



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

October 31, 2022

Administrator
Aurora Assisted Living, LLC
115 Magnolia Avenue West
Saint Paul, MN 55117

RE: Project Number(s) SL37787015

Dear Administrator:

This is your **official notice** that you have been **granted your assisted living facility license**. Your license effective and expiration dates remain the same as on your provisional license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 60 days prior to your expiration date, please contact us at (651) 201-5273 or by email at Health.assistedliving@state.mn.us.

The Minnesota Department of Health completed an initial evaluation on September 27, 2022, for the purpose of 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.

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 Home Care 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 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, no immediate fines are assessed.

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 residents/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

Free from Maltreatment reconsideration

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

requests should addressed to:
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85 East Seventh Place
St. Paul, MN 55164-0970

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,

A handwritten signature in black ink that reads "Paul G. Spencer". The signature is written in a cursive style with a long, sweeping underline.

Paul Spencer, Supervisor
State Rapid Response Team
85 East Seventh Place, Suite 220
P.O. Box 64970
St. Paul, MN 55164-0970
Telephone: 651-201-4222 Fax: 651-281-9796

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 37787	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/27/2022
NAME OF PROVIDER OR SUPPLIER AURORA ASSISTED LIVING LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 115 MAGNOLIA AVENUE WEST SAINT PAUL, MN 55117		
(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: SL37787015 On September 26, 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 was 1 resident receiving services under the provider's Provisional Assisted Living Facility license. Aurora was found to be in substantial compliance with state regulations.	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.	
0 580 SS=F	144G.42 Subd. 2 Quality management The facility shall engage in quality management	0 580		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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0 580	Continued From page 1 appropriate to the size of the facility and relevant to the type of services provided. "Quality management activity" means evaluating the quality of care by periodically reviewing resident services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to residents. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to engage in and maintain documentation on quality management activities appropriate to the size of the facility and relevant to the type of services provided. This had the potential to affect all 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). Findings include: During an interview on September 26, 2022, at 11:30 a.m., director of nursing (DON)-A acknowledged she had not started a quality management project at this time. The licensee's Quality Management Plan policy	0 580		

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0 580	Continued From page 2 dated June 25, 2022, indicated the Assisted Living Director will develop a continuous quality improvement and management program to maintain the agency's continuous performance improvement efforts, consistent with current professional standards and the highest quality services for residents. Also, the policy indicated all staff will be involved in the implementation of performance improvement efforts. TIME PERIOD TO CORRECT: Twenty-one (21) Days	0 580		
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	0 680		

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0 680	Continued From page 3 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 develop an emergency preparedness plan (EPP) with all the required components included in Appendix Z. This had the potential to 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 of the residents). Findings include: The licensee held a Provisional Assisted Living License, effective date October 28, 2021, through October 27, 2022, with a resident capacity of 5. During a licensee tour on September 26, 2022, at 12:00 p.m., the MDH surveyor did not observe an EPP posted prominently on either of the two floors of the licensee. The licensee's Fire and Emergency Evacuation Plan lacked the following required content: -post an emergency disaster plan prominently -establish the Emergency Program (EP) -develop and maintain EP -maintain and annual EP updates -EP patient population	0 680		

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0 680	Continued From page 4 -process for EP collaboration -development of EP policies and procedures -subsistence needs for residents and staff -procedure for tracking residents and staff -policies and procedures including evacuation -policies and procedures for sheltering -policies and procedures for medical documents -policy and procedures for volunteers -arrangement with other facilities -roles under a waiver declared by Secretary -development of communication plan -names and contact information -emergency officials contact information -primary/alternate means of communication -methods for sharing information -sharing information on occupancy/needs -family notifications -EP prep training and testing -EP prep training program -EP prep testing requirements During an interview on September 26, 2022, at 2:00 p.m., director of nursing (DON)-A acknowledged she had not started to work on the required components of Appendix Z. The licensee's Emergency Management policy, undated, indicated the licensee will have an identified plan in place to ensure the safety and well-being of residents and employees during periods of an emergency or disaster that disrupts agency services. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
0 790 SS=F	144G.45 Subd. 2 (a) (2)-(3) Fire protection and physical environment	0 790		

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0 790	Continued From page 5 (2) install and maintain portable fire extinguishers in accordance with the State Fire Code; (3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and This MN Requirement is not met as evidenced by: Based on observation and interview the licensee failed to ensure installation and maintenance of portable fire extinguishers at the facility. 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 finding include: On 9/27/2022, from approximately 11:30 AM to 12:30 PM, survey staff toured the facility with LALD-A. During the facility tour, survey staff observed the facility's (2) fire extinguishers did not have a current annual fire tag. The fire extinguishers were last tested on 1/2021. LALD-A verbally confirmed survey staff	0 790		

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0 790	Continued From page 6 observation during the facility tour. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 790		
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of	0 810		

