



Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF INITIAL LICENSE DENIAL

Electronically Delivered

October 4, 2023

Licensee

Grace Home and Healthcare Inc.
1001 Lynde Drive Northeast
Fridley, MN 55432

RE: Denial of License Number 409443
Health Facility Identification Number (HFID) 39170
Initial Full Evaluation; Project Number(s) SL39170015

Dear Licensee:

The Minnesota Department of Health (MDH) completed an initial survey on September 22, 2023 and follow-up survey on for the purpose of assessing compliance with state licensing statutes and determine issuance of an initial license to the above-mentioned provider. Based on the survey(s), MDH found you not in substantial compliance with the laws pursuant to Minnesota Statute, Chapter 144G. As a result, your authority to continue to operate under a provisional license or be approved for an assisted living facility license is being denied.

STATE CORRECTION ORDERS

The enclosed State Form documents the state licensing orders. The Department of Health documents state correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

REQUEST FOR RECONSIDERATION PROCESS

In accordance with Minn. Stat. § 144G.16, Subd. 4, you may request a reconsideration by the Minnesota Department of Health. The request for reconsideration process must be conducted internally by the Minnesota Department of Health and Chapter 14 does not apply. **This is your only ability to request a reconsideration under this enforcement action.**

The request for reconsideration must be made in writing and must list and describe the reasons why you disagree with our decision. The reconsideration request must be received by this Department within 15 calendar days of the correction order receipt date. Please email reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Include the following information on your cover letter:

Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

REQUIREMENTS FOR NOTIFICATION AND TRANSFER OF RESIDENTS

You must comply with the requirements of notification and transfer of resident(s) and provide the information described in Minn. Stat. § 144G.20, Subd. 15 (1), (2), (3), (4) and (5). Please provide the information to this department's contact, Kelly Thorson, Supervisor, via email at: kelly.thorson@state.mn.us, the lead agencies as defined in section 256B.0911, county adult protection and case managers, and the ombudsman for long-term care **no later than Saturday, October 7, 2023.** Pursuant to Minn. Stat § 144G.16, Subd. 5 (3), a provisional licensee whose license is denied is permitted to continue operating as an assisted living facility during the period of time when a transfer of assisted living facility resident(s) from the provisional licensee to a new assisted living facility provider is in process. Additionally, pursuant to Minn. Stat. § 144G.16, Subd. 5 (1), you may continue operating during the reconsideration process.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and/or state form with your organization's Governing Body.

If you have any additional questions, please do not hesitate to contact Kelly Thorson, Supervisor, at kelly.thorson@state.mn.us. Kelly Thorson can also be reached by office phone at 320-223-7336.

Sincerely,



Maria King, RN
Division Director

**Minnesota Department of Health
Health Regulation Division**

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39170	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/22/2023
NAME OF PROVIDER OR SUPPLIER GRACE HOME AND HEALTHCARE INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1001 LYNDE DRIVE NORTHEAST FRIDLEY, MN 55432		
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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS: SL39170015-0</p> <p>On September 18, 2023, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were three (3) active residents receiving services under the provisional Assisted Living license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.</p>		
0 180 SS=F	<p>144G.16 Subd. 2 Initial survey</p> <p>(a) During the provisional license period, the commissioner shall survey the provisional</p>	0 180			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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0 180	<p>Continued From page 1</p> <p>licensee after the commissioner is notified or has evidence that the provisional licensee is providing assisted living services to at least one resident.</p> <p>(b) Within two days of beginning to provide assisted living services, the provisional licensee must provide notice to the commissioner that it is providing assisted living services by sending an e-mail to the e-mail address provided by the commissioner.</p> <p>(c) If the provisional licensee does not provide services during the provisional license period, the provisional license shall expire at the end of the period and the applicant must reapply.</p> <p>(d) If the provisional licensee notifies the commissioner that the licensee is providing assisted living services within 45 calendar days prior to expiration of the provisional license, the commissioner may extend the provisional license for up to 60 calendar days in order to allow the commissioner to complete the on-site survey required under this section and follow-up survey visits.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to notify the Minnesota Department of Health (MDH) within two days of starting services. This had the potential to affect all residents residing at the assisted living facility.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p>	0 180			

