DEPARTMENT OF HEALTH

*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered Via Email

August 8, 2022

Administrator
REM Heartland Inc Budd
111 Dorothy Street
Fairmont, MN  56031

RE: Event ID:  YM8811

Dear Administrator:

On July 20, 2022, survey was completed at your facility by the Minnesota Departments of Health and Public Safety to determine if your facility was in compliance with Federal participation requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities participating in the Medicaid program.  At the time of the survey, the survey team noted one or more deficiencies.

Federal certification deficiencies are delineated on the electonically delivered form CMS-2567 "Statement of Deficiencies and Plan of Correction".  Certification deficiencies are listed on the left side of the form.  The right side of the form is to be completed with your written plan for corrective action (PoC). Ordinarily, a provider will be expected to take the steps necessary to achieve compliance within 60 days of the exit interview.

A PoC for the deficiencies must be submitted within ten calendar days of your receipt of this letter.  Your PoC must:

- The plan of correcting the specific deficiency.  The plan should address the processes that led to the deficiency cited;
- The procedure for implementing the acceptable plan of correction for the specific deficiency cited;
- The monitoring procedure to ensure that the plan of correction is effective and that the specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;
- The title of the person responsible for implementing the acceptable plan of correction; and,
- The date by which the correction will be completed

The PoC must be placed directly on the CMS-2567, signed and dated by the administrator or your authorized official. If possible, please type and return your plan of correction to ensure legibility. Please make a copy of the form for your records and return the original. Additional documentation may be attached to Form CMS-2567, if necessary.

Questions regarding all documents submitted as a response to the client care deficiencies (those preceded by an "W" tag) and emergency preparedness deficiencies (those preceded by an "E" tag), i.e., the plan of correction should be directed to:

Elizabeth Silkey, Unit Supervisor
Mankato District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
12 Civic Center Plaza, Suite #2105
Mankato, Minnesota 56001
Email: elizabeth.silkey@state.mn.us
Office: (507) 344-2742 Mobile: (651) 368-3593

Failure to submit an acceptable written plan of correction of federal deficiencies within ten calendar days may result in decertification and a loss of federal reimbursement.

Feel free to contact me with any questions related to this letter.

Sincerely,

Kim Tyson

Kim Tyson, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64970
Saint Paul, Minnesota 55164-0970
Phone: 651-201-3831
Email: kim.tyson@state.mn.us

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 24G398 | A. BUILDING _____ B. WING _____ | C 07/20/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| REM HEARTLAND INC BUDD | 111 DOROTHY STREET FAIRMONT, MN 56031 |

| (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 |
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| W 000 | INITIAL COMMENTS<br><br>On 7/19/22 to 7/20/22, an abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was not in compliance with 42 CFR Part 483, subpart I, requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities.<br><br>The following complaints were found to be SUBSTANTIATED, with no deficiencies cited.<br>HG3983200C (MN84877)<br>HG3983288C (MN85042)<br>HG3983199C (MN84880)<br><br>However, as a result of the investigation deficiencies were cited at W153 and W154.<br><br>Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained. | W 000 | POC received- 8/10/22<br>POC Approved 8/14/22<br>Liz Silkey<br>liz Silkey | |
| W 149 | STAFF TREATMENT OF CLIENTS<br>CFR(s): 483.420(d)(1)<br><br>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.<br>This STANDARD is not met as evidenced by:<br>Based on interview and document review, the facility failed to implement abuse policies and procedures consistent with federal regulations by not thoroughly investigating or reporting to the State Agency (SA) and administrator immediately verbal abuse for 1 of 1 client (C1) reviewed for allegations of abuse.<br><br>Findings include: | W 149 | | |

