DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

December 2, 2022

Administrator
Lilac Homes Assisted Living
2615 Parkview Drive
Moorhead, MN 56560

RE: Project Number(s) SL28989015

Dear Administrator:

On December 1, 2022, the Minnesota Department of Health completed a follow-up evaluation of your facility to determine if orders from the October 7, 2022, evaluation were corrected. This follow-up evaluation verified that the facility is in substantial compliance.

It is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body. You are encouraged to retain this document for your records.

Please feel free to call me with any questions.

Sincerely,

Jodi Johnson, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: jodi.johnson@state.mn.us
Telephone: 507-344-2730 Fax: 651-215-9697

HHH

Electronically Delivered

October 21, 2022

Administrator
Lilac Homes Assisted Living
2615 Parkview Drive
Moorhead, MN 56560

RE: Project Number(s) SL28989015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on October 7, 2022, 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.

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 - 1290 - 144g.60 Subdivision 1 - Background Studies Required = $3,000

The total amount you are assessed is $3,000. You will be invoiced after 15 days of the 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 general reconsideration requests to: **Health.HRD.Appeals@state.mn.us**.

Please address your cover letter for general reconsideration requests to:	Free from Maltreatment reconsideration requests should be addressed to:

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

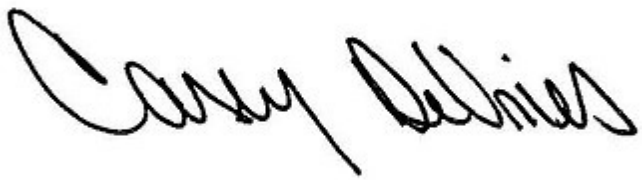
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

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. 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,



Casey DeVries, Supervisor
State Evaluation Team
Health Regulation Division
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Telephone: 651-201-5917 Fax: 651-215-9697

PMB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28989	A. BUILDING: _____ B. WING _____	10/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LILAC HOMES ASSISTED LIVING	2615 PARKVIEW DRIVE MOORHEAD, MN 56560

(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 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: SL28989015-0 On October 3, 2022, through October 7, 2022, 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 24 residents, all of whom received services under the provider's Assisted Living with Dementia Care license. An immediate correction order was identified on October 7, 2022, issued for SL28989015-0, tag identification 1290. On October 10, 2022, the immediacy of correction order 1290 was removed, however, non-compliance remained at a level 3, widespread violation.	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.	

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0 480	Continued From page 1	0 480		
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: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (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. 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 October 4, 2022, for the specific Minnesota Food Code deficiencies.	0 480		

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0 480	Continued From page 2 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing tenant residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure it's missing resident policy included all required content and was reviewed and updated at least quarterly. This had	0 680		

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0 680	Continued From page 3 the potential to affect all 24 residents receiving services under the assisted living with dementia care license as well as staff and any visitors to 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) 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). The findings include: During the entrance conference on October 3, 2022, at approximately 12:11 p.m., the surveyor requested the licensee's emergency preparedness (EP) and missing resident plans, which were later provided and reviewed. The Missing Client Policy, dated as last reviewed August 1, 2021, lacked identification of staff for each shift who was responsible for implementing the missing resident plan and ensure that at least one staff member, responsible for implementing the plan, was on site 24 hours a day, seven days a week. Also, there was no evidence the plan was reviewed and/or updated at least quarterly. On October 5, 2022, at approximately 4:48 p.m., licensed assisted living director/registered nurse (LALD/RN)-C stated they went through and reviewed policies for assisted living at the time the new regulations were implemented last year, including the missing resident policy, but said she did not know the plan was to be reviewed every quarter. LALD/RN-C later acknowledged the missing content of the policy.	0 680		

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0 680	Continued From page 4 The licensee's Missing Client policy did not indicate how frequently the plan was to be reviewed. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 680		
0 900 SS=F	144G.50 Subdivision 1 Contract required (a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident. (b) The contract must contain all the terms concerning the provision of: (1) housing; (2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and (3) the resident's service plan, if applicable. (c) A facility must: (1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and (2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed. (d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37. (e) Before or at the time of execution of the	0 900		

