DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

July 13, 2023

Licensee
Willows Of Arbor Lakes
11955 80th Avenue North
Maple Grove, MN 55369

RE: Project Number(s) SL33449015

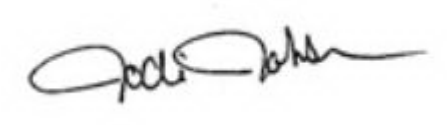
Dear Licensee:

On June 21, 2023, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the May 4, 2023, survey were corrected. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,



Jodi Johnson, Supervisor
State Evaluation Team
Email: jodi.johnson@state.mn.us
Telephone: 507-344-2730 Fax: 651-281-9796

JMD

Electronically Delivered

May 31, 2023

Licensee
Willows Of Arbor Lakes
11955 80th Avenue North
Maple Grove, MN 55369

RE: Project Number(s) SL33449015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 1, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the MDH 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.

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. The MDH 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 may be 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.31, Subd. 4 (a)(5), the MDH may impose fine amounts of either $1,000 or $5,000 to licensees who are found to be responsible for maltreatment.
The MDH may impose 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 MDH

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 (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 survey:

St - 0 - 2070 - 144g.81 Subd. 4 - Awake Staff Requirement - $3,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $3,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY
In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted 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(s) 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 MDH within 15 calendar days of the correction order receipt date.

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

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

Please address your cover letter for reconsideration requests to:

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

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

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

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

If you have any questions, please contact me.

Sincerely,

Jess Schoenecker, Supervisor
State Evaluation Team
Email: jess.schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 651-281-9796

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	33449	A. BUILDING: _____ B. WING _____	05/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWS OF ARBOR LAKES	11955 80TH AVENUE NORTH MAPLE GROVE, MN 55369

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL33449015 On May 1, 2023 through May 04, 2023, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were thirty seven (37) active residents receiving services under the Assisted Living with Dementia Care license On May 1, 2023, at 3:37 p.m., an immediate order was issued for 2070. On May 4, 2023, at 11:53 a.m., the immediacy was removed, and the scope and level remain the same	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 with Dementia Care. 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.	
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment	0 810		

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0 810	Continued From page 1 (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 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 record review and interview, the licensee failed to maintain the facility's fire safety and evacuation plan with required elements. This had the potential to directly affect all residents,	0 810		

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0 810	Continued From page 2 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 potential to affect a large portion or all of the residents). A record review of available documentation and interview were conducted on May 3, 2023, at approximately 10:15 a.m. of documents provided by licensed assisted living director (LALD)-C on the fire safety and evacuation plan, fire safety and evacuation training, and evacuation drills for the facility. Findings include: Record review of the available documentation indicated that the licensee did not have detailed fire protection procedures necessary for residents in writing within the plan. During the interview LALD-C indicated these procedures were not included in the plan because it is a dementia care facility. Record review of the available documentation indicated that the licensee did not provide training to residents who are capable of self-evacuation on the proper actions to be taken in the event of a fire in regard to movement, evacuation, and relocation. All deficiencies were verified by LALD-C during the interview at approximately 11:00 a.m. TIME PERIOD FOR CORRECTION: Twenty-one	0 810		

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0 810	Continued From page 3 (21) days.	0 810		
0 970 SS=C	144G.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the licensee's liability for health, safety, or personal property of a resident. This had the potential to affect all residents at the facility. This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: R3's record was reviewed and included a signed contract dated November 3, 2022, and included the following waivers of liability: "23. INDEMNIFICATION	0 970		