Minnesota Department of Health

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0 180	Continued From page 2 Findings Include: On September 18, 2023, at 10:15 a.m., the surveyor observed an expired copy of the licensee's provisional assisted living license posted by the front office. The provisional assisted living license was issued on September 29, 2022. MDH records indicated the licensee informed MDH of initiation of assisted living services on March 15, 2023, twenty-three days after the licensee began providing services. The licensee actually began providing services on February 20, 2023. The notice indicated there were currently 3 receiving assisted living services. On September 18, 2023, at 11:43 a.m., owner (O)-A confirmed the licensee began providing services on September 29, 2022, and was not sure why the notification of services was not sent until recently. TIME PERIOD FOR CORRECTION: Two (2) Days.	0 180			
0 230 SS=F	144G.18 NOTIFICATION OF CHANGES IN INFORMATION A provisional licensee or licensee shall notify the commissioner in writing prior to a change in the manager or authorized agent and within 60 calendar days after any change in the information required in section 144G.12, subdivision 1, paragraph (a), clause (1), (3), (4), (17), or (18). This MN Requirement is not met as evidenced by: Based on interview and record review, the	0 230			

Minnesota Department of Health

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0 230	<p>Continued From page 3</p> <p>licensee failed to notify the commissioner in writing prior to a change in the manager or authorized agent within 60 calendar days of the change. This had a potential to affect all residents, staff and visitors of the licensee.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>The facility was licensed as a provisional assisted living facility and issued the license on September 29, 2022. The resident capacity documented on the displayed license was five (5). The resident roster revealed there were 3 active residents currently receiving services in the facility.</p> <p>On August 24, 2023, at 5:28 PM, a notice was submitted to the department indicating a change of ownership occurred. The notice indicated the following changes:</p> <ol style="list-style-type: none"> 1. 2 partners sold their shares (a total of 66.66%) 2. 2 new partners were admitted (a total of 66%) 3. New owners previously had their background check done as direct caregivers. <p>Per statute 144G.19 Subd. 2 (a) A prospective licensee must apply for a license prior to operating a currently licensed assisted living facility. The new license, if issued, shall not be a provisional license.</p> <p>No further information was provided.</p>	0 230		

Minnesota Department of Health

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0 230	Continued From page 4	0 230		
0 495 SS=I	<p>144G.41 Subd. 1 (14) Minimum Requirements</p> <p>(14) provide staff access to an on-call registered nurse 24 hours per day, seven days per week</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure staff had access to the registered nurse (RN), 24 hours per day, seven days per week. This had the potential to affect all residents receiving assisted living services.</p> <p>This resulted in an immediate correction order issued on September 18, 2023, at 1:20 p.m.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>RN-B started employment with licensee August 9, 2023, under the assisted living license on August 1, 2021.</p> <p>On September 18, 2023, at 10:15 a.m. the owner (O)-A stated the RN, and the Licensed Assisted Living Director (LALD) were not in Minnesota and were not able to attend the entrance conference</p>	0 495		