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0 810	Continued From page 7 the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to provide the required fire safety training and evacuation plans for residents and staff. This has 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, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all residents). The findings include: On 9/27/2022, from approximately 11:30 AM to 12:30 PM, survey staff requested fire safety training and evacuation plan documentation, but the licensee did not provide the requested documentation. LALD-A verbally confirmed survey staff observation during the facility tour. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		

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01370	Continued From page 8	01370		
01370 SS=F	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 9 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 training and competency was completed for one of one employee, unlicensed personnel (ULP)-B, to include all required content with records reviewed. 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: ULP-B's personnel file indicated was hired on January 5, 2022. ULP-B's employee file lacked documentation of training and competency evaluations for the following topics: -documentation requirements for all services provided; -reports of changes in the resident's condition to the supervisor designated by the facility; -maintenance of a clean and safe environment; -training on the prevention of falls; -standby assistance techniques and how to perform them; -medication, exercise, and treatment reminders; -basic nutrition, meal preparation, food safety,	01370		

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01370	Continued From page 10 and assistance with eating; -preparation of modified diets as ordered by a licensed health professional; -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; -awareness of confidentiality and privacy; -understanding appropriate boundaries between staff and residents and the resident's family; -procedures to utilize in handling various emergency situations -awareness of commonly used health technology equipment and assistive devices During an interview on September 27, 2022, at 2:50 p.m., director of nursing (DON)-A confirmed ULP-B's file lacked documentation of training and competency on the required topics listed above. The licensee's Assisted Living Orientation-ULP Staff policy dated June 24, 2022, indicated training and competency evaluations of unlicensed personnel providing assisted living services will be completed by a registered nurse. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01370		
01380 SS=F	144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn (b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include: (1) observing, reporting, and documenting resident status; (2) basic knowledge of body functioning and changes in body functioning, injuries, or other	01380		

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01380	Continued From page 11 observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the resident; (4) recognizing physical, emotional, cognitive, and developmental needs of the resident; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure training and competency was completed for one of one employee unlicensed personnel (ULP)-B to include all required content with record reviewed. This had the potential to affect all of the licensee's current 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: ULP-B's personnel file indicated ULP-B was hired on January 5, 2022. ULP-B's employee file lacked documentation of training and competency evaluations for the following topics: -observation, reporting, and documenting of client status	01380		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 37787	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/27/2022
NAME OF PROVIDER OR SUPPLIER AURORA ASSISTED LIVING LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 115 MAGNOLIA AVENUE WEST SAINT PAUL, MN 55117		
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01380	Continued From page 12 -basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel -recognizing physical, emotional, cognitive, and developmental needs of the client On September 27, 2022, at 2:50 p.m., director of nursing (DON)-A confirmed ULP-B's employee record lacked documentation of training and competency evaluation for the above topics, as required. The licensee's Assisted Living Orientation-ULP Staff policy dated June 24, 2022, indicated training and competency evaluations of unlicensed personnel providing assisted living services will be completed by a registered nurse. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01380		
01460 SS=F	144G.63 Subdivision 1 Orientation of staff and supervisors All staff providing and supervising direct services must complete an orientation to assisted living facility licensing requirements and regulations before providing assisted living services to residents. The orientation may be incorporated into the training required under subdivision 5. The orientation need only be completed once for each staff person and is not transferable to another facility. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure orientation to assisted	01460		

Minnesota Department of Health

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01460	Continued From page 13 living licensing requirements and regulations was provided for one of one employee, unlicensed personnel (ULP)-B, with records reviewed. This had the potential to affect all residents receiving assisted living services. 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: ULP-B's personnel file indicated ULP-B was hired on January 5, 2022. ULP-B's employee training records lacked evidence of successful completion of assisted living orientation in accordance with 144G statutes. During an interview on September 27, 2022, at 2:30 p.m., director of nursing (DON)-A acknowledged ULP-B's orientation checklist was specific to home care regulatory requirements. The licensee's Assisted Living Orientation-All Staff policy, dated June 24, 2022, indicated all assisted living employees must complete an orientation to assisted living facility licensing requirements and regulations before providing services to residents. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01460		

Minnesota Department of Health

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01480	Continued From page 14	01480		
01480 SS=D	144G.63 Subd. 3 Orientation to resident Staff providing assisted living services must be oriented specifically to each individual resident and the services to be provided. This orientation may be provided in person, orally, in writing, or electronically. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure staff providing assisted living services were oriented specifically to each individual resident and the services to be provided to individual residents for one of one employee, unlicensed personnel (ULP)-B with records reviewed. 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: ULP-B's personnel file indicated ULP-B was hired on January 5, 2022. Upon record review on September 27, 2022, ULP-B's personnel file lacked documentation of orientation to each individual resident and their needs prior to providing services. During an interview on September 27, 2022, at 2:30 p.m., director of nursing (DON)-A confirmed	01480		