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

Jori Gunderson RD — 8/10/2022

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

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| W 149 | Continued From page 1<br>Review of a Vulnerable Adult (VA) report submitted to the SA on 7/6/22, at 4:03 p.m. indicated direct support professional (DSP)-A, reported to the program supervisor (PS) on 6/20/22, around 10:30 p.m. he called C1 a bitch, while providing cares. The report indicated a internal investigation will be initiated. The PD was not notified of the verbal abuse until the PS informed her on 7/6/22, at 2:30 p.m. A VA report was then submitted to the SA (16 days after the incident).<br><br>Review of an internal investigation report dated 7/8-7/14/22, indicated through interviews, DSP-A confirmed he called C1 a bitch, while providing cares on 6/20/22. The PD was not informed of the verbal abuse until 16 days later. An investigation was then initiated. The report indicated DSP-A was removed from the staffing schedule, until after he was re-trained on the facility abuse policy. The report included several entries documented by facility staff, related to C1's demanding behaviors. The report did not include interviews with other clients that could be affected by DSP-A's verbal abuse nor were other facility staff interviewed regarding DSP-A's behaviors towards other clients. Since DSP-A worked the night shift alone, and able to return to work after the incident, there were no interventions on how the facility was going to monitor DSP-A's compliance, related to treatment of the clients.<br><br>Interview on 7/19/22, at 2:00 p.m. the PD confirmed the above verbal abuse towards C1, had not been reported to her or to the SA immediately. The PD verified the VA report had not been submitted to the SA, until 14 days after the incident. The PD further confirmed the | W 149 | **W149**<br>**To rectify the immediate need:** The program will implement written policies and procedures that prohibit mistreatment, neglect, or abuse of the client. All staff will be retrained on the requirement to report all abuse immediately to the administrator/ supervisor and state agency. All staff that are in an investigative role will be retrained on their responsibilities in regards to completing an investigation which includes client and staff interviews to ensure client safety. DSP-A will be trained on how to manage and control self behaviors when challenged by demanding clients.<br><br>**Ongoing:** All incidents of potential allegations of abuse/neglect will be reported immediately to the designated state agency.<br>Annually all staff will be retrained on Policy 12.1 (Administrative Review of Incidents) and their responsibilities to report immediately. Staff will complete and document all required training following any episode of neglect/abuse.<br><br>**Monitoring:**<br>The corrections will be implemented by the QIDP/Program Director and monitored by the Area Director. Reporting timeliness and training needs/completion (documentation) will be audited following all episodes of neglect/abuse.<br><br>**Date of correction**: 10/7/22 | |

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| W 149 | Continued From page 2<br>internal investigation did not include other client interviews to ensure client safety. The PD also verified facility staff who work with DSP-A had not been interviewed, related to DSP's behaviors towards other clients. The PD indicated DSP-A had been re-educated on the facility abuse policy, but had not been trained on how to manage and control self behaviors when challenged by demanding clients.<br><br>The facility's policy Vulnerable Adult revised 8/20/18, indicated all employees are mandated reporters by law and are required to report any instance of suspected abuse. Mandated reporters may report suspected instances of abuse internally or externally. The mandated reporter should orally report client suspected abuse immediately to the PD or area director (AD) who then will report the VA immediately to the SA The policy further indicated when a report of alleged or suspected abuse has been made, the facility must complete an internal review as required by regulatory agencies The investigative team will conduct an investigation that will include interviewing the reporter, the VA and possible witnesses. The team will evaluate whether a corrective action plan is necessary to protect the health and safety of the clients. All reports substantiated will be acted upon, to ensure that the alleged abuse does not continue. | W 149 | | |
| W 153 | STAFF TREATMENT OF CLIENTS<br>CFR(s): 483.420(d)(2)<br><br>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through | W 153 | | |

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

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| W 153 | Continued From page 3<br>established procedures.<br>This STANDARD is not met as evidenced by:<br>Based on interview and document review, the facility failed to immediately report allegations of abuse to the administrator and designated State Agency (SA) for 1 of 1 client (C1) reviewed for verbal abuse.<br><br>Findings include:<br><br>Review of a Vulnerable Adult (VA) report submitted to the SA on 7/6/22, at 4:03 p.m. indicated direct support professional (DSP)-A, reported to the program supervisor (PS) on 6/20/22, around 10:30 p.m. he called C1 a bitch, while providing cares. The report indicated a internal investigation will be initiated. The PD was not notified of the verbal abuse until the PS informed her on 7/6/22, at 2:30 p.m. A VA report was then submitted to the SA (16 days after the incident).<br><br>Interview on 7/19/22, at 2:00 p.m. the PD confirmed the above verbal abuse towards C1, had not been reported to her or to the SA immediately. The PD further verified the VA report had not been submitted to the SA, until 14 days after the incident.<br><br>The facility's policy Vulnerable Adult revised 8/20/18, indicated all employees are mandated reporters by law and are required to report any instance of suspected abuse. Mandated reporters may report suspected instances of abuse internally or externally. The mandated reporter should orally report client suspected abuse immediately to the PD or area director (AD) who then will report the VA immediately to the SA. | W 153 | **W 153**<br>**To rectify immediate need:**<br>All staff will be retrained on Policy 12.1 (Administrative Notification of Incidents) and their responsibilities in regards to reporting all potential allegations of abuse/neglect immediately to the administrator.<br><br>**Ongoing:**The program will ensure that all allegations of maltreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator and to the state agency in accordance with State law through established procedures.<br><br>**Monitoring:** The corrections will be implemented by the QIDP/Program Director and monitored by the Area Director. Reporting timeliness will be audited following all episodes of neglect/ abuse.<br><br>**Completion Date:** 10/7/22 | |