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0 900	Continued From page 5 contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3. (f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop and execute a written contract with the required content to provided assisted living services for two of three residents (R1, R2). 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). The findings include: R1 R1 was admitted for services on October 28, 2021. R1's Service Plan Addendum to Contract, dated February 28, 2022, indicated the resident's services included assistance with activities of daily living, housekeeping, laundry, linen, medication and treatment management, and safety checks.	0 900		

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0 900	Continued From page 6 On October 4, 2022, at approximately 8:44 a.m., the surveyor observed unlicensed personnel (ULP)-E check R5's blood sugar, then subsequently administer insulin to the resident. R1's record contained a Housing with Services Contract & Lease Agreement, dated November 8, 2021. R2 R2 was admitted for services on February 24, 2021, under the licensee's comprehensive license and continued services beginning August 1, 2021, under the licensee's assisted living license. R2's Service Plan, dated August 1, 2022, indicated the resident's services included assistance with activities of daily living (ADLs), assistance with body positioning, transferring and ambulation, medication and treatment management, housekeeping, linens, and safety checks. On October 3, 2022, at approximately 3:05 p.m., the surveyor observed ULP-D transfer R2 from a recliner into the resident's wheelchair and subsequently transport R2 to the resident's room and assist R2 with toileting. R2's record contained a Housing with Services Contract & Lease Agreement, dated February 24, 2021. R1 and R2's records lacked a written, assisted living contract with the following required content: (a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident.	0 900		

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0 900	Continued From page 7 (b) The contract must contain all the terms concerning the provision of: (1) housing; (2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and (3) the resident's service plan, if applicable. (c) A facility must: (1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and (2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed. (d) A contract under this section is a consumer contract under sections 325.29 to 325G.37. (e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3. (f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed. On October 5, 2022, at approximately 9:28 a.m., facility owner (OWN)-A acknowledged R1 and R2's contracts were signed under the former license type and had not been updated with their new assisted living agreements. OWN-A stated they estimated about "40 percent" of the residents needed updated agreements, adding this was supposed to be done and "I take full blame for this." A policy regarding the requirements for an assisted living contract was requested, but none	0 900		

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0 900	Continued From page 8 was received. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 900		
0 940 SS=C	144G.50 Subd. 2 (e; 5-7) Contract information (5) a description of the facility's policies related to medical assistance waivers under chapter 256S and section 256B.49 and the housing support program under chapter 256I, including: (i) whether the facility is enrolled with the commissioner of human services to provide customized living services under medical assistance waivers; (ii) whether the facility has an agreement to provide housing support under section 256I.04, subdivision 2, paragraph (b); (iii) whether there is a limit on the number of people residing at the facility who can receive customized living services or participate in the housing support program at any point in time. If so, the limit must be provided; (iv) whether the facility requires a resident to pay privately for a period of time prior to accepting payment under medical assistance waivers or the housing support program, and if so, the length of time that private payment is required; (v) a statement that medical assistance waivers provide payment for services, but do not cover the cost of rent; (vi) a statement that residents may be eligible for assistance with rent through the housing support program; and (vii) a description of the rent requirements for people who are eligible for medical assistance waivers but who are not eligible for assistance	0 940		

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0 940	Continued From page 9 through the housing support program; (6) the contact information to obtain long-term care consulting services under section 256B.0911; and (7) the toll-free phone number for the Minnesota Adult Abuse Reporting Center. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written assisted living contract with the required content for one of one resident (R4). This had potential to affect all twenty-four residents of 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: R4 was admitted for services August 22, 2022. R4's assisted living contract lacked disclosure of: -whether the facility requires a resident to pay privately for a period of time prior to accepting payment under medical assistance waivers or the housing support program, and if so, the length of time that private payment is required. On October 5, 2022, at approximately 9:44 a.m., facility owner (OWN)-A stated in regard to the missing content, "If it's not there, we have to put it in." OWN-A said this would need to be changed or amended for every resident's contract.	0 940		

