



minnesota department of health

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870038

August 27, 1987

The Honorable Rudy Perpich
Governor
Room 130 Capitol Building
St. Paul, Minnesota 55155

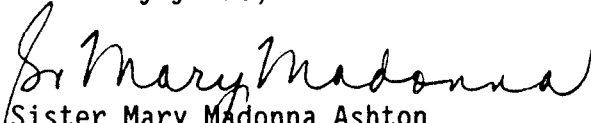
Dear Governor Perpich:

With this letter of transmittal, I am submitting to you my report on the Minnesota Veterans Home in Minneapolis which you asked me to prepare. The report represents my best analysis of the situation. Much more information could have been collected and analyzed with additional time, but I trust that your Blue Ribbon Commission as well as the Departments of Human Services and Administration will be able to delve into the issues raised in this report in more depth.

The staff of the Department of Veterans Affairs and the other individuals interviewed for this report were most cooperative. Their assistance with a difficult task was greatly appreciated. You also should know that the Veterans Home staff includes many dedicated and concerned individuals; and the Department of Human Services has been very generous in providing its best leadership to assist the Home in moving forward.

I believe the goal of improving the level of resident care along with providing a safe, comfortable environment for the Veterans Home population is achievable; and it is my hope that the staff of the Home in cooperation with the Department of Human Services will be given the resources and support needed to realize it.

Sincerely yours,


Sister Mary Madonna Ashton
Commissioner of Health

REPORT ON THE
MINNESOTA VETERANS HOME
IN MINNEAPOLIS

Submitted to Governor Rudy Perpich
by the Commissioner of Health

August 27, 1987

INTRODUCTION

This report on the Minnesota Veterans Home in Minneapolis was conducted by the Commissioner of Health, Sister Mary Madonna Ashton, at the request of Governor Perpich. The Governor's charge to the Commissioner was to determine what caused the problems identified during the Annual State Licensure Survey of the Veterans Home on July 14 - 17, 1987, and who was responsible for the occurrence of these problems, with a report back to him in 30 days.

The scope of this report was limited to the internal operations of the Minnesota Veterans Home in Minneapolis, and specifically to the resident health, safety and comfort issues raised by the July 1987 survey findings. The fiscal management of the Home was not addressed, nor were the operations of the Veterans Home in Hastings, or the Central Office, Minnesota Department of Veterans Affairs. The focus of the report was on the immediate past history of the Home. The Governor's Blue Ribbon Commission, headed by Mr. Gus Donhowe, and the Department of Administration Management Study, due in February 1988, will address the future direction of the Veterans Home.

METHODOLOGY

Information for this report was obtained from three major sources: background documents, including previous studies of the Veterans Home, interviews with key management staff at the Home and at the Department of Veterans Affairs, and an analysis of the Home's regulatory record by three consultants with expertise in health facilities operations.

Documents reviewed for the report included Audit Reports from the Legislative Auditor (1980 and 1984), the Management Audit of the Veterans Homes by the Department of Administration (1980), Annual State Licensure Survey results (1986 and 1987), Federal Veterans Administration Inspection Report (1986), the final report of the Interagency Task Force on Long-Term Care Services for Veterans (1984), and organization charts and position descriptions from the Veterans Home. (See Appendix A for a complete listing of these documents.)

Interviews with management staff and others were personally conducted by the Commissioner of Health. A list of the individuals interviewed and their positions can be found in Appendix B. A supplemental analysis of the Home's regulatory record was conducted by a physician, a registered nurse, and a health care administrator who are also listed in Appendix B.

Perspectives of other employees and residents at the Veterans Home and of veterans' organizations and their auxiliaries are very important. However, given the short timeframe for this report, it was not possible to conduct interviews with these individuals or organizational representatives. We trust that the longer timeframe for the Governor's Blue Ribbon Commission and the Department of Administration Management Study will allow them to obtain input from additional sources.

REGULATORY HISTORY OF THE MINNESOTA VETERANS HOME - MINNEAPOLIS

The Minnesota Veterans Home in Minneapolis has a history of difficulty in maintaining compliance with regulatory standards. From 1981 through July 1987, the Home received a total of 119 correction orders from the Minnesota Department of Health (MDH). The Home's 1985 annual survey resulted in the issuance of 17 correction orders and its 1986 survey in 19 correction orders; the statewide average number of correction orders resulting from annual surveys for FY 1986 was 6.7. The correction orders received by the Veterans Home are of very serious concern not only because of the large number, but because the Home has had numerous violations in the same or related areas, including repeated violations of the same MDH Rule, and because it had failed to correct items in the time allowed, resulting in the issuance of 20 fine assessments between 1981 and July 1987.

Prior to 1979, the Minnesota Department of Health conducted licensure surveys of all nursing homes on an annual basis. Since that time, state law has permitted MDH to inspect nursing homes that do not have conditions posing a risk to resident care, safety, or rights every two years while homes that do have such conditions are inspected annually. Conditions resulting in a nursing home being put on an annual survey schedule include frequent change in administration in excess of normal turnover rates; complaints about care, safety, or rights; and previous inspections or reinspections resulting in correction orders related to care, safety, or rights. The Commissioner is authorized to inspect and reinspect facilities which present the most serious concerns on a more frequent basis (M.S. 144A.10, Subd. 2). The Minnesota Veterans Home is on a schedule of annual licensure surveys, and has received several reinspections in the last two years to assess compliance with numerous correction orders.

The recent regulatory history of the Veterans Home is as follows. In September 1986, MDH conducted an annual licensure survey at the Home. The Home was cited for 19 violations of health and safety standards. The citations were in the areas of privacy violations, availability of clean linen, medication administration procedures, sanitation in the food service area, physical plant cleanliness and maintenance.

Reinspections of the facility in November 1986, March 1987, and April 1987 indicated that efforts were being made to correct the violations. However, some violations remained outstanding from the July 1985 and the September 1986 annual surveys, and additional correction orders were issued in March and April 1987 in the areas of monitoring health and medical needs and administration of medications, medical records, timely service of food trays, general housekeeping in domiciliary residents' rooms, and handling of soiled linen.

As a result of the annual licensure survey visit to the Home in July 1987, 36 new correction orders were issued, covering such areas as inadequate resident health supervision, poor monitoring of direct care staff performance, improper medication procedures, lack of aseptic technique in provision of care, serious problems in food storage, food handling and sanitation in the dietary areas and numerous violations in physical plant upkeep. (Copies of the correction orders issued as a result of the 1986 and 1987 surveys and reinspections are in Appendix C.)

Following the July 1987 survey, the Commissioner of Health notified the Governor that MDH was mandated under Minnesota Statute 144A.11, Subd. 2 to initiate disciplinary proceedings for suspension or revocation of the Veterans Home's license for repeated violation of the same MDH Rules. Governor Perpich then asked the Commissioner of Human Services to take temporary administrative responsibility for the Home for the purpose of achieving correction of all outstanding violations. A new license for the Home was issued to the Department of Human Services (DHS) on July 31, 1987.

FINDINGS

The problems at the Minnesota Veterans Home (MVH) in Minneapolis that resulted in the July 1987 Annual State Licensure Survey findings were a combination of serious facility-wide problems in the areas of administrative and personnel management, and certain problems specific to the areas in which most of the correction orders were issued: nursing, food service, and housekeeping.

During the time between the September 1986 and July 1987 surveys, the problems at MVH included:

1. A lack of clearly defined lines of authority, responsibility, and accountability among the Commissioner of Veterans Affairs, the Deputy Commissioner, and the Administrator of the Home.

The relationships and lines of authority among the Commissioner of Veterans Affairs, the Deputy Commissioner, and the Home Administrator were not clearly defined. The extent of involvement of the Central Office of the Department of Veterans Affairs in the management of the Home appears to have contributed significantly to confusion about the Administrator's authority and position.

2. An organizational structure that limits the control of the Administrator over certain key functions such as personnel and financial management.

Under the current organizational structure, the Administrative Management Director reports directly to the Deputy Commissioner and Commissioner. The Administrative Management Director is responsible for the financial management and personnel functions of the Home, thus the authority of the Home Administrator over those critical functions is limited.

3. An Administrator with very limited education and experience in the field of nursing home or health care administration.

It does not appear that the Administrator at the time of the 1986 and 1987 licensure surveys had sufficient educational background and experience in the field of health care administration to take on the tremendous responsibility of this position. He had the minimum requirement of a nursing home administrator's license. However, MVH was the only health care facility in which he had worked, and then only for three years prior to this appointment.

With 346 licensed nursing home beds and 194 licensed board and care (domiciliary) beds, the MVH is one of the largest facilities in Minnesota. It has the fifth largest number of licensed nursing home beds in the State and the fourth largest number of licensed board and care beds. Professional management is essential to running a very large facility in today's complex health care environment.

The resignation of the Administrator provides an opportunity to hire a new Administrator with stronger credentials in nursing home and health care administration.

4. A history of frequent turnover in top management positions, and the extended coverage of vacant management positions by individuals with other full-time responsibilities.

Turnover in top management positions at the Veterans Home, including the Administrator, Assistant Administrator and the Director of Nursing positions, has been frequent. For budgetary reasons, this frequent turnover was combined with the practice of holding positions vacant for extended periods of time and using management staff to cover two positions during 1986 and 1987.

Since 1980, there have been four different Administrators and several interim Acting Administrators in charge of the Home.

The Assistant Administrator position, which provides overall supervision for the indirect care areas (housekeeping, laundry, food service, transportation, grounds, physical plant, maintenance, and the powerhouse) was vacant from August 1986 to May 1987. During that time, the Administrative Management Director covered the responsibilities of his own position (financial management, information services, and personnel) as well as those of the Assistant Administrator. He had no background knowledge of these added areas.

The Director of Nursing position was also vacant for about seven months. During this time, the Assistant Director of Nursing was responsible for functioning as the Acting Director of Nursing as well as covering her position as a Nursing Supervisor on one of the nursing home floors.

The combination of frequent turnover and doubling up on coverage of management positions has been disruptive to line supervisors in the direct and indirect care areas and has resulted in some cases in individuals supervising, for extended periods of time, areas in which they have insufficient or no expertise.

5. An overall lack of attention on the part of management to the need to develop and implement formal policies and procedures, especially in the areas of administration, personnel, and nursing.

Review of the Home's organization charts and position descriptions revealed discrepancies between reporting relationships as described on the position descriptions and in the organizational charts. Many of the position descriptions reviewed were incomplete or outdated. Several were missing items such as priorities, percent of time to be spent on various responsibilities, signatures of employees and supervisors, and dates.

Deficiencies in the July 1987 correction orders included the lack of nursing policies and procedures regarding general nursing care and aseptic techniques.

The lack of policies and procedures in the areas of administration, personnel, and nursing point to the failure of top management to establish, enforce, and require accountability for policies and procedures.

The Director of Nursing and the Assistant Administrator are still relatively new to their positions. These managers need time to improve administrative procedures within the areas they supervise.

6. A need for written clarification of the lines of responsibility, authority, and accountability of the Medical Director and the physicians at the Home.

One full-time and one part-time physician provide medical coverage for the Home residents through a contract with the federal Veterans Administration Medical Center (VAMC). The medical coverage appears very good, and the residents have access to specialists, emergency care and hospitalization through the federal VAMC. The federal VAMC also provides a Medical Director for the Home through an arrangement formalized July 1, 1987.

The Medical Director position requires written clarification of the lines of responsibility, authority and accountability. The Home has no position description for the Medical Director, and the contract with the VAMC is vague. In addition, formal mechanisms of accountability to the Administrator of the Home appear nonexistent. The contract physicians report to the Medical Director, but the Medical Director has no formal reporting relationship to the Administrator. The contract with the VAMC was set up by the Central Office, Department of Veterans Affairs, without consultation with or notification to the Administrator of the Home.

7. Problems in the nursing organizational structure, staffing patterns, and level of staffing including:
- o A nursing organizational structure that limits the authority of station professional nurses to direct or influence the provision of care given by nonprofessional human service technicians (nursing assistants);
 - o A Director of Nursing that is responsible for all the administrative tasks related to the management of over 200 nursing personnel with insufficient administrative assistance;
 - o Lack of clerical/administrative support staff on the nursing stations;
 - o Use of nurses to perform non-nursing duties;
 - o Use of nursing home staff to supplement inadequate staff levels in the domiciliary (board and care) unit.

The current nursing organizational structure places human service technicians/nursing assistants under the authority of non-nursing supervisors while nurses are under the authority of nursing supervisors. This division in supervision makes it difficult for professional nurses to appropriately direct or influence the provision of care being given by the non-professional staff, and makes it possible for unsafe nursing practices and grave medical conditions to go unrecognized, with serious negative consequences for residents. There is no formal coordination between the nursing and non-nursing supervision at the nursing station level. All of the nursing supervisors and the non-nursing supervisors report directly to the Director of Nursing.

At the time of the 1986 and 1987 surveys, MVH was achieving "paper compliance" with the minimum licensing standard of 2.0 direct care nursing hours per resident day in the nursing home. However, MDH surveyors were concerned about several instances in which they observed nurses performing non-nursing duties on the floors, and about the use of nursing home staff to cover domiciliary residents' needs, which reduced the actual amount of nursing time available to nursing home residents.

Of the 42 new FTEs authorized July 1, 1987, 24 were in nursing. A MDH/DHS staff analysis of March 1987 showed that the additional nursing hours requested and funded as of July 1, 1987 will allow nursing hours of 2.32 hours per resident day compared to approximately 2.04 direct care nursing hours per resident day in March 1987. Preliminary analysis of the patient acuity levels at MVH showed that the new ratio would be in the normal range for nursing homes with similar patient acuity levels. Six of the 24 new FTEs in nursing were allocated to the domiciliary. The addition of this staff should help address the problem of using nursing home staff to supplement inadequate staffing in the domiciliary.

8. A lack of effectively functioning committees in the areas of patient care, quality assurance, utilization review, pharmacy, and infection control.

MDH nursing home licensing rules require a patient care committee for the development and implementation of guidelines for patient care (MN Rules 4655.1400, section G). All disciplines involved in patient care must be represented on the committee, including at least one physician and one registered nurse. The Home's violations in patient care suggest the lack of an effectively functioning patient care committee.