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| W 154 | Continued From page 4<br>STAFF TREATMENT OF CLIENTS<br>CFR(s): 483.420(d)(3)<br><br>The facility must have evidence that all alleged violations are thoroughly investigated.<br>This STANDARD is not met as evidenced by:<br>Based on interview and document review, the facility failed to thoroughly investigate an allegation of abuse for 1 of 1 client (C1) to implement measures and protect clients from abuse. This had the potential to affect all clients residing in the facility.<br><br>Findings include:<br><br>Review of the Individual Abuse Prevention Plan (IAPP) dated 7/12/22, identified C1 as being at risk for verbal/emotional abuse. C1 advocates for herself and her needs, but may not be able to defend herself from verbal/emotional abuse. In addition, C1 may not be able to remove herself from a verbal situation. It is unknown if C1 would report abuse to the appropriate person, and most likely would report to the persons closest to her.<br><br>Review of a Vulnerable Adult (VA) report submitted to the SA on 7/6/22, at 4:03 p.m. indicated direct support professional (DSP)-A, reported to the program supervisor (PS) on 6/20/22, around 10:30 p.m. he called C1 a bitch, while providing cares. The report indicated a internal investigation will be initiated.<br><br>Review of an internal investigation report dated 7/8-7/14/22, indicated through interviews, DSP-A confirmed he called C1 a bitch, while providing cares on 6/20/22. The PD was not informed of the verbal abuse until 16 days later. An investigation was then initiated. The report | W 154 | **W154**<br>**To rectify immediate need:**<br>The program will ensure that all allegations are thoroughly investigated in accordance with rules and policies. All staff that are in an investigative role will be retrained on their responsibilities in regards to completing an investigation which includes client and staff interviews to ensure client safety. The AD/QIDP will be retrained to immediately implement steps to protect the person including a plan to audit compliance. All staff that are in an investigative role will be retrained on their responsibilities in regards to completing an investigation which includes client and staff interviews to ensure client safety.<br><br>**Ongoing:** All incidents of potential allegations will be reported immediately and thoroughly investigated.<br><br>**Monitoring:**<br>The corrections will be implemented by the Regional Director and monitored by the QIS/AD/QIDP ongoing. The Quality Improvement Manager will audit each investigation to ensure the individuals and staff are interviewed following the VA policy.<br><br>**Completion Date:** 10/7/22 | |

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| W 154 | Continued From page 5<br>indicated DSP-A was removed from the staffing schedule, until after he was re-trained on the facility abuse policy. The report included several entries documented by facility staff, related to C1's demanding behaviors. The report did not include interviews with other clients that could be affected by DSP-A's verbal abuse nor were other facility staff interviewed regarding DSP-A's behaviors towards other clients. Since DSP-A worked the night shift alone, and able to return to work after the incident, there were no interventions on how the facility was going to monitor DSP-A's compliance, related to treatment of the clients.<br><br>Interview on 7/19/22, at 2:00 p.m. the facility PD confirmed the internal investigation did not include other client interviews to ensure client safety. The PD also verified facility staff who work with DSP-A had not been interviewed, related to DSP's behaviors towards other clients. The PD indicated DSP-A had been re-educated on the facility abuse policy, but had not been trained on how to manage and control self behaviors when challenged by demanding clients.<br><br>Review of the facility's policy Vulnerable Adult revised 8/20/18, indicated when a report of alleged or suspected abuse has been made, the facility must complete an internal review as required by regulatory agencies The investigative team will conduct an investigation that will include interviewing the reporter, the VA and possible witnesses. The team will evaluate whether a corrective action plan is necessary to protect the health and safety of the clients. All reports substantiated will be acted upon, to ensure that the alleged abuse does not continue. | W 154 | | |

Electronically Delivered via email

August 8, 2022

Administrator
Rem Heartland Inc Budd
111 Dorothy Street
Fairmont, MN  56031

Re: Enclosed State Supervised Living Facility Licensing Orders -  Event ID: YM8811

Dear Administrator:

The above facility was surveyed on July 19, 2022 through July 20, 2022 for the purpose of assessing compliance with Minnesota Department of Health Supervised Living Facility Rules.  At the time of the survey, the survey team from the Minnesota Department of Health, Health Regulation Division, noted one or more violations of these rules that are issued in accordance with Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144.56.  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.

The State licensing orders are delineated on the attached Minnesota Department of Health order form (attached).  The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Supervised Living Facilities.