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0 940	Continued From page 10 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 940		
01060 SS=D	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter	01060		

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	28989	A. BUILDING: _____ B. WING _____	10/07/2022

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LILAC HOMES ASSISTED LIVING	2615 PARKVIEW DRIVE MOORHEAD, MN 56560

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01060	Continued From page 11 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a written notice with required content for an emergency relocation for one of one resident (R6). 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: R6 was admitted for assisted living with dementia care services on August 22, 2022. R6's Assisted Living Agreement Addendum, dated August 19, 2022, indicated R6 received the following services: assistance with activities of daily living, escort/mobility assistance, meals, medication and treatment management, housekeeping, laundry, and safety checks. R6's progress notes dated September 3, 2022,	01060		

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01060	Continued From page 12	01060		

indicated staff found R6 on the floor in her room after the resident put on the call light. R6 was transferred to the emergency room and subsequently admitted to the hospital. R6 was in the hospital and absent from the assisted living facility from September 3, 2022, until September 7, 2022, or a total of four days. R6's record lacked indication the resident, legal representative or designated representative was provided a notice of the emergency relocation.

R6's record lacked a written emergency relocation notice that contained, at a minimum:
- the name and contact information for the location to which the resident has been relocated and any new service provider;
- contact information for the Office of Ombudsman for Long-Term Care;
- if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known;
- a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal.

On October 5, 2022, at approximately 9:21 a.m., licensed assisted living director/registered nurse (LALD/RN)-C verified R4 was hospitalized for a number of days and out of the facility following a fall. LALD/RN-C said she did not know of the requirement to provide a notice when a resident went to the hospital with a general medical admission, but thought the requirement had more to do when a facility no longer could meet needs and wanted to discharge a resident. LALD/RN said, "this was new to me" and also said she was

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01060	Continued From page 13 unaware of the requirement to notify the ombudsman, should the resident be gone longer than four days. LALD/RN-C said she was "kind of blown away by this." The licensee's Contract Termination Policy, revised October 2022, addressed emergency relocation, which the policy indicated was not a termination. The policy indicated the facility may remove a resident from the facility in an emergency due to a resident's urgent medical needs or an imminent risk the resident poses to the health and safety of another resident or staff member. In the event of an emergency relocation, the facility must provide a written notice, delivered as soon as practicable, to the resident, legal representative or designated representative, and the notice would contain the elements listed above. Further, if the resident has not returned to the facility within four days, the Office of Ombudsman for Long-Term Care must also be notified. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01060		
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	01290		

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01290	Continued From page 14 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. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a background study was submitted and a clearance received in affiliation with the assisted living with dementia care license for two of three employees (unlicensed personnel (ULP)-M and licensed practical nurse (LPN)-B). 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 order for correction on October 7, 2022. The findings include: ULP-M ULP-M was hired on January 3, 2019, under the licensee's former comprehensive home care license and began providing assisted living services to the licensee's residents on August 1, 2021, which included medication administration.	01290	On October 10, 2022, the immediacy of correction order 1290 was removed, however, non-compliance remained at a level 3, widespread violation.	

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01290	Continued From page 15 On October 4, 2022, at approximately 1:29 p.m., the surveyor observed ULP-M administer oral medications to R5. ULP-M's employee record contained a background study, submitted by a separate location operated by the licensee, dated January 15, 2019. ULP-M's employee record lacked evidence the licensee submitted a background study for their license. LPN-B LPN-B was hired on May 19, 2022, to provide direct care services to the licensee's residents. Review of R1, R2 and R4's medication administration records and nursing progress notes from September and October 2022 indicated LPN-B actively monitored medication management activities for residents. Also, the review of progress notes further indicated LPN-B was active in monitoring resident cares. LPN-B's employee record contained a background study, submitted by a separate location operated by the licensee, dated May 3, 2021. ULP-M and LPN-B's employee record lacked evidence the licensee submitted a background study for their current license. On October 5, 2022, at approximately 4:33 p.m., general manager (GM)-N stated the background studies for ULP-M and LPN-B were submitted under the former license, with the same ownership, but not this assisted living facility. GM-N stated during the conversion to assisted living licensure, "I missed the deadline" to make the switch."	01290		