Quality assurance, utilization review, infection control, and pharmacy committees customarily exist in nursing homes and are required under Federal Veterans Administration nursing home care standards. Effectively functioning committees in these areas should have a positive impact on the quality of patient care and ensure the appropriate and efficient use of facility services.

The federal Veterans Administration 1986 survey of the Home found that it completely lacked a pharmacy committee and a formal quality assurance committee, and that the utilization review committee and infection control committee were not functioning effectively.

The Quality Assurance, Utilization Review, and Infection Control Committees were activated following the employment of a new Director of Nursing in January 1987, and are now scheduled to meet quarterly. The development of a Pharmacy Committee is needed. The Medical Director's more active involvement in the Quality Assurance, Utilization Review, and Infection Control Committees would support the Director of Nurses' efforts in those areas. Additional medical input in the Patient Care Committee may be needed, and the Medical Director's assistance in developing a Pharmacy Committee would also be useful.

9. Insufficient management attention to planning human resource needs.

A health care facility's employees are its most important resources. MVH management has not paid sufficient attention to planning human resource needs.

Management concern about a projected budget shortfall in FY 1987 resulted in keeping positions vacant, not allowing supervisors to hire temporary help to replace employees on extended medical leaves, and cutting resident work hours.

Following the reinspection of the Home in March 1987, MDH and DHS staff did an analysis comparing staffing levels at MVH with levels at the other state nursing homes, Ah-Gwah-Ching and Oak Terrace, and documented a shortage of staff assigned to housekeeping, maintenance, sanitation, dietary services and nursing at MVH.

The DHS/MDH analysis documented the need for an additional 10 positions beyond the 32 in the Governor's budget for a total of 42 FTEs. (The original MVH budget request for fiscal years 1988-89 included 72 additional staff. Because of insufficient demonstration of the need for the additional 72 staff positions by the Department of Veterans Affairs, the Department of Finance had reduced the request to 32 positions which were included in the Governor's budget.)

Of the 42 FTEs authorized for July 1, 1987, 24 FTEs were allocated to nursing, 1 to pharmacy, 2 to recreation/work incentive, 6 to housekeeping/laundry, 7 to food service, 1 to transportation/grounds, and 1 to administrative services.

Numerous vacancies continue to exist in the current fiscal year. Some vacancies can be attributed to attrition and staff movement to new positions within MVH. However, insufficient attention has been given to human resource planning which would ensure that vacancies are filled in a timely manner, temporary and emergency help are retained when necessary, and priorities are established when resources are limited.

DHS is currently in the process of reviewing MVH staffing patterns and job-classifications to determine the areas of greatest need within the facility.

10. A food service area that was not designed to handle large volumes of tray service and service to large numbers of residents in wheelchairs.

Thirteen of the July 1987 correction orders pertained to the food service area. Most of the orders involved violations of MDH Rules regarding sanitation. The design of the food service area does present problems with timely service, storage and sanitation. Although the building which houses it was built in 1980, the food service area was not designed to handle the large increase in tray service and service to residents in wheelchairs that the Home has experienced since 1980. MVH received \$1.5 million from the 1987 Legislature for a combined kitchen and storage warehouse construction project that will include remodeling and expansion of the kitchen area and the purchase of new kitchen equipment. As of August 1987, a dietician is in charge of Food Service at MVH. These changes should help address the deficiencies relating to sanitation and therapeutic diets.

11. Management failure to recognize the patterns of serious deficiencies and address them with staff training, supervision, follow through, and accountability.

MVH management staff appears to have focused on the details of specific incidents cited in the September 1986 and March and April 1987 correction orders, rather than recognizing the patterns of serious deficiencies, and taking steps to ensure that they did not recur.

At the end of every survey visit, MDH survey staff meet with the management staff and supervisors of a facility to discuss the deficiencies. The facility then receives written correction orders that describe what the deficiencies are and suggest ways to correct them. MVH top management staff did not seem to recognize the seriousness of some of the deficiencies. For example, MDH surveyors held an exit interview with the MVH management staff on September 11, 1986 to discuss the 19 deficiencies found in the September 8 - 11 survey, yet the MVH management staff told the Federal VA on September 26, 1986 that "nothing major" came up during the state survey.

MDH survey staff and the consultants who reviewed MVH's regulatory record agree that management practices and policies relating to accountability of supervisors and line workers at MVH need to be reevaluated and strengthened. Many of the system's problems reflect the absence of normally expected built-in accountability mechanisms.

RECOMMENDATIONS

Based on the above findings, and the goal of providing quality nursing and domiciliary care to the residents at the Minnesota Veterans Home in Minneapolis, the following recommendations are made:

1. The Department of Human Services (DHS) retain inhouse administrative responsibility for the Veterans Home until the deficiencies in the July 1987 correction orders have been corrected, and the health and safety of the residents can be assured.

During this time, the DHS management team should assist the MVH management staff in bringing their policies, procedures, organizational structure and program operations up to an acceptable standard. MVH has an urgent need for stability in management. Before further management or organizational changes are made, the Home's management staff should be given the assistance and support needed to achieve an acceptable standard of operation, and a sufficient period of time should elapse so that realistic evaluation of their capabilities can be made.

When the Commissioner of Human Services is satisfied that the Veterans Home's management staff are no longer in need of DHS's on site assistance, the DHS management team should physically leave the Home. The DHS team should then continue its consultative role by meeting with their MVH counterparts on a regularly scheduled basis to review progress and ensure maintenance of acceptable standards as well as assisting in the achievement of longer range goals and staff development.

It is probably reasonable to expect that the report of the Blue Ribbon Commission as well as the Department of Administration's Management Study will be available for legislative review in February 1988. The decision regarding the continued involvement of DHS can better be made after these documents and recommendations are received and acted upon.

2. The Commissioner of Human Services proceed immediately with recruitment of a new permanent administrator for the Veterans Home.

This process should begin with development of a position description that clearly defines the lines of authority and responsibility of the Administrator. Qualifications for the position should include an advanced degree in health care administration and extensive experience in successfully operating large nursing home facilities. The salary offered should be commensurate with the level of education and experience required and must be sufficient to attract top candidates from around the nation. A small search committee should be appointed to recruit and recommend a new administrator who is professionally and personally qualified to provide strong leadership in organizational management and problem solving.

3. The Veterans Home adopt a clearly defined Mission Statement, subsequent admission criteria, and a permanent preadmission screening process as soon as possible.

MVH needs to adopt a Mission Statement clearly defining the population it intends to serve. Based on this Mission Statement, admission criteria can be developed. The Home should then implement a preadmission screening process on a permanent basis so that all new admissions to the Home are appropriate placements.

For financial reasons, it may be necessary for DHS to lift the current moratorium on admissions and implement a modified preadmission screening process before a permanent preadmission screening plan is in place at MVH.

4. The Veterans Home implement, as soon as possible, a case mix system on a permanent basis.

Implementation of case mix assessment on a permanent basis will assist in the appropriate placement of residents, planning for services to meet resident needs, and evaluation to ensure that resident needs are being met. The system will provide data for reassessment of staffing needs at MVH and for future planning regarding the Home. Ongoing use of the MDH case mix procedures by MVH nursing staff would allow more accurate comparison of MVH resident needs and staffing levels with those of other nursing homes and board and care homes in the future.

5. The Department of Administration Management Analysis Study, due in February 1988, be expanded to include the Central Office of the Department of Veterans Affairs.

If a new administrator of the Veterans Home is to function effectively during and after the transfer of administrative responsibility from the Department of Human Services to the Department of Veterans Affairs, several issues surrounding the relationship between the Home and the Commissioner's Office must be resolved. These issues include the need to clearly define the lines of authority, responsibility, and accountability among the Commissioner of Veterans Affairs, the Deputy Commissioner, and the Administrator of the Veterans Home, insofar as these involve the management of the Home.

6. The Commissioner of Human Services consider the establishment of an Advisory Committee for the Veterans Home.

Advice reflecting the perspective of a community/professional based group should be a valuable resource in overseeing the development of institutional policy, program improvements, major building projects, etc.

7. Governor Perpich and the leadership of the Legislature evaluate the possibility of including budget allocation determinations for MVH in the Health, Human Services, and Corrections Division of Appropriations.

Budget documents of other state nursing homes and hospitals are reviewed by this Division of Appropriations. These committee members are in a position to compare requests from similar institutions and establish fiscal and personnel standards for the operation of state health care facilities which meet resident and staff needs.

APPENDIX A

LISTING OF DOCUMENTS

1. Office of the Legislative Auditor.
Audit of the Department of Veterans Affairs, including
Minnesota Veterans Home. March 21, 1980.
2. Office of the Legislative Auditor.
Audit of the Department of Veterans Affairs and Minnesota
Veterans Homes. September 1984.
3. Department of Administration. Management Audit - Minnesota
Veterans Home. November 1980.
4. Federal Veterans Administration Inspection Report. September
1986.
5. Letter from MVH to Veterans Administration Medical Center
Outlining Plan of Correction for the September 1986 Veterans
Administration State Home Inspection.
6. Minnesota Department of Veterans Affairs. Final Report -
Interagency Task Force on Long-Term Care Services for
Veterans. August 1984.
7. Minnesota Department of Health. Informational Memoranda,
Correction Orders, and Notices of Assessment regarding the
Minnesota Veterans Home in Minneapolis. Various Dates -
September 1986 through July 1987.
8. Minnesota Department of Health and Department of Human
Services Staff Report on the Minnesota Veterans Home.
March 12, 1987.
9. Minnesota Veterans Home Organization Charts, Position
Descriptions, and data received from the Personnel Office.

APPENDIX B

INDIVIDUALS INTERVIEWED

Thomas Barrett	Administrative Management Director Department of Veterans Affairs/ Minnesota Veterans Home
Michelle Benolkin	Executive Housekeeper Minnesota Veterans Home
Frances Bly, R.N.	Department of Human Services Management Team
Joanne Cash, R.N.	Assistant Director of Nursing/ Nursing Supervisor Minnesota Veterans Home
Elmer Davis	Acting Administrator, MN Veterans Home Department of Human Services
James Ertz	Administrator Minnesota Veterans Home
William Gregg	Commissioner Department of Veterans Affairs
Murray Leddy	Physical Plant Director Minnesota Veterans Home
Craig Mammen	Food Services Manager Minnesota Veterans Home
Jeff Olson	Deputy Commissioner Department of Veterans Affairs
Pamela Parker	Department of Human Services Management Team
John Seelhammer	Assistant Administrator Minnesota Veterans Home
Jean Timmerman, R.N.	Director of Nursing Minnesota Veterans Home
Valerie Ulstad, M.D.	Medical Director Minnesota Veterans Home
Melissa West, M.D.	Full-time physician Minnesota Veterans Home

CONSULTANTS

Mary E. Steele, M.H.A.	Independent Administrator Consultant
Mary Templeton, M.D.	Independent Medical Consultant
Mary Jane Thompson, R.N.	Independent Nursing Consultant

APPENDIX C

FROM: Minnesota Department of Health, Division of Health Resources
717 Delaware Street S.E., P.O. Box 9441, Minneapolis, Minnesota 55440
Licensing and Certification Services
Clarice Seufert, Chief, Survey and Compliance Section
By Robert Gunkle

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Robert Gunkle, Metro II, Survey and Review Unit Supervisor, Telephone Number: (612) 623-5457

TO Mr. James Ertz, Administrator DATE October 13, 1986

HEALTH FACILITY Minnesota Veterans Home COUNTY Hennepin

ADDRESS 51st Street at Minnehaha, Minneapolis, Minnesota 55417

On September 8, 9, 10, 11, 1986, Gary McAndrew, HFE-Sanitation Specialist, Bonnie Hansen, HFE-Nurse Specialist and Maria Martinez, HFE-Nurse Specialist of this Department's staff, visited the above institution and the following correction orders are issued. When corrections are completed please sign and date in the next space below and return original white sheet(s) to this Department. Retain yellow sheet(s) for your records.

Signed: _____ Date: _____

In accordance with Minnesota Stat. section 144.653 or Minnesota Stat. section 144A.10, this correction order has been issued pursuant to an inspection (survey) of your facility. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.

To assist in complying with the correction order(s) listed below, a "suggested method of compliance" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the deficiency within the established time frame is required. The "suggested method of compliance" is for your information and assistance only.

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.

1. MN Stat. §626.557 Subd. 14 (b)

Two (2) of six (6) resident records of domiciliary residents lacked identification of vulnerabilities and a vulnerable adult prevention plan. Two (2) medical records of nursing home patients lacked identification of potential vulnerable areas such as bubbling phlegm, ingesting cigarette butts and choking.

To Comply: Each facility shall develop an individual abuse prevention plan for each vulnerable adult residing there. The plan shall contain an individualized assessment of the person's susceptibility to abuse and a statement of the specific measures to be taken to minimize the risk of abuse.

A Suggested Method of Correction: The director of social service and/or the director of nurses could provide a detailed inservice of vulnerable to the professional nursing staff. The Vulnerable Adult Plan could also be reviewed and updated at each care conference.

Time Period for Correction: Fourteen (14) days.
2. MN Stat. §144.651 Subd. 4

An outdated Bill of Rights was posted in Building 16, near room 201B. Resident records of domiciliary residents admitted several years ago lacked documentation of Subdivision 29 regarding written notice of transfers and discharges being provided.

To Comply: Patients and residents shall be told that there are legal rights for their protection during their stay at the facility, and that these are described in an accompanying written statement of the applicable rights.

Orders to Minnesota Veterans Home

Date October 13, 1986

A Suggested Method of Correction: The director of social services could provide instruction to all residents of the current updated Bill of Rights to assure all of the rights are included. All posted Bill of Rights could be checked and replaced as necessary.

Time Period for Correction: Thirty (30) days.

