



00788  
BCH  
File

*Protecting, Maintaining and Improving the Health of Minnesotans*

November 6, 2012

Mr. Craig Barness, Administrator  
Minnesota Veterans Home Hastings  
1200 East 18th Street  
Hastings, Minnesota 55033

Re: Enclosed Reinspection Results - Project Number SL00788021

Dear Mr. Barness:

On October 18, 2012 survey staff of the Minnesota Department of Health, Licensing and Certification Program completed a reinspection of your facility, to determine correction of orders found on the survey completed on August 8, 2012 with orders received by you on August 22, 2012. At this time these correction orders were found corrected and are listed on the attached Revisit Report Form.

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

Please feel free to call me with any questions.

Sincerely,

*Shellae Dietrich*

Shellae Dietrich, Program Specialist  
Licensing and Certification Program  
Division of Compliance Monitoring  
Telephone: (651) 201-4106 Fax: (651) 215-9697

Enclosure(s)

cc: Original - Facility  
Licensing and Certification File

L00788r112.rtf

**State Form: Revisit Report**

<b>(Y1) Provider / Supplier / CLIA / Identification Number</b> 00788	<b>(Y2) Multiple Construction</b> A. Building B. Wing	<b>(Y3) Date of Revisit</b> 10/18/2012
<b>Name of Facility</b> MN VETERANS HOME HASTINGS	<b>Street Address, City, State, Zip Code</b> 1200 EAST 18TH STREET HASTINGS, MN 55033	

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

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>30850</u> Reg. # <u>MN Rule 4655.4800 Subp. 1</u> LSC _____	Correction Completed 10/18/2012	ID Prefix <u>30945</u> Reg. # <u>MN Rule 4655.6400 Subp. 1</u> LSC _____	Correction Completed 10/18/2012	ID Prefix <u>31305</u> Reg. # <u>MN Rule 4655.8670 Subp. 1</u> LSC _____	Correction Completed 10/18/2012
ID Prefix <u>31470</u> Reg. # <u>MN Rule 4655.9010 Subp. 2</u> LSC _____	Correction Completed 10/18/2012	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____	Reviewed By <u>SR/sd</u>	Date: <u>11/06/12</u>	Signature of Surveyor: <u>30922</u>	Date: <u>10/18/12</u>
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
Followup to Survey Completed on: <u>8/8/2012</u>		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?		
		YES      NO		



File  
06788  
BCH

*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7010 1060 0002 3051 0497

August 20, 2012

Mr. Craig Barness, Administrator  
Minnesota Veterans Home Hastings  
1200 East 18th Street  
Hastings, Minnesota 55033

Re: Enclosed State Boarding Care Home Licensing Orders - Project Number SL00788021

Dear Mr. Barness:

The above facility survey was completed on August 8, 2012 for the purpose of assessing compliance with Minnesota Department of Health Boarding Care Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health, Compliance Monitoring 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 144A.10. 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 Boarding Care Homes.

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 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.**

---

General Information: (651) 201-5000 \* TDD/TTY: (651) 201-5797 \* Minnesota Relay Service: (800) 627-3529 \*  
[www.health.state.mn.us](http://www.health.state.mn.us)

For directions to any of the MDH locations, call (651) 201-5000 \* An Equal Opportunity Employer

Mn Veterans Home Hastings

August 20, 2012

Page 2

When all orders are corrected, the order form should be signed and returned to this office at Minnesota Department of Health, P.O. Box 64900, St. Paul, Minnesota 55164-0900.

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 me.

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.