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01290	Continued From page 16 On October 7, 2022, the surveyor verified through Department of Human Services NetStudy 2.0 that ULP-M and LPN-B's previously cleared background studies were both separated from the licensee's former comprehensive license on April 9, 2022. Additionally, the surveyor noted the following: - There was no cleared background study or pending application in NetStudy 2.0 for ULP-M under the licensee's name or license number. - There was a pending background study application in NetStudy 2.0 for LPN-B under the licensee's name and license number, submitted by the licensee on October 5, 2022, however, the background study was not yet cleared and indicated supervision of LPN-B was required. On October 7, 2022, at approximately 4:31 p.m., licensed assisted living director/registered nurse (LALD/RN)-C returned a phone call to the surveyor. The surveyor informed LALD/RN-C of the immediate correction order for lack of affiliated background studies for employees ULP-M and LPN-B, and that the employees either needed to be immediately removed from the schedule or be closely supervised by an employee with a cleared background study. The surveyor informed LALD/RN-C this would need to be the case until ULP-M and LPN-B's background studies were cleared and affiliated with the licensee's current license. LALD/RN-C said she did not know how she would immediately fix this, as the employees are full time and there was a current staffing crisis and shortage. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate	01290		

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01370	Continued From page 17	01370		
01370 SS=D	144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn (a) Training and competency evaluations for all unlicensed personnel must include the following: (1) documentation requirements for all services provided; (2) reports of changes in the resident's condition to the supervisor designated by the facility; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe environment; (5) appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and residents and the resident's family; (14) procedures to use in handling various	01370		

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01370	Continued From page 18 emergency situations; and (15) awareness of commonly used health technology equipment and assistive devices. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the nurse completed competency evaluations in all required skill areas for one of two employees, (unlicensed personnel (ULP)-E). 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: ULP-E started employment on January 13, 2022, to provide care and services to the licensee's residents. On October 4, 2022, at approximately 8:44 a.m., the surveyor observed ULP-E check R1's blood sugar, then subsequently administer insulin to the resident. On October 4, 2022, at approximately 8:48 a.m., ULP-E stated she was assigned to pass medications today, but also assisted residents with ADLs (activities of daily living) including bathing, dressing and grooming, "I do all of those things for residents."	01370		

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01370	Continued From page 19 ULP-E's employee record lacked evidence the ULP demonstrated competency in the following required skill areas: - appropriate and safe techniques in personal hygiene and grooming, including: - hair care and bathing; - care of teeth, gums and oral prosthetic devices; - care and use of hearing aides; - dressing and assisting with toileting; and - standby assistance techniques and how to perform them. On October 5, 2022, at approximately 4:43 p.m., licensed assisted living director/registered nurse (LALD/RN)-C and general manager (GM)-N expressed understanding of the training and demonstrated competency requirements for unlicensed staff. LALD/RN-C said that while it would be nice to be able to only hire "CNAs" (certified nursing assistants), they must train them if they are not. A policy regarding basic skills training and competency testing for unlicensed personnel was requested, but none was received. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01370		
01790 SS=F	144G.71 Subd. 10 Medication management for residents who will (2) for unplanned time away, when the pharmacy is not able to provide the medications, a licensed nurse or unlicensed personnel shall provide medications in amounts and dosages needed for	01790		

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01790	Continued From page 20	01790		

the length of the anticipated absence, not to exceed seven calendar days;
(3) the resident must be provided written information on medications, including any special instructions for administering or handling the medications, including controlled substances; and
(4) the medications must be placed in a medication container or containers appropriate to the provider's medication system and must be labeled with the resident's name and the dates and times that the medications are scheduled.
(b) For unplanned time away when the licensed nurse is not available, the registered nurse may delegate this task to unlicensed personnel if:
(1) the registered nurse has trained the unlicensed staff and determined the unlicensed staff is competent to follow the procedures for giving medications to residents; and
(2) the registered nurse has developed written procedures for the unlicensed personnel, including any special instructions or procedures regarding controlled substances that are prescribed for the resident. The procedures must address:
(i) the type of container or containers to be used for the medications appropriate to the provider's medication system;
(ii) how the container or containers must be labeled;
(iii) written information about the medications to be provided;
(iv) how the unlicensed staff must document in the resident's record that medications have been provided, including documenting the date the medications were provided and who received the medications, the person who provided the medications to the resident, the number of medications that were provided to the resident, and other required information;