3. MN Stat. §144.651 Subd. 15

During the course of the survey several violations of privacy were observed. The following are some examples: (1) At 8:30 a.m. in building 17 on fourth floor, a patient was sitting in a gerichair by the fourth floor elevator, he had no trousers on or underwear, his legs, buttocks and public area were exposed. A human service technician covered him up after the surveyor stood in the area for seven minutes. (2) At 11:20 a.m. in building 16 on first floor, the surveyor accompanied a registered nurse to the whirlpool room to observe a decubiti treatment. The patient was sitting in the whirlpool chair, he was nude from the waist down. The nurse proceeded to elevate the whirlpool chair and introduce the surveyor to the human service technician. The surveyor introduced self to the patient and asked permission to observe his left foot decubiti treatment. The human service technician and the registered nurse did not cover the patient through the whole treatment. (3) At 9:10 a.m. in building 17 on third floor, a patient was transferred approximately 90 feet from the whirlpool room to his bedroom in a gerichair, his legs, buttocks and back were exposed. (4) At 8:45 a.m. in building 17 on fourth floor, a patient was sitting in the doorway with his gown pulled up to his groin, which was exposed. There were two other patients sitting in the hallway. (5) At 8:40 a.m. in building 17 on the fourth floor, a male patient was sitting on a commode with his bedroom door wide open. (6) At 9:00 a.m. in building 17 on third floor a male patient was lying on his left side in bed totally nude with his door wide open. A human service technician closed the bedroom door after he came out of the patient's bathroom and saw the surveyor in the hallway. (7) At 8:50 a.m. in building 17 on fourth floor, a female patient was sitting in a wheelchair in the middle of the hallway. She had a gown on which was untied and falling off her shoulders, her left buttock was exposed. (8) At 10:18 a.m. in building 17 on third floor, a male patient was sitting in a wheelchair with a robe on which was open in front. His legs and public area were exposed. One human service technician passed him once without any intervention.

To Comply: Patients and residents shall have the right to respectfulness and privacy as it relates to their medical and personal care program.

A Suggested Method of Correction: The director of nurses could review present policies and procedures and give an inservice to appropriate nursing staff regarding privacy, and monitor all nursing stations to assure treatment of privacy to all patients at all times.

Time Period for Correction: Fourteen (14) days.

Orders to Minnesota Veterans Home

Date October 13, 1986

4. MN Rule 4638.0200 Subp. 3

The facility has a general pet policy, but does not have specific policies and procedures for the care and feeding of the numerous cats that are living in the buildings or on the grounds. There are also no specific staff persons designated as responsible for each of these animals nor any health records (including examinations and immunizations) available.

To Comply: The pet policies and procedures must describe the procedures for maintaining and monitoring the health and behavior of animals kept on the facility's premises. These procedures must be in accordance with a veterinarian's recommendations. A copy of these recommendations must be maintained in the facility. They shall also identify those areas in the facility where pet animals shall not be permitted. Regardless of the ownership of any pet, the health care facility shall assume overall responsibility for any pets within or on the premises of the facility. The health care facility shall ensure that no pet jeopardizes the health, safety, comfort, treatment, or well-being of the patients, residents, or staff. A facility employee shall be designated, in writing, as being responsible for monitoring or providing the care to all pet animals and for ensuring the cleanliness and maintenance of facilities used to house pets. This rule does not preclude residents, patients, or other individuals from providing care to pet animals.

A Suggested Method of Correction: The administrative staff could decide which animals may remain on the premises and then develop specific care plans for each of these animals, with specific staff persons assigned to each. These plans and the animals could then be examined by a veterinarian to assure that the pet will be properly cared for and will not present a health and safety risk to the patients or residents.

Time Period for Correction: Thirty (30) days.

5. MN Rule 4655.2800

Employee lunches were being stored in the refrigerators of the nourishment rooms on the floors (especially building 17). Employee personal items (pop and sweatshirt) were being stored in the walkin cooler and dry food storage room adjacent to the kitchen.

To Comply: Personnel shall not keep clothing or other personal belongings in the food service or patient and resident areas.

A Suggested Method of Correction: The administrator could establish a specific, alternate location for these items and assign a person to monitor this practice to assure that personal items are not stored in these or other similar locations.

Time Period for Correction: Fourteen (14) days.

6. MN Rule 4655.6100 Subp. 2

On all days of the survey it was observed that patients in building 17 on the fourth floor in the lounge near the elevator, ate the majority of their meals with their fingers. The human service technician would give patients their spoon or fork and state "eat with your spoon" then they would leave the patient. The patients would then put their utensils down and continue to eat with their fingers.

To Comply: Patients needing help in eating shall be promptly assisted upon receipt of meals and such assistance shall be unhurried.

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A Suggested Method of Correction: The director of nurses could inservice appropriate staff regarding feeding procedures and monitor meal times to assure all patients are assisted properly.

Time Period for Correction: Fourteen (14) days.

7. MN Rule 4655.6400 Subp. 2.D.

During the course of the survey it was noticed that there were many unshaven men as late as 2:30 p.m. Six (6) care plans reviewed did not indicate that it was contraindicated for these men to be shaved.

To Comply: Criteria for determining adequate and proper care shall include assistance with or supervision of shaving of men patients.

A Suggested Method of Correction: The director of nurses could inservice appropriate staff regarding procedures for shaving male patients and make rounds on a regular basis to assure all male patients are shaven.

Time Period for Correction: Thirty (30) days.

8. MN Rule 4655.7000 Subp. 1.A.

On September 10, 1986 in building 16 it was observed that there were no clean sheets or blankets available for patients until 2:30 p.m. During the course of the day it was observed that many patients had to lay on the bed with only a mattress pad on it. Two (2) sisters of a resident approached the surveyor and stated they were very concerned about their brother as the temperature was suppose to drop into the 40° F. range and he had no blankets for his bed. Both sisters, four (4) human service technicians, and one (1) nursing supervisor that were questioned regarding this matter stated that this is not a new problem and that this has happened before.

To Comply: The following items shall be provided for each patient; clean lightweight blankets and bed linen in good condition and proper size shall be kept on hand for use at all times.

A Suggested Method of Correction: The administrator along with the supervisor of housekeeping could evaluate their present system and select the most appropriate method to resolve this problem and monitor on a regular basis to assure that clean linen and blankets are available at all times.

Time Period for Correction: Ten (10) days.

9. MN Rule 4655.7700 Subp. 8

Twenty-six (26) of twenty-seven (27) medication error report sheets reviewed, indicated that a physician was not notified regarding medication errors. Five (5) of six (6) medical records reviewed had no documentation that a physician was notified regarding patient medication errors. The following are some examples: (1) While a nurse had placed a medication cup down on a bedside table, the roommate grabbed the medication cup and ingested the medications that were meant for her roommate. The medications that she ingested were KCL 24 milli-equivalents and 25 mg. Captopril. This patient was receiving dialysis three times a week. (2) A patient received Benadryl 50 mg. after it had been discontinued. (3) A nurse injected 5 mg. of Haldol I.M. to a patient. The doctor's order states one to two mg. of Haldol I.M. (4) A patient received a double dose of Persantine 25 mg. at 12:00 noon.

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To Comply: All medications shall be administered exactly as ordered by the physician. Any medication errors shall be reported to the physician at once.

A Suggested Method of Correction: The director of nurses could review present policies and procedures and give an inservice to appropriate nursing staff regarding medication administration and procedures regarding medication errors. Routine monitoring could be done to assure that the physician has been notified of errors and that medications are given as ordered.

Time Period for Correction: Fourteen (14) days.

10. MN Rule 4655.7780 Subp. 1.B.

Four (4) of four (4) discharge records of deceased patients lacked documentation of controlled drug destruction. The medications included Tylox, Methodone, Dilaudid, Tylenol #3 and Halcion. Three (3) of the five (5) drugs above are Schedule II controlled drugs.

To Comply: Unused portions of controlled substances shall be handled by contacting the Minnesota Board of Pharmacy who shall furnish the necessary instructions and forms, a copy of which shall be kept on file in the home for two (2) years.

A Suggested Method of Correction: The director of nurses and the director of pharmacy together could devise a system by which the medical record and not pharmacy records alone contain documentation of medication destruction. A notation of such destruction shall include the date, quantity, name of medication, prescription number and signatures of two (2) witnesses. A routine chart audit could be implemented to assure all medication destruction documentation is complete.

Time Period for Correction: Seven (7) days.

11. MN Rule 4655.7810

Documentation in the medical records of domiciliary residents who self-administer their medications indicated that supervision was inadequate to assure that the prescribed medications were taken according to physician orders as evidenced by the following examples:

Resident A - Received an order and prescription for Elavil 50 mg. (indicated for treatment of depression) twice daily with 60 pills issued on February 28, 1986. No refill prescription has been issued since and also no physician's order to discontinue the medication. Resident A was also to self-administer Lithium 300 mg., three (3) capsules, twice daily. A March 24, 1986 refill of #180 capsules, issued prescription should run out April 23, 1986. The next refill of #180 capsules was issued on June 4, 1986 and should run out July 4, 1986. The next refill was issued on August 11, 1986 and would run out on September 10, 1986. A record review of September 10, 1986 had no indication of a refill since the August 11, 1986 date. The medical record also lacked any documentation since admission of a Lithium blood level. Lithium is routinely monitored by periodic blood tests to assure the Lithium is within a safe therapeutic range. The resident was admitted in 1983. This resident was also prescribed Cogentin 1 mg. twice daily. A refill on May 6, 1986 of #60 pills was issued. The next refill of #60 pills was issued on June 4, 1986. The next refill of #60 pills was issued on July 25,

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1986. This record was reviewed on September 10, 1986 and no refill had yet been provided since July 25, 1986.

Resident B - Approximately twenty-five (25) to thirty (30) bottles of various vitamins and nutritional supplements were noted on top of the resident's dresser. The bottles lacked labels. The medical record did not contain physician orders for any such supplements. This resident also self-administered Doxepin 50 mg., two (2) pills each evening (indicated for treatment of depression). A refill of #60 was issued on February 11, 1986 and which should run out on March 13, 1986. The next refill of #60 issued on March 10, 1986. The next refill of April 22, 1986 had a medication change. The dosage was changed to 50 mg., one (1) pill per evening. #30 pills were issued. The next refill of #30 pills was issued on July 17, 1986. The next refill of #30 pills was issued on August 20, 1986.

Resident C - Self-administered Hydrochlorothiazide (HCTZ), a diuretic, Isosorbide (indicated for treatment of acute anginal attacks) and Propranolol (indicated for treatment of cardiac arrhythmias). HCTZ refills were as follows: A refill of #30 pills of HCTZ 50 mg. for one (1) tablet daily, was issued on February 20, 1986. The next refill of #90 pills was issued on April 23, 1986. The next refill of #30 pills was issued on July 31, 1986 should run out August 30, 1986. The next refill was on September 3, 1986. Isosorbide refills were as follows: A refill April 23, 1986 of Isosorbide 10 mg., three (3) tablets four (4) times a day, #360 pills was issued on April 23, 1986. Directions for this medication are to take three (3) tablets, four (4) times a day. The next refill of #360 pills was issued on June 18, 1986. The next refill of #360 pills was issued on July 31, 1986. The record was reviewed on September 10, 1986 and no refill was documented. Propranolol refills were as follows: The directions for administration were 10 mg. three (3) tablets, four (4) times a day. A refill #360 pills was issued on April 23, 1986. The next refill of #175 pills was issued on August 25, 1986. A record review of September 10, 1986 had no indication of a refill since August 25, 1986.

A written policy stated that the pharmacist in charge and/or staff pharmacist would monitor the medications of self-medicating residents every 180 days. Upon questioning, the pharmacist stated that this policy has not been implemented because of lack of time. The medical records also lacked any documentation by the clinic nurse, who is responsible for the medical needs of the domiciliary residents, regarding medication monitoring. The Domiciliary buildings are licensed for 194 beds. The clinic nurse upon questioning, had no specific listing of self-medicating residents and could only guess how many residents were self-administering medications. Thirty-four (34) residents receive their medications from the 2-North nursing staff, thus up to 160 residents could be self-administering medications. In addition, the resident records also lacked documentation of weekly visits to residents' quarters to assure medical needs are cared for, as indicated in a facility policy.

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To Comply: A system shall be developed in each boarding care home to assure that all medications are distributed safely and properly. All medications shall be distributed and taken exactly as ordered by the physician.

A Suggested Method of Correction: The director of nurses, clinic nurse and pharmacist together could devise a system to routinely monitor medications through the number issued and also through the conditions under which the medications are stored in residents' rooms to prevent potential for unsafe situations. The director of nurses could do routine chart audits to assure that instructions given to the clinic nurse and/or other designated person are carried out.

Time Period for Correction: Seven (7) days.

12. MN Rule 4655.8000 Subp. 4.

Soiled linen containers were being left in the corridors during at least the entire day shift and were not returned to the soiled utility rooms. The large, blue, laundry trucks in the soiled utility rooms, did not have covers and in some cases even liners. These trucks were not identified as being for soiled linen, even though the same type container was also used for clean linen distribution. Urine soaked linen was found on the beds open to the air. Wet disposable diapers and also one soiled with fecal material were found lying on beds and sometimes on the floor. Linen such as sheets, gowns, blankets and pillows were found lying on the floor.

To Comply: The soiled linen shall be placed directly into a lined, cleanable hamper or similar container with a cover for storage in the soiled utility area, and for frequent removal in the same container to the soiled linen collection room or to the laundry.

A Suggested Method of Correction: The directors of nursing and laundry services could instruct their respective staff. On the necessity of sanitary handling of linen. Supervisors could be advised to assess linen handling while making routine rounds on the nursing floors to assure good nursing technique.

Time Period for Correction: Seven (7) days.

13. MN Rule 4655.8520 E.

There were numerous areas within the dietary or food service area which were in need of a thorough cleaning. These areas had accumulations of dust, dirt, dried food and grease. The areas include: the floors of the walkins; preparation area and dining room; the regular and convection ovens; the range hood and steam equipment; the refrigerators and ice machine.

To Comply: Sanitary procedures and condition shall be maintained in the operation of the dietary department at all times.

A Suggested Method of Correction: The administrator, dietitian and food service supervisors could develop cleaning schedules for all equipment, including the above items along with a monitoring mechanism to assure that they are maintained in a clean and sanitary condition at all times.

Time Period for Correction: Fourteen (14) days.

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Date October 13, 1986

14. MN Rule 4655.8630 Subp. 2

There was not an accurate record kept of actual meals served. The cycles as they were used (frequent revisions) were not properly dated and last minute substitutions were not always documented on the separate log sheets.

To Comply: All menus including special diets shall be planned, dated, and posted for a minimum of one (1) week in advance. Notations shall be made of any substitutions in the meals actually served and these shall be of equal nutritional value. Records of menus shall be filed for six (6) months.

