http://www.health.state.mn.us/divs/fpc/directory/surveyapp/ohfcfindings/h5490012.pdf

Protecting, Maintaining and Improving the Health of Minnesotans

Office of Health Facility Complaints Investigative Report
PUBLIC

Facility:
Oak Hills Living Center
1314 8th Street North
New Ulm, MN 56073
Brown County

Report #: H5490012

Date: November 1, 2013

Date of Visit: September 9, 2013
Time of Visit: 4:00 a.m. – 11:00 a.m.

By: Carrie Euerle, R.N., Special Investigator

Type of Facility:
☒ Nursing Home
☐ SLF
☐ Hospital
☐ HHA
☐ ICF/IID
☐ Other: ____________
☐ Home Care Provider/Assisted Living
☐ Home Care

☒ Facility Self Report ☐ Complaint

Allegation(s): **It is alleged** that a resident's rights were violated when his/her POLST "full code" status was not followed. A licensed practical nurse (LPN) witnessed the resident take his/her last two breaths and did not initiate CPR.

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 Licensing Rules for Home Care (MN Rules Chapter 4668)
☐ 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, the allegation of neglect is substantiated. Neglect occurred when cardiopulmonary resuscitation (CPR) was not performed on a resident who had a Provider Orders for Life Sustaining Treatment (POLST) form that indicated the resident wanted CPR to be initiated.

The resident was admitted to the facility's short-term rehab unit with a diagnosis that included but was not limited to diabetes and chronic kidney disease. A Brief Interview for Mental Status (BIMS) assessment was completed that revealed the resident was cognitively intact. A Provider Orders for Life Sustaining Treatment (POLST) form was signed by the resident and the resident's physician that directed staff that when the patient has no pulse and is not breathing to attempt cardiopulmonary resuscitation (CPR). The resident's plan of care stated that the resident's goal was to return home and indicated that staff were to perform CPR/call 911 in the event of a respiratory or cardiac arrest.

The resident was discovered by a nursing assistant (NA) to have shallow, labored breathing and have poor color when the NA walked by the resident's room. The NA then alerted the resident's nurse on the resident's change in condition.

Review of the resident's medical record revealed that the NA immediately informed the nurse (alleged perpetrator/AP) of the resident's irregular breathing. The nurse/AP then went into the resident's room. The nurse recorded in the resident's medical record that the resident "took one last breath and then no pulse, no breathing…. and no signs of life" were able to be obtained from the resident. The nurse then notified the resident's family of the death and attempted to contact the resident's physician. No CPR was initiated.

The day after the resident's death, the AP was interviewed by facility staff and stated that when s/he entered the resident's room the previous night, the resident was breathing. The AP stated that s/he ran into the resident's room without checking the code status of the resident. The AP stated that s/he later checked the resident's code status and was aware of the need to start CPR on a full code resident. The AP stated that this was his/her second death as a nurse and was in panic mode.

Review of the facility's CPR Policy states that "the policy at [the facility] is to initiate cardiopulmonary resuscitation (CPR) for any resident who suffers a cardiopulmonary arrest, unless a decision to NOT initiate CPR has been previously made and properly recorded as a physician's order".

Interview with the NA confirmed that the NA had immediately informed the nurse of the resident's condition. The NA then went into the resident's room with the nurse and confirmed that the resident was breathing at the time they entered the resident's room. The nurse then sent the NA out of the room to assist other residents. The NA was informed later in the shift of the resident's death.

Interview with the nurse/AP stated that s/he went into the resident's room after being informed of the resident's irregular breathing by the NA. The AP stated that when s/he entered the resident's room that the resident was unresponsive and s/he was unable to obtain any vital signs from the resident. The AP stated that s/he did not know if R1 took a last breath or if air was just expelled when s/he turned the resident in an attempt to obtain a response. The AP confirmed that CPR was not initiated and stated that s/he was not aware of R1's code status at the time of the incident. The AP stated that s/he had not been educated on resident code status.

Mitigating Factors:

The "mitigating factors" in Minnesota Statutes, section 626.557, subdivision 9c (c) were considered and it was determined that the ☐ individual(s) and/or ☒ facility is responsible for the

☐ Abuse ☒ Neglect ☐ Financial Exploitation. This determination was based on the following:

Although the facility had a CPR policy, the AP did not have documentation of orientation and/or education on the facility's CPR policy or code status of the residents at the facility.

