DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

June 2, 2023

Licensee
Pelican Landing Senior Living
1325 Pelican Lane
Detroit Lakes, MN 56501

RE: Project Number(s) SL35052015

Dear Licensee:

On May 31, 2023, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the March 29, 2023, survey were corrected. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

Jessica Chenze, Supervisor
State Evaluation Team
Email: jessica.chenze@state.mn.us
Telephone: 218-332-5175 Fax: 651-281-9796

PMB

Electronically Delivered

April 12, 2023

Licensee
Pelican Landing Senior Living
1325 Pelican Lane
Detroit Lakes, MN 56501

RE: Project Number(s) SL35052015

Dear Licensee:

The Minnesota Department of Health completed an evaluation on March 29, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

LICENSING ORDERS
The enclosed State Form documents the state licensing orders. The Department of Health documents state licensing 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 . . ."

IMPOSITION OF FINES
In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement.
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;
Level 3: a fine of $3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.
Level 4: a fine of $5,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20.

In accordance with Minn. Stat. § 144G.20, Subd. 4 (a)(5), the Department of Health imposes fine amounts of either $1,000 or $5,000 to licensees who are found to be responsible for maltreatment. The Department of Health imposes a fine of $1,000 for each substantiated maltreatment violation

that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, Subds. 2, 9, 17. The Department of Health also may impose a fine of $5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

In accordance with Minn. Stat. § 144G.31, Subd. 4 (a)(5)(b), when a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this evaluation:

St - 0 - 0470 - 144g.41 Subdivision 1 - Minimum Requirements - $3,000.00
St - 0 - 2070 - 144g.81 Subd. 4 - Awake Staff Requirement - $3,000.00

The total amount you are assessed is $6,000.00. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY
Per Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document any action taken to comply with the correction order by the correction order date. A copy of the provider's records documenting those actions may be requested for follow-up evaluations. The licensee is not required to submit a plan of correction for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS
In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by the Department of Health within 15 calendar days of the correction order receipt date.

A state licensing order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557.

Please email reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

Please address your cover letter for reconsideration requests to:

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

REQUESTING A HEARING
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor. Requests for hearing may be emailed to: **Health.HRD.Appeals@state.mn.us**.

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,

Jessica Chenze, Supervisor
State Evaluation Team
Health Regulation Division
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Telephone: 218-332-5175 Fax: 651-281-9796

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35052	A. BUILDING: _____ B. WING _____	03/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PELICAN LANDING SENIOR LIVING	1325 PELICAN LANE DETROIT LAKES, MN 56501

(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
0 000	Initial Comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. 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. INITIAL COMMENTS: SL#35052015 On March 27, 2023, through March 29, 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 89 active residents; 70 of whom were receiving services under the Assisted Living with Dementia Care license. Immediate correction orders were identified on March 28, 2023, issued for SL35052015, tag identification 0470 and 2070. On March 29, 2023, at 8:24 a.m., the immediacy of correction orders 0470 and 2070 were removed, however, non-compliance remained at a scope and level of I.	0 000	Minnesota Department of Health is documenting the State Licensing 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. 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. 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.	
0 130 SS=C	144G.12, Subd. 1 Application for Licensure Each application for an assisted living facility	0 130		

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0 130	Continued From page 1 license, including provisional and renewal applications, must include information sufficient to show that the applicant meets the requirements of licensure, including: (1) the business name and legal entity name of the licensee, and the street address and mailing address of the facility; (2) the names, e-mail addresses, telephone numbers, and mailing addresses of all owners, controlling individuals, managerial officials, and the assisted living director; (3) the name and e-mail address of the managing agent and manager, if applicable; (4) the licensed resident capacity and the license category; (5) the license fee in the amount specified in section 144.122; (6) documentation of compliance with the background study requirements in section 144G.13 for the owner, controlling individuals, and managerial officials. Each application for a new license must include documentation for the applicant and for each individual with five percent or more direct or indirect ownership in the applicant; (7) evidence of workers' compensation coverage as required by sections 176.181 and 176.182; (8) documentation that the facility has liability coverage; (9) a copy of the executed lease agreement between the landlord and the licensee, if applicable; (10) a copy of the management agreement, if applicable; (11) a copy of the operations transfer agreement or similar agreement, if applicable; (12) an organizational chart that identifies all organizations and individuals with an ownership interest in the licensee of five percent or greater	0 130		