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01790	Continued From page 21 (v) how the registered nurse shall be notified that medications have been provided and whether the registered nurse needs to be contacted before the medications are given to the resident or the designated representative; (vi) a review by the registered nurse of the completion of this task to verify that this task was completed accurately by the unlicensed personnel; and (vii) how the unlicensed personnel must document in the resident's record any unused medications that are returned to the facility, including the name of each medication and the doses of each returned medication. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse trained and ensured competency for two of two employees (unlicensed personnel (ULP)-E, ULP-M) to prepare and give medications for residents having unplanned time away. This had the potential to affect all 24 residents. 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). The findings include: During the entrance conference on October 3, 2022, at approximately 11:40 a.m., licensed practical nurse (LPN)-B stated all residents	01790		

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01790	Continued From page 22 received medication management services and verified the licensee stored and controlled and limited access to the residents' medications. ULP-E ULP-E was hired January 13, 2022, to provide direct care and services to the licensee's residents, including medication administration. On October 4, 2022, at approximately 8:44 a.m., the surveyor observed ULP-E check R1's blood sugar, then subsequently administer insulin to the resident. ULP-M ULP-M was hired January 3, 2019, and began providing assisted living services to the licensee's residents August 1, 2021, including medication administration. On October 4, 2022, at approximately 1:29 p.m., the surveyor observed ULP-M administer medications to R5 and R7. ULP-E and ULP-M's employee records lacked evidence they were trained and demonstrated competency to prepare medications for resident having unplanned time away from home. On October 5, 2021, at approximately 4:38 p.m., licensed assisted living director/registered nurse (LALD/RN)-C said she did not think there was a competency for staff to demonstrate preparing medications for residents to take home. Licensed practical nurse (LPN)-B agreed and said there would not be anything in the employee records as far as demonstrating a competency for this. The licensee's Medications For A Client [resident] Who Will Be Away From Home When	01790		

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01790	Continued From page 23 Medications Are Scheduled policy, revised October 5, 2021, indicated the agency will make every effort to accommodate clients' needs if our agency controls access to their medications and they have planned or unplanned times away from home. The policy further indicated for situations when there will be a short-term absence that is not known in advance and a licensed nurse is not available to put the medications into a container for the client or client's representative to take while they are away from home, the RM may delegate this task to unlicensed staff if the RN has trained and competency tested the unlicensed staff on procedures to follow when giving medications to clients who will be away from home when medications are scheduled. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01790		
01910 SS=D	144G.71 Subd. 22 Disposition of medications (a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal. (b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances. (c) Upon disposition, the facility must document in	01910		

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01910	Continued From page 24 the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide documentation in the medical record regarding disposition of medication for one of two discharged residents (R6). 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: R6's Discharge - Transfer Summary document, undated, indicated R6 received medication management services, including medication administration multiple times daily. R6's resident notes indicated the resident passed away in the facility on August 7, 2022. R6's resident note dated August 6, 2022, indicated a new order to discontinue R6's scheduled medications, which included medications indicated for gout (Allopurinol), mood stabilization (dival proex sodium), blood pressure (furosemide), heartburn (Protonix), and bowel	01910		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28989	A. BUILDING: _____ B. WING _____	10/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LILAC HOMES ASSISTED LIVING	2615 PARKVIEW DRIVE MOORHEAD, MN 56560