Minnesota Department of Health

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0 495	<p>Continued From page 5</p> <p>as they were both on vacation. O-A stated the licensee had one RN and the RN was not available to participate in an entrance conference because RN-B was out of the country.</p> <p>On September 18, 2023, at 10:20 a.m., O-A stated RN-B would phone into the entrance conference if needed. O-A stated that RN-B could be reached by staff on RN-B's cell phone.</p> <p>On September 18, 2023, at 10:33 a.m. O-A stated that she is acting as the administrator while the RN and LALD were out of the country.</p> <p>On September 18, 2023, at 10:37 a.m. O-A stated in an event of a medical emergency O-A and staff would contact 911 and then contact RN-B. O-A stated that the licensee has one RN and no backup nurses. O-A included RN-B also worked at the Hospital on the night shift.</p> <p>On September 18, 2023, at 10:53 a.m. O-A called RN-B via cell phone with RN-B to verify that RN-B is out of the county, unable to attend entrance conference. RN-B stated that RN-B worked at the licensee two sometime three days a week as needed. RN-B stated that RN-B posted her cellphone number on the bulletin board for staff to contact RN-B as needed.</p> <p>On September 18, 2023, at 11:05 a.m., O-A stated RN-B was unable to be reached by staff on Labor Day 2023. O-A stated staff were not able to get a hold of RN-B as there was an admit with the resident in need of a medication that was ordered, and the licensee did not have the medication that was ordered.</p> <p>On September 18, 2023, at 12:57 p.m. O-A stated that RN-B left the country on September</p>	0 495			

Minnesota Department of Health

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0 495	Continued From page 6 15, 2023, and was out of the country until September 19, 2023. No further information was provided.	0 495			
0 660 SS=F	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC), which included a two-step tuberculin skin test (TST) or other evidence of TB screening such as a blood test and a TB history and symptom screening, for one of two employees (registered nurse (RN)-B). In addition, the licensee failed to provide TB training upon hire for two of two employees (owner (O)-A, (RN)-B).	0 660			

Minnesota Department of Health

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0 660	<p>Continued From page 7</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>The licensee's TB risk assessment dated June 30, 2023, indicated the licensee was a low risk.</p> <p>O-A O-A was hired March 10, 2023, to provide direct care services.</p> <p>O-A's employee record lacked the required TB training upon hire.</p> <p>RN-B RN-B was hired August 9, 2023, to provide supervision and oversight to unlicensed personnel and to provide direct services to residents.</p> <p>RN-B's employee record lacked evidence of the following:</p> <ul style="list-style-type: none">- two step TST 90 days prior or upon hire-TB history and symptom screening 90 days prior or upon hire-TB training upon hire <p>On September 18, 2023, at 3:15 p.m., O-A stated employee records contained all that the licensee had.</p> <p>The Minnesota Department of Health (MDH)</p>	0 660			

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0 660	Continued From page 8 guidelines, Regulations for Tuberculosis Control in Minnesota Health Care Settings dated July 2013, and based on CDC guidelines, indicated an employee may begin working with residents after a negative TB history and symptom screen (no symptoms of active TB disease) and a negative Interferon Gamma Release Assay (IGRA) or TST (first step) dated within 90 days before hire. The second TST may be performed after the HCW (health care worker) starts working with patients. Baseline TB screening should be documented in the employee's record." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660			
0 910 SS=C	144G.50 Subd. 2 (a-b) Contract information (a) The contract must include in a conspicuous place and manner on the contract the legal name and the health facility identification of the facility. (b) The contract must include the name, telephone number, and physical mailing address, which may not be a public or private post office box, of: (1) the facility and contracted service provider when applicable; (2) the licensee of the facility; (3) the managing agent of the facility, if applicable; and (4) the authorized agent for the facility. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written contract with the required content for two of two residents (R1,	0 910			

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0 910	<p>Continued From page 9</p> <p>R2). This had the potential to affect all residents living in the assisted living facility.</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>R1's Assisted Living Contract was signed June 8, 2023.</p> <p>R2's Assisted Living Contract was signed February 15, 2023.</p> <p>R1and R2's Assisted Living Contracts lacked documentation of the Health Facility Identification (HFID) number of the facility in a conspicuous place and manner.</p> <p>On September 18, 2023, at 2:30 p.m., owner (O)-A stated licensee was not aware of the requirement and all resident contracts will be missing the HFID number.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 910			
0 970 SS=F	<p>144G.50 Subd. 5 Waivers of liability prohibited</p> <p>The contract must not include a waiver of facility liability for the health and safety or personal</p>	0 970			