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0 130	Continued From page 2 and that specifies their relationship with the licensee and with each other; (13) whether the applicant, owner, controlling individual, managerial official, or assisted living director of the facility has ever been convicted of: (i) a crime or found civilly liable for a federal or state felony level offense that was detrimental to the best interests of the facility and its resident within the last ten years preceding submission of the license application. Offenses include: felony crimes against persons and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pretrial diversions; financial crimes such as extortion, embezzlement, income tax evasion, insurance fraud, and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pretrial diversions; any felonies involving malpractice that resulted in a conviction of criminal neglect or misconduct; and any felonies that would result in a mandatory exclusion under section 1128(a) of the Social Security Act; (ii) any misdemeanor conviction, under federal or state law, related to: the delivery of an item or service under Medicaid or a state health care program, or the abuse or neglect of a patient in connection with the delivery of a health care item or service; (iii) any misdemeanor conviction, under federal or state law, related to theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service; (iv) any felony or misdemeanor conviction, under federal or state law, relating to the interference with or obstruction of any investigation into any criminal offense described in Code of Federal Regulations, title 42, section 1001.101 or	0 130		

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0 130	Continued From page 3 1001.201; (v) any felony or misdemeanor conviction, under federal or state law, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance; (vi) any felony or gross misdemeanor that relates to the operation of a nursing home or assisted living facility or directly affects resident safety or care during that period; (vii) any revocation or suspension of a license to provide health care by any state licensing authority. This includes the surrender of such a license while a formal disciplinary proceeding was pending before a state licensing authority; (viii) any revocation or suspension of accreditation; or (ix) any suspension or exclusion from participation in, or any sanction imposed by, a federal or state health care program, or any debarment from participation in any federal executive branch procurement or nonprocurement program; (14) whether, in the preceding three years, the applicant or any owner, controlling individual, managerial official, or assisted living director of the facility has a record of defaulting in the payment of money collected for others, including the discharge of debts through bankruptcy proceedings; (15) the signature of the owner of the licensee, or an authorized agent of the licensee; (16) identification of all states where the applicant or individual having a five percent or more ownership, currently or previously has been licensed as an owner or operator of a long-term care, community-based, or health care facility or agency where its license or federal certification has been denied, suspended, restricted, conditioned, refused, not renewed, or revoked	0 130		

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0 130	Continued From page 4 under a private or state-controlled receivership, or where these same actions are pending under the laws of any state or federal authority; (17) statistical information required by the commissioner; and (18) any other information required by the commissioner. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to hold an assisted living with dementia care license for their current capacity of residents. The assisted living with dementia care license effective August 1, 2022, indicated a capacity of 85 residents, however 89 residents resided at the facility. 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). The findings include: During the entrance conference on March 27, 2023, at 11:01 a.m., licensed assisted living director (LALD)-A provided a current resident roster which indicated 89 total residents. The licensee's application for an assisted living with dementia care license, signed by owner (O)-K on May 9, 2022, indicated the capacity was 85 residents. During a tour of the facility, at 11:40 a.m., LALD-A	0 130		

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0 130	Continued From page 5 stated there were three (3) vacant apartments. The evaluator observed the facility license hanging on the wall in the main entrance indicating the licensed capacity was 85. On March 28, 2023, at 3:55 p.m., the resident roster was reviewed with clinical nurse supervisor (CNS)-B. CNS-B stated the current census was 89 residents and over the licensee's maximum capacity. No further information provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 130		
0 470 SS=I	144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached	0 470		

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0 470	Continued From page 6 building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions; This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the facility had sufficient staffing 24 hours per day to meet the scheduled and reasonably foreseeable unscheduled needs of each resident. This had the potential to affect all residents, staff and visitors. 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). This resulted in an immediate correction order identified on March 28, 2023. The findings include: On March 27, 2023, at 11:25 a.m., during the entrance conference registered nurse (RN)-B stated the facility staffing plan for overnights from 10:00 p.m. until 6:00 a.m. had one unlicensed personnel (ULP) working in the memory care unit [a secured unit requiring a key code to enter and exit] and one ULP for the assisted living (AL)	0 470		