A Suggested Method of Correction: The food service supervisor could document all changes and revisions on a copy of the dated menu being used and file these for at least six (6) months to assure that an accurate record is kept of all meals as actually served.

Time Period for Correction: Fourteen (14) days.

15. MN Rule 4655.8700 A.

Some of the food trays and plate covers had cracked and broken fiberglass surfaces exposing the rough, porous, inner surface, and in the case of the trays raw metal.

To Comply: Only dishes and utensils with the original smooth finishes shall be used. Cracked, chipped, scratched, or permanently stained dishes, cups, or glasses or damaged, corroded, or open seamed utensils or cookware shall not be used.

A Suggested Method of Correction: The administrator and food service supervisor could establish a system of effective monitoring of these and other items subject to damage or wear to assure that all surfaces are cleanable and in good repair.

Time Period for Correction: Thirty (30) days.

16. MN Rule 4655.9000 Subp. 1

On all days of the survey there was strong urine odors in building 17 by rooms #206, 207, 209, 211, 363, 382, 383, 394 and 396.

To Comply: The entire facility shall be kept free from offensive odors.

A Suggested Method of Correction: The administrator and the supervisor of housekeeping could tour the facility to determine the source of the odor and select the most appropriate method to alleviate the problem. Ongoing monitoring of the facility on a regular basis could be done to assure the facility is kept free from offensive odors.

Time Period for Correction: Thirty (30) days.

17. MN Rule 4655.9000 Subp. 1

A tour of the physical plant indicated that several areas were in need of a more frequent or thorough cleaning. Examples being: the floors in the dining/lounge areas and bathing areas of building 17, the second floor carpeting in building 16, and the flooring in room G36 and center basement areas of building 6, the walls in room #201 of building 9, and the windows in all buildings (especially building 9).

To Comply: The entire facility, including walls, floors, ceilings, registers, fixtures, equipment, and furnishings shall be maintained in a clean, sanitary, and orderly condition throughout and shall be kept free from offensive odors, dust, rubbish, and safety hazards.

A Suggested Method of Correction: The administrator and housekeeping supervisor could review the work schedules, job

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assignments and policies and procedures relating to housekeeping and make the adjustments necessary to assure that the entire facility (all buildings and their contents) are maintained in a clean and sanitary condition at all times.

Time Period for Correction: Thirty (30) days.

18. MN Rule 4660.7800 Subp. 1

During a tour of the facility, specific physical plant problems were observed in several areas. Examples being: the faucets on the tub/showers had defective handles and had not been functioning for days in the first and second floor men's bathrooms of building 9 and there was only one additional bath available for use by the building's residents which was located on third floor; the mortar was loose and missing between the bricks on the rear of building 9; the exterior trim on building 6 had missing and peeling paint; the baseboard heater was loose and hanging in room 304, the access panel was not properly fastened over the plumbing in room 319B and the door was not closing properly to room G41A, all in building 6; the window sill had rotted away in the entryway by room 123 of building 16; the handles were damaged or missing on the lower cabinets of the clean utility rooms, the protective side panels were missing on the steam equipment in the kitchen and the exit sign was defective by room 382, all in building 17.

To Comply: The physical plant shall be kept in a continuous state of good repair and operation in accordance with an established routine maintenance and repair program.

A Suggested Method of Correction: The administrator and the maintenance supervisor could develop, and disseminate to other staff, an effective formal reporting mechanism with an inspection and monitoring program to ensure that problems of the type listed above are identified and corrected on an ongoing basis.

Time Period for Correction: Sixty (60) days.

19. MN Rule 4660.7800 Subp. 2

During a tour of the facility, specific physical plant problems were observed pertaining to damaged floors, walls and ceilings in several areas. Examples being: the carpet was damaged (stained and burned) in the center stairwell of building 17 and in the corridor by the elevator on third floor of building 6; the flooring was damaged in rooms 117 and 132 of building 17 and room 119A of building 6; the walls were damaged (holes, peeling paint and moisture) in rooms 382, 342, 282, 279, 242 (tile) and 217 of building 17 and rooms G34 and G26 of building 6; the ceilings were damaged (peeling paint and moisture) in rooms 342, 283 and 242 of building 17 and in the corridors by rooms 213, 211 and 201B in building 16 and in room 131 of building 6.

To Comply: Walls, floors, and ceilings shall be kept in good and acceptable repair at all times. They shall be of a type or finish to permit good maintenance including frequent washing, cleaning, or painting.

A Suggested Method of Correction: The administrator and the maintenance supervisor could develop, and disseminate

FROM: Minnesota Department of Health, Division of Health Systems
717 Delaware Street S.E., P.O. Box 9441, Minneapolis, Minnesota 55440

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Orders to Minnesota Veterans Home Date October 13, 1986

to other staff, an effective formal reporting mechanism with an inspection and monitoring program to ensure that problems of the type listed above are identified and corrected on an ongoing basis.

Time Period for Correction: Sixty (60) days.

CS/RG/pp

cc: Department of Human Services
Hennepin County Welfare Department
William Gregg, Commissioner of Veterans

File

VIA CERTIFIED MAIL #P062 528 646

NOTICE OF ASSESSMENT FOR NONCOMPLIANCE WITH CORRECTION ORDERS

TO: Mr. James Ertz, Administrator
Minnesota Veterans Home
51st Street at Minnehaha
Minneapolis, Minnesota 55417

DATE: November 10, 1986

On September 8-11, 1986 a reinspection of the above facility was made by Gary McAndrew, HFE-Sanitation Specialist, Bonnie Hansen, HFE-Nurse Specialist and Maria Martinez, HFE-Nurse Specialist to determine correction of deficiencies found on the inspection on July 22-25, 1985 with correction orders received by you on August 12, 1985. The following deficiencies were not corrected in the time allowed for correction:

5. MN Rule 4655.5100
Subp. 1.

When reviewing the records of residents whose medication administration is monitored, it was observed that a number of medications were not documented as being given to the resident. One resident had a physician's order for an antibiotic to be administered every six hours for ten days. The medication was scheduled to be given at 6 a.m., 12 noon, 6 p.m. and 12 midnight. The resident did not receive the 12 midnight dose on five days and did not receive the 6 a.m. dose on three days. The nurse on 2 North which is the station where the residents on monitored medications come to receive their medications was interviewed. She stated that the residents are supposed to come to the station to get their medications at the ordered times and if the resident does not appear, the building supervisor is called to see if the resident is around and they are to remind them. She also stated that they do not go to the boarding care buildings to give the medications if the resident does not appear. During the survey, a resident called the clinic requesting to see the nurse because she was ill in her room. She was told by the clinic secretary that she should come over to the clinic because staff was not available to go to her room. The facility policy states that "Nursing Personnel will visit all domiciliary residents in their quarters on a weekly basis to: check on residents' medical needs, document findings on the medical records and to secure medical, social, psychological and other health needs for the residents in need". The assistant director of nursing when interviewed stated that the human service technicians visit the residents weekly and that they are considered the "nursing personnel". The facility policy for the residents' therapeutic work program states

that all residents taking part in the program will be evaluated six months after employment and annually thereafter. The policy also states that there will be a written progress note of the resident's performance once a month. Because this was found to be out of compliance during the previous survey and not corrected at this time, the person responsible for supervision of the residents' work program was interviewed regarding monthly progress notes and evaluation procedures. He stated that he reviewed each resident employee's file for progress notes and evaluations and when they were not done, he notified the staff person who directly supervises the resident in their work area. He also stated that he cannot continue to remind the staff because he has many other responsibilities which take his time. When questioned about his responsibilities, he stated they include the following: director of the activity department with four full-time employees to supervise; supervisor of the resident work program, as well as directly supervising, evaluating and documenting on eleven resident employees in the activity department; supervisor of the corrective therapy department which employs three corrective therapists and two resident workers; and responsible for planning and implementing the activity program in the two domiciliary buildings.

To Comply: Adequate staff shall be provided to meet the nursing and personal care needs and the maintenance necessary for the well-being of the residents at all times. \$50.00

8. MN Rule 4655.7810


A review of the medication records of five residents on monitored medication administration revealed that medications had not been given as ordered by the physician. Monitored medications means that the residents have not been approved by the physician to self administer their medications and must report to station 3 North to receive their medications. The medication administration policy states that medications not given will be noted by the nurse circling her initials in the box for the medication and time period not given. The reason for not giving the medication is also to be noted. The five records reviewed lacked consistency in following the policy as evidenced by blank spaces on the medication sheets for the months of May, June and July and no explanation documented.

November 10, 1966

To Comply: A system shall be developed to assure that all medications are distributed safely and properly. All medications shall be distributed and taken exactly as ordered by the physician. \$250.00

Therefore, in accordance with Minnesota Statute Section 144.691 and 7 MCAR §1.527, you are assessed for the amount of: \$ 300.00 . This amount is to be paid by check made payable to Treasurer, State of Minnesota and sent to this Department within 30 days of the receipt of this notice. You may request a hearing on the above assessment provided that a written request is made to the Department of Health, Health Resources Division, within 30 days of the receipt of this notice.

FROM: Clarice Seufert, Chief
Survey and Compliance Section
Health Resources Division

BY : 
Judith A. Vierling, RN
Assistant Section Chief
Telephone Number: (612)623-5445

CS:JAV:al
cc: Department of Human Services
Hennepin County Welfare Department
President, Governing Board
John Breviu, Special Assistant Attorney General

File

CERTIFIED MAIL #P062 528 647

NOTICE OF ASSESSMENT FOR NONCOMPLIANCE WITH CORRECTION ORDERS

**TO: Mr. James Ertz, Administrator
Minnesota Veterans Home
51st Street at Minnehaha
Minneapolis, Minnesota 55417**

DATE: November 12, 1986

On September 8-11, 1986 a reinspection of the above facility was made by Gary McAndrew, HFE-Sanitation Specialist, Bonnie Hansen, HFE-Nurse Specialist and Maria Martinez, HFE-Nurse Specialist to determine correction of deficiencies found on the inspection on July 22-25, 1985 with correction orders received by you on August 12, 1985. The following deficiencies were not corrected in the time allowed for correction:

- 10. MN Rule 4655.8000
Subp. 3.**

Clean linen was being stored on open utility carts in the corridors of buildings 16 and 17.

To Comply: Clean linen shall be stored in enclosed, clean, designated locations at least eight inches above the floor. \$200.00

- 11. MN Rule 4655.8630
Subp. 2.**

Some of the diets which have been ordered by the physicians for the patients did not have specific menus written for them (e.g. 1000, 2000 and 2400 calorie diabetic, 55 and 60 gram protein, 65 meq. potassium and renal diets).

To Comply: All menus, including special diets, shall be planned, dated and posted for a minimum of one week in advance. \$50.00

- 12. MN Rule 4655.9000
Subp. 1.**

The majority of the exhaust vent grills were covered with accumulated lint and dust. High light fixtures and upper walls and ceilings had accumulations of cobwebs and debris.

To Comply: The entire facility, including walls, ceilings, registers and fixtures shall be maintained in a clean and sanitary condition throughout. \$200.00

Therefore, in accordance with Minnesota Statutes §144A.10, you are assessed an amount of \$ 450.00 per day. The fines are payable 15 days after the receipt of the notice and at 15 day intervals thereafter, as the fines accrue. Fines shall be paid by check made payable to the Treasurer, State of Minnesota. Recovery of an assessed fine can be stayed by making a written request for a hearing within 15 days of receipt of this notice.

November 12, 1986

The fines shall accumulate daily until written notification from the nursing home is received by the Department stating that the deficiencies have been corrected. This written notification shall be mailed or delivered to the Department at the address below or to the Metropolitan District Office located at 717 Delaware Street Southeast, Minneapolis, Minnesota 55440.

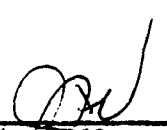
Upon receipt of this notification, a reinspection will be conducted to verify that acceptable corrections have been made. If it is determined that acceptable corrections have not been made, the daily accumulation of the fines shall resume and the amount of the fines which otherwise would have accrued during the period prior to resumption shall be added to the total assessment. The resumption of the fine can be challenged by requesting a hearing within 15 days of the receipt of the notice of the resumption of the fine.

If the accumulation of the fine is resumed, the fines will continue to accrue in the manner described above until a written notification stating that the deficiencies have been corrected is verified by the Department.

The costs of all reinspections required to verify whether acceptable corrections have been made will be added to the total amount of the assessment.

Any request for a hearing as well as payment for the assessment shall be sent to the Department of Health, Health Resources Division, 717 Delaware Street Southeast, Minneapolis, Minnesota 55440.

FROM: Clarice Seufert, Chief
Survey and Compliance Section
Health Resources Division

BY : 
Judith A. Vierling, RN
Assistant Section Chief
Telephone Number: (612)623-5445

CS:JAV:sl
cc: Department of Human Services
Hennepin County Welfare Department
President, Governing Board
John Breviu, Special Assistant Attorney General

FROM: Minnesota Department of Health, Division of Health Resources
717 Delaware Street S.E., P.O. Box 9441, Minneapolis, Minnesota 55440
Licensing and Certification Services
Clarice Siefert, Chief, Survey and Compliance Section
By Robert Gunkle

Page 1 of 2

By Robert Gunkle, Metro II, Survey and Review Unit Supervisor (612) 623-5457TO Mr. James Ertz, AdministratorDATE March 17, 1987HEALTH FACILITY Minnesota Veterans HomeCOUNTY HennepinADDRESS 51st Street at Minnehaha, Minneapolis, Minnesota 55417On March 6, 9, 10, 11, 1987Bonnie Hansen, HFB-Nurse Specialist and Gary McAndrew, HFB-Sanitation Specialist

of this Department's staff, visited the above institution and the following correction orders are issued. When corrections are completed please sign and date in the next space below and return original white sheet(s) to this Department. Retain yellow sheet(s) for your records.

Signed: _____

Date: _____

In accordance with Minnesota Stat. section 144.653 or Minnesota Stat. section 144A.10, this correction order has been issued pursuant to an inspection (survey) of your facility. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.

To assist in complying with the correction order(s) listed below, a "suggested method of compliance" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the deficiency within the established time frame is required. The "suggested method of compliance" is for your information and assistance only.

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.

