MINNESOTA
MDH
DEPARTMENT of HEALTH

Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7010 1670 000 8043 9055

April 12, 2012

[redacted]

Subject: [redacted] - IDR
Provider # 245517
Project # S5517023

[redacted]

This is in response to your letter of February 22, 2012, in regard to your request of an informal dispute resolution (IDR) for the federal deficiencies at tag F282 and F334 issued pursuant to the survey event CIMU11, completed on January 26, 2012.

The information presented with your letter, the CMS 2567 dated January 26, 2012 and corresponding Plan of Correction, as well as survey documents and discussion with representatives of L&C staff have been carefully considered and the following determination has been made:

F282 (D) 42 CFR §483.20 (k)(3)(ii) Be provided by qualified person in accordance with each resident's written plan of care.

Summary of the facility's reason for IDR of this tag.
The facility indicated the nurse manager had provided education to R91 as directed by the current plan of care. The nurse provided education on the importance of shifting her weight, wheelchair repositioning, resting in bed or recliner between daily activities. This education was supported by the 10-12-11 documentation in R91 record.

Summary of facts.
R91 is alert and oriented and able to make decisions independently. R91 told the surveyor "I'm busy" and "there's three nurses on me all the time" regarding interventions. Review of the nursing notes indicated that on 10-12-11 the nurse identified R91's pressure ulcer on her coccyx and "staff will initiate hourly off loading as (resident name) allows, writer explained the importance of this..." The note continued to indicate they would encourage R91 to use her tilt electric wheelchair back and rest in bed or recliner between daily activities. The note identified other pressure ulcer prevention interventions and the "daughter was updated" and the facility would notify the physician assistant about the pressure ulcer and interventions. The care plan indicated to "Educate (R91) on causes of skin

breakdown including: transferring/positioning requirements; importance of taking care during ambulating/mobility, good nutrition and repositioning." Interview with NA-B verified R91 was resistive to most interventions but staff continued to offer these interventions.

Summary of findings:
The nursing note of 10-12-11 identified interventions of "...hourly off loading as (resident name) allows, writer explained the importance of this..." The note identified R91 was educated on the importance of "hourly off loading." R91 was alert and orientated, able to make her own decisions, and identified herself as being "busy." The interview with NA-B verified R91 was resistive to most interventions but staff continued to offer.

This in not a valid example of a deficient practice under this regulation and will be removed from the Statement of Deficiencies and subsequent licensing orders, 565 and 0900 were removed. The R91 example will also be removed from tag F314, 42 CFR §483.25 (c) Pressure Ulcers.

F334 (D) 42 CFR §483.25 (c)(2)(i) Influenza and pneumococcal immunizations

Summary of the facility's reason for IDR of this tag.
The facility indicates the family did receive education about the pneumococcal and influenza immunizations. The family was acting and speaking on R115 behalf due to R115 delirium upon admission on 1-6-12. The family refused these vaccinations on R151 behalf because R115 had a history of declining these immunizations in the past.

Summary of facts.
R115 was admitted on 1-6-12 with a diagnosis of delirium related to surgery and anesthesia. The facility Resident Vaccine Administration Consent Form, dated 1-6-12, identified "I have been given a copy and have read or have/had explained to me the information contained in the appropriate vaccine information material (fact sheets) about the disease and vaccine (s) indicated below. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the indicated vaccine (s) and ask that the vaccine (s) be given to me." Below this section of the form has an area marked with an X that indicated, "I do not wish to have the vaccination at this time." The form is signed by R115 family member on 1-6-12.

Summary of findings:
The facility did give the family the option of the pneumococcal and influenza vaccines on 1-6-12 at admission due to R115 delirium. The family signed the sheet on 1-6-12 identifying they received the information, and chose not to have vaccinations completed due to R115 history of refusing these in the past. Although R151's delirium resolved and orientation improved there is no evidence to indicate R151 would have wanted to received the vaccines.

This in not a valid example of a deficient practice under this regulation and will be removed from the Statement of Deficiencies.

The revised Statement of Deficiencies is attached.

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

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

Sincerely,

Brenda Fischer

Brenda Fischer, Unit Supervisor
Licensing and Certification Program
Division of Facility and Provider Compliance
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cc: Office of Ombudsman for Long-Term Care
Carol Moen, Assistant Program Manager
Licensing and Certification File
Brenda Fischer, Statewide Survey Team Unit Supervisor

S5517023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245517	A. BUILDING _____ B. WING _____	01/26/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKLAWN HEALTH CARE CENTER	201 OAKLAWN AVENUE MANKATO, MN 56001

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS REVISED 2567 AS A RESULT OF AN INFORMAL DISPUTE RESOLUTION The facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's acceptance. Your signature at the bottom of the first page of the CMS-2567 form will be used as verification of compliance. Upon receipt of an acceptable POC an on-site revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.	F 000	REVISED 4-13-2012	
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to provide care and services in a dignified manner related to visual limitations and the need for meal time assistance for 1 of 3 residents (R56) reviewed in the sample for dignity. Findings include: R56 did not receive meal time assistance in order to ensure a dignified experience when dining.	F 241		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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