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0 970	<p>Continued From page 10</p> <p>property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the licensee's liability for health, safety, or personal property of a resident for one of one resident (R1). This had the potential to affect all residents.</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R1's Assisted Living Contract was signed June 8, 2023. The contract had two sections with a liability language: - Section indemnification - Resident will indemnify and hold harmless Provider, its employees and agents from and against any and all claims, actions, damages, and liability and expense in connection with loss of life, personal injury or damage to property, arising from or out of the use by Resident of the rented premises or any other part of Provider's property, or caused wholly or in part by an act or omission of Resident.</p>	0 970			

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0 970	Continued From page 11 - Section liability- Provider is not liable to Resident for any injury, death or property damage occurring in the Apartment Unit or on Provider's premises unless such injury, death or property damage occurs as the result of an equipment malfunction or hazardous conditions within the building not caused by Resident. Provider may be liable to Resident for its own negligent acts or those of its employees or agents. On September 18, 2023, at 2:30 p.m., owner (O)-A stated licensee was not aware of the liability language used in the contract and the same contract was used for all licensee's residents. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 970			
01290 SS=I	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of an employee in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits.	01290			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39170	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/22/2023
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01290	<p>Continued From page 12</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a background study was conducted and/or affiliated with the assisted living license for one of two registered nurses (RN-E).</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>RN-E was hired to provide assisted living services to licensee's residents. Hire date unknown.</p> <p>On September 18, 2023, at 3:35 p.m. LALD-D stated RN-E stepped in for RN-B while away on vacation to provide services to licensee's residents.</p> <p>On September 18, 2023, at 4:07 p.m., the surveyor requested to review RN-E background study. LALD- D stated licensee did not have a background study for RN-E.</p> <p>No further information was provided.</p>	01290		
01470 SS=F	<p>144G.63 Subd. 2 Content of required orientation</p> <p>(a) The orientation must contain the following topics:</p>	01470		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39170	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/22/2023
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01470	<p>Continued From page 13</p> <p>(1) an overview of this chapter; (2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); (5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; (7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; (8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and (9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure. (b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:</p>	01470			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39170	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/22/2023
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01470	<p>Continued From page 14</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication;</p> <p>(2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employees completed required orientation before providing services for two of two direct care employees (owner (O)-A, registered nurse (RN)-B).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>O-A O-A was hired March 10, 2023, to provide direct care services.</p> <p>RN-B RN-B was hired August 9, 2023, to provide supervision and oversight to unlicensed personnel</p>	01470			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39170	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 09/22/2023
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01470	Continued From page 15 and to provide direct care services to residents. O-A and RN-B's employee records lacked evidence of the required orientation to assisted living regulations before providing services under 144G.63 Subd.2. On September 18, 2023, at 10:52 a.m., RN-B and O-A stated RN-B did not have training upon hire. On September 18, 2023, at 11:41 a.m., during the entrance conference, O-A stated licensee's management employees were aware of the required contents of employee records. On September 18, 2023, at 3:15 p.m. O-A stated employee records contained all the licensee had. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01470			
01500 SS=D	144G.63 Subd. 5 Required annual training (a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include: (1) training on reporting of maltreatment of vulnerable adults under section 626.557; (2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (3) review of infection control techniques used in the home and implementation of infection control	01500			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39170	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/22/2023
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01500	<p>Continued From page 16</p> <p>standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases;</p> <p>(4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders;</p> <p>(5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and</p> <p>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.</p> <p>(b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication;</p> <p>(2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual</p>	01500			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39170	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/22/2023
