he flagged him down to ask for help finding his scarf. He said, "They care about me. I care about them. It is dangerous out there."

In conclusion, neglect was substantiated. The facility and the AP failed to provide the client with continuous supervision as required by his service plan which placed the client's safety at risk. The AP did not contact the nurse or 911 after the client eloped from the facility.

Neglect: Minnesota Statutes, section 626.5572, subdivision 17

"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.

(b) The absence or likelihood of absence of care or services, including but not limited to, food, clothing, shelter, health care, or supervision necessary to maintain the physical and mental health of the vulnerable adult which a reasonable person would deem essential to obtain or maintain the vulnerable adult's health, safety, or comfort considering the physical or mental capacity or dysfunction of the vulnerable adult.

Vulnerable Adult interviewed: Yes.

Family/Responsible Party interviewed: Yes.

Alleged Perpetrator interviewed: Yes.

Action taken by facility:

The facility hired a consultant who started the staff re-education process after the incident.

Action taken by the Minnesota Department of Health:

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>, or call 651-201-4890 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached Statement of Deficiencies.

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.

cc:

The Office of Ombudsman for Long-Term Care

The Office of Ombudsman for Mental Health and Developmental Disabilities

Maplewood Police Department

Maplewood City Attorney

Ramsey County Attorney

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H33645	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 01/30/2020
NAME OF PROVIDER OR SUPPLIER SALAMS CARE RESIDENTIAL LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2240 IDE COURT 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>HOME CARE PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, the Minnesota Department of Health issued a correction order(s) pursuant to a survey.</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>On January 30, 2020, the Minnesota Department of Health initiated an investigation of complaint HL33645003M / HL33645004C. At the time of the survey, there were 3 clients receiving services under the comprehensive license.</p> <p>The following correction are issued for HL33645003M / HL33645004C, tag identification 0265, 0325, 0805, 0840, and 2015.</p>	0 000	<p>The Minnesota Department of Health documents 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 are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that 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. Per Minnesota Statute § 144A.474, Subd. 8(c), the home care provider must document any action taken to comply with the correction order. A copy of the provider's records documenting those actions may be requested for follow-up surveys. The home care provider is not required to submit a plan of correction for approval; please disregard the heading of the fourth column, which states "Provider's Plan of Correction."</p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to Minn. Stat. § 144A.474, Subd. 11 (b).</p>		
0 265 SS=I	<p>144A.44, Subd. 1(2) Up-To-Date Plan/Accepted Standards Practice</p> <p>Subdivision 1. Statement of rights. (a) A person who receives home care services has these rights:</p>	0 265			

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: H33645	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 01/30/2020
NAME OF PROVIDER OR SUPPLIER SALAMS CARE RESIDENTIAL LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2240 IDE COURT 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
0 265	<p>Continued From page 1</p> <p>(2) receive care and services according to a suitable and up-to-date plan, and subject to accepted health care, medical or nursing standards and person-centered care, 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 licensee failed to provide services to ensure client safety for three of three clients (C1, C2, C3) reviewed. Staff failed to provide proper re-direction or intervention and ongoing supervision for C1 when he walked outside into the cold, at night, ill-dressed for the elements. Staff had to choose between direct supervision of C1 outside and supervision of the remaining two clients (C2, C3) inside the facility.</p> <p>This practice resulted in a level three violation (a violation that harmed a client'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 a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients).</p> <p>C1 was admitted to the facility on August 12, 2019 and received comprehensive home care services for diagnoses that included schizoaffective disorder, obsessive-compulsive disorder, and Type II diabetes. C1 received daily assistance with bathing, hygiene, grooming,</p>	0 265			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H33645	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/30/2020
-----------------------------------------------------	----------------------------------------------------------------------------	------------------------------------------------------------------------	--------------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SALAMS CARE RESIDENTIAL LLC