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01910	Continued From page 25 management (senna-s). R6's medical record lacked documentation of medication disposition with all required information, including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition and names of staff and other individuals involved in the disposition. On October 5, 2022, at approximately 9:11 a.m., licensed practical nurse (LPN)-B verified R6's medications and stated when they were discontinued, R6's medications "returned to the pharmacy." LPN-B acknowledged, regarding disposition of R6's non-narcotic medications, there was nothing documented about what medications, their dosage or how many. LPN-B expressed understanding of the documentation required in the disposition of resident medications after services ended and added "I can take blame that it was done incorrectly." The licensee's Disposition or Disposal of Medication policy, dated July 8, 2014, indicated a resident's current medications secured or stored by the facility would be given to the resident or the resident's representative when the resident's medications services are terminated. Further, staff would document in the resident's record the name of the person to whom the medications were given, the time and date, and the name of each medication and the amount of medication remaining. The policy did not indicate inclusion of the medication's strength in the disposition information, as required by the statute. The policy indicated staff would document the disposition or disposal of medication in the resident's record. No further information was provided.	01910		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28989	A. BUILDING: _____ B. WING _____	10/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LILAC HOMES ASSISTED LIVING	2615 PARKVIEW DRIVE MOORHEAD, MN 56560

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01910	Continued From page 26 TIME PERIOD FOR CORRECTION: Seven (7) days	01910		
02110 SS=F	144G.82 Subd. 3 Policies (a) In addition to the policies and procedures required in the licensing of all facilities, the assisted living facility with dementia care licensee must develop and implement policies and procedures that address the: (1) philosophy of how services are provided based upon the assisted living facility licensee's values, mission, and promotion of person-centered care and how the philosophy shall be implemented; (2) evaluation of behavioral symptoms and design of supports for intervention plans, including nonpharmacological practices that are person-centered and evidence-informed; (3) wandering and egress prevention that provides detailed instructions to staff in the event a resident elopes; (4) medication management, including an assessment of residents for the use and effects of medications, including psychotropic medications; (5) staff training specific to dementia care; (6) description of life enrichment programs and how activities are implemented; (7) description of family support programs and efforts to keep the family engaged; (8) limiting the use of public address and intercom systems for emergencies and evacuation drills only; (9) transportation coordination and assistance to and from outside medical appointments; and (10) safekeeping of residents' possessions. (b) The policies and procedures must be provided	02110		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28989	A. BUILDING: _____ B. WING _____	10/07/2022

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02110	Continued From page 27 to residents and the residents' legal and designated representatives at the time of move-in. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure policies and procedures required in the licensing of assisted living facilities with dementia care were provided to each resident and/or the residents legal/designated representative at the time of move-in for three of three residents (R1, R2 and R4). This had the potential to affect 24 residents 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: During the entrance conference on October 3, 2022, at approximately 11:14 a.m., facility owner (OWN)-A verified they were licensed as an assisted living with dementia care facility. On October 4, 2022, the surveyor reviewed the licensee's dementia-care specific policies, which included and addressed: - philosophy of how services are provided based upon the assisted living facility license's values, mission, and promotion of person-centered care and how the philosophy shall be implemented;	02110		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28989	A. BUILDING: _____ B. WING _____	10/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LILAC HOMES ASSISTED LIVING	2615 PARKVIEW DRIVE MOORHEAD, MN 56560

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02110	Continued From page 28 - evaluation of behavioral symptoms and design of supports for intervention plans, including nonpharmacological practices that are person-centered and evidence-informed; - wandering and egress prevention that provides detailed instructions to staff in the event a resident elopes; - medication management, including an assessment of residents for the use and effects of medications, including psychotropic medications; - description of life enrichment programs and how activities are implemented; - descriptions of family support program and efforts to keep the family engaged; - limiting the use of public address and intercom systems for emergencies and evacuation drills only; - transportation coordination and assistance to and from outside medical appointments; and - safekeeping of residents' possessions. R1 R1 was admitted for services on October 28, 2021. On October 4, 2022, at approximately 8:44 a.m., the surveyor observed unlicensed personnel (ULP)-E check R1's blood sugar, then subsequently administer insulin to the resident. R2 R2 was admitted for services on February 24, 2021. On October 3, 2022, at approximately 3:05 p.m., the surveyor observed unlicensed personnel (ULP)-E transfer R2 from the recliner into the resident's wheelchair and provide toileting assistance to the resident.	02110		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28989	A. BUILDING: _____ B. WING _____	10/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LILAC HOMES ASSISTED LIVING	2615 PARKVIEW DRIVE MOORHEAD, MN 56560