Minnesota Department of Health

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01480	Continued From page 15 ULP-B's employee record lacked documentation of orientation to each individual resident and their needs prior to providing services, as required. The licensee's Staff Orientation to Individual Resident policy dated June 24, 2022, indicated staff providing services will be oriented specifically to each individual resident and the services to be provided. Also, the policy indicated this orientation may be provided in person, orally, in writing, or electronically. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01480		
01490 SS=D	144G.63 Subd. 4 Training required relating to dementia All direct care staff and supervisors providing direct services must demonstrate an understanding of the training specified in section 144G.64. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure completion of required dementia training for one of one employee, unlicensed personnel (ULP)-B, reviewed. This had the potential to affect all 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).	01490		

Minnesota Department of Health

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01490	Continued From page 16 The findings include: ULP-B's personnel file was reviewed. ULP-B was hired on January 5, 2022. ULP-B's personnel file lacked evidence of the required minimum of 8 hours annual dementia training. During interview on September 27, 2022, at 2:30 p.m., director of nursing (DON)-A confirmed ULP-B had enrolled to take EduCare dementia courses but had not yet completed those courses. The licensee's Assisted Living Dementia Training policy dated June 24, 2022, indicated direct-care staff will complete a minimum of 8 hours of initial training on dementia care topics and initial training will be completed within 160 working hours of the employment start date. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01490		
01500 SS=D	144G.63 Subd. 5 Required annual training (a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include: (1) training on reporting of maltreatment of vulnerable adults under section 626.557; (2) review of the assisted living bill of rights and staff responsibilities related to ensuring the	01500		

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01500	Continued From page 17 exercise and protection of those rights; (3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases; (4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders; (5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. (b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication; (2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology	01500		

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01500	Continued From page 18 that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employees received at least eight hours of annual training for each 12 months of employment for one of one employee, unlicensed personnel (ULP)-B, records reviewed. 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-B had a hire date of January 5, 2022, and ULP-B's employee records lacked evidence of eight hours of annual training. ULP-B's employee training records lacked evidence ULP-B had successfully completed annual training as required in the following areas: -training on reporting of maltreatment of vulnerable adults under section 626.557; -review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; -effective approaches to use to problem solve when working with a resident's challenging	01500		

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01500	Continued From page 19 behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders; -review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and -the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. During interview on September 27, 2022, at 2:30 p.m., director of nursing (DON)-A confirmed ULP-B lacked annual training. The licensee's Assisted Living-ULP Staff policy dated June 24, 2022, indicated unlicensed personnel will receive training on topics required by Minnesota statutes and rules for assisted living organizations. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01500		

Type: Full
Date: 09/27/22
Time: 10:50:00
Report: 1013221304

Food and Beverage Establishment Inspection Report

Page 1

Location:

Aurora Assisted Living LLC
115 MAGNOLIA AVENUE WEST
ST PAUL, MN55117
Ramsey County, 62

Establishment Info:

ID #: N040809
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #:
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.

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Hot Water: = at 160 Degrees Fahrenheit
Location: Dish machine
Violation Issued: No

Quaternary Ammonia: = 200 ppm at Degrees Fahrenheit
Location: Sanitizer - kitchen
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Rice
Temperature: 159 Degrees Fahrenheit - Location: Rice cooker
Violation Issued: No

Process/Item: Porridge
Temperature: 38 Degrees Fahrenheit - Location: Refrigerator
Violation Issued: No

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

The inspection was completed with the operator and reviewed with MDH Nurse Evaluator S. Hansen.

The establishment has a residential kitchen and serves food that is prepared that day. The kitchen has laminate cabinets, laminate counter tops, tile floor, tile back splash, and a textured ceiling. The kitchen finishes and surfaces were well maintained.

A one basin sink is located in the kitchen. The sink is designated for hand washing.

A residential dish machine is located in the kitchen. The sanitize and high temp cycles are used for

Type: Full
Date: 09/27/22
Time: 10:50:00
Report: 1013221304
Aurora Assisted Living LLC

Food and Beverage Establishment Inspection Report

Page 2

washing ware.

Discussed hand washing, ware washing, staff illness policy, temperature control, final cook temperatures, date marking, cleaning, serving highly susceptible populations, and food handling procedures.

Food safety guidance documents were emailed.

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 1013221304 of 09/27/22.

Certified Food Protection Manager Pang Vang

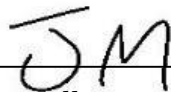
Certification Number: 108389 Expires: 11/09/24

Inspection report reviewed with person in charge and emailed.

Signed: _____

Pang Vang
Operator

Signed: _____


Jerry Malloy
Public Health Sanitarian
FPLS Metro
651-201-3998
jerry.malloy@state.mn.us