**2240 IDE COURT
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
0 265	<p>Continued From page 2</p> <p>dressing, and full medication management according to a service plan dated August 12, 2019. C1 signed the service plan on January 25, 2020.</p> <p>Document review of a form titled, Home Health Aide Care Plan-Customized Living, dated August 26, 2019, indicated staff were supposed to perform the following mental health management with C1:</p> <ul style="list-style-type: none"> -manage orientation issues as needed -manage anxiety -manage repetitive behavior -manage agitation -manage verbal aggression -manage physical aggression <p>Document review of a form titled, Individual Abuse Prevention Plan (IAPP), dated November 13, 2019, indicated C1 possessed the inability to identify potentially dangerous situations and lacked self-preservation skills (ignores personal safety). The IAPP indicated the specific measures staff were supposed to utilize to minimize the risk of abuse to C1 included "constant supervision, cuing, and reminders."</p> <p>C2 was admitted to the facility on April 15, 2019, and received comprehensive home care services for diagnoses that included a traumatic brain injury, mild mental retardation, organic delusional disorder, organic personality disorder, and Type II diabetes. The investigator requested C2's service plan from the facility, but one was not provided.</p> <p>Document review of a form titled, Individual Abuse Prevention Plan (IAPP), dated December 2, 2019, indicated C2 possessed the inability to identify potentially dangerous situations; was</p>	0 265		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H33645	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 01/30/2020
NAME OF PROVIDER OR SUPPLIER SALAMS CARE RESIDENTIAL LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2240 IDE COURT 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
0 265	<p>Continued From page 3</p> <p>verbally and physically abusive to others; had an inability to care for self-help needs; lacked self-preservation skills (ignores personal safety); and refused to take medications. The IAPP indicated the specific measures staff were supposed to utilize to minimize the risk of abuse to C2 included playing his music, taking him to Starbucks, keeping him calm, and "constant supervision, cuing, and reminders."</p> <p>C3 was admitted to the facility on November 5, 2018, and received comprehensive home care services for diagnoses that included major depressive disorder, anxiety, borderline personality disorder, attention deficit hyperactive disorder, and Type II diabetes. C3 received medication management services and was independent with all activities of daily living (ADLs) according to a service plan dated November 5, 2018.</p> <p>The investigator requested the facility provide C3's IAPP, but one was not provided.</p> <p>The investigator requested the facility provide staffing schedules; however, the schedules were not provided.</p> <p>During an interview on February 3, 2020 at 2:39 p.m., a police officer indicated C1 was brought back to the facility from walking alone outdoors in the cold, ill dressed for the weather at approximately 9:50 p.m. Unlicensed personnel (ULP)-D told the officer he walked with C1 initially, but then returned to the facility because he was cold; ULP-D let C1 continue on his own unsupervised.</p> <p>During an interview on February 3, 2020 at 11:44 a.m., ULP-D said when he went to provide</p>	0 265			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H33645	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 01/30/2020
NAME OF PROVIDER OR SUPPLIER SALAMS CARE RESIDENTIAL LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2240 IDE COURT 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
0 265	Continued From page 4 services to C2, C1 left the facility. ULP-D stated he went outside after C1 and walked with him for approximately 1.5 blocks. ULP-D said C1 was not supposed to be outside unattended because "he can be confused about what happens." ULP-D stated he returned to the facility where had left C2 and C3 alone, both of whom also required constant supervision. During an interview on February 5, 2020 at 9:55 a.m., registered nurse (RN)-G said that at the time of C1's incident, staff had not yet been trained on how to handle mental health crisis. She said staff were not prepared for the facility's clientele. Document review of an undated policy titled, Standards of Practice, indicated, "Agency staff will deliver services on each client's unique and individual needs, and clinical decisions..." TIME PERIOD FOR CORRECTION: Seven (7) days	0 265			
0 325	144A.44, Subd. 1(14) Free From Maltreatment Subdivision 1. Statement of rights. A person who receives home care services has these rights: (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; This MN Requirement is not met as evidenced by: Based on interviews and document review, the	0 325	No Plan of Correction (PoC) is required.		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H33645	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 01/30/2020
NAME OF PROVIDER OR SUPPLIER SALAMS CARE RESIDENTIAL LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2240 IDE COURT 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
0 325	Continued From page 5 facility failed to ensure one of one clients reviewed (C1) was free from maltreatment. C1 was neglected. Findings include: On February 6, 2020, the Minnesota Department of Health (MDH) issued a determination that neglect occurred, and that the facility and an individual staff person was responsible for the maltreatment, in connection with incidents which occurred at the facility. The MDH concluded there was a preponderance of evidence that maltreatment occurred.	0 325	Please refer to the maltreatment public report for details.		
0 805 SS=I	144A.479, Subd. 6(a) Reporting Maltrx of Vulnerable Adults/Minors Subd. 6. Reporting maltreatment of vulnerable adults and minors. (a) All home care providers must comply with requirements for the reporting of maltreatment of minors in section 626.556 and the requirements for the reporting of maltreatment of vulnerable adults in section 626.557. Each home care provider must establish and implement a written procedure to ensure that all cases of suspected maltreatment are reported. This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to ensure an incident of suspected maltreatment was reported to the State Agency (SA), for three of three clients (C1, C2, C3) reviewed when staff left all three clients who	0 805			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H33645	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 01/30/2020
NAME OF PROVIDER OR SUPPLIER SALAMS CARE RESIDENTIAL LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2240 IDE COURT 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
0 805	<p>Continued From page 6</p> <p>required constant supervision without supervision for an undetermined amount of time.</p> <p>This practice resulted in a level three violation (a violation that harmed a client'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 a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients).</p> <p>The findings include:</p> <p>C1 was admitted to the facility on August 12, 2019, and received comprehensive home care services for diagnoses that included schizoaffective disorder, obsessive-compulsive disorder, and Type II diabetes. C1 received daily assistance with bathing, hygiene, grooming, dressing, and full medication management according to a service plan dated August 12, 2019.</p> <p>Document review of a form titled, Individual Abuse Prevention Plan (IAPP), dated November 13, 2019, indicated C1 possessed the inability to identify potentially dangerous situations and lacked self-preservation skills (ignores personal safety). The IAPP indicated the specific measures staff were supposed to utilize to minimize the risk of abuse for C1 included "constant supervision, cuing, and reminders."</p> <p>C2 was admitted to the facility on April 15, 2019, and received comprehensive home care services for diagnoses that included a traumatic brain injury, mild mental retardation, organic delusional disorder, organic personality disorder, and Type II</p>	0 805			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H33645	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/30/2020
-----------------------------------------------------	----------------------------------------------------------------------------	------------------------------------------------------------------------	--------------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SALAMS CARE RESIDENTIAL LLC

