BEFORE THE MINNESOTA
BOARD OF EXAMINERS FOR
NURSING HOME ADMINISTRATORS

STANDARDS OF PRACTICE COMMITTEE

In the Matter of
Geoffrey J. Ryan, LNHA
License No. # 3059

AGREEMENT FOR CORRECTIVE ACTION

This Agreement for Corrective Action ("Agreement") is entered into by and between Geoffrey Ryan, LNHA. ("Licensee"), and the Standards of Practice Committee ("Committee") of the Minnesota Board of Examiners for Nursing Home Administrators ("Board") pursuant to the authority of Minn. Stat. § 214.103, subd. 6(a). Licensee was advised by Board representatives that Licensee may choose to be represented by legal counsel in this matter. The Board was represented by Assistant Attorney General, Jennifer Middleton, 445 Minnesota Street, Suite 1400, St. Paul, Minnesota 55101. Licensee and the Committee hereby agree as follows:

FACTS

This Agreement is based upon the following facts:

1. Licensee was the Administrator of Record for Heritage Manor Health Center ("Heritage"), located in Chisholm, Minnesota, from January 12, 1998 to November 30, 2016.

2. On March 2, 2016, the Minnesota Department of Health Office of Health Facility Complaints ("OHFC") conducted a complaint investigation at Heritage. OHFC substantiated neglect of care of a resident for which the facility was held responsible. The investigation uncovered the following:

a. A resident with diabetes and dementia was discovered one morning with her bed next to the heat register. The resident's foot had come into contact with the heat register and was burned. During the following seven days, the blister grew and changed in drainage. The staff measured and bandaged the burn but failed to contact the physician. The foot subsequently became infected, and the resident developed sepsis. The events led to the resident's death.

3. Licensee provided a written response to the Committee on January 26, 2017, to discuss the information set forth in paragraph 2 above.

4. Licensee acknowledged that no one monitored the potential for the compromised resident to make contact with the heat register prior to this incident.

5. Licensee acknowledged that systems or policies were not developed and implemented to ensure residents were safe from abuse and neglect prior to this incident. Licensee acknowledged that neither he nor staff completed or was assigned the responsibility to inspect bed placement to heat registers prior to the incident.

6. The Committee acknowledges that both provider associations issued reminders to Licensee on the importance of monitoring bed placement and exposure to heat registers.

7. Based on the discussion, the Committee views Licensee's conduct as failing to meet the requirements under Minn. Rules 6400.6900, subparts 1(D), (E), (I), and (J), and Licensee agrees that the conduct cited above constitutes a reasonable basis in law and fact to justify non-disciplinary corrective action under the authority of the Board.

CORRECTIVE ACTION

7. Licensee agrees to address the concerns referred to in paragraph 2 by taking the following corrective action:

a. Within six months of the date of this Agreement, Licensee must provide evidence that he has successfully completed the following continuing education:

1) Three (3) hours of education related to the Administrator's role in active engagement in quality of care, or creating safe environments, or review of physical environment standards.

b. The continuing education courses must be preapproved by the Committee. For preapproval, Licensee must submit a description of the course, a course agenda, or a course outline for the Committee's review. The continuing education may be used in meeting the minimal annual clock hour requirement for the renewal of Licensee's license.

8. This Agreement shall become effective upon execution by the Committee and shall remain in effect until Licensee successfully completes the terms of the Agreement.

9. Upon Licensee's satisfactory completion of the Agreement, the Committee agrees to dismiss the complaint(s) resulting in the information referred to in paragraph 2. Licensee agrees that the Committee shall determine satisfactory completion. Licensee understands and further agrees that if, after the dismissal, the Committee receives additional complaints similar to the information in paragraph 2, the Committee may reopen the dismissed complaint(s).

10. If Licensee fails to complete the corrective action satisfactorily or if the Committee receives additional complaints similar to the allegations described in paragraph 2, the Committee may, in its discretion, reopen the investigation and proceed according to Minn. Stat. chs. 144A, 214, and 14. Failure to complete corrective action satisfactorily will be deemed failing to cooperate with the Board and shall constitute unprofessional conduct under Minnesota Rules 6400.6900. In any subsequent proceeding, the Committee may use as proof of the allegations of paragraph 2 and Licensee's agreements herein.

11. Licensee understands that this Agreement does not constitute disciplinary action. Licensee further understands and acknowledges that this Agreement and any letter of satisfaction are classified as public data.

12. Licensee hereby acknowledges having read and understood this Agreement and having voluntarily entered into it. This Agreement contains the entire agreement between the Committee and Licensee, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this agreement.

Dated: 3-28-2017

Geoffrey Ryan, LNHA
Licensee

Dated: 4-10-17

Randy D. Snyder, Ex. Director
FOR THE COMMITTEE