



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7010 2780 0001 4939 7381

April 25, 2012

[REDACTED]

Subject: [REDACTED] - IDR  
CMS Certification Number (CCN): 24-5541  
Project # S5541021

[REDACTED]

This is in response to your letter of February 2, 2012, in regard to your request of an informal dispute resolution (IDR) for the federal deficiencies at tag F226, F272 and F309 issued pursuant to the survey event, WO6111, completed on January 3, 2012.

The information presented with your letter, the CMS 2567 dated January 3, 2012, and corresponding Plan of Correction, as well as survey documents and discussion with representatives of L&C staff have been carefully considered and the following determination has been made:

**F-226 S/S – (F) 42 CFR § 483.13 (c) Staff Treatment of Residents:** The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.

The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).

The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.

The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification

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agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.

The basis for your IDR request for F226 was that you contend the facility has developed and is implementing policies and procedures to investigate and report allegations of abuse of residents.

The facility did not follow their policies and procedures which resulted in a potential for harm. Areas include: failed to report resident to resident allegations of abuse immediately to the administrator and to the designated state agency. The facility failed to complete a thorough internal investigation and protecting the resident during the investigation for residents in the sample who were involved in the resident to resident allegations of abuse. The facility failed to report to the designated state agency allegations of alleged staff to resident abuse.

This is a valid deficiency at this tag and at the correct scope and severity of "F".

**F272 S/S – (D) 42 CFR § 483.20 Resident Assessment:** The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.

The basis of your IDR request was that Resident 13's positioning needs were being followed as identified by the re-assessment completed by occupational therapy. Also, due to R13 having a long standing history of leaning and positioning needs. Upon review of all the documentation provided and interview with representatives of L&C, F272 is determined to not be a valid deficient practice under this regulation and will be removed from the Statement of Deficiencies.

**F 309 S/S – (D) 42 CFR section 483.25 Quality of Care:** Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being, in accordance with the comprehensive assessment and plan of care.

The basis of your IDR request was that Resident 13's positioning needs were being followed as identified by the current plan as the plan has documented as to what works best for R13. Also, due to R13 having a long standing history of leaning and positioning needs. Upon review of all the documentation provided and interview with representatives of L&C, F309 is determined to not be a valid deficient practice under this regulation and will be removed from the Statement of Deficiencies.

The revised Statement of Deficiencies is attached.

This concludes the Minnesota Department of Health informal dispute resolution process.

Please note it is your responsibility to share the information contained in this letter and the results of this review with the President of your facility's Governing Body.

[REDACTED]  
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Sincerely,

A handwritten signature in cursive script that reads "Gloria Derfus".

Gloria Derfus, Unit Supervisor  
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Division of Facility and Provider Compliance  
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cc: Office of Ombudsman for Long-Term Care  
Carol Moen, Assistant Program Manager  
Licensing and Certification File  
Gloria Derfus, Metro C District Office Unit Supervisor