1. MN Rule 4655.1200, Subp. 1

The licensee has not taken adequate steps to assure correction of previously cited boarding care home violations as evidenced by the following: Two orders which were originally issued July, 1985 were found not to be corrected at the September, 1986 visit and assessed. The follow-up of the assessed orders occurred during the March, 1987 site visit. Several problems were still noted in regards to the assessed orders which included areas of inadequate staff to meet nursing and personal needs and safe administration of medications to those persons receiving monitored medications by the 2 north nursing staff.

This site visit also indicated that a correction order concerning supervision of boarding care home residents with self-administered medications and treatments was still in non-compliance.

The policies and procedures which were written in 1982 and 1984 regarding weekly room visits to monitor health and medical needs and six month pharmacy medication reviews for those residents self-administering medication have still not been implemented. Interviewed staff stated that there was not enough staff to implement them. Site visit findings indicate that little or no action has been taken to revise or correct the potentially harmful situations. The room check waiver previously issued as part of the documentation for the boarding care home assessment remains in violation although steps are in progress to withdraw the policy. Overall, it appears that management has taken inadequate action to achieve continued compliance.

To Comply: The licensee in each boarding care home shall be responsible for its management, control and operation.

A Suggested Method of Correction: The administrator could review

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Date March 17, 1987

in detail the boarding care home rules with those persons in charge in the facility and monitor compliance in their application.
Time Period for Correction: Thirty (30) days.

2. MN Rule 4655.4700, Subp. 1

Two of three medical records were found to lack physician orders to transfer a patient to the hospital.

To Comply: The medical record shall include written orders for all treatments.

A Suggested Method of Correction: The director of nurses could assign a staff member to implement a specific policy to assure there are physician orders for hospital transfers.

Time Period for Correction: Seven (7) days.

3. MN Rule 4655.5600, Subp. 2

Observation of breakfast trays on the nursing units indicated that breakfast trays were not served to the patients in a timely manner. On March 9, 1987 on station 3 north the breakfast trays were delivered to the dining room at 6:55 a.m. The staff did not begin passing trays until 7:10 a.m. with the last tray served at 7:25 a.m. Two alert patients stated that their poached eggs and toast were cold. No steam was observed coming from the eggs. The toast is buttered on the units and the butter did not melt on the toast.

Two alert patients who were interviewed stated that their breakfast meal is cold at least 50% of the time. Patients receiving tray service in the dining room also voiced complaints that the food is often cold.

To Comply: The nursing home shall have on duty at all times a sufficient number of qualified nursing personnel which includes registered nurses, licensed practical nurses, nurse aides and orderlies to meet the needs of the patients.

A Suggested Method of Correction: The director of nurses and administrator together could evaluate additional nursing hours necessary to provide timely tray service for patients on the nursing units and those receiving tray service in the dining room.

Time Period for Correction: Seven (7) days.

4. MN Rule 4655.9000, Subp. 2

While touring building 9, the general housekeeping of several boarding care home residents' rooms was noted to be inadequate. Several residents' rooms were noted to be dusty, have soiled and/or clean clothing strewn about, carpets and area rugs were heavily soiled, trash was thrown everywhere and there were occasionally odors. The medical record of resident #07662 indicated that a human services technician was assisting the resident to clean his room, but there is no oversight by housekeeping staff.

To Comply: The entire facility, including floors, registers, fixtures and furnishings shall be maintained in a clean, sanitary and orderly condition throughout and shall be kept free from offensive odors.

A Suggested Method of Correction: The administrator and the housekeeping supervisor together could evaluate the additional housekeeping staff needs to maintain the boarding care resident rooms in a sanitary condition.

Time Period for Correction: Thirty (30) days.

CS:RG:lss

cc: Department of Human Services

Mr. William Gregg, President, Governing Board

Hennepin County Bureau of Social Services



minnesota department of health

717 s.e. delaware st.

p.o. box 9441

minneapolis 55440

(612) 823-5000

VIA CERTIFIED MAIL #P062 528 042

NOTICE OF ASSESSMENT FOR NONCOMPLIANCE WITH CORRECTION ORDERS

TO: Mr. James Ertz, Administrator
Minnesota Veterans Home
51st Street at Minnehaha
Minneapolis, Minnesota 55417

DATE: March 17, 1987

On March 6, 9, 10 and 11, 1986, a reinspection of the above facility was made by Gary McAndrew, HFE-Sanitation Specialist and Bonnie Hansen, HFE-Nurse Specialist to determine correction of deficiencies found on the inspection on September 8-11, 1986 with correction orders received by you on October 17, 1986. The following deficiencies were not corrected in the time allowed for correction:

II. MN Rule 4655.7810

Documentation in the medical records of domiciliary residents who self-administer their medications indicated that supervision was inadequate to assure that the prescribed medications were taken according to physician orders as evidenced by the following examples:

Resident A - Received an order and prescription for Elavil 50 mg. (indicated for treatment of depression) twice daily with 60 pills issued on February 28, 1986. No refill prescription has been issued since and also no physician's order to discontinue the medication. Resident A was also to self-administer Lithium 300 mg., three (3) capsules, twice daily. A March 24, 1986 refill of #180 capsules, issued prescription should run out April 23, 1986. The next refill of #180 capsules was issued on June 4, 1986 and should run out July 4, 1986. The next refill was issued on August 11, 1986 and would run out on September 10, 1986. A record review of September 10, 1986 had no indication of a refill since the August 11, 1986 date. The medical record also lacked any documentation since admission of a Lithium blood level. Lithium is routinely monitored by periodic blood tests to assure the Lithium is within a safe therapeutic range. The resident was admitted in 1983. This resident was also prescribed Cogentin 1 mg. twice daily. A refill on May 6, 1986 of #60 pills was issued. The next refill of #60 pills was issued on June 4, 1986. The next refill of #60 pills was issued on July 25, 1986. This record was reviewed on September 10, 1986 and no refill had yet been provided since July 25, 1986.

Resident B - Approximately twenty-five (25) to thirty (30) bottles of various vitamins and nutritional supplements were noted on top of the resident's dresser. The bottles lacked labels. The medical record did not contain physician orders for any such supplements. This resident also self-administered Doxepin 50 mg., two (2) pills each evening (indicated for treatment of depression). A refill of #60 was issued on February 11, 1986 and which should run out on March 13, 1986. The next refill

of #60 issued on March 10, 1986. The next refill of April 22, 1986 had a medication change. The dosage was changed to 50 mg., one (1) pill per evening. #30 pills were issued. The next refill of #30 pills was issued on July 17, 1986. The next refill of #30 pills was issued on August 20, 1986.

Resident C - Self-administered Hydrochlorothiazide (HCTZ), a diuretic, Isosorbide (indicated for treatment of acute anginal attacks) and Propranolol (indicated for treatment of cardiac arrhythmias). HCTZ refills were as follows: A refill of #30 pills of HCTZ 50 mg. for one (1) tablet daily, was issued on February 20, 1986. The next refill of #90 pills was issued on April 23, 1986. The next refill of #30 pills was issued on July 31, 1986 should run out August 30, 1986. The next refill was on September 3, 1986. Isosorbide refills were as follows: A refill April 23, 1986 of Isosorbide 10 mg., three (3) tablets four (4) times a day, #360 pills was issued on April 23, 1986. Directions for this medication are to take three (3) tablets, four (4) times a day. The next refill of #360 pills was issued on June 18, 1986. The next refill of #360 pills was issued on July 31, 1986. The record was reviewed on September 10, 1986 and no refill was documented. Propranolol refills were as follows: The directions for administration were 10 mg. three (3) tablets, four (4) times a day. A refill #360 pills was issued on April 23, 1986. The next refill of #175 pills was issued on August 25, 1986. A record review of September 10, 1986 had no indication of a refill since August 25, 1986.

A written policy stated that the pharmacist in charge and/or staff pharmacist would monitor the medications of self-medicating residents every 180 days. Upon questioning, the pharmacist stated that this policy has not been implemented because of lack of time. The medical records also lacked any documentation by the clinic nurse, who is responsible for the medical needs of the domiciliary residents, regarding medication monitoring. The Domiciliary buildings are licensed for 194 beds. The clinic nurse upon questioning, had no specific listing of self-medicating residents and could only guess how many residents were self-administering medications. Thirty-four (34) residents receive their medications from the 2-North nursing staff, thus up to 160 residents could be self-administering medications. In addition, the resident records also lacked documentation of weekly visits to residents' quarters to assure medical needs are cared for, as indicated in a facility policy.

To Comply: A system shall be developed in each boarding care home to assure that all medications are distributed safely and properly. All medications shall be distributed and taken exactly as ordered by the physician.

\$250.00

Therefore, in accordance with Minnesota Statute Section 144.691 and 7 MCAR §1.527, you are assessed for the amount of: \$ 250.00 . This amount is to be paid by check made payable to Treasurer, State of Minnesota and sent to this Department within 30 days of the receipt of this notice. You may request a hearing on the above assessment provided that a written request is made to the Department of Health, Health Resources Division, within 30 days of the receipt of this notice.

FROM: Clarice Seufert, Chief
Survey and Compliance Section
Health Resources Division

BY : *Judith A. Vierling*
Judith A. Vierling, RN
Assistant Section Chief
Telephone Number: (612)623-5445

CS/JAV/sl

cc : Department of Human Services
Hennepin County Welfare Department
President, Governing Board, Commissioner W. Gregg
John Breviu, Special Assistant Attorney General



minnesota department of health

717 s.e. delaware st.

p.o. box 9441

minneapolis 55440

(612) 623-5000

VIA CERTIFIED MAIL #P062 528 042

NOTICE OF ASSESSMENT FOR NONCOMPLIANCE WITH CORRECTION ORDERS

TO: Mr. James Ertz, Administrator
Minnesota Veterans Home
51st Street at Minnehaha
Minneapolis, Minnesota 55417

DATE: March 17, 1987

On March 6, 9, 10 and 11, 1986, a reinspection of the above facility was made by Gary McAndrew, HFE-Sanitation Specialist and Bonnie Hansen, HFE-Nurse Specialist to determine correction of penalty assessments issued on November 10, 1986 pursuant to a September 8-11, 1986 reinspection of deficiencies found on the inspection on July 22-25, 1985 with correction orders received by you on August 12, 1985. The following deficiencies were not corrected in the time allowed for correction:

5. MN Rule 4655.5100
Subp. 1.

When reviewing the records of residents whose medication administration is monitored, it was observed that a number of medications were not documented as being given to the resident. One resident had a physician's order for an antibiotic to be administered every six hours for ten days. The medication was scheduled to be given at 6 a.m., 12 noon, 6 p.m. and 12 midnight. The resident did not receive the 12 midnight dose on five days and did not receive the 6 a.m. dose on three days. The nurse on 2 North which is the station where the residents on monitored medications come to receive their medications was interviewed. She stated that the residents are supposed to come to the station to get their medications at the ordered times and if the resident does not appear, the building supervisor is called to see if the resident is around and they are to remind them. She also stated that they do not go to the boarding care buildings to give the medications if the resident does not appear. During the survey, a resident called the clinic requesting to see the nurse because she was ill in her room. She was told by the clinic secretary that she should come over to the clinic because staff was not available to go to her room. The facility policy states that "Nursing Personnel will visit all domiciliary residents in their quarters on a weekly basis to: check on residents' medical needs, document findings on the medical records and to secure medical, social, psychological and other health needs for the residents in need". The assistant director of nursing when interviewed stated that the human service technicians visit the residents weekly and that they are considered the "nursing personnel". The facility policy for the residents' therapeutic work program states that all residents taking part in the program will be evaluated six months after employment and annually thereafter. The policy also states that there will be a written progress note of the resident's performance once a month. Because this was found to be out of compliance during

the previous survey and not corrected at this time, the person responsible for supervision of the residents' work program was interviewed regarding monthly progress notes and evaluation procedures. He stated that he reviewed each resident employee's file for progress notes and evaluations and when they were not done, he notified the staff person who directly supervises the resident in their work area. He also stated that he cannot continue to remind the staff because he has many other responsibilities which take his time. When questioned about his responsibilities, he stated they include the following: director of the activity department with four full-time employees to supervise; supervisor of the resident work program, as well as directly supervising, evaluating and documenting on eleven resident employees in the activity department; supervisor of the corrective therapy department which employs three corrective therapists and two resident workers; and responsible for planning and implementing the activity program in the two domiciliary buildings.

To Comply: Adequate staff shall be provided to meet the nursing and personal care needs and the maintenance necessary for the well-being of the residents at all times. \$50.00

8. MN Rule 4655.7810

A review of the medication records of five residents on monitored medication administration revealed that medications had not been given as ordered by the physician. Monitored medications means that the residents have not been approved by the physician to self-administer their medications and must report to station 2 North to receive their medications. The medication administration policy states that medications not given will be noted by the nurse circling her initials in the box for the medication and time period not given. The reason for not giving the medication is also to be noted. The five records reviewed lacked consistency in following the policy as evidenced by blank spaces on the medication sheets for the months of May, June and July and no explanation documented.

To Comply: A system shall be developed to assure that all medications are distributed safely and properly. All medications shall be distributed and taken exactly as ordered by the physician. \$250.00

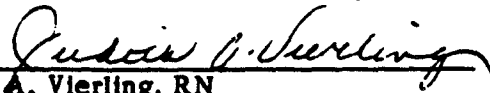
Therefore, in accordance with Minnesota Statute Section 144.691 and 7 MCAR §1527, you are assessed for the amount of : \$ 300.00 . This amount is to be paid by check made payable to Treasurer, State of Minnesota and sent to this Department within 30 days of the receipt of this notice. You may request a hearing on the above assessment provided that a written request is made to the Department of Health, Health Resources Division, within 30 days of the receipt of this notice.