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0 470	Continued From page 7 section of the facility. RN-B stated when the patient assisted lift (PAL) needs to be used on the AL, it requires two staff and would require the ULP from the memory unit to come assist. On March 28, 2023, at 5:35 a.m., ULP-E stated she leaves the memory care unit periodically at night to go assist the ULP on the AL side for assistance with falls and PAL transfers. On March 28, 2023, at 5:36 a.m., ULP-D stated she contacts the memory care unit ULP to provide assistance with the PAL or a fall as needed from 10:00 p.m. through 6:00 a.m. as there is no other staffing available at that time to assist. R4's diagnoses included vertigo, lower back pain, displaced fractured femur and cataracts. R4's service plan dated March 27, 2023, indicated R4 received assistance with bathing, grooming, dressing, recording vital signs, toileting, and transferring using the PAL with the assistance of two staff. On March 28, 2023, at 6:57 a.m., the evaluator observed ULP-F and ULP-J transfer R4 with the PAL. The licensee's staffing plan was requested, however, not provided. The licensee's Conventional Staffing Plan policy dated October 2022, indicated the licensee would ensure sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident. The policy also included direct-care staff were able to respond to a resident's request for assistance	0 470		

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0 470	Continued From page 8 from 10:00 p.m. until 6:00 a.m. however the dementia care unit must have an awake person who is physically present in the secured unit at all times. The Uniform Assessment Tool dated July 13, 2021, indicated the licensee typically scheduled the number of ULPs for each for the following shifts: Day Shift (7:00 a.m., to 3:30 p.m.) five (5) ULPs; Evening shift (3:00 a.m. to 11:30 a.m.) five (5) ULPs; and Night shift (11:00 p.m. to 7:30 a.m.) three (3) ULPs. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate Immediacy is removed as confirmed by evaluation supervisor on March 29, 2023, at 8:24 a.m., however, non-compliance remains at a scope and level of three, widespread (I).	0 470		
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.	0 480		

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0 480	Continued From page 9 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 the residents). The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated March 27, 2023, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
01550 SS=D	144G.64 (a) TRAINING IN DEMENTIA CARE REQUIRED (4) staff who do not provide direct care, including maintenance, housekeeping, and food service staff, must have at least four hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter; and This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure employees that did not provide direct care, received at least four hours of initial training on dementia care within 160 working hours of the employment start date, for one of three employees (dietary assistant (DA)-G). In addition, the licensee failed to ensure DA-G received two hours of annual dementia training.	01550		

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PELICAN LANDING SENIOR LIVING	1325 PELICAN LANE DETROIT LAKES, MN 56501

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01550	Continued From page 10 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). The findings include: During the entrance conference on March 27, 2023, at 10:54 a.m., licensed assisted living director (LALD)-A stated the licensee provided services to residents with dementia and other related disorders. DA-G started employment on November 19, 2021. DA-G's employee record indicated DA-G completed 3.5 hours of dementia training on November 20, 2021. DA-G's employee record lacked evidence DA-G completed the required four hours of dementia training within 160 working hours of DA-G's hire date and lacked evidence DA-G completed at least two hours of training on topics related to dementia care for each 12 months of employment thereafter. On March 29, 2023, at 10:23 a.m., LALD-A confirmed DA-G had worked greater than 160 hours adding, "we (facility) are in the wrong about that (not having required dementia training completed)." In addition, LALD-A added DA-G had not completed the required two (2) hours of annual training. LALD-A stated, "we need to get better with our as needed (prn) staff." LALD-A	01550		

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	35052	A. BUILDING: _____ B. WING _____	03/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PELICAN LANDING SENIOR LIVING	1325 PELICAN LANE DETROIT LAKES, MN 56501