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

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

Sincerely,

*Shellae Dietrich*

Shellae Dietrich, Program Specialist  
Licensing and Certification Program  
Division of Compliance Monitoring  
Minnesota Department of Health  
Telephone: (651) 201-4106 Fax: (651) 215-9697

Enclosure(s)

cc: Original - Facility  
Licensing and Certification File

L00788s12.rtf

Fax sent by : 6514372203

Fax from : 651 281 3790

10-02-12 11:27 Pg: 2

PRINTED: 10/15/2012  
FORM APPROVED

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  00788	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  08/08/2012
NAME OF PROVIDER OR SUPPLIER  MN VETERANS HOME HASTINGS		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 EAST 18TH STREET HASTINGS, MN 55033		
(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
3 000	<p>INITIAL COMMENTS</p> <p>*****ATTENTION*****</p> <p>BOARDING CARE HOME LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>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.</p> <p>INITIAL COMMENTS: On August 6, 7, and 8, 2012, surveyors of this Department's staff, visited the above provider and the following correction orders are issued. When corrections are completed, please sign and date, make a copy of these orders and return the original to the Minnesota Department of Health,</p>	3 000		

10/16/12  
SER

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Craig Bannerman*

INTERIM ADMINISTRATOR

letter dated 9/6/12 (X6) DATE

STATE FORM

0699

1P7Z11

faxed 10/15/12  
CB

continuation sheet 1 of 9

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00788</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2012</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>MN VETERANS HOME HASTINGS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1200 EAST 18TH STREET HASTINGS, MN 55033</b>
--	--

(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
--------------------	--	---------------	---	--------------------

3 000	<p><b>INITIAL COMMENTS</b></p> <p><b>*****ATTENTION*****</b></p> <p><b>BOARDING CARE HOME LICENSING CORRECTION ORDER</b></p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>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.</p> <p><b>INITIAL COMMENTS:</b> On August 6, 7, and 8, 2012, surveyors of this Department's staff, visited the above provider and the following correction orders are issued. When corrections are completed, please sign and date, make a copy of these orders and return the original to the Minnesota Department of Health,</p>	3 000		
-------	--	-------	--	--

Minnesota Department of Health

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00788</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>MN VETERANS HOME HASTINGS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1200 EAST 18TH STREET HASTINGS, MN 55033</b>		
(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
3 000	Continued From page 1	3 000		
	Division of Compliance Monitoring, Licensing and Certification Program; Complaints; 85 East Seventh Place, Suite 220; P.O. Box 64900, St. Paul, Minnesota 55164-0900.			
3 850	MN Rule 4655.4800 Subp. 1 Dental Care; Services  Subpart 1. Services. Patients and residents shall be provided with dental services appropriate to their needs.  This MN Requirement is not met as evidenced by: Based on interview and document review the facility failed to provide dental care for 1 of 1 residents (R1) who expressed dental concerns.  Findings include:  R1 reported at 3:49 p.m. on 8/8/12 that his dentures did not fit properly, which caused pain whenever he wore them. R1 explained he did not always wear his dentures due to pain, and confirmed he wanted a dental appointment.  R1 had ill-fitting dentures, but had not seen the dentist regarding the problem.  R1 had an annual review and physical exam by a registered nurse practitioner (RNP)-A on on 2/16/12. The exam revealed that R1 had ill-fitting upper and lower dentures that he wanted adjusted.  An interdisciplinary team (IDT) review dated 4/11/12 indicated "dental concerns/needs voucher." On 7/25/12 a Health Services Monthly Summary was completed and revealed the	3 850		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00788</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>MN VETERANS HOME HASTINGS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1200 EAST 18TH STREET HASTINGS, MN 55033</b>		
(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
3 850	Continued From page 2  resident had some missing teeth, had poorly fitting dentures, and was last seen by the dentist 2/23/10. It was noted the resident needed the dentures adjusted and needed a voucher for this.  A registered nurse (RN)-B was interviewed on 8/8/12 at 11:35 a.m. The RN explained the resident needed a dental voucher to be seen and it had not happened. At 2:00 p.m. on 8/8/12 the Resident Benefit Coordinator (employee-A) was interviewed and stated the nursing staff should have notified her after the RNP made the note about R1's ill-fitting dentures in 2/12, but had not done so. She said veterans were allowed dental vouchers every year for services, so there would not have been a problem getting a voucher for the services.  <b>SUGGESTED METHOD FOR CORRECTION:</b> The director of nursing could educate nursing staff on a system of ensuring dental care for residents, then audit this service to ensure that it care is being provided as indicated and take action as needed.  <b>TIME PERIOD FOR CORRECTION:</b> Thirty (30) days.	3 850		
3 945	MN Rule 4655.6400 Subp. 1 Adequate Care; Care in General  Subpart 1. Care in general. Each patient or resident shall receive nursing care or personal and custodial care and supervision based on individual needs. Patients and residents shall be encouraged to be active, to develop techniques for self-help, and to develop hobbies and interests. Nursing home patients shall be up and out of bed as much as possible unless the attending physician states in writing on the patient	3 945		



Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  00788	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  08/08/2012
NAME OF PROVIDER OR SUPPLIER  MN VETERANS HOME HASTINGS		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 EAST 18TH STREET HASTINGS, MN 55033		
(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
3 945	Continued From page 3  's medical record that the patient must remain in bed.  This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to ensure appropriate infection control measures related to sanitization of multi-use of the blood glucose monitoring machine for 2 of 2 residents (R2 and R3) whose blood glucose checks were observed.  Findings include:  The multi-use glucometer (blood glucose machine) was not cleaned according to the facility policy and the manufacturer's recommendations.  At 4:00 p.m. on 8/6/12, R2 was observed in the second floor medication room measuring his fasting blood sugar. The resident did not clean the machine prior to or after use. A licensed practical nurse (LPN)-A reminded the resident to clean the machine, but the resident did not do so, and instead walked away. A posted sign reminded residents to clean off the blood glucose machines before and after use. At 4:05 p.m. the LPN cleaned the machine with a germicidal wipe by making a quick swipe across the machine and then throwing the wipe in the trash. When LPN-A was asked how the machines were to be cleaned, the LPN said if the resident did not do so independently, the staff were to do so using the germicidal wipes. The directions on the wipes revealed the machine was to be completely sanitized with the germicidal wipe and allowed to dry for two minutes. LPN-A verified she had not completely sanitized the machine.	3 945		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  00788	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  08/08/2012
--	---	--	--

NAME OF PROVIDER OR SUPPLIER  MN VETERANS HOME HASTINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 EAST 18TH STREET HASTINGS, MN 55033
---	--