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0 970	Continued From page 4 As an occupant of the Community, Resident assumes the risk for Resident's own safety ... Resident will indemnify and hold harmless Provider, its employees, officers, managers, owners and agents from and against any and all claims, actions, damages, and liability and expense in connection with loss of life, personal injury or damage to property, arising from or out of, or caused wholly or in part by, an act or omission of Resident..." "25. LIABILITY Provider is not liable to Resident ... for any injury, death or property damage occurring in the Apartment or Provider premises unless such injury death or property damage occurs as the result of Provider's own negligent acts or omissions, or those of its employees, officers, managers, owners, or agents ... Unless caused by one of the aforementioned excepted reasons, Resident agrees to hold Provider harmless from any and all claims for injuries, property damage or any other loss resulting from an accident or other occurrence in the Apartment or on Provider's premises." On May 2, 2023, at 11:30 a.m., licensed assisted living director (LALD)-C stated the waivers of liability were still in the contracts for all of their residents. LALD-C stated they had previously received a citation at one of their affiliated licensee's and were in the process of having this corrected, the amendment form was not sent to residents or resident representatives until May 1, 2023, during survey. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		

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02070 SS=I	144G.81 Subd. 4 Awake staff requirement An assisted living facility with dementia care providing services in a secured dementia care unit must have an awake person who is physically present in the secured dementia care unit 24 hours per day, seven days per week, who is responsible for responding to the requests of residents for assistance with health and safety needs, and who meets the requirements of section 144G.41, subdivision 1, clause (12). This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop and implement a staffing plan to ensure one or more persons were available 24 hours per day, seven days per week, who were responsible for responding to the requests of residents, meeting the scheduled and reasonably foreseeable unscheduled resident needs, and who were located in the same building, in an attached building, or on a contiguous campus with the facility. This had the potential to affect all residents. This resulted in an immediate order On May 1, 2023, at 3:35 p.m. 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). The findings include:	02070	On May 4, 2023, the immediacy of correction order 2070 was removed, however non-compliance remained and the scope and level remained unchanged.	

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02070	Continued From page 6 The licensee held an assisted living with dementia care license for a capacity of 60 residents, with a current census of 37 residents, all of whom received assisted living with dementia care services. On May 1, 2023, at 10:36 a.m., during the entrance conference, director of nursing (DON)-A stated they have two unlicensed personnel (ULP) working on the overnight (NOC) shift with one working on each of their memory care floors. DON-A stated their NOC shift was from 10:30 p.m., until 7:00 a.m. They stated they had residents which required two-person transfer assists and the licensee required two staff members to get someone off the floor if a resident fell. On May 1, 2023, at 11:09 a.m., licensed assisted living director (LALD)-C stated they had two secured memory care units which were on separate floors 1 and 2 of the facility. On May 1, 2023, at 12:58 p.m., vice president of clinical operations/registered nurse (RN)-D, indicated two staff members were required to get a resident off the floor if a resident fell. The licensee's Fall List/Incident form printed May 1, 2023, indicated there were 10 falls which occured on the NOC shift between the dates of November 20, 2022, and April 16, 2023. R3's service plan dated January 2, 2023, indicated R3 required assist of two people to get dressed and a Hoyer lift for transfers. R3's RN Evaluation/Face to Face dated April 13, 2023, indicated R3 was totally dependent for transfers and required a two person assist.	02070		

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02070	Continued From page 7 On May 1, 2023, at 1:12 p.m., the surveyor observed ULP-B and ULP-E transfer R3 from their Broda chair (type of specialized wheelchair) into her bed with the use of a Hoyer lift (two person operated lift for transferring residents). On May 1, 2023, at 2:15 p.m., LALD-C and RN-D stated they had two ULP's on their overnight shift. They stated in the event a two-person transfer resident required care, or in the event of a fall, one of the ULP's would need to leave their memory care unit to assist. Both LALD-C and RN-D stated they were aware a memory care unit could not be left unattended at any time. On May 1, 2023, at 3:05 p.m., RN-D stated all of the incidents on the Fall List/Incident form included only falls. The licensee's 4.06 Staffing and Scheduling policy dated August 1, 2021, did not address staffing requirements for their memory care units. The licensee's Staffing Plan grid indicated the NOC shift included two ULP's, one ULP per memory care unit from 10:30 p.m., to 7:00 a.m. The licensee's Uniform Disclosure of Assisted Living Services and Amenities (UDULSA) dated May 13, 2021, indicated the licensee provided, "Mechanical lift: assist of 2 transfer" services. No further information provided. TIME PERIOD FOR CORRECTION: Immediate On May 4, 2023, at 11:53 a.m., the immediacy was removed, and the scope and level remain the same	02070		