**2240 IDE COURT
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
0 805	<p>Continued From page 7</p> <p>diabetes.</p> <p>The investigator requested C2's service plan from the facility, but one was not provided.</p> <p>Document review of a form titled, Individual Abuse Prevention Plan (IAPP), dated December 2, 2019, indicated C2 possessed the inability to identify potentially dangerous situations; becomes verbally and physically abusive to others; has an inability to care for self-help needs; lacks of self-preservation skills (ignores personal safety); and refuses to take medications. The IAPP indicated specific measures staff were supposed to utilize to minimize the risk of abuse to C2, which included playing his music, taking him to Starbucks, keeping him calm, and constant supervision, cuing, and reminders.</p> <p>C3 was admitted to the facility on November 5, 2018, and received comprehensive home care services for diagnoses that included major depressive disorder, anxiety, borderline personality disorder, attention deficit hyperactive disorder, and Type II diabetes. C3 received medication management services and was independent with all activities of daily living (ADLs) according to a service plan dated November 5, 2018.</p> <p>The investigator requested the facility provide C3's IAPP, but one was not provided.</p> <p>During an interview on February 3, 2020 at 2:39 p.m., a police officer indicated C1 was brought back to the facility from walking alone outdoors in the cold, ill dressed for the weather at approximately 9:50 p.m. Unlicensed personnel (ULP)-D told the officer he walked with C1 initially, but then returned to the facility because</p>	0 805		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H33645	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/30/2020
-----------------------------------------------------	----------------------------------------------------------------------------	------------------------------------------------------------------------	--------------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SALAMS CARE RESIDENTIAL LLC