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:

Federal Regulations for Long Term Care Facilities (42 CFR, Part 483, subpart B) – Compliance Not Met
The requirements under the Federal Regulations for Long Term Care Facilities (42 CFR, Part 483, subpart B), were not met.

Deficiencies are issued on form 2567: ☒ Yes ☐ No If no, specify: ____________

(The 2567 will be available on the MDH website.)

State Licensing Rules for Nursing Homes (MN Rules Chapter 4658) – Compliance Not Met
The requirements under State Licensing Rules for Nursing Homes (MN Rules Chapter 4658) 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 17 - Neglect
"Neglect" means:

(a) The failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to, food, clothing, shelter, health care, or supervision which is:

(1) reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult; and

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

(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.

The Investigation included the following:

Document Review: The following records were reviewed during the investigation:

☒ Medical Records
☒ Care Guide
☒ Medication Administration Records
☒ Treatment Sheets
☒ Facility Incident Reports
☒ Physician Progress Notes
☒ ADL (Activities of Daily Living) Flow Sheets
☐ Laboratory and X-ray Reports
☒ Physician Orders
☒ Social Service Notes

☒ Nurses Notes

☐ Meal Intake Records

☐ Activities Reports

☐ Weight Records

☐ Therapy and/or Ancillary Services Records

☒ Assessments

☐ Skin Assessments

☒ Care Plan Records

Other pertinent medical records:

☐ Hospital Records ☐ Ambulance/Paramedics ☐ Medical Examiner Records ☒ Death Certificate

☐ Police Report

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: 2

Were residents selected based on the allegation(s)? (•) Yes ( ) No ( ) N/A Specify: ________

Were resident(s) identified in the allegation(s) present in the facility at the time of the investigation?

( ) Yes (•) No ( ) N/A Specify:

Interviews: The following interviews were conducted during the investigation:

Interview with complainant(s): ( ) Yes ( ) No (•) N/A Specify: ________

If unable to contact complainant, attempts were made on:
Date/time: ______ Date/time: ______ Date/time: ______

Interview with family: (•) Yes ( ) No ( ) N/A Specify: ________

Did you interview the resident(s) identified in allegation: ○ Yes ◉ No ○ N/A Specify: ______

Did you interview additional residents: ◉ Yes ○ No

Total number of resident interviews: 2

Interview with staff: ◉ Yes ○ No ○ N/A Specify: ______

Tennessen Warning given as required: ◉ Yes ○ No

Total number of staff interviews: 3

Physician interviewed: ◉ Yes ○ No

Nurse Practitioner 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

Was equipment being operated in safe manner: ○ Yes ○ No ◉ N/A

Were photographs taken: ○ Yes ◉ No Specify: ________

xc: Division of Compliance Monitoring - Licensing & Certification
Minnesota Board of Examiners for Nursing Home Administrators
Minnesota Board of Nursing
Brown County Medical Examiners
New Ulm City Police Department
Brown County Attorney
New Ulm City Attorney

PRINTED: 11/18/2013
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245490	A. BUILDING ______ B. WING ______	C 11/04/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK HILLS LIVING CENTER	1314 EIGHTH STREET NORTH NEW ULM, MN 56073