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Minnesota Department of Health

625 North Robert Street
Saint Paul, MN
651-201-5000

Type: Full
Date: *05/03/23*
Time: 14:00:00
Report: 8087231089

Food and Beverage Establishment Inspection Report

Location:

Willows Of Arbor Lakes
11955 80th Avenue North
Maple Grove, MN55369
Hennepin County, 27

Establishment Info:

ID #: 0037820
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 7635757021
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

Wash Temperature Gauge: = -- at 160 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Rinse Temperature Gauge: = -- at 179 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Max Utensil Surface Temp: = -- at 164 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Quaternary Ammonia: = 400 PPM at -- Degrees Fahrenheit
Location: WALL DISPENSING UNIT
Violation Issued: No

Quaternary Ammonia: = 400 PPM at -- Degrees Fahrenheit
Location: WIPING CLOTH BUCKET
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Ambient Air
Temperature: 32 Degrees Fahrenheit - Location: WALK-IN COOLER
Violation Issued: No

Process/Item: Cold Holding: CUT MELON
Temperature: 34 Degrees Fahrenheit - Location: WALK-IN COOLER
Violation Issued: No

Process/Item: Cold Holding: GROUND PORK
Temperature: 34 Degrees Fahrenheit - Location: WALK-IN COOLER
Violation Issued: No

Process/Item: Cold Holding: RICE
Temperature: 35 Degrees Fahrenheit - Location: WALK-IN COOLER
Violation Issued: No

Process/Item: Cold Holding: SHORTIE
Temperature: 34 Degrees Fahrenheit - Location: WALK-IN COOLER
Violation Issued: No

Process/Item: Cold Holding: DELI MEAT
Temperature: 35 Degrees Fahrenheit - Location: WALK-IN COOLER
Violation Issued: No

Process/Item: Ambient Air
Temperature: 0 Degrees Fahrenheit - Location: WALK-IN FREEZER
Violation Issued: No

Process/Item: Cold Holding: DELI MEAT
Temperature: 34 Degrees Fahrenheit - Location: REACH-IN COOLER
Violation Issued: No

Process/Item: Cold Holding: CHEESE
Temperature: 34 Degrees Fahrenheit - Location: REACH-IN COOLER
Violation Issued: No

Process/Item: Ambient Air
Temperature: 6 Degrees Fahrenheit - Location: REACH-IN FREEZER
Violation Issued: No

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

THIS WAS AN UNANNOUNCED AND UNSCHEDULED FULL INSPECTION.

INSPECTION DONE WITH KITCHEN MANGER JOSH M. ESPENSON.

TOPICS OF DISCUSSION WITH OPERATOR INCLUDED:

HAND WASHING
NOROVIRUS
BARE HAND CONTACT WITH READY TO EAT FOODS
EMPLOYEE ILLNESS
EMPLOYEE EXCLUSION
COOLING METHODS
REHEATING METHODS
SANITIZER CONCENTRATION
DATE MARKING
ALL ITEMS ON THIS REPORT
ALL ITEMS ON PREVIOUS REPORT

Food and Beverage Establishment Inspection Report

ALL FROZEN FOODS FOUND IN FROZEN CONDITION.

REPORT EMAILED TO NURSE EVALUATOR SAFIA HASSAN.

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 8087231089 of 05/03/23.

Certified Food Protection Manager: JOSH M. ESPENSON

Certification Number: FM104308 Expires: 09/29/23

Inspection report reviewed with person in charge and emailed.

Signed: _____

JOSH M. ESPENSON
KITCHEN MANAGER

Signed: _____

John Boettcher
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