(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
01550	Continued From page 11 added, DA-G started out as prn but hours have been "heavier". The licensee's Dementia Care Training policy dated July 2021, indicated staff who do not provide direct care, including maintenance, housekeeping, and food service staff, must have at least four (4) hours of initial training on dementia topics within 160 working hours of employment start date. In addition, all employees working for an assisted living facility with dementia care would have at least two (2) hours of training on topics related to dementia for each 12 months of employment thereafter. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01550		
02040 SS=F	144G.81 Subdivision 1 Fire protection and physical environment An assisted living facility with dementia care that has a secured dementia care unit must meet the requirements of section 144G.45 and the following additional requirements: (1) a hazard vulnerability assessment or safety risk must be performed on and around the property. The hazards indicated on the assessment must be assessed and mitigated to protect the residents from harm; and (2) the facility shall be protected throughout by an approved supervised automatic sprinkler system by August 1, 2029. This MN Requirement is not met as evidenced by: Based on interview and record review, the	02040		

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	35052	A. BUILDING: _____ B. WING _____	03/29/2023

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PELICAN LANDING SENIOR LIVING	1325 PELICAN LANE DETROIT LAKES, MN 56501

(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
02040	Continued From page 12 licensee failed to conduct a hazard vulnerability or safety risk assessment on or around the facility property. This had the potential to directly affect all residents, staff, and visitors. 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 residents). The findings include: A review of the Hazard Vulnerability Assessment identified safety risks on and around the property but did not include the mitigation process for these concerns. During an interview on March 28, 2023, at 11:30 a.m., the Licensed Assisted Living Director (LALD)-A and Maintenance (M)-I confirmed during an interview that the facility failed to include the mitigation process for the safety risks or hazards identified on and around the property in the assessment. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02040		
02070 SS=I	144G.81 Subd. 4 Awake staff requirement An assisted living facility with dementia care providing services in a secured dementia care unit must have an awake person who is	02070		

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	35052	A. BUILDING: _____ B. WING _____	03/29/2023

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02070	Continued From page 13 physically present in the secured dementia care unit 24 hours per day, seven days per week, who is responsible for responding to the requests of residents for assistance with health and safety needs, and who meets the requirements of section 144G.41, subdivision 1, clause (12). This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure one or more persons were physically present and available 24 hours a day, seven days a week, who were responsible for responding to requests for assistance with health and safety needs of residents in one of one secure memory care unit. This had the potential to affect all 21 residents residing in the memory unit. 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). This resulted in an immediate correction order identified on March 28, 2023. The findings include: The licensee held an Assisted Living with Dementia Care license with a bed capacity of 85 residents and had a current census of 89 residents: 49 residents in assisted living, 19 independent residents and 21 residents in memory care.	02070		

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02070	Continued From page 14 On March 27, 2023, at 11:25 a.m., during the entrance conference clinical nurse supervisor (CNS)-B confirmed the facility's staffing schedule included one unlicensed personnel (ULP) scheduled on the overnight shift (6:00 p.m. to 6:30 a.m.), in the memory unit [a secured unit requiring a key code to enter and exit] and one ULP scheduled (6:00 p.m. to 6:30 a.m.) in the assisted living. CNS-B added there were no scheduled services on the night shift in the memory care unit. The physical layout of the facility consisted of one building with three floors. The memory unit was on the ground level located on the west side of the building. The memory unit had two entrances, one marked "Woodland" for guests and residents and one through the assisted living office which staff use. To get to the assisted living office, from the memory unit, where narcotics were stored and staff report was given, staff needed to exit the memory care unit and enter a door marked, "STOP authorized personnel only." Through the "STOP authorized personnel only" door, were three other doors, labeled: restroom, assistant clinical nurse supervisor, and assisted living office. The assisted living office door required keypad entrance and a button to "push to exit". TRANSFERS On March 27, 2023, at 11:25 a.m., during the entrance conference CNS-B stated one (1) resident in the assisted living required a mechanical lift and two staff to assist with resident transfer. CNS-B stated staff on the night shift would have to leave the memory care unit unattended to assist the assisting living unit with any two-person resident transfers.	02070		