(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) COMPLETION DATE
F 000	INITIAL COMMENTS An abbreviated standard survey was conducted to investigate complaint #H5490012. The following deficiency is issued:	F 000		
F 309 SS=G	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on interviews and document review, the facility failed to provide the necessary emergency care when 1 of 1 residents (R1) on the short term rehab unit had a respiratory arrest in the presence of a licensed nurse. No Cardiopulmonary Resuscitation (CPR) was started on R1. Findings include: R1's medical record was reviewed and revealed that R1 was admitted to the facility's short term rehab unit on 7/17/2013 with diagnosis that included diabetes and chronic kidney disease. R1's careplan dated 7/30/2013 revealed the goal for R1 was to return home. A Brief Interview for Mental Status (BIMS) assessment dated 7/29/2013 revealed a score of 15/15 indicating R1	F 309	F 309 CORRECTIVE ACTION- AFFECTED RESIDENT: On 8/18/13, R1 did not receive CPR as per her plan of care and POLST, with result being the death of the R1. Immediate corrective actions include: On 8/18/13 the AP was suspended pending internal investigation. A Vulnerable Adult report was submitted to the state as well as an internal investigation was started. The AP was also terminated from employment at OHLC on 8/22/13. The details of the internal investigation were submitted on 8/23/13. Staff education was completed with some staff 8/21/13-8/23/13 per DON. On 8/19/13, DON updated nurse orientation checklist to include orientation for all new nurses on the location of emergency equipment and DNR/Full code lists. On 8/20/13, Social Services Director, Administrator, Human Resources Director, and DON met to discuss changes to facility policy and procedure, placement/location of DNR/Full code lists, and implementing	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Candace Schonvielles
TITLE: Administrator
(X6) DATE: 11-26-13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 309	Continued From page 1 was cognitively intact. R1's physician orders dated 7/17/2013 included CPR. A Provider Orders for Life Sustaining Treatment (POLST) form was signed by R1 and R1's physician on 7/18/2013 directing staff that when the patient has no pulse and is not breathing to attempt cardiopulmonary resuscitation (CPR). R1's care plan dated 7/30/2013 directs staff to perform CPR/call 911 in the event of a respiratory or cardiac arrest. Review of R1's August 2013 medication administration record (MAR) reveals that R1's advanced directives included CPR to be initiated. A progress note dated 8/18/2013 at 6:06 a.m. indicates that staff [NA-B] noted R1 to have irregular breathing at 2:30 a.m. NA-B informed the nurse (LPN-A) and LPN-A went to check R1's vital signs. R1 "took one last breath and writer [LPN-A] could not get a response from resident, no pulse no breathing noted and no signs of life present at 0235". LPN-A then informed R1's family of R1's death and also paged R1's physician to inform him/her of R1's death. An interview with NA-B on 9/9/2013 at 6:20 a.m. revealed that NA-B was working on 8/18/2013 and when walking by R1's room, NA-B noticed that R1 had labored breathing and poor color. NA-B immediately informed LPN-A of R1's condition and LPN-A went to R1's room with NA-B. NA-B stated that when NA-B and LPN-A entered R1's room, R1 had shallow breathing and "long periods of time between respirations". NA-B also stated that s/he then left the room to check on other residents. LPN-A was in R1's room when NA-B left R1's room. LPN-A later informed NA-B that R1 had passed away.	F 309	code blue drills in the facility. On 8/21/13, a RNA/TMA meeting was held with education provided to staff about location of DNR/full code lists, who to notify with status changes in residents. RN/LPN meeting was held on 9/11/13, with education provided to staff about location of DNR/full code lists, who to notify with status changes in residents. First code blue drill completed in September, with entire facility participating, education completed with staff. Code blue drills will continue on a quarterly basis at random times, which will provide ongoing education to nursing staff in the event of a code blue situation, as well as the facilities DNR/full code policy. Following the incident, the Social Services Director began to look for different options on how/where to display DNR/full code status on the neighborhoods. Final decision made per management team on 10/15/13. DNR/full code lists to be located on daily update form and with crash cart on each neighborhood. The DNR/Full code lists will be updated by the HHC on each neighborhood as per facility	

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F 309

Continued From page 2

LPN-A was interviewed on 10/14/2013 at 11:15 a.m. and stated that LPN-A was working on 8/18/2013 and that NA-B had reported to LPN-A that R1 had abnormal breathing. LPN-A stated that s/he then went to R1's room and was unable to obtain a response from R1. LPN-A stated that s/he was not sure if R1 was breathing at the time LPN-A entered the room and was unable to obtain vital signs from the resident. LPN-A turned R1 from R1's side to R1's back and LPN-A stated that s/he did not know if R1 took a last breath or if air was just expelled when LPN-A turned the resident in an attempt to obtain a response. LPN-A confirmed that CPR was not initiated and stated that s/he was not aware of R1's code status at the time of the incident.