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01500	<p>Continued From page 17</p> <p>and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure annual training included all required topics for each 12 months of employment for one of one employee (owner (O)-A).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>O-A began employment on March 10, 2023, to provide direct care services.</p> <p>O-A's employee record lacked evidence the employee had successfully completed at least eight hours for every 12 months of employment as required under 144G.63, Subd.5, to include the following:</p> <ul style="list-style-type: none">-review of reporting maltreatment for vulnerable adults or minors;- review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures;-review of effective approaches to use problem solving when working with a resident's challenging behaviors; and	01500			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39170	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 09/22/2023
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01500	Continued From page 18 - review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques, the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfection environmental surfaces; and reporting communicable disease. On September 18, 2023, at 11:41 a.m., during the entrance conference, O-A stated the licensee was aware of the required contents of employee records. On September 18, 2023, at 3:15 p.m. O-A stated employee records contained all that the licensee had. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01500			
01640 SS=F	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services	01640			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39170	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/22/2023
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01640	<p>Continued From page 19</p> <p>and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities.</p> <p>(c) The facility must implement and provide all services required by the current service plan.</p> <p>(d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable.</p> <p>(e) Staff providing services must be informed of the current written service plan.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the current service plan included a signature or other authentication by the resident and the facility to document agreement on the services to be provided for one of two residents (R1).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R1 was admitted for assisted living services June 8, 2023.</p> <p>R1's unsigned and undated service plan indicated R1 received the following services: housekeeping and laundry, shopping, dressing, grooming, bathing, medication administration, medication</p>	01640			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39170	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/22/2023
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01640	Continued From page 20 setup and monitoring, behavior management and managing aggression. R1's service plan lacked a signature or authentication by the facility representative documenting agreement on the services to be provided. On September 18, 2023, at 2:30 p.m., owner (O)-A stated licensed assisted living director was responsible for signing contracts. No further information was provided. TIME PERIOD TO CORRECT- Twenty-one (21) days.	01640			
01650 SS=D	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse	01650			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39170	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/22/2023
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01650	<p>Continued From page 21</p> <p>change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and</p> <p>(iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the service plan included all required content for one of one resident (R1).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R1 was admitted for assisted living services June 8, 2023.</p> <p>R1's unsigned and undated service plan indicated R1 received the following services: housekeeping and laundry, shopping, dressing, grooming, bathing, medication administration, medication setup and monitoring, behavior management and managing aggression.</p> <p>R1's service plan lacked:</p> <ul style="list-style-type: none">- the fees for services;- the names and contact information of persons	01650			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39170	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/22/2023
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01650	Continued From page 22 the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and - the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. On September 18, 2023, at 2:30 p.m., owner (O)-A stated she believed the service plan had all required content. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01650			
01820 SS=D	144G.71 Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure written or electronically recorded prescriptions were obtained for one of one resident (R1). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to	01820			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39170	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/22/2023
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01820	<p>Continued From page 23</p> <p>cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R1 was admitted for assisted living services June 8, 2023.</p> <p>R1's diagnoses were dementia (a decline in cognitive abilities that impacts a person's ability to do everyday activities), anxiety, lower back pain, and traumatic brain injury (TBI)</p> <p>R1's unsigned and undated service plan indicated R1 received the following services: housekeeping and laundry, medication administration, medication setup and monitoring, behavior management and managing aggression.</p> <p>R1's Medication Administration Record (MAR), dated September 1, 2023, through September 18, 2023, listed the medications, times to administer, and staff initials to indicate the resident was administered the following medication: calcitonin SPR 200 per actuation spray into right and left nostrils every day, divalproex 500 milligram (mg) tablet take two tablets (1000mg) by mouth every evening, escitalopram 20 mg tablet take 2 tablets (40mg) by mouth daily, oxybutynin 5 mg Er tablet Take one tablet by mouth once daily, prenatal 27-0.8 mg tablet Take one tablet by mouth daily for vitamins supplement, Quetiapine 300 mg tablet take two tablets (600 mg) by mouth at bedtime and Ramelteon 8 mg tablet take one tablet by mouth at bedtime.</p> <p>The licensee lacked signed orders for all</p>	01820			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39170	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/22/2023
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01820	<p>Continued From page 24</p> <p>medications they managed for R1.</p> <p>On September 18, 2023, at 2:30 p.m., owner (O)-A stated licensee would call the pharmacy to send them the prescriptions.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01820			