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02070	Continued From page 15 On March 28, 2023, at approximately 5:39 a.m., the evaluator observed unlicensed personnel (ULP)-E use a keypad to gain entrance to a short hall. ULP-E commented the door needed to be closed behind her. ULP-E used another keypad to gain entrance into the assisted living office. On March 28, 2023, at 5:44 a.m., ULP-E stated she leaves the memory unit to go to the second floor two times each shift, and she leaves the memory unit to go to the third floor once a shift to assist with transfers. ULP-E added she also would leave the memory care unit if "odd" call lights occurred. SHIFT CHANGE On March 28, 2023, at approximately 5:55 a.m., the evaluator observed ULP-E exit the memory care unit through the door marked, "STOP authorized personnel only." The evaluator did not observe any staff on the memory care unit once ULP-E exited. On March 28, 2023, at 6:23 a.m., ULP-H entered the memory care unit through the assisted living door. ULP-H stated ULPs do RTask (on-line charting system) documentation before shift change in the office, does narcotic counting with coming shift, and gives a verbal report to three on coming staff. NARCOTICS On March 27, 2023, at 11:25 a.m., during the entrance conference CNS-B confirmed there were two residents in the memory unit that had as needed (prn) narcotic orders R2's medication administration record (MAR) dated March 1, 2023, through March 27, 2023, included oxycodone 5 mg, 1 tablet by mouth (po)	02070		

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02070	Continued From page 16	02070		

in the AM and 2 tablets po at HS (hour of sleep) and 1 tablet every 6 hours prn was given:
-March 14, 2023, 12:35 a.m.
-March 20, 2023, 2:40 a.m.

On March 28, 2023, at 10:27 a.m., CNS-B stated she was aware staff leave the memory unit to assist with transfers, to get narcotics, and to do narcotic shift count. CNS-B stated 4-6 minutes should be "sufficient" for staff to complete narcotic count. CNS-B stated documentation can be done anywhere, on phones, and shift report can be given on RTask. CNS-B stated if a verbal report was given, it only needs to be given to one staff. CNS-B added she trains staff that way and it is her expectation of staff.

The licensee's Conventional Staffing Plan policy reviewed October 2022, indicated the clinical nurse supervisor would be responsible for developing a 24-hour daily staffing work schedule that identified the direct-care staff member's hours by location. Consideration for the following:
-the staffing plan must ensure prompt and effective response to resident emergencies or facility emergencies such as life safety concerns or natural disasters;
-a minimum of two staff must be scheduled and available to assist at all times whenever a resident required the assistance of two staff for scheduled and reasonably foreseeable unscheduled needs as reflected in the in the resident's assessments and service plan;
-between the hours of 10:00 p.m. and 6:00 a.m., there would be direct-care staff able to respond to a resident's request for assistance with health or safety needs with a reasonable amount of time. These staff members are located within the facility;
-staff must be awake; located in the same

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02070	Continued From page 17 building or in an attached building with ability to respond within a reasonable time; capable of communicating with the residents; can provide or summon appropriate assistance and are capable of flowing directions; and Dementia care units must have an awake person who is physically present in the secured dementia care unit 24 hours per day who is responsible for responding to resident requests for assistance with health and safety needs. The Uniform Assessment Tool dated July 13, 2021, indicated the licensee typically scheduled the number of ULPs for each for the following shifts: Day Shift (7:00 a.m., to 3:30 p.m.) five (5) ULPs; Evening shift (3:00 a.m. to 11:30 a.m.) five (5) ULPs; and Night shift (11:00 p.m. to 7:30 a.m.) three (3) ULPs. No further information was provided. TIME PERIOD FOR CORRECTION: IMMEDIATE Immediacy is removed as confirmed by evaluation supervisor on March 29, 2023, at 8:24 a.m., however, non-compliance remains at a scope and level of three, widespread (I).	02070		
02140 SS=F	144G.83 Subd. 3 Supervising staff training Persons providing or overseeing staff training must have experience and knowledge in the care of individuals with dementia, including: (1) two years of work experience related to Alzheimer's disease or other dementias, or in health care, gerontology, or another related field;	02140		

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02140	Continued From page 18 and(2) completion of training equivalent to the requirements in this section and successfully passing a skills competency or knowledge test required by the commissioner. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the designated person overseeing staff training in the care of individuals with dementia, had documented evidence of competency or knowledge test required by the commissioner. This had the potential to affect all residents and staff of the facility. 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 is 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). The findings include: The facility was licensed as an assisted living facility with dementia care. During the entrance conference on March 27, 2023, at 10:53 a.m., licensed assisted living director (LALD)-A stated clinical nurse supervisor (CNS)-B oversaw the dementia care training for staff. CNS-B's employee record lacked evidence of successful completion of a competency or knowledge test required by the commissioner.	02140		