An interview with an administrative nurse (RN-C) on 9/9/2013 at 7:15 a.m. revealed that R1 did have a POLST form signed by R1 and R1's physician indicating R1's wishes to have CPR initiated. RN-C confirmed that LPN-A should have initiated CPR when R1 was no longer breathing and no pulse was able to be obtained. RN-C interviewed LPN-A regarding R1's death on 8/18/2013 at 2:30 p.m. and LPN-A stated that LPN-A ran into R1's room without checking R1's code status and witnessed R1 take two final breaths and then passed away. LPN-A stated that s/he looked into R1's code status after R1 passed away and was aware that CPR should be initiated but stated that this was LPN-A's "second death as a new nurse and was in panic mode". RN-C stated that LPN-A was suspended pending the investigation into this incident and was later terminated.

An interview with the licensed social worker (SW)

F 309

policy. Implementation of this was completed on 10/18/13. Facility CPR policy will be reviewed and updated as needed. Quality assurance team to be updated of deficiency and plan of correction at the next quarterly QA meeting in January.

ACTUAL/PROPOSED COMPLETION DATE: 12/14/13

PERSON RESPONSIBLE FOR CORRECTION/MONITORING:
Ongoing education of the facilities DNR/full code policy in the event of a code blue situation to be completed through utilization of quarterly Code blue drills at random times. DON or designee will be responsible for the monitoring of completion of code blue drills and ongoing education in relation to the facilities DNR/full code policy. Ongoing monitoring of timely updating of DNR/full code lists will be completed by the Social Services Director.

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F 309	Continued From page 3 on 9/9/2013 at 10:00 a.m. revealed that (SW) reviewed the POLST form with R1 upon admission on 7/17/2013 and R1 signed a POLST form at admission indicating that R1 wanted CPR to be initiated. An interview with R1's physician on 10/1/2013 at 4:05 p.m. confirmed that R1's physician had signed R1's POLST form indicating that R1 wanted CPR to be initiated. A review of the facility's "CPR Policy" dated 12/2000 reveals that "it is the intent of [the facility].....to respect the need and interests of resident's regarding the initiation or withholding of cardiopulmonary resuscitation...". The policy also states that "cardiopulmonary resuscitation (CPR) for any resident who suffers cardiopulmonary arrest, unless a decision to NOT initiate CPR has been previously made and properly recorded as a physician's order".	F 309		

Minnesota Department of Health

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	00041	A. BUILDING: ______ B. WING ______	C 11/04/2013

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2 000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: A complaint investigation was initiated to investigate complaint #H54900123. The following correction orders are issued:	2 000	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.	

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Candas Schonveller — TITLE: Administrator — (X6) DATE: 11-26-13

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ______ B. WING ______	(X3) DATE SURVEY COMPLETED C 11/04/2013

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2 000	Continued From page 1	2 000	The assigned tag number appears in the far left column entitled "ID Prefix Tag." 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 evidence by." Following the surveyors findings are the Suggested Method of Correction and Time period for Correction. 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. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.	
2 830	MN Rule 4658.0520 Subp. 1 Adequate and Proper Nursing Care; General Subpart 1. Care in general. A resident must receive nursing care and treatment, personal and custodial care, and supervision based on individual needs and preferences as identified in the comprehensive resident assessment and plan of care as described in parts 4658.0400 and 4658.0405. A nursing home resident must be out of bed as much as possible unless there is a written order from the attending physician that the resident must remain in bed or the resident prefers to remain in bed.	2 830		

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2 830	Continued From page 2 This MN Requirement is not met as evidenced by: Based on interviews and document review, the facility failed to provide the necessary emergency care when 1 of 1 residents (R1) on the short term rehab unit had a respiratory arrest in the presence of a licensed nurse. No Cardiopulmonary Resuscitation (CPR) was started on R1. Findings include: R1's medical record was reviewed and revealed that R1 was admitted to the facility's short term rehab unit on 7/17/2013 with diagnosis that included diabetes and chronic kidney disease. R1's careplan dated 7/30/2013 revealed the goal for R1 was to return home. A Brief Interview for Mental Status (BIMS) assessment dated 7/29/2013 revealed a score of 15/15 indicating R1 was cognitively intact. R1's physician orders dated 7/17/2013 included CPR. A Provider Orders for Life Sustaining Treatment (POLST) form was signed by R1 and R1's physician on 7/18/2013 directing staff that when the patient has no pulse and is not breathing to attempt cardiopulmonary resuscitation (CPR). R1's care plan dated 7/30/2013 directs staff to perform CPR/call 911 in the event of a respiratory or cardiac arrest. Review of R1's August 2013 medication administration record (MAR) reveals that R1's	2 830		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00041	A. BUILDING: ____ B. WING ____	C 11/04/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK HILLS LIVING CENTER	1314 EIGHTH STREET NORTH NEW ULM, MN 56073

(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
2 830	Continued From page 3	2 830		

advanced directives included CPR to be initiated.