Minnesota Veterans Home
Minneapolis, Minnesota

Page 3

March 17, 1987

FROM: Clarice Seufert, Chief
Survey and Compliance Section
Health Resources Division

BY : 
Judith A. Vierling, RN
Assistant Section Chief
Telephone Number: (612)623-5445

CS/JAV/sl

cc : Department of Human Services
Hennepin County Welfare Department
President, Governing Board, Commissioner W. Gregg
John Breviu, Special Assistant Attorney General

FROM: Minnesota Department of Health, Division of Health Resources
717 Delaware Street S.E., P.O. Box 9441, Minneapolis, Minnesota 55440
Licensing and Certification Services
Charles Soufert, Chief, Survey and Compliance Section
By Robert Gunkle

JUL 1 1987 Page 1 of 1

SURVEY AND COMPLIANCE SECTION

HEALTH RESOURCES DIVISION

Robert Gunkle, Metro II, Survey and Review Unit Supervisor, Telephone Number: (612) 623-5457

TO Mr. James Ertz, Administrator DATE May 7, 1987HEALTH FACILITY Minnesota Veterans Home COUNTY HennepinADDRESS 51st Street at Minnehaha, Minneapolis, Minnesota 55417

Gary McAndrew, HFE-Sanitarian Specialist and

On April 27, 28, 1987Bonnie Hansen, HFE-Nurse Specialist

of this Department's staff, visited the above institution and the following correction orders are issued. When corrections are completed please sign and date in the next space below and return original white sheet(s) to this Department. Retain yellow sheet(s) for your records.

Signed: [Signature] Date: 6-25-87

In accordance with Minnesota Stat. section 144.653 or Minnesota Stat. section 144A.10, this correction order has been issued pursuant to an inspection (survey) of your facility. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.

To assist in complying with the correction order(s) listed below, a "suggested method of compliance" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the deficiency within the established time frame is required. The "suggested method of compliance" is for your information and assistance only.

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.

1. MN Rule 4655.8000, Subp. 4

Observations indicated that soiled linen was handled inappropriately as evidenced by the following examples:

1. Covers of soiled linen containers did not fit tightly, causing soiled linen to be open to the air.
2. Plastic bags with soiled disposable diapers were tied to the side of the soiled linen hampers. The tops of the bags were open to the air. A plastic bag used for soiled diapers was also seen attached to a clean linen cart. Several urine soaked disposable diapers and blue pads were left lying on the beds and occasionally lying on the floor. The above identified rooms were empty. Soiled linen was transported down the hall in an uncovered cart.

To Comply: The soiled linen should be placed directly into a lined, cleanable hamper with a cover for storage.

A Suggested Method of Correction: The administrator and direct care supervisor could evaluate the inappropriate soiled linen handling and assign tasks for frequent monitoring to assure continued compliance.

Time Period for Correction: Seven (7) days.

S/RG/pp
cc: Department of Human Services
Hennepin County Welfare Department
Mr. William Gregg, Commissioner



FROM: Minnesota Department of Health, Division of Health Resources
717 Delaware Street S.E., P.O. Box 9441, Minneapolis, Minnesota 55440
Licensing and Certification Services
Clarice Spofert, Chief, Survey and Compliance Section
By Robert A. Quake

Page 1 of 1

Robert A. Quake, Metro II, Survey and Review Unit Supervisor (612) 623-5457

TO Mr. James Ertz, Administrator DATE July 16, 1987

HEALTH FACILITY Minnesota Veterans Home COUNTY Hennepin

ADDRESS 51st Street at Minnehaha, Minneapolis, Minnesota 55417

On July 16, 1987

Joanne Schultz, HCA-Dietary Specialist, Bonnie Hansen, HFB-Nurse Specialist & Gary McAndrew, HFB-Sanitarian Specialist

of this Department's staff, visited the above institution and the following correction orders are issued. When corrections are completed please sign and date in the next space below and return original white sheet(s) to this Department. Retain yellow sheet(s) for your records.

Signed: _____ Date: _____

In accordance with Minnesota Stat. section 144.653 or Minnesota Stat. section 144A.10, this correction order has been issued pursuant to an inspection (survey) of your facility. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.

To assist in complying with the correction order(s) listed below, a "suggested method of compliance" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the deficiency within the established time frame is required. The "suggested method of compliance" is for your information and assistance only.

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.

1. MN Rule 4655.8670, Subp. 1

A tour of the dietary department revealed that food was being stored in the former food service building, #7, under conditions as follows:

On the first floor there is a freezer containing rotten food; there was an accumulation of dirt, dead roaches and rodent droppings on the floor; and, there were dead roaches found in the flour.

In the basement, in one large walk-in freezer unit, there is from 1300 to 6000 pounds of frozen food according to facility staff. This freezer has peeling paint on the ceiling and contained frozen food in cardboard containers that were moisture damaged. Outside of this freezer, dead cockroaches were observed on the floor. Also, in the room containing the walk-in freezer, on the floor, there was a plastic food bag containing a decomposing fowl. Underneath this bag were a large amount of black bugs.

The entry way used for deliveries into building #7 had an accumulation of pigeon droppings.

To Comply: All food shall be clean, wholesome, free from spoilage, free from adulteration and safe for human consumption.

A Suggested Method of Correction: The administrator could assign the food service director to thoroughly clean the food storage areas, to contact the Minnesota Department of Agriculture, Food Inspection Division for possible help in determining which food is safe for human consumption and to appropriately dispose of all food stuffs not fit for human consumption.

Time Period for Correction: Immediately.

CS:RAG:las

cc: Department of Human Services

Mr. William Gregg, Commissioner, Minnesota Department of Veterans Affairs
Hennepin County Bureau of Social Services

FROM: Minnesota Department of Health, Division of Health Resources
 717 Delaware Street S.E., P.O. Box 9441, Minneapolis, Minnesota 55440
 Licensing and Certification Services
 Clarice Soufert, Chief, Survey and Compliance Section

By Robert A. Gunkle, Metro II, Survey and Review Unit Supervisor (612) 623-5457

TO Mr. James Ertz, Administrator DATE July 28, 1987
 HEALTH FACILITY Minnesota Veterans Home COUNTY Hennepin
 ADDRESS 51st at Minnehaha, Minneapolis, Minnesota 55417 Boonie Hansen, HFE-Nurse Specialist,
LeeAnn Kronlokken, HFE-Nurse Specialist, Maria Martinez, HFE-
 On July 14, 15, 16, 17, 1987 Nurse Specialist, Gary McAndrew, HFE-Sanitation Specialist &
Joanna K. Smith, HCA-Dietary Specialist

of this Department's staff, visited the above institution and the following correction orders are issued. When corrections are completed please sign and date in the next space below and return original white sheet(s) to this Department. Retain yellow sheet(s) for your records.

Signed: _____ Date: _____

In accordance with Minnesota Stat. section 144.653 or Minnesota Stat. section 144A.10, this correction order has been issued pursuant to an inspection (survey) of your facility. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.

To assist in complying with the correction order(s) listed below, a "suggested method of compliance" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the deficiency within the established time frame is required. The "suggested method of compliance" is for your information and assistance only.

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.

1. MN Rule 4655.3500, Subp. 3
 One afternoon, the domiciliary clinic which contained records for approximately 200 residents was noted to be left open and unattended for approximately 20 minutes. The clinic door to a busy common hallway near a primary exit was open in addition to two inside doors. Two residents were observed wandering through the area looking for a nurse. The clinic nurse was informed of the above findings.

To Comply: Residents' medical records and patient care plans in the nursing home shall be considered confidential.

A Suggested Method of Correction: The director of nurses could instruct the clinic staff to lock the area when leaving or to always have a staff person in the area to assure safe and confidential storage of medical records.

Time Period for Correction: Seven (7) days.

2. MN Rule 4655.3900, Subp. 2
 The medical records were noted to be incomplete for follow-up charting and dates of the physicians' signatures, as evidenced by the following examples:

Patient #10906. The nurses' notes on June 26, 1987 stated small amount of blood in blue pad approximately size of half dollar. There was no follow-up charting. On June 13, the nurses' notes stated "vomit filled with cigarettes". There was no follow-up charting.

Patient #10836 has three ulcers on left leg. Recent nurses' notes stated "healing well". The last documentation of measurement was May 19, 1987 with no further indication of the healing progress.

Patient #09746. On June 27, 1987 nurses' note stated "choked

Orders to Minnesota Veterans Home

Date July 26, 1987

at lunch, will continue to monitor". The next entry in the chart was July 3, 1987, which was a weekly charting and did not address the problem. On June 17, 1987 there was an incident of the patient spilling hot coffee on his lap during lunch. The nurses' notes indicated, "1st degree burns, 3 1/2 inch around on left leg". There was no further charting on the problem.

To Comply: The nurses record for each patient shall include pertinent factors regarding changes in the patient's general condition.

A Suggested Method of Correction: The director of nurses could evaluate the problem of incomplete documentation and develop a system to alert staff of needed follow-up to provide complete and accurate medical records.

Time Period for Correction: Fourteen (14) days.

There was a lack of documentation to determine the timeliness of the physicians' renewal orders and telephone orders as the physicians did not date their signatures. This was observed in all areas, the boarding care and the nursing units.

To Comply: The medical record shall include written orders for all medications with stop dates.

A Suggested Method of Correction: The director of nurses and pharmacy supervisor could evaluate the current medication renewal practices, implement a system by which the physicians sign routinely for all orders and develop a chart audit to assure that all medications and treatments are provided under current physician orders.

Time Period for Correction: Thirty (30) days.

4. MN Rule 4655.5800, Subp. 2.B.
Problems were noted with general nursing care and aseptic techniques as evidenced by the following examples:

Patient #10591 receives an intermittent gastrostomy feeding. The physician order states 350 c.c.'s a day followed by 225 c.c.'s of water. There was no physician orders regarding how many c.c.'s per minute this should be instilled. On July 15, 1987 the nurse was observed during the gastrostomy feeding. The gastrostomy bag the nurse used was dated July 14, 1987. The gastrostomy feeding was started at 10:18 a.m. The feeding was instilled by 10:40 a.m. The nurse instilled the water at 10:43 a.m. which was done at 10:50 a.m. 500 c.c.'s of fluid was instilled within 29 minutes. After the gastrostomy feeding was done, the nurse rinsed the gastrostomy bag with hot water and folded it while it was still wet and placed it into the patient's second dresser drawer. The surveyor asked the nurse how often the gastrostomy bags are changed and he said one time a week. There was no policy and procedure readily available on the fourth floor in Building #17. After the surveyor had questioned one of the nursing supervisors, she stated that the director of nurses was updating this policy. The surveyor questioned the director of nurses regarding a policy and procedure on gastrostomy feeding. The director of nurses looked through her master policy and procedure manual and could not find one. She stated a couple of times she didn't think there was one. While the surveyor was in the director of nurses office the same nursing supervisor telephoned her and stated she found the policy and procedure on gastrostomy feeding and

Orders to Minnesota Veterans Home

Date July 28, 1987

would bring it down to the office. The policy and procedure stated that you can instill warm to room temperature feeding at a rate of 250 c.c.'s within 20 to 30 minutes and that the equipment used should be changed every 24 hours. The surveyor checked the gastrostomy bag that the nursing staff was using on July 16, 1987 and it was dated July 14, 1987.

Patient #10843 receives a wound treatment which has to be irrigated with 4% acetic acid and packed with NU gauze. The surveyor observed the treatment on July 15, 1987, the catheter the nurse used was in a white catheter container dated July 11, 1987. After the treatment the nurse washed the catheter with bar soap and water, then placed the wet catheter into the white catheter container and back into the patient's bathroom. Staff stated that the catheters are changed one time a week.

Patient #10360 has an order for a straight catheterization four times a day. The date the surveyor observed was July 16, 1987. The date on the catheter tray was July 11, 1987. When the catheter treatment was complete the nurse rinsed the catheter with soap and water and then placed it into the white catheter container wet.

Patient #09350 has an order for a sterile straight catheterization. The nurse observed during the procedure did not use a sterile field nor did she cleanse the glans penis around the urinary meatus with an antiseptic solution, before inserting the catheter.

Patient #10739 has an order to straight catheter, clean procedure. The surveyor observed the treatment July 17, 1987. The nurse did not clean the glans penis around the urinary meatus before inserting the catheter. When the procedure was done the nurse washed the catheter with bar soap and water, rinsed it once and placed it wet into the white catheter tray that was dated July 12, 1987. The nurse poured an unmeasured amount of peroxide into the catheter tray. The catheter was not totally immersed in the peroxide. The catheter tray was then covered with a towel.

When the nursing staff was questioned regarding how often catheters are changed and what is the procedure, they stated, "Catheters are changed one time a week". There was no written policy available. Staff stated "It's just one of those unwritten policies, like other procedures". The administrator handed the surveyor a written policy regarding straight catheterization just minutes before the exit conference. The policy and procedure was dated July 17, 1987.

To Comply: The director of nurses shall be responsible for establishing procedures for general nursing care and for aseptic techniques, developing nursing policy and procedure manuals. Written nursing procedure manuals shall be available at each nurses' station.

A Suggested Method of Correction: The director of nurses could review and develop nursing policies regarding aseptic techniques, gastrostomy and clean and sterile straight catheterizations. The director of nurses could then inservice all appropriate staff regarding these procedures and monitor staff to assure that policies and procedures are maintained.

Time Period for Correction: Thirty (30) days.

Orders to Minnesota Veterans Home

Date July 28, 1987

5. MN Rule 4655.6400, Subp. 1

Personal and custodial needs of patients and residents were not met as evidenced by the following:

The nurses' notes indicated that patient #10906 had been wandering outside numerous times. On January 15 on the p.m. shift "Up and wandering hallways and going out of doors without shoes sometimes or dressed inadequately for weather". On the night shift on March 9 the nurses' notes state "Very restless early in shift, went outdoors repeatedly". On June 20 the nurses' notes state "Very verge of stepping off the steep embankment which leads to the creek". The same patient had numerous notes in the chart of the resident consuming cigarette butts, resulting in a trip to the hospital emergency room on March 10. On June 13, the nurses' notes stated "Vomit filled with cigarette butts". On June 17 the nurses' notes indicate "that patient was eating cigarette butts in the dining room". The medical record lacked any documentation of any changes in his care to correct the situation.

A domiciliary resident was observed to be sitting outside of Building #7 twice next to an approximately two inch accumulation of bird droppings. A staff member stated that the resident sat there on a daily basis.

One nursing home patient was observed to be sitting in a wheelchair in the sun with what appeared to be a sunburn. The survey staff requested the facility staff to move the patient out of the sun. Upon return to the area about two hours later the survey staff noted that this same patient was still in the same place and had staff move the patient.

To Comply: Each patient or resident shall receive nursing care and supervision based on individual needs.