(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
3 945	<p>Continued From page 4</p> <p>At 4:45 p.m. on 8/6/12 R3 was observed in the first floor medication room obtaining his pre-filled insulin syringe from LPN-B. Prior to self-administering the insulin, the resident went into a small room adjacent to the nursing station to check his blood sugar reading. The resident wiped across the machine once with a germicidal wipe and did not allow the machine to dry for two minutes. The resident stated he did know how to sanitize the machine and to allow two minutes of drying time. After the resident obtained two blood sugar readings, he put the machine down and left the area, but did not clean it as directed on the posted sign.</p> <p>The facility policy and procedure for cleaning of the glucometers directed staff and/or residents to wear gloves, and to, "Thoroughly clean all visible soil or organic material (e.g. blood) form the glucose machine prior to disinfection. Wipe the glucose machine with a Sani-cloth and allow time for drying as indicated by the manufacturers' (two minutes)."</p> <p>At 2:15 p.m. on 8/8/12 the DON and RN-B verified the staff and/or resident should have been cleaning the glucometers according to the manufacturers' guidelines and facility policy.</p> <p>A Self-Administration of Insulin Skills Check list was completed for R2 and R3 on 6/19/12 and showed both residents were capable of independently completing their finger stick glucose checks. At 2:45 p.m. on 8/8/12, the director of nursing (DON) and registered nurse (RN)-A who completed the skills check list were interviewed. RN-A had not actually observed the residents completing the skill, and said the checklist may have needed revision to include</p>	3 945		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00788</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>MN VETERANS HOME HASTINGS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1200 EAST 18TH STREET HASTINGS, MN 55033</b>		
(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
3 945	Continued From page 5  observation. She also said there was probably a need for staff re-education.  <b>SUGGESTED METHOD FOR CORRECTION:</b> The director of nursing could educate nursing staff and residents on appropriate use and cleaning of the glucometer, then audit this service to ensure that it care is being provided as indicated and take action as needed.  <b>TIME PERIOD FOR CORRECTION:</b> Thirty (30) days.	3 945		
31305	<b>MN Rule 4655.8670 Subp. 1 Food Supplies; Food</b>  Subpart 1. Food. All food shall be from sources approved or considered satisfactory by the commissioner of health, and shall be clean, wholesome, free from spoilage, free from adulteration and misbranding, and safe for human consumption. No hermetically sealed, nonacid, or low-acid food which has been processed in a place other than a commercial food-processing establishment shall be used.  This MN Requirement is not met as evidenced by: Based on observation, interview, and document review, the facility failed to store and serve food and food products to minimize the risk of foodborne illness, having the potential to affect all residents in the facility.  Findings include:  At 9:15 a.m. on 8/7/12 the kitchen tour was completed with the registered dietitian (RD) and cook supervisor. A deep fryer was full of very dark oil with floating food particles, and a stale	31305		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00788</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>MN VETERANS HOME HASTINGS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1200 EAST 18TH STREET HASTINGS, MN 55033</b>		
(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
31305	<p>Continued From page 6</p> <p>odor was noted. The cook supervisor said the fryer was used infrequently, but had been used the night of 8/4/12. She explained that the fryer was to be cleaned and the oil changed every month. She presented documentation it was last completed on 7/2/12, and said it was due for cleaning.</p> <p>At approximately 2:30 p.m. on 8/8/12, the RD presented an email from the facility food supply, Stratas Foods. The email advised that the oil not be used over 14-17 days. The RD also presented an article published on Monkey Dish that advised when to determine it was time to change frying oil. The article noted, "As oil is used, food particles, high temperatures and repeated use lowers the smoking point and eventually result in rancidity that gives your food off-flavors." The article recommended keeping the fryer clean and to filter the oil daily or after each meal service. At the first sign of darkening color or a change in viscosity and off-odors it was time to change the oil.</p> <p>On 8/6/12 at 4:55 p.m. individual cartons of milk were observed stored in a metal rolling cooler ready for service to the residents. The temperature in the cooler was not measured with a gauge. Four different types of milk were offered to residents. The skim milk case contained 34 cartons of milk with use by dates of 8/3/12.</p> <p>At 5:35 p.m. the registered dietitian (RD) was interviewed and she indicated the milk should not have been served after the expiration date. She stated they had three additional cases with the same use by date.</p> <p>At 8:45 a.m. on 8/8/12 R4 indicated that</p>	31305		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  00788	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  08/08/2012
NAME OF PROVIDER OR SUPPLIER  MN VETERANS HOME HASTINGS		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 EAST 18TH STREET HASTINGS, MN 55033		
(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
31305	Continued From page 7  occasionally milk was served that "didn't taste right" or was outdated.  At 12:35 p.m. on 8/8/12 the RD presented an article by The National Dairy Council, Food Quality and Safety dated January/February 2011 that indicated, "When handled properly milk generally stays fresh for two to three days after the date." The dietitian said that despite the article, she would not serve milk beyond the use by date on the carton.  SUGGESTED METHOD FOR CORRECTION: The dietary services director could educate food service staff on the appropriate use of frying oils and freshness dating of milk, then audit this service to ensure that it care is being provided as indicated and take action as needed.  TIME PERIOD FOR CORRECTION: Thirty (30) days.	31305		
31470	MN Rule 4655.9010 Subp. 2 Solid Waste Disposal; Container Requirements  Subp. 2. Container requirements. All containers for the collection and storage of garbage and refuse shall be of seamless watertight construction with tightly fitting covers, and be kept in a sanitary condition. Containers shall be stored in a safe location pending removal of contents, and shall be removed from the building and cleaned at frequent intervals.  This MN Requirement is not met as evidenced by: Based on observation and interview, the facility failed to consistently keep refuse covered on outdoor dumpsters.	31470		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00788</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>MN VETERANS HOME HASTINGS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1200 EAST 18TH STREET HASTINGS, MN 55033</b>		
(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
31470	<p>Continued From page 8</p> <p>Dumpsters containing refuse was observed on several occasions to be uncovered. Observations were noted at 1:00 p.m. on 8/6/12, at 2:00 and 6:15 p.m. on 8/6/12 at 7:45 a.m. and 3:00 p.m. on 8/7/12.</p> <p>The dumpsters were kept open purposefully so that residents and staff could easily use them according to the housekeeping supervisor at 3:00 p.m. on 8/7/12. The housekeeping supervisor was unaware the refuse needed to be covered.</p> <p>The following morning at approximately 10:20 a.m. on 8/8/12, two of three waste disposal dumpsters were again uncovered, and refuse was observed in the dumpsters.</p> <p>At 3:46 p.m. on 8/9/12, a policy on waste disposal was requested from the administrator via phone message and electronic mail. No policy was provided.</p> <p><b>SUGGESTED METHOD FOR CORRECTION:</b> The director of maintenance and director of housekeeping could educate staff on appropriate maintenance of dumpsters, then audit this service to ensure that it care is being provided as indicated and take action as needed.</p> <p><b>TIME PERIOD FOR CORRECTION:</b> Fourteen (14) days.</p>	31470		