A progress note dated 8/18/2013 at 6:06 a.m. indicates that staff [NA-B] noted R1 to have irregular breathing at 2:30 a.m. NA-B informed the nurse (LPN-A) and LPN-A went to check R1's vital signs. R1 "took one last breath and writer [LPN-A] could not get a response from resident, no pulse no breathing noted and no signs of life present at 0235". LPN-A then informed R1's family of R1's death and also paged R1's physician to inform him/her of R1's death.

An interview with NA-B on 9/9/2013 at 6:20 a.m. revealed that NA-B was working on 8/18/2013 and when walking by R1's room, NA-B noticed that R1 had labored breathing and poor color. NA-B immediately informed LPN-A of R1's condition and LPN-A went to R1's room with NA-B. NA-B stated that when NA-B and LPN-A entered R1's room, R1 had shallow breathing and "long periods of time between respirations". NA-B also stated that s/he then left the room to check on other residents, leaving LPN-A alone with R1 in R1's room. LPN-A later informed NA-B that R1 had passed away.

LPN-A was interviewed on 10/14/2013 at 11:15 a.m. and stated that LPN-A was working on 8/18/2013 and that NA-B had reported to LPN-A that R1 had abnormal breathing. LPN-A stated that s/he then went to R1's room and was unable to obtain a response from R1. LPN-A stated that s/he was not sure if R1 was breathing at the time LPN-A entered the room and was unable to obtain vital signs from the resident. LPN-A turned R1 from R1's side to R1's back and LPN-A stated

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00041	A. BUILDING: ____ B. WING ____	C 11/04/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK HILLS LIVING CENTER	1314 EIGHTH STREET NORTH NEW ULM, MN 56073

(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
2 830	Continued From page 4 that s/he did not know if R1 took a last breath or if air was just expelled when LPN-A turned the resident in an attempt to obtain a response. LPN-A confirmed that CPR was not initiated and stated that s/he was not aware of R1's code status at the time of the incident. An interview with an administrative nurse (RN-C) on 9/9/2013 at 7:15 a.m. revealed that R1 did have a POLST form signed by R1 and R1's physician indicating R1's wishes to have CPR initiated. RN-C confirmed that LPN-A should have initiated CPR when R1 was no longer breathing and no pulse was able to be obtained. RN-C interviewed LPN-A regarding R1's death on 8/18/2013 at 2:30 p.m. and LPN-A stated that LPN-A ran into R1's room without checking R1's code status and witnessed R1 take two final breaths and then passed away. LPN-A stated that s/he looked into R1's code status after R1 passed away and was aware that CPR should be initiated but stated that this was LPN-A's "second death as a new nurse and was in panic mode". RN-C stated that LPN-A was suspended pending the investigation into this incident and was later terminated. An interview with the licensed social worker (SW) on 9/9/2013 at 10:00 a.m. revealed that (SW) went over the POLST form with R1 upon admission on 7/17/2013 and R1 signed a POLST form at admission indicating that R1 wanted CPR to be initiated. An interview with R1's physician on 10/1/2013 at 4:05 p.m. confirmed that R1's physician had signed R1's POLST form indicating that R1	2 830		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00041	A. BUILDING: ____ B. WING ____	C 11/04/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK HILLS LIVING CENTER	1314 EIGHTH STREET NORTH NEW ULM, MN 56073