**2240 IDE COURT
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
0 805	<p>Continued From page 8</p> <p>he was cold; ULP-D let C1 continue on his own unsupervised.</p> <p>During an interview on February 3, 2020 at 11:44 a.m., ULP-D said when he went to provide services to C2, C1 left the facility. ULP-D stated he went outside after C1 and walked with him for approximately 1.5 blocks. ULP-D said C1 was not supposed to be outside unattended because "he can be confused about what happens." ULP-D stated he returned to the facility where had left C2 and C3 alone, both of whom also required constant supervision.</p> <p>The investigator requested an incident report pertaining to the matter; no report was provided by the facility.</p> <p>During an interview on February 3, 2020 at 4:21 p.m., registered nurse (RN)-E said staff did not notify him about the incident. Once he became aware and questioned staff about it, they told him there was "nothing clinical or life threatening" so they did not notify the nurse. As a result, the nurse was unaware and, thus, unable to notify the SA.</p> <p>During an interview on February 5, 2020 at 9:55 a.m., an RN-G, who provided consultation to the facility, stated she would expect notification to the SA be made for the incident that occurred with C1.</p> <p>Document review of an undated policy titled, Vulnerable Adult, indicated, "When maltreatment...is discovered or suspected, the employee is to report the incident... via oral report immediately by phone or otherwise to their immediate supervisor...accompanied by a completed incident report form". The supervisor</p>	0 805		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H33645	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 01/30/2020
NAME OF PROVIDER OR SUPPLIER SALAMS CARE RESIDENTIAL LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2240 IDE COURT 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
0 805	Continued From page 9 will review and report to the state-wide common entry point within 24 hours. TIME PERIOD FOR CORRECTION: Seven (7) days	0 805			
0 840 SS=I	144A.4791, Subd. 4 Acceptance of Clients Subd. 4. Acceptance of clients. No home care provider may accept a person as a client unless the home care provider has staff, sufficient in qualifications, competency, and numbers, to adequately provide the services agreed to in the service plan and that are within the provider's scope of practice. This MN Requirement is not met as evidenced by: Based on observation, document review and interview, the licensee accepted clients with challenging mental health diagnoses for three of three clients (C1, C2, C3) reviewed without sufficient staff in qualifications, competency, and numbers to adequately provide the services or interventions agreed to in the client service plans and as assessed as necessary in the client vulnerability assessments. This practice resulted in a level three violation (a violation that harmed a client'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 a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients).	0 840			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H33645	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 01/30/2020
NAME OF PROVIDER OR SUPPLIER SALAMS CARE RESIDENTIAL LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2240 IDE COURT 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
0 840	<p>Continued From page 10</p> <p>The findings include:</p> <p>C1 was admitted to the facility on August 12, 2019, and received comprehensive home care services for diagnoses that included schizoaffective disorder, obsessive-compulsive disorder, and Type II diabetes. C1 received daily assistance with bathing, hygiene, grooming, dressing, and full medication management according to a service plan dated August 12, 2019.</p> <p>Document review of a form titled, Home Health Aide Care Plan-Customized Living, dated August 26, 2019, indicated staff were supposed to perform the following mental health management services for C1:</p> <ul style="list-style-type: none"> -manage orientation issues as needed -manage anxiety -manage repetitive behavior -manage agitation -manage verbal aggression -manage physical aggression <p>Document review of a form titled, Individual Abuse Prevention Plan (IAPP), dated November 13, 2019, indicated C1 possessed the inability to identify potentially dangerous situations and lacked self-preservation skills (ignores personal safety). Specific measures to minimize the risk of abuse included "constant supervision, cuing, and reminders."</p> <p>C2 was admitted to the facility on April 15, 2019, and received comprehensive home care services for diagnoses that included a traumatic brain injury, mild mental retardation, organic delusional disorder, organic personality disorder, and Type II diabetes.</p>	0 840			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H33645	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/30/2020
-----------------------------------------------------	----------------------------------------------------------------------------	------------------------------------------------------------------------	--------------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SALAMS CARE RESIDENTIAL LLC