A Suggested Method of Correction: The director of nurses could evaluate the current identified problems, provide an inservice for nursing personnel concerning intervention and implement a routine monitoring system to assure that resident and patient needs are met.

Time Period for Correction: Fourteen (14) days.

6. MN Rule 4655.6700

A patient, who resided in Building #16, was reported to have projectile vomiting of a brown substance. This was documented in the patient's record by the evening charge LPN. The patient's medical record lacked documentation of notifications of the physician, AGS (supervisor) and/or the RN located in the building. Surveyor staff interviewing of facility staff revealed that the LPN notified the AGS (supervisor), but did not notify the RN on duty at that time. The medical record indicates that the patient was up and about playing cards the remainder of the evening and was found dead the following afternoon with a liquid brown-like substance coming from his mouth. Further, the medical record indicated the patient had a history of bowel obstructions. The AGS who was called did not have a medical background.

To Comply: In case of acute illness, the home shall immediately notify the physician.

A Suggested Method of Correction: The director of nurses could review with all nursing personnel established criteria for notifying in-house supervisors and physicians regarding a change in a patient's

Orders to Minnesota Veterans Home

Date July 28, 1987

medical status. Follow-ups of identified changes could be done by the director of nurses to assure proper nursing care for all patients.

Time Period for Correction: Seven (7) days.

7. MN Rule 4655.7700, Subp. 1

Problems were noted with proper administration of medication as evidenced by the following examples: The surveyor observed the nurse during the 7:30 a.m. medication pass during which she turned her back to an unlocked medication cart four times. An unlocked and unattended medication cart was also noted later in the survey.

The nurse gave a patient his vitamin C tablet after the surveyor pointed out her error of omission.

Medical records indicated that antibiotics were administered inappropriately and incompletely documented. For example:

#09350 - Tetracycline given 8-12-4-8. The breakfast meal was served about 7:30 a.m. and the midday meal at noon. Tetracycline is recommended to be given on an empty stomach.

#07783 - Penicillin G given at 8:00 a.m. and 5:00 p.m. The breakfast meal was served about 7:30 a.m. Penicillin is to be given on an empty stomach.

#10327 - Medication sheet indicated circled initials on April 18. There was no explanation for the omission.

To Comply: A system shall be developed in each nursing home to assure that all medications are administered safely and properly.

A Suggested Method of Correction: The director of nurses could review present policies and procedures and inservice appropriate nursing staff and monitor on a routine basis to assure medications are administered safely.

Time Period for Correction: Fourteen (14) days.

8. MN Rule 4655.7730, Subp. 5

The medication room on first floor of Building #16 was combined with an office. This office was used by all staff. Alert and confused patients were noted to wander in and out of this room. On the top of the medication refrigerator there was stored extra bottles of Mylanta and Citracel. When questioning the nurse about the medications she stated "the medication cart is too small to store everything". An open unenclosed cart stores all the external prescriptions for the treatments on first floor. Many of the ointments and solutions read "For external use only". The room was found unattended repeatedly. For example:

On July 15 between 7:45 a.m. and 8:00 a.m., left five times unattended and again at 3:50 p.m.

On July 16 at 7:20 a.m. it was unattended and a confused resident wandered into the area.

On July 17 at 7:15 a.m. it was unattended.

In addition, AGS's, who are not qualified to administer medications, carried keys to the medication rooms.

To Comply: The medicine room shall be kept locked when not in use. The keys shall be carried on the person designated to administer drugs and be available only to those persons who are authorized to administer drugs.

A Suggested Method of Correction: The director of nurses could

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revise the key handling so that only persons authorized to administer medications carry keys. Medications and prescribed treatments could be placed in an enclosed cupboard for security. Routine rounds could be made by the director of nurses to assure safe medication practices.

Time Period for Correction: Fourteen (14) days.

9. MN Rule 4655.7730, Subp. 6

The individual medication trays contained particles of dust, powders and spilled liquids as evidenced by the following examples: Building #16, first and second floors; Building #17, 2N, 2S, 3N, 3S and 4N.

To Comply: All drugs shall be stored in medicine cabinets. The cabinets shall be kept clean and orderly at all times.

A Suggested Method of Correction: The director of nurses could implement a cleaning program for the medication area and monitor that all medication trays are clean at all times.

Time Period for Correction: Fourteen (14) days.

10. MN Rule 4655.8000, Subp. 3

Clean linen was being stored on a partially covered cart in the central bathing areas. Soaps, chemicals and equipment were also being stored on these carts in close proximity to this clean linen.

To Comply: Clean linen shall be stored in enclosed, clean, designated locations at least eight inches above the floor. During distribution for use, only the linen needed in an area or room shall be carried into that area or room. Linen storage rooms or closets shall be kept clean and used only for the storage of clean linen and clean supply items.

A Suggested Method of Correction: The administrator could procure solid, enclosed cabinets for the storage of the clean linen needed in these areas (the remaining items could be stored elsewhere) to assure proper protection for the clean linen.

Time Period for Correction: Thirty (30) days.

11. MN Rule 4655.8000, Subp. 6

The first six minutes of the washers' cycles in the laundry machines had water temperatures of only 140° F. to 145° F. The remainder of the washers' hot water cycles (thirteen minutes) were only 150° F. to 160° F. maximum.

To Comply: The water temperature inside the washers shall be at least 160° F. during the main washing and rinsing cycles for a total time of at least 30 minutes, excluding time for filling and draining.

A Suggested Method of Correction: The maintenance engineer could make the necessary adjustments to the water heating and washing equipment to obtain the required time and temperature intervals necessary for proper disinfection of the linens.

Time Period for Correction: Fourteen (14) days.

12. MN Rule 4655.8520 C.

Human service technicians pass trays to patients in the main dining room. They wear caps during meal service. However, hair was noted hanging out from under the caps on several of these workers. One of the workers hair reached midway between the shoulders and elbows and was only restrained by a cap.

A number of dietary workers wore hair nets that did not completely cover their hair.

To Comply: All persons working in the dietary department shall

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cover their hair with a hair net or a cap for short hair when on duty.

A Suggested Method of Correction: The dietary supervisor could instruct the staff and resident workers regarding hair coverings and dietary sanitation and develop a daily monitoring system to assure that shifts provide sanitary dietary services.

Time Period for Correction: Fourteen (14) days.

13. MN Rule 4655.8520 D.

A cook was observed to pack peas into a steam table pan with his bare hand. He then opened and dumped more peas into another steam table pan. He then packed the peas into the steam table pan without washing his hands after touching the outside of the cases and cans.

Most of the dietary employees took a smoking break together in the morning. After the break on July 15, only two of the employees washed their hands when they returned to the kitchen.

To Comply: The dietary staff shall wash their hands frequently and shall observe other accepted practices in the prevention of contamination of food.

A Suggested Method of Correction: The food service supervisor and the dietitian could hold an inservice about handwashing. The food service manager could monitor the dietary staff for compliance to provide prevention of contamination.

Time Period for Correction: Seven (7) days.

14. MN Rule 4655.8520 E.

Sanitary dietary conditions were not maintained as evidenced by the following:

The ceilings, floors, walls and ceiling vents were dusty, greasy, food splattered and in some cases rusty.

Dusty fans were noted in the coolers, freezers and soiled and clean sides of the dish room.

Several pieces of equipment such as Hobart mixers and portion scales were paint chipped and had food spillage on the outside and were put away soiled. The main dining room carpet, table bases and table tops were soiled and stained. The table tops in the dining room were sticky after being washed. Salt and pepper shakers and the flower vases stuck to the tops of the tables. A resident worker assigned to wash the tables was observed to wipe eight tables before he rinsed his cloth. He also wiped some of the chair seats with the same cloth.

All of the desserts, salads and juices were taken out of the coolers all at once for tray line. Some of this food sat out for an hour during tray service at room temperature.

A cook was observed to slice onions and cucumbers using the slicer attachment on the Hobart mixer. The cook guided the vegetables into the mixing bowl with his bare arm. Most of the vegetables came into contact with his arm.

Cases of eggs were placed on the floor in the kitchen during preparation of fried eggs for breakfast on July 16, 1987.

Water pitchers were washed, then bagged in plastic bags before they were allowed to air dry.

Metal pan scourers and Brillo pads were used to scour pans. Metal pan scourers were used to scrub baked potatoes on July 16, 1987. Such cleaning pads can put metal shavings into food.

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Uncovered bins of carrots, onions and cucumbers were noted in cooler #3. Aprons and dish towels were laid directly on the food.

To Comply: Sanitary procedures and conditions shall be maintained in the operation of the dietary department at all times.

A Suggested Method of Correction: The administrator with the food service supervisor and the dietitian could review present policy and procedures about sanitation. A training program for all dietary employees could be held regarding food service sanitation. Cleaning schedules for all dietary equipment could be developed and the food service supervisor could monitor these on a routine basis. The administrator could monitor dietary sanitation on a routine basis. The services of a consultant dietitian could be used to provide the necessary background and expertise to implement this program.

Time Period for Correction: Twenty-one (21) days.

15. MN Rule 4655.8520 F.

A resident worker was noted to smoke in the rest room across from the food managers office. On three occasions two food service employees passed by but didn't correct the resident worker on one of these occasions.

To Comply: Smoking or other use of tobacco is not allowed in the food preparation or in the dishwashing area.

A Suggested Method of Correction: The food service supervisor and the dietitian could review the dietary department smoking policies and monitor staff and resident workers to assure sanitary procedures in the dietary area are followed.

Time Period for Correction: Seven (7) days.

16. MN Rule 4655.8630, Subp. 2

The 500 bed facility had recipes in 100 serving portions. The recipes had not been extended or multiplied out by management so the cooks do that each time a recipe was used. One of the cooks stated that the amount of meat used varied depending on how much meat came in a case.

To Comply: A file of tested recipes adjusted to a yield appropriate for the size of the home shall be maintained.

A Suggested Method of Correction: The food service supervisor and the dietitian could calculate the amounts of food needed for each recipe. The food service supervisor could monitor the cooks on a routine basis to assure that the cooks are indeed using the standardized recipes.

Time Period for Correction: Sixty (60) days.

17. MN Rule 4655.8660

The inside of the ice machine had black residue on the sides of the machine. The gasket around the edges was soiled. The ice scoop was stored inside the ice machine on the first floor in Building #16 on three days of the survey.

To Comply: Ice shall be stored and handled in a sanitary manner.

A Suggested Method of Correction: The food service supervisor could instruct dietary and nursing personnel on proper ice handling techniques. The dietary supervisor could do frequent rounds of facility ice machines to assure clean machines and sanitary usage.

Time Period for Correction: Seven (7) days.

18. MN Rule 4655.8670, Subp. 1

The residents were served a vealton dinner in January 1987. The director of food service stated that the vealton was donated by

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the COOTIES (a volunteer organization). The food service director stated that he did not know where the COOTIES had obtained the venison.

To Comply: All foods shall be from sources approved or considered satisfactory by the commissioner of health.

A Suggested Method of Correction: The administrator and dietary supervisor could inform such volunteer organizations to provide documentation that donated food items are from an approved source to assure wholesomeness.

Time Period for Correction: Thirty (30) days.

19. MN Rule 4655.8670, Subp. 3

Nonperishable foods and single use items were not stored appropriately as evidenced by:

Styrofoam cups were stored on the floor in the main kitchen.

Nonperishable foods and single storage items stored in Building #7 were not protected from sources of contamination as evidenced by:

Prior to January 1987, Building #7 had been used as a bakery and for other storage. The following conditions were observed on July 15 and 16, 1987.

Rodent droppings and dead roaches up to one inch or longer in length were noted throughout the building.

A large accumulation of bird droppings was noted on the door stoop where supplies were brought into the building.

Cracks and open areas were noted in the doors and foundation of the building.

The oven had been left on in the preheat stage, the thermometer read between 140° F. - 150° F.

The deep fat fryer had not been emptied and the fat was hot enough to be in a liquid state.

50 - 100 cases of disposable dietary serving items and approximately 50 cases of baking supplies were stored among the soiled conditions.

The floors were also noted to have a heavy accumulation of dust and cobwebs throughout.

To Comply: Nonperishable food and single-service articles shall be protected from dust, flies, rodents, vermin and other sources of contamination.

A Suggested Method of Correction: The administrator could direct the dietary supervisor to oversee the clean-up and removal of possible contaminated items and transfer of assured safe items to a clean area. The final results could be reviewed by the administrator to assure that the operation was complete and to approve an implemented cleaning schedule to prevent such conditions again.

Time Period for Correction: Seven (7) days.

20. MN Rule 4655.8670, Subp. 4

The following conditions regarding the storage of perishable food were found in Building #7.

A walk-in freezer in the basement contained frozen items, mostly commodity meats, which were stored floor to ceiling and packed to the door. The ceiling of the freezer was peeling. Shelving and the glass guards were rusty. The freezer temperature was above 0° F. An estimated 100-200 cases were stored here.

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The walk-in cooler on the main floor had corroded walls and ceilings and contained more than 15 cases of perishable foods such as dates, walnuts, pecans, etc.

A reach-in freezer on the main floor was found to have heavy gaskets. The doors were frozen shut. Hot dog buns to be used for resident consumption were stored in this freezer.

In another freezer, five bulged, rusty cans of fruit were found. The walls and shelves of the freezer were rusty. A strong odor of spoiled sour fruit was present.

In the basement on the floor near the elevator a bag containing a decomposed fowl was found. Small black insects were harbored underneath it.

Cockroaches one inch or longer, heavy accumulation of floor soil and cobwebs were noted throughout the food storage area.

Perishable commodities, i.e. frozen ground beef, cheese and butter were transported from a warehouse in Hastings in an unrefrigerated truck.

To Comply: All perishable food shall be stored off the floor on suitable shelving under sanitary conditions and at temperatures which will protect against spoilage.

A Suggested Method of Correction: The administrator could direct the dietary supervisor to oversee the clean-up and removal of possible contaminated items and transfer of assured safe items to a clean area. The final results could be reviewed by the administrator to assure that the operation was complete and to approve an implemented cleaning schedule to conditions reoccurring. Time Period for Correction: Seven (7) days.

21. MN Rule 4655.8700 A.

Coffee pots used to serve coffee to residents in the dining room had no lids and the inside of the pots had a dull rough surface.