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02110	Continued From page 29 R4 R4 was admitted for services on August 19, 2022. On October 5, 2022, at approximately 11:54 a.m., the surveyor observed ULP-M and ULP-L transfer R4 from the resident's bed into the wheelchair, then assist R4 with toileting. R1, R2 and R4's records lacked evidence the residents and representatives were provided the above listed dementia-care polices at time of move in. On October 5, 2022, at approximately 9:36 a.m., licensed assisted living director/registered nurse (LALD/RN)-C verified their dementia polices had not been provided. LALD/RN-C stated this would be the same issue for all residents. LALD/RN-C said that although they provided various policies in the admission packet, the dementia-care policies were not among those and added "we will have to update our list" of included policies. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02110		

MN Department of Health
Food, Pools, and Lodging Services
PO Box 64975
St. Paul, MN 55164-0975
218-332-5150

Type: Full
Date: *10/04/22*
Time: 21:02:27
Report: 7935221260

Food and Beverage Establishment Inspection Report

Location:
Lilac Homes Assisted Living
2615 Parkview Drive
Moorhead, MN56560
Clay County, 14

Establishment Info:
ID #: 0038909
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 2184432426
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.

2-100 Supervision

2-102.12AMN

MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.

LAKYSHA HUNTER HAS TAKEN SERVSAFE COURSE, BUT STILL NEEDS TO SUBMIT APPLICATION FOR STATE CERTIFICATION. APPLICATION EMAILED.

Comply By: 10/04/22

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.

DO NOT STORE BOXES OF FOOD (CANNED FRUIT, PASTA, BAGGED CHIPS) ON FLOOR IN KITCHEN.

Comply By: 10/04/22

4-200 Equipment Design and Construction

4-201.11AMN

MN Rule 4626.0506A Provide or replace food service equipment with equipment that is certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program.

FRIDGE IN KITCHEN AT 2615.

Comply By: 10/04/22

4-600 Cleaning Equipment and Utensils

4-601.11C

MN Rule 4626.0840C Clean non-food contact surfaces of equipment and maintain free of accumulations of dust, dirt, food residue, and other debris.

CLEAN OUTSIDES OF CABINETRY, COOLERS, AND EQUIPMENT. FOOD SMUDGES OBSERVED ON THEM.

Comply By: 10/04/22

6-300 Physical Facility Numbers and Capacities

6-304.11B

MN Rule 4626.1475B Design, install and operate all ventilation systems, furnaces, gas or oil-fired heaters, and water heaters according to Minnesota Rules chapters 1305, 1346, and 7511.

CLEAN VENTS THROUGHOUT KITCHENS.

Comply By: 10/04/22

Surface and Equipment Sanitizers

Chlorine: = 100 ppm at Degrees Fahrenheit
Location: Dish Machine
Violation Issued: No

Hot Water: = at 167 Degrees Fahrenheit
Location: Dish Machine
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 38 Degrees Fahrenheit - Location: Cooler
Violation Issued: No

Process/Item: Cold Holding
Temperature: 40 Degrees Fahrenheit - Location: Cooler
Violation Issued: No

Process/Item: Cold Holding
Temperature: 40 Degrees Fahrenheit - Location: Cooler
Violation Issued: No

Total Orders In This Report	Priority 1	Priority 2	Priority 3
	0	0	5

Type: Full
Date: *10/04/22*
Time: 21:02:27
Report: 7935221260
Lilac Homes Assisted Living

Food and Beverage Establishment Inspection Report

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

I acknowledge receipt of the MN Department of Health inspection report number 7935221260 of 10/04/22.

Certified Food Protection Manager: Lakysha Hunter

Certification Number: _____ Expires: / /

Signed: _____ Signed: 7935

Establishment Representative

7935

651-201-4500
health.foodlodging@state.mn.us