**2240 IDE COURT
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
0 840	<p>Continued From page 11</p> <p>The investigator requested that the facility provide C2's service plan, but the service plan was not received.</p> <p>Document review of a form titled, Individual Abuse Prevention Plan (IAPP), dated December 2, 2019, indicated C2 possessed an inability to identify potentially dangerous situations; was verbally and physically abusive to others; had an inability to care for self-help needs; lacked of self-preservation skills (ignores personal safety); and refused to take medications. The IAPP indicated staff were supposed to unitize specific measures to minimize the risk of abuse to C2, which included playing his music, taking him to Starbucks, keeping him calm, and constant supervision, cuing, and reminders.</p> <p>C3 was admitted to the facility on November 5, 2018, and received comprehensive home care services for diagnoses that included major depressive disorder, anxiety, borderline personality disorder, attention deficit hyperactive disorder, and Type II diabetes. C3 received medication management services and was independent with all activities of daily living (ADLs) according to a service plan dated November 5, 2018.</p> <p>Document review of a form titled, Home Health Aide Care Plan-Customized Living, dated August 23, 2019, indicated the following mental health management be performed for C3 as needed:</p> <ul style="list-style-type: none"> -manage wandering -manage orientation issues -manage anxiety -manage repetitive behavior -manage agitation -manage self-injurious behavior -manage verbal aggression 	0 840		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H33645	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 01/30/2020
NAME OF PROVIDER OR SUPPLIER SALAMS CARE RESIDENTIAL LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2240 IDE COURT 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
0 840	<p>Continued From page 12</p> <p>-manage physical aggression</p> <p>During observation on January 30, 2020 between 9:16 a.m. and approximately 12:00 p.m., C1 expressed ongoing concerns and fear regarding C2's behavior and loud outbursts. There had been a prior altercation between C1 and C2, and C1 remained fearful of C2. The investigator also noted during observation that only one staff member was on-duty to monitor and provide constant supervision for C1, C2, and C3. All three clients were noted as behind closed doors for extended periods of time.</p> <p>Document review of facility policies pertaining to staff training and education did not include any training related to mental health diagnoses, crisis intervention strategies, or undesirable behavior de-escalation techniques.</p> <p>Document review of unlicensed personnel (ULP)-D's employee file indicated comprehensive training and competencies were completed on October 17, 2019. The content lacked any mental health-related training.</p> <p>Document review of ULP-F's employee file indicated comprehensive training and competencies were completed on October 1, 2019. The content lacked any mental health-related training.</p> <p>During an interview on February 3, 2020 at 2:39 p.m., a police officer indicated C1 was brought back to the facility from walking alone outdoors in the cold, ill dressed for the weather, at approximately 9:50 p.m. ULP-D told the officer he went with C1 initially, but then returned to the facility because he was cold; ULP-D let C1 continue on his own.</p>	0 840			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H33645	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 01/30/2020
NAME OF PROVIDER OR SUPPLIER SALAMS CARE RESIDENTIAL LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2240 IDE COURT 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
0 840	Continued From page 13 During an interview on February 3, 2020 at 11:44 a.m., ULP-D said while he went to provide services to C2, C1 left the facility. ULP-D went outside after C1 and walked with him for approximately 1.5 blocks. ULP-D said C1 was not supposed to be outside unattended because "he can be confused about what happens." ULP-D returned to the facility where he had left C2 and C3 who also required constant supervision. During an interview on February 5, 2020 at 9:55 a.m., registered nurse (RN)-G said that at the time of the complaint, staff had not yet been trained on how to handle mental health crises. She said they were not prepared for the facility's clientele. Document review of an undated policy titled, Admission Policy, indicated, "Clients are accepted for treatment in the home on the basis of reasonable criteria and an expectation that the client's medical, nursing and social needs can be met adequately by the Agency in the client's place of residence." TIME PERIOD FOR CORRECTION: Seven (7) days	0 840			
02015 SS=I	626.557, Subd. 3 Timing of Report Subd. 3. Timing of report (a) A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately report	02015			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H33645	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 01/30/2020
NAME OF PROVIDER OR SUPPLIER SALAMS CARE RESIDENTIAL LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2240 IDE COURT 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
02015	<p>Continued From page 14</p> <p>the information to the common entry point. If an individual is a vulnerable adult solely because the individual is admitted to a facility, a mandated reporter is not required to report suspected maltreatment of the individual that occurred prior to admission, unless:</p> <p>(1) the individual was admitted to the facility from another facility and the reporter has reason to believe the vulnerable adult was maltreated in the previous facility; or</p> <p>(2) the reporter knows or has reason to believe that the individual is a vulnerable adult as defined in section 626.5572, subdivision 21, clause (4).</p> <p>(b) A person not required to report under the provisions of this section may voluntarily report as described above.</p> <p>(c) Nothing in this section requires a report of known or suspected maltreatment, if the reporter knows or has reason to know that a report has been made to the common entry point.</p> <p>(d) Nothing in this section shall preclude a reporter from also reporting to a law enforcement agency.</p> <p>(e) A mandated reporter who knows or has reason to believe that an error under section 626.5572, subdivision 17, paragraph (c), clause (5), occurred must make a report under this subdivision. If the reporter or a facility, at any time believes that an investigation by a lead agency will determine or should determine that the reported error was not neglect according to the criteria under section 626.5572, subdivision</p>	02015			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H33645	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 01/30/2020
NAME OF PROVIDER OR SUPPLIER SALAMS CARE RESIDENTIAL LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2240 IDE COURT 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
02015	<p>Continued From page 15</p> <p>17, paragraph (c), clause (5), the reporter or facility may provide to the common entry point or directly to the lead agency information explaining how the event meets the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5). The lead agency shall consider this information when making an initial disposition of the report under subdivision 9c.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to ensure an incident of suspected maltreatment was reported to the State Agency (SA), for three of three clients (C1, C2, C3) reviewed when staff left all three clients who required constant supervision without supervision for an undetermined amount of time.</p> <p>This practice resulted in a level three violation (a violation that harmed a client'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 a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients).</p> <p>The findings include:</p> <p>C1 was admitted to the facility on August 12, 2019, and received comprehensive home care services for diagnoses that included schizoaffective disorder, obsessive-compulsive disorder, and Type II diabetes. C1 received daily assistance with bathing, hygiene, grooming,</p>	02015			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H33645	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 01/30/2020
NAME OF PROVIDER OR SUPPLIER SALAMS CARE RESIDENTIAL LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2240 IDE COURT 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
02015	<p>Continued From page 16</p> <p>dressing, and full medication management according to a service plan dated August 12, 2019.</p> <p>Document review of a form titled, Individual Abuse Prevention Plan (IAPP), dated November 13, 2019, indicated C1 possessed the inability to identify potentially dangerous situations and lacked self-preservation skills (ignores personal safety). The IAPP indicated the specific measures staff were supposed to utilize to minimize the risk of abuse for C1 included "constant supervision, cuing, and reminders."</p> <p>C2 was admitted to the facility on April 15, 2019, and received comprehensive home care services for diagnoses that included a traumatic brain injury, mild mental retardation, organic delusional disorder, organic personality disorder, and Type II diabetes.</p> <p>The investigator requested C2's service plan from the facility, but one was not provided.</p> <p>Document review of a form titled, Individual Abuse Prevention Plan (IAPP), dated December 2, 2019, indicated C2 possessed the inability to identify potentially dangerous situations; becomes verbally and physically abusive to others; has an inability to care for self-help needs; lacks of self-preservation skills (ignores personal safety); and refuses to take medications. The IAPP indicated specific measures staff were supposed to utilize to minimize the risk of abuse to C2, which included playing his music, taking him to Starbucks, keeping him calm, and constant supervision, cuing, and reminders.</p> <p>C3 was admitted to the facility on November 5, 2018, and received comprehensive home care</p>	02015			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H33645	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/30/2020
-----------------------------------------------------	----------------------------------------------------------------------------	------------------------------------------------------------------------	--------------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SALAMS CARE RESIDENTIAL LLC