The assigned tag number appears in the far left column entitled "ID Prefix Tag."  The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order.  This column also includes the findings that are in violation of the state statute after the statement, "This Rule is not met as evidenced by."  Following the surveyors findings is the Time Period For Correction.

PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

When all orders are corrected, the first page of the order form should be signed and returned to:

Elizabeth Silkey, Unit Supervisor
Mankato District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
12 Civic Center Plaza, Suite #2105
Mankato, Minnesota 56001
Email: elizabeth.silkey@state.mn.us
Office: (507) 344-2742 Mobile: (651) 368-3593

We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact Elizabeth Silkey. A written plan for correction of licensing orders is not required.

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.

Feel free to contact me with any questions related to this letter.

Sincerely,

Kim Tyson

Kim Tyson, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64970
Saint Paul, Minnesota 55164-0970
Phone: 651-201-3831
Email: kim.tyson@state.mn.us

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| 5 000 | Initial Comments<br><br>In accordance with Minnesota Statute, section 144.56 and/or Minnesota Statute, section 144.653, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.<br><br>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number or MN Statute indicated below. When a rule or statute contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.<br><br>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.<br>On 7/19/22 to 7/20/22, a complaint investigation was conducted. Your facility was found to be not in compliance with requirements of Minnesota Rules, Chapter 4665 requirements for Supervised Living Facilities (SLF).<br><br>The following complaints were found to be SUBSTANTIATED.<br>HG3983200C (MN84877)<br>HG3983288C (MN85042)<br>HG3983199C (MN84880) | 5 000 | | |

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| 5 000 | Continued From page 1<br><br>However, as a result of the investigation, related licensing orders were issued.<br><br>When corrections are completed, please sign and date, make a copy of these orders and electronically return to: elizabeth.silkey@state.mn.us | 5 000 | | |
| 5 815 | MN Statute 626.557 Subd. 3. VA Timing of report.<br><br>(a) A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately report the information to the common entry point. If an individual is a vulnerable adult solely because the individual is admitted to a facility, a mandated reporter is not required to report suspected maltreatment of the individual that occurred prior to admission, unless:<br>(1) the individual was admitted to the facility from another facility and the reporter has reason to believe the vulnerable adult was maltreated in the previous facility; or<br>(2) the reporter knows or has reason to believe that the individual is a vulnerable adult as defined in section 626.5572, subdivision 21, clause (4).<br>(b) A person not required to report under the provisions of this section may voluntarily report as described above.<br>(c) Nothing in this section requires a report of known or suspected maltreatment, if the reporter knows or has reason to know that a report has been made to the common entry point.<br>(d) Nothing in this section shall preclude a | 5 815 | | |

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| 5 815 | Continued From page 2<br>reporter from also reporting to a law enforcement agency.<br>(e) A mandated reporter who knows or has reason to believe that an error under section 626.5572, subdivision 17, paragraph (c), clause (5), occurred must make a report under this subdivision. If the reporter or a facility, at any time believes that an investigation by a lead agency will determine or should determine that the reported error was not neglect according to the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5), the reporter or facility may provide to the common entry point or directly to the lead agency information explaining how the event meets the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5). The lead agency shall consider this information when making an initial disposition of the report under subdivision 9c.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and document review, the facility failed to immediately report allegations of abuse to the designated State Agency (SA) for 1 of 1 client (C1) reviewed for verbal abuse.<br><br>Findings include:<br><br>Review of a Vulnerable Adult (VA) report submitted to the SA on 7/6/22, at 4:03 p.m. indicated direct support professional (DSP)-A, reported to the program supervisor (PS) on 6/20/22, around 10:30 p.m. he called C1 a bitch, while providing cares. The report indicated a internal investigation will be initiated. The PD was not notified of the verbal abuse until the PS informed her on 7/6/22, at 2:30 p.m. A VA report was then submitted to the SA (16 days after the incident). | 5 815 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 01427 | A. BUILDING: _____ B. WING _____ | C 07/20/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| REM HEARTLAND INC BUDD | 111 DOROTHY STREET FAIRMONT, MN 56031 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| 5 815 | Continued From page 3<br><br>Interview on 7/19/22, at 2:00 p.m. the PD confirmed the above verbal abuse towards C1, had not been reported to her or to the SA immediately. The PD further verified the VA report had not been submitted to the SA, until 14 days after the incident.<br><br>The facility's policy Vulnerable Adult revised 8/20/18, indicated all employees are mandated reporters by law and are required to report any instance of suspected abuse. Mandated reporters may report suspected instances of abuse internally or externally. The mandated reporter should orally report client suspected abuse immediately to the PD or area director (AD) who then will report the VA immediately to the SA.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days. | 5 815 | | |