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02140	Continued From page 19 On March 28, 2023, at 9:35 a.m., LALD-A provided an approved dementia training competency certificate held by the previous CNS who was no longer employed at the facility. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	02140		

Minnesota Department of Health
Environmental Health, FPLS
P.O. Box 64495
St Paul, MN 55164-0495
651-201-4500

Type: Full
Date: *03/27/23*
Time: 12:31:10
Report: 1034231057

Food and Beverage Establishment Inspection Report

Location:
Progressive Care Llc
1325 Pelican Lane
Detroit Lakes, MN56501
Becker County, 03

Establishment Info:
ID #: 0039103
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 2188477777
ID #:

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

The following orders were issued during this inspection.

4-500 Equipment Maintenance and Operation

4-501.114C3 ** Priority 1 **

MN Rule 4626.0805C3 Provide and maintain an approved quaternary ammonium compound sanitizing solution in water with 500 ppm hardness or less, a minimum temperature of 75 degrees F (24 degrees C) and a concentration specified in 21CFR.178.1010 and as indicated by the manufacturer's use directions and label.

SANI BUCKET OF QUAT MEASURED 50 PPM. PIC REPLACED ON SITE.

Corrected on Site

5-200C Plumbing: Maintenance, fixture location

5-205.11AB ** Priority 2 **

MN Rule 4626.1110AB The handwashing sink must be accessible at all times for employee use, and must be used only for handwashing.

HANDWASHING SINK BY GRILL HAD GARBAGE IN FRONT OF IT.

Comply By: 03/27/23

2-100 Supervision

2-102.12DMN

MN Rule 4626.0033D Post the certified food protection manager certificate.

POST AUNA'S CFPM CERTIFICATE.

Comply By: 03/31/23

3-300C Protection from Contamination: equipment/utensils, consumers

3-305.11A

MN Rule 4626.0300A Store all food in a clean, dry location; where it is not exposed to splash, dust or other contamination; and at least 6 inches above the floor.

ELEVATE FOOD ON FLOOR IN FREEZER & WALK-IN COOLER.

Comply By: 03/28/23

Surface and Equipment Sanitizers

Quaternary Ammonia: = 50 at Degrees Fahrenheit
Location: Sani Bucket
Violation Issued: Yes

Quaternary Ammonia: = 400 at Degrees Fahrenheit
Location: Dispenser
Violation Issued: No

Hot Water: = at 167.2 Degrees Fahrenheit
Location: Dishwasher
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Hot Holding
Temperature: 140.0 Degrees Fahrenheit - Location: Carrots
Violation Issued: No

Process/Item: Prep Cooler
Temperature: 39.9 Degrees Fahrenheit - Location: Tomato
Violation Issued: No

Process/Item: Prep Cooler
Temperature: 40.1 Degrees Fahrenheit - Location: Ham
Violation Issued: No

Process/Item: Pop Cooler
Temperature: 37.2 Degrees Fahrenheit - Location: Milk
Violation Issued: No

Process/Item: Juice Dispenser
Temperature: 41.0 Degrees Fahrenheit - Location: Juice
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 34.5 Degrees Fahrenheit - Location: Buttermilk
Violation Issued: No

Process/Item: Walk-In Cooler
Temperature: 30.2 Degrees Fahrenheit - Location: Milk
Violation Issued: No

Type: Full
Date: *03/27/23*
Time: 12:31:10
Report: 1034231057
Progressive Care Llc

Food and Beverage Establishment Inspection Report

Process/Item: Walk-In Cooler
Temperature: 32.5 Degrees Fahrenheit - Location: Butter
Violation Issued: No

Total Orders In This Report	Priority 1	Priority 2	Priority 3
	1	1	2

NOTE: Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Minnesota Department of Health inspection report number 1034231057 of 03/27/23.

Certified Food Protection Manager: Auna Sigdahl

Certification Number: FM108410 Expires: 11/09/24

Inspection report reviewed with person in charge and emailed.

Signed: emailed
Establishment Representative

Signed: McKenna Mathews

McKenna Mathews
Public Health Sanitarian 1
Fergus Falls District Office
218-332-5161
mckenna.mathews@state.mn.us