**2240 IDE COURT
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
02015	<p>Continued From page 17</p> <p>services for diagnoses that included major depressive disorder, anxiety, borderline personality disorder, attention deficit hyperactive disorder, and Type II diabetes. C3 received medication management services and was independent with all activities of daily living (ADLs) according to a service plan dated November 5, 2018.</p> <p>The investigator requested the facility provide C3's IAPP, but one was not provided.</p> <p>During an interview on February 3, 2020 at 2:39 p.m., a police officer indicated C1 was brought back to the facility from walking alone outdoors in the cold, ill dressed for the weather at approximately 9:50 p.m. Unlicensed personnel (ULP)-D told the officer he walked with C1 initially, but then returned to the facility because he was cold; ULP-D let C1 continue on his own unsupervised.</p> <p>During an interview on February 3, 2020 at 11:44 a.m., ULP-D said when he went to provide services to C2, C1 left the facility. ULP-D stated he went outside after C1 and walked with him for approximately 1.5 blocks. ULP-D said C1 was not supposed to be outside unattended because "he can be confused about what happens." ULP-D stated he returned to the facility where had left C2 and C3 alone, both of whom also required constant supervision.</p> <p>The investigator requested an incident report pertaining to the matter; no report was provided by the facility.</p> <p>During an interview on February 3, 2020 at 4:21 p.m., registered nurse (RN)-E said staff did not notify him about the incident. Once he became</p>	02015		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H33645	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/30/2020
-----------------------------------------------------	----------------------------------------------------------------------------	------------------------------------------------------------------------	--------------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SALAMS CARE RESIDENTIAL LLC

**2240 IDE COURT
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
02015	<p>Continued From page 18</p> <p>aware and questioned staff about it, they told him there was "nothing clinical or life threatening" so they did not notify the nurse. As a result, the nurse was unaware and, thus, unable to notify the SA.</p> <p>During an interview on February 5, 2020 at 9:55 a.m., an RN-G, who provided consultation to the facility, stated she would expect notification to the SA be made for the incident that occurred with C1.</p> <p>Document review of an undated policy titled, Vulnerable Adult, indicated, "When maltreatment...is discovered or suspected, the employee is to report the incident... via oral report immediately by phone or otherwise to their immediate supervisor...accompanied by a completed incident report form". The supervisor will review and report to the state-wide common entry point within 24 hours.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	02015		