STATE OF MINNESOTA DEPARTMENT OF VETERANS AFFAIRS  
HASTINGS VETERANS HOME

★ ★ ★  
1200 EAST 18<sup>TH</sup> STREET • HASTINGS, MN 55033 • (651)-438-8500 • FAX (651)-437-2203  
WWW.MDVA.STATE.MN.US • 1 888-LINKVET

✓ ser  
September 6, 2012

Shellac Dietrich, Program Specialist  
Licensing and Certification Program  
Division of Compliance Monitoring  
MN Dept of Health

Dear Ms. Dietrich,

This letter is in response to the recommendations made by your survey team following our August 8, 2012 survey project number SL00788021.

3850 – MN Rule 4655, 4800 Subp.1 /Dental Care Services

1. The Director of Nursing will educate her staff by September 26, 2012 to submit an alerted note to the social worker and the benefit coordinator whenever a resident has complaints about dental or optical needs.
2. The Benefits Coordinator will assist the resident with obtaining a voucher.
3. The Benefits Coordinator will review the resident's eligibility for such vouchers and track/audit the time frames for use of the vouchers.
4. The Benefits Coordinator will send a copy to the appointment scheduler to make the dental appointment directly with the resident.

3945 – MN Rule 4655, 6400 Subp.1 /Adequate Care: Care in General

1. The Director of Nursing will provide individual glucometers for all diabetic residents and supplies; until these items arrive the nursing staff will take full responsibility to clean the glucometers before and after each use.
2. Individual glucometers and supplies will be issued to those residents that are on self-administered medications and who have demonstrated the proper technique of cleaning their glucometer. They may keep the glucometers at bedside.
3. Residents on nurse administered medications will also be issued individual glucometers and supplies but they will be stored at the nursing station, and monitored by the nursing staff.
4. The skills check list will be updated to include the cleaning of glucometers and a return demonstration will be required to pass.
5. All nursing staff will be re-educated with the process of cleaning glucometers.
6. Random audits will be done to monitor compliance with the blood glucose monitoring policy.

31305 – MN Rule 4655, 8670 Subp. 1/Food Supplies; Food*The Dietitian will:*

1. We will continue to check and document the temperature of the milk cooler four times daily.
2. Update the policy regarding any dated items by September 26<sup>th</sup>.
3. Write a policy for changing the oil in the broaster by September 26<sup>th</sup>.
4. Re-educate staff to these changes and daily audits by September 26<sup>th</sup>.

31470 – MN Rule 4655, 9010 Subp. 2/Solid Waste Disposal Container Requirements*The Director of Housekeeping will:*

1. Uphold the policy regarding garbage dumpsters and educate staff and resident workers to the policy by September 26, 2012.
2. Replace any of the containers that do not have seamless watertight construction with tightly fitting covers.
3. Have a staff member check the containers at the end of his shift to make sure all covers are closed over night.
4. Signs will be posted to remind staff and residents workers that covers need to be kept closed.

We will hope that you will find these corrections satisfactory. If you have any further questions feel free to contact me.

Sincerely,



Mr. Craig Barness, Interim Administrator  
MN Veterans Home – Hastings  
1200 East 18<sup>th</sup> Street  
Hastings, MN 55033