Six speculums were found to have the wooden handle separated from the metal surface of the implement and food soil was noted trapped in the space between the metal and the wood.

Steam table pans were stored on open shelves directly below the cook's preparation table. Crumbs and food spills were noted on the pans.

To Comply: Only dishes and utensils with the original smooth finishes shall be used. Cracked, chipped and scratched dishes and utensils shall not be used.

A Suggested Method of Correction: The dietary supervisor could examine all kitchen ware, remove the damaged items and repair items as needed. The supervisor could do routine examinations of ware to maintain sanitary conditions.

Time Period for Correction: Thirty (30) days.

23. MN Rule 4655.8810
The dishwasher rinse temperature was 153° F. and 158° F. on two separate days of the survey. The rinse pressure after the gauge was replaced read 38-40 pounds.

To Comply: The flow pressure shall be maintained at between 15 and 25 pounds per square inch at the dishwasher. The temperatures of the water shall be 170° F. for the rinsing and sanitizing cycle measured at tray level.

A Suggested Method of Correction: The dietary supervisor and

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maintenance director could adjust the machine to the appropriate levels and check temperature and pressure readings on a frequent routine basis to provide adequate dish and utensil sanitation.

Time Period for Correction: Fourteen (14) days.

23. MN Rule 4655.8830

Steam table pans were not allowed to air dry before they were stacked and put away.

Bowls used to serve salad dressing were stacked and stored wet in the salad preparation area.

To Comply: Only air drying is permitted.

A Suggested Method of Correction: The dietary supervisor could make arrangements in the kitchen to allow for air drying as needed to maintain clean dishes and pans.

Time Period for Correction: Fourteen (14) days.

24. MN Rule 4655.9000, Subp. 1

Problems were noted in cleanliness of the facility as evidenced by the following examples:

Building #16, room #115 was labeled as a clean vacant unit. The drawers contained crumbs and particles of dust and dirt. The bed frame was dirty and dusty.

The carpet was stained and contained burn holes in all the corridors of first floor and corridors by the therapy room on second floor. The stairway by Unit I had large stained areas on the carpet.

On the first day of the tour, the rooms in Building #16 had dust on the lamps and windowsills throughout both floors.

The carpeted rooms in Building #16 contained an accumulation of dust and dirt particles, for example: Rooms #120, #124, #101, #201, #208, #209, #211 and #222.

On the second day of the survey at least twenty stains up to one foot in diameter were noted in the first floor Building #16 dining room before breakfast. The staff stated that the stains were from snacks the night before. A urine puddle was pointed out to a nurse. A towel was placed on top of the puddle and a wheelchair positioned on top of it during the entire breakfast meal with the urine soaked through the towel. 1-2 other urine puddles also occurred during the meal. Afterward, the janitor mopped the area using the same water for the soil and the urine.

The following lounges in Building #17 were noted to be dirty with dried, spilled milk and coffee and food crumbs on the floors during all days of the survey. Lounges #449, #349, #216, #383, #283 and #216.

To Comply: The entire facility, including walls, floors, ceilings, registers, fixtures, equipment and furnishings shall be maintained in a clean, sanitary and orderly condition.

A Suggested Method of Correction: The administrator and housekeeping supervisor could evaluate those areas which are not maintained by the staff, develop a schedule of facility wide needs and provide an ongoing monitoring system by both the housekeeping supervisor and administrator to assure that the facility is maintained in a sanitary manner.

Time Period for Correction: Thirty (30) days.

25. MN Rule 4655.9020, Subp. 2

In the housekeeping storage areas and janitors' closets mops and brooms were left in buckets as well as on the floor and the majority

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of the mop buckets had not been emptied.

To Comply: Mop buckets shall be emptied after each cleaning and mopheads shall be washed after each use and replaced as often as necessary.

A Suggested Method of Correction: The administrator and housekeeping supervisor could procure additional mop and broom hangers and shelving for these areas and then instruct the housekeeping staff as to the necessity of keeping these items up off the floor and the mop buckets emptied and dry.

Time Period for Correction: Thirty (30) days.

26. MN Rule 4655.9020

In the housekeeping storage areas and janitors' closets supplies were being stored on the floor, mops and brooms were left in buckets as well as on the floor.

To Comply: Housekeeping supplies shall be stored at least eight inches off the floor to facilitate cleaning.

A Suggested Method of Correction: The administrator and housekeeping supervisor could procure additional mop and broom hangers and shelving for these areas and then instruct the housekeeping staff as to the necessity of keeping these items up off the floor.

Time Period for Correction: Thirty (30) days.

27. MN Rule 4655.9020, Subp. 4

The bath areas had unlocked supplies of soaps, shampoos and toxic chemicals, (e.g. hydrogen peroxide).

To Comply: Disinfectants, pesticides and other toxic substances shall be clearly identified and stored in a locked enclosure or cabinet.

A Suggested Method of Correction: Instruction could be given to the staff using the bath areas on the necessity of locking up all toxic substances when no longer under direct observation to provide a clean and safe environment for the residents.

Time Period for Correction: Fourteen (14) days.

28. MN Rule 4655.9050

Those supplies, which were not stored directly on the floor, were being stored on raw wood pallets in the large central storage area and in the small rooms on the floors.

To Comply: All shelving shall be provided with a surface finish which is smooth and easily cleaned.

A Suggested Method of Correction: The administrator could procure additional shelving to assure sufficient cleanable shelving to meet the needs of the facility.

Time Period for Correction: Thirty (30) days.

29. MN Rule 4655.9060

There were doors propped open in Building #16 on the first day of the tour which did not have screens on them, for example: At 10:30 a.m. and 12:45 p.m. in the first floor day room. There were flies present. The second floor day room was open at 11:00 a.m. and flies were present, at 3:25 p.m. the second floor balcony door by the therapy area was propped open.

To Comply: Outside openings such as doors shall be protected with screens to prevent the entrance of flies.

A Suggested Method of Correction: The administrator could direct the maintenance supervisor to screen the doors or have the doors closed at all times.

Time Period for Correction: Fourteen (14) days.

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30. MN Stat. §144.651, Subd. 5

Inadequate actions were taken by nursing and administrative staff to provide courteous treatment to all residents as evidenced by the following:

The nurses' notes indicated that resident #10906 urinated and defecated in inappropriate areas such as other residents' rooms and in the second floor smoking area of Unit 1 as evidenced by the charting on June 12, June 4, May 7 and February 5.

The patients on second floor voiced complaints regarding the lack of responses from the staff of keeping resident #10906 off the second floor unless he was in the company of a staff member. One resident stated that he had defecated on his floor four different times and often would attempt to crawl into his bed, disturbing him at night. Another alert resident was interviewed and showed the surveyor a petition that was written and signed by eighteen residents and sent to the administrator on approximately May 28. On June 12 the resident received a letter from the administration department assuring him that the facility was working on a system to resolve this problem. The residents interviewed stated that the situation had not improved until the Health Department was present. The last episode of the resident wandering into his room to disturb him was approximately 11:15 p.m. on July 14, the evening of the first day of the survey. The surveyor observed the wandering resident was restrained in a gatchair for parts of the day. The medical record lacked documentation of any changes in his plan of care in regards to the wandering and inappropriate defecation.

To Comply: Residents have the right to be treated with courtesy and respect for their individuality by employees or persons providing service.

A Suggested Method of Correction: The administrator and director of nurses could evaluate the above situation and develop a system by which all residents can have courteous treatment and implement a monitoring device to assure actions taken can maintain a pleasant environment for all residents.

Time Period for Correction: Fourteen (14) days.

31. MN Rule 4660.3000

Many of the service rooms throughout the campus were missing their identifying number.

To Comply: All service rooms shall be labeled utilizing a system of numbers. The numbers of rooms in multi-story facilities shall be prefixed by the number of the corresponding floor level.

A Suggested Method of Correction: The administrator could assign staff persons to tour each of the buildings used by the licensed portions of the facility and renumber rooms as necessary to assure each room is uniquely identified.

Time Period for Correction: Sixty (60) days.

MN Rule 4660.7800, Subp. 1

During a tour of the facility, specific physical plant problems were observed in several areas. For examples The water fountain in the corrective therapy area of Building #16 was not functioning and appeared to have been that way for some time. The screen was missing on the opened window in the soiled linen collection room #214 of Building #9. Room #226A of Building #6 had not been used as a bath area in quite some time as the room and fixtures

UNIT SUPERVISOR

Minnesota Veterans Home

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were extremely dirty and the traps had gone dry in most of the fixtures. The wooden shower seat was badly worn in the second floor bath of Building #17. The concrete steps, at the northeast corner of Building #6, were crumbling and had large sections missing.

To Comply: The physical plant shall be kept in a continuous state of good repair and operation in accordance with an established routine maintenance and repair program.

A Suggested Method of Correction: The administrator and the maintenance supervisor could expand and disseminate to other staff, the formal reporting mechanism with an inspection and monitoring program to ensure that problems of the type listed above are identified and corrected on an ongoing basis.

Time Period for Correction: Sixty (60) days.

33. MN Rule 4660.7800, Subp. 2

The floor tiles were damaged (buckling) in room G43 of Building #6. The walls were damaged in rooms #124 and G34 of Building #6; in #311 and #305B of Building #9; in #114A, #212A, #210B and #218B of Building #16; and in #122 and #420 of Building #17. The ceilings were damaged in rooms G28 of Building #6; the storage room by room #311 of Building #9; and in #114A of Building #16.

To Comply: Walls, floors and ceilings shall be kept in a good and acceptable repair at all times. They shall be of a type or finish to permit good maintenance including frequent washing, cleaning or painting.

A Suggested Method of Correction: The administrator and the maintenance supervisor could expand and disseminate to other staff, the formal reporting mechanism with an inspection and monitoring program to ensure that problems of the type listed above are identified and corrected on an ongoing basis.

Time Period for Correction: Sixty (60) days.

34. MN Rule 4660.7800, Subp. 6

The exhaust ventilation was not functioning in the majority of the service rooms of Building #17 (e.g. rooms #420, #308, #320, #379, #391, #291, #279, #220, second floor janitor's closet, #130 and #122).

To Comply: The mechanical systems shall be operated to maintain the necessary air changes. Convectors, registers, ducts and equipment shall be cleaned at regular intervals.

A Suggested Method of Correction: The maintenance engineer could examine and evaluate the condition of the complete ventilation system to determine and then make the repairs and/or adjustments necessary to assure proper functioning of the system.

Time Period for Correction: Thirty (30) days.

35. MN Rule 4660.8550

The alarm system for the exit doors has been replaced, in Building #16, with a type which will activate the alarm only when a patient wearing the special ID bracelet passes through. Two doors are not presently on the alarm system at all and the others that are only alert when a previously identified, wandering patient passes through those doors. Any other patients may leave undetected.

To Comply: Exit doors leading directly to the outside which are not under observation from the nurses' station shall be provided with an automatic audible alarm system. Where a local alarm is not audible at the nurses' station, an electric exit alarm system

FROM: Minnesota Department of Health, Division of Health Systems
717 Delaware Street S.E., P.O. Box 9441, Minneapolis, Minnesota 55440

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shall register at the nurses' station or other assigned control area.
A Suggested Method of Correction: The alarm system could be modified by the addition of alarms which would alert staff when anyone leaves through any of the doors to assure that staff would be alerted to any of the patients who may be leaving the facility.
Time Period for Correction: Sixty (60) days.

DS:RAG:lee

cc: Department of Human Services

Mr. William Gregg, Commissioner, Department of Veterans Affairs

Hennepin County Bureau of Social Services



minnesota department of health

717 s.e. delaware st.

p.o. box 9441

minneapolis 55440

(612) 623-5000

VIA CERTIFIED MAIL #P062 528 269

NOTICE OF ASSESSMENT FOR NONCOMPLIANCE WITH CORRECTION ORDERS

TO: Mr. James Ertz, Administrator
Minnesota Veteran's Home
51st at Minnehaha
Minneapolis, Minnesota 55417

DATE: July 29, 1987

On July 14-17, 1987 a reinspection of the above facility was made by Bonnie Hansen, LeeAnn Kronlokken, Maria Martinez, Gary McAndrew and Joanne Schultz to determine correction of deficiencies found on the inspection on March 6, 9, 10, 11, 1987 with correction orders received by you on March 18, 1987.

The following deficiencies were not corrected in the time allowed for correction:

1. MN Rule 4655.1200, Subp. 1

The licensee has not taken adequate steps to assure correction of previously cited boarding care home violations as evidenced by the following: Two orders which were originally issued July, 1985 were found not to be corrected at the September, 1986 visit and assessed. The follow-up of the assessed orders occurred during the March, 1987 site visit. Several problems were still noted in regards to the assessed orders which included areas of inadequate staff to meet nursing and personal needs and safe administration of medications to those persons receiving monitored medications by the 2 north nursing staff.

This site visit also indicated that a correction order concerning supervision of boarding care home residents with self-administered medications and treatments was still in non-compliance.


The policies and procedures which were written in 1982 and 1984 regarding weekly room visits to monitor health and medical needs and six month pharmacy medication reviews for those residents self-administering medication have still not been implemented. Interviewed staff stated that there was not enough staff to implement them. Site visit findings indicate that little or no action has been taken to revise or correct the potentially harmful situations. The room check waiver previously issued as part of the documentation for the boarding care home assessment remains in violation although steps are in progress to withdraw the policy. Overall, it appears that management has taken inadequate action to achieve continued compliance.

To Comply: The licensee in each boarding care home shall be responsible for its management, control and operation.

Therefore, in accordance with Minnesota Statutes §144.653, you are assessed for the amount of: \$ 50.00 . This amount is to be paid by check made payable to Treasurer, State of Minnesota and sent to this Department within 15 days of the receipt of this notice.

You may request a hearing on the above assessment provided that a written request is made to the Department of Health, Health Resources Division, within 15 days of the receipt of this notice.

FROM: Clarice Seufert, Chief
Survey and Compliance Section
Health Resources Division

By : 
Judith A. Vierling, RN
Assistant Section Chief
Telephone Number: (612)623-5445

CS/JAV/sl

cc: Department of Human Services
Hennepin County Bureau of Social Services
Mr. William Gregg, Commissioner
Department of Veterans Affairs
John Breviu, Special Assistant Attorney General