(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
2 830	Continued From page 5 wanted CPR to be initiated. A review of the facility's "CPR Policy" dated 12/2000 reveals that "it is the intent of [the facility].....to respect the need and interests of resident's regarding the initiation or withholding of cardiopulmonary resuscitation...". The policy also states that "cardiopulmonary resuscitation (CPR) for any resident who suffers cardiopulmonary arrest, unless a decision to NOT initiate CPR has been previously made and properly recorded as a physician's order". SUGGESTED PERIOD OF CORRECTION: The director of nursing or her designee could develop policies and procedures and resident code status to ensure residents consistently are provided the appropriate interventions. The director of nursing or her designee could educate all appropriate staff on these policies and procedures. The director of nursing or her designee could develop monitoring systems to ensure ongoing compliance. TIME PERIOD FOR CORRECTION: Thirty (30) Days.	2 830		
21810	MN St. Statute 144.651 Subd. 6 Patients & Residents of HC Fac.Bill of Rights Subd. 6. Appropriate health care. Patients and residents shall have the right to appropriate medical and personal care based on individual needs. Appropriate care for residents means care designed to enable residents to achieve their highest level of physical and mental functioning. This right is limited where the service is not	21810		

Minnesota Department of Health

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	00041	A. BUILDING: ______ B. WING ______	C 11/04/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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
21810	Continued From page 6	21810		

reimbursable by public or private resources.

This MN Requirement is not met as evidenced by:
Based on interviews and document review, the facility failed to provide the necessary emergency care when 1 of 1 residents (R1) on the short term rehab unit had a respiratory arrest in the presence of a licensed nurse. No Cardiopulmonary Resuscitation (CPR) was started on R1.

Findings include:

R1's medical record was reviewed and revealed that R1 was admitted to the facility's short term rehab unit on 7/17/2013 with diagnosis that included diabetes and chronic kidney disease. R1's careplan dated 7/30/2013 revealed the goal for R1 was to return home. A Brief Interview for Mental Status (BIMS) assessment dated 7/29/2013 revealed a score of 15/15 indicating R1 was cognitively intact. R1's physician orders dated 7/17/2013 included CPR. A Provider Orders for Life Sustaining Treatment (POLST) form was signed by R1 and R1's physician on 7/18/2013 directing staff that when the patient has no pulse and is not breathing to attempt cardiopulmonary resuscitation (CPR). R1's care plan dated 7/30/2013 directs staff to perform CPR/call 911 in the event of a respiratory or cardiac arrest.

Review of R1's August 2013 medication administration record (MAR) reveals that R1's advanced directives included CPR to be initiated.

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00041	A. BUILDING: ______ B. WING ______	C 11/04/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK HILLS LIVING CENTER	1314 EIGHTH STREET NORTH NEW ULM, MN 56073

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21810	Continued From page 7	21810		

A progress note dated 8/18/2013 at 6:06 a.m. indicates that staff [NA-B] noted R1 to have irregular breathing at 2:30 a.m. NA-B informed the nurse (LPN-A) and LPN-A went to check R1's vital signs. R1 "took one last breath and writer [LPN-A] could not get a response from resident, no pulse no breathing noted and no signs of life present at 0235". LPN-A then informed R1's family of R1's death and also paged R1's physician to inform him/her of R1's death.

An interview with NA-B on 9/9/2013 at 6:20 a.m. revealed that NA-B was working on 8/18/2013 and when walking by R1's room, NA-B noticed that R1 had labored breathing and poor color. NA-B immediately informed LPN-A of R1's condition and LPN-A went to R1's room with NA-B. NA-B stated that when NA-B and LPN-A entered R1's room, R1 had shallow breathing and "long periods of time between respirations". NA-B also stated that s/he then left the room to check on other residents, leaving LPN-A alone with R1 in R1's room. LPN-A later informed NA-B that R1 had passed away.

LPN-A was interviewed on 10/14/2013 at 11:15 a.m. and stated that LPN-A was working on 8/18/2013 and that NA-B had reported to LPN-A that R1 had abnormal breathing. LPN-A stated that s/he then went to R1's room and was unable to obtain a response from R1. LPN-A stated that s/he was not sure if R1 was breathing at the time LPN-A entered the room and was unable to obtain vital signs from the resident. LPN-A turned R1 from R1's side to R1's back and LPN-A stated that s/he did not know if R1 took a last breath or if

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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21810	Continued From page 8	21810		

air was just expelled when LPN-A turned the resident in an attempt to obtain a response. LPN-A confirmed that CPR was not initiated and stated that s/he was not aware of R1's code status at the time of the incident.

An interview with an administrative nurse (RN-C) on 9/9/2013 at 7:15 a.m. revealed that R1 did have a POLST form signed by R1 and R1's physician indicating R1's wishes to have CPR initiated. RN-C confirmed that LPN-A should have initiated CPR when R1 was no longer breathing and no pulse was able to be obtained. RN-C interviewed LPN-A regarding R1's death on 8/18/2013 at 2:30 p.m. and LPN-A stated that LPN-A ran into R1's room without checking R1's code status and witnessed R1 take two final breaths and then passed away. LPN-A stated that s/he looked into R1's code status after R1 passed away and was aware that CPR should be initiated but stated that this was LPN-A's "second death as a new nurse and was in panic mode". RN-C stated that LPN-A was suspended pending the investigation into this incident and was later terminated.

An interview with the licensed social worker (SW) on 9/9/2013 at 10:00 a.m. revealed that (SW) went over the POLST form with R1 upon admission on 7/17/2013 and R1 signed a POLST form at admission indicating that R1 wanted CPR to be initiated.

An interview with R1's physician on 10/1/2013 at 4:05 p.m. confirmed that R1's physician had signed R1's POLST form indicating that R1 wanted CPR to be initiated.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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21810	Continued From page 9 A review of the facility's "CPR Policy" dated 12/2000 reveals that "it is the intent of [the facility].....to respect the need and interests of resident's regarding the initiation or withholding of cardiopulmonary resuscitation...". The policy also states that "cardiopulmonary resuscitation (CPR) for any resident who suffers cardiopulmonary arrest, unless a decision to NOT initiate CPR has been previously made and properly recorded as a physician's order". SUGGESTED METHOD OF CORRECTION: The administrator, director of nurses or designee could review all resident code statuses. The admininstrator or designee could provide education and conduct audits to ensure compliance. TIME PERIOD FOR CORRECTION: Thirty (30) days	21810		

Protecting, Maintaining and Improving the Health of Minnesotans

Post Correction Order Follow-Up/Federal Certification Review Report
PUBLIC DATA

Facility:
Oak Hills Living Center
1314 Eighth Street North
New Ulm, MN 56073
Brown County

Report #: H5490012

Date: January 13, 2014

Date of Visit: January 2, 2014
Time of Visit: 11:30 a.m.

By: Carrie Euerle, R.N.
Special Investigator

Nature of Visit
An unannounced visit was made in order to follow-up one federal deficiency and two state licensing orders which were issued on November 19, 2013, as the result of an investigation which had been completed on November 4, 2013.

The status of each order is as follow:
1 MN Rule 4658.0520 Subp. 1 - Corrected
2 MN St. Statute 144.651 Subd. 6 - Corrected

See Attached 2567B for status of federal deficiency.

xc: Minnesota Department of Health -Licensing & Certification Division

Department of Health and Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB NO. 0938-0390

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
245490	A. Building B. Wing	1/2/2014

Name of Facility	Street Address, City, State, Zip Code
OAK HILLS LIVING CENTER	1314 EIGHTH STREET NORTH NEW ULM, MN 56073

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction 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 CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix F0309 Reg. # 483.25 LSC	01/02/2014	ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:
State Agency	KL/AK	01/21/2014	31591	01/02/2014
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: 11/4/2013

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

AH Form Approved
1/21/2014

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
00041	A. Building B. Wing	1/2/2014

Name of Facility	Street Address, City, State, Zip Code
OAK HILLS LIVING CENTER	1314 EIGHTH STREET NORTH NEW ULM, MN 56073

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix **20830** Reg. # **MN Rule 4658.0520 Subp.** LSC	Correction Completed **01/02/2014**	ID Prefix **21810** Reg. # **MN St. Statute 144.651 Sul** LSC	Correction Completed **01/02/2014**	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

	Reviewed By	Date:	Signature of Surveyor:	Date:
Reviewed By State Agency	KL/AK	01/21/2014	31591	01/02/2014
Reviewed By CMS RO				

Followup to Survey Completed on